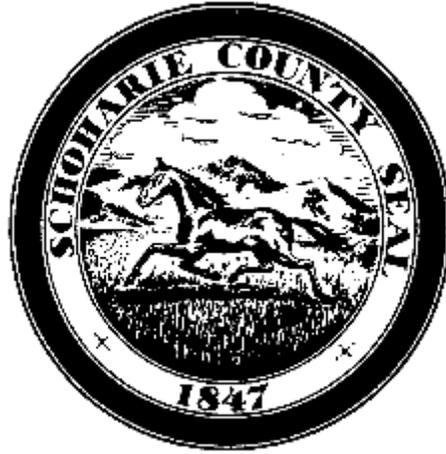


COUNTY OF SCHOHARIE



REQUEST FOR PROPOSALS FOR FULL MEDICAL INSURANCE PLAN 2009-01

Issue Date:

Wednesday, November 11, 2009

Last Updated: 1/25/2010

Due Date:

Thursday, December 17, 2009 – 4:30 p.m.

Respond to:

Schoharie County
Board of Supervisors
284 Main Street Room #365
P.O. Box 429
Schoharie, New York 12157

Attention:

Karen Miller
Auditor & Purchasing Agent

RESPONSE CHECKLIST

RFP 2009-01 FULL HEALTH INSURANCE PLAN

The proposer's attention is especially called to the terms listed below, which must be submitted in full as part of this proposal.

Failure to submit any of the documents listed below as a part of your proposal, or failure to acknowledge any addendum in writing with your proposal, or submitting a proposal on any condition, limitation or provision not officially invited in this RFP (Request for Proposals) may be cause for rejection of the proposal.

Please check each item indicating your compliance.

THIS CHECKLIST MUST BE SUBMITTED AS PART OF YOUR PROPOSAL.

- _____ RESPONSE CHECKLIST
- _____ PRICING SUBMISSION SHEET (Vendors Own Submission)
- _____ NON-COLLUSION FORM
- _____ PROPOSAL FORM
- _____ REQUIRED FORMS AS LISTED IN RFP
- _____ ADDENDUM(S) ACKNOWLEDGED (IF APPLICABLE)
- _____ ADDITIONAL LITERATURE/BROCHURES – IF APPLIES
- _____ **TWO (2) ORIGINALS AND THREE (3) COPIES OF PROPOSAL DOCUMENTS**

Please read all the information contained in this package.

COMPANY	TELEPHONE NUMBER
ADDRESS	FAX NUMBER
AUTHORIZED REPRESENTATIVE (PRINT)	TITLE
AUTHORIZED SIGNATRE	DATE

Legal Notice
Request for Proposal (RFP)
Schoharie County's
FULL HEALTH INSURANCE PLAN
RFP 2009-01

Schoharie County is currently seeking Proposals from qualified vendors to manage a Full Health Insurance Plan (*this could also include Dental*) for *Schoharie County's* active employees and retirees under and over age 65.

The document containing the specification requirements for the proposal may be obtained from the Auditor & Purchasing Office located in Schoharie County Building Room #365, 284 Main Street, Schoharie, New York 12157, either in person or upon request between the hours of 8:30 AM and 5:00 PM, Monday through Friday. Telephone requests may be made by calling 518-295-8300 or specification requirements may also be downloaded from the Schoharie County Web Page located at <http://www.schohariecounty-ny.gov/CountyWebSite/Auditor/auditorhome.jsp> , after registration is completed.

Proposals must be in the possession of Auditor & Purchasing Agent, Karen Miller, *Schoharie County*, 284 Main Street Room #365, or P.O. Box 429 Schoharie, NY 12157, **on or before Friday, March 5, 2010, at 4:30 PM**, local time. Faxed or emailed proposals **will NOT** be accepted. Late proposals **will NOT** be accepted. All proposals must be accompanied by a Non-Collusion Certificate in order to be considered.

If you choose not to respond to this RFP, please return the **Non-Bidders Response Form**.

Schoharie County reserves the right to forego any formalities and reject any or all proposals.

Schoharie County is an equal opportunity employer.

OPTIONAL PRE-PROPOSAL MEETING:

An optional Pre-Proposal Conference will be held at 4:00 p.m., Wednesday, December 9, 2009 at the Schoharie County Building, Auditor & Purchasing Office, located at 284 Main Street Room #360, Schoharie, New York. The purpose of this conference is to allow potential Offerors an opportunity to present questions and to obtain clarification relative to any facet of this procurement.

While attendance at this conference will not be a prerequisite to submitting a proposal, Offerors who intend to submit a proposal are encouraged to attend. Any changes resulting from this conference will be issued in a written addendum to the RFP. Attendance at the conference will be documented by a representative signature on the attendance roster.

Please call Auditor & Purchasing Office, 518-295-8300 to register for this important pre-proposal conference. You must call to register no later than Monday, December 7, 2009 by 2:00 pm.

QUESTIONS:

All questions and requests regarding this RFP are to be directed to:

Karen Miller
Auditor & Purchasing Agent

Schoharie County
P.O. Box 429
284 Main Street Room #365
Schoharie, NY 12157
Phone: 518-295-8300
Fax: 518-295-8482
millerk@co.schoharie.ny.us

Attached are *Schoharie County's* current plan designs and current census, and medical claims experience. It is necessary for you to quote the requested proposed plan designs.

Schoharie County will consider alternative recommendations. **Be sure to clearly label your recommendations as such.**

REQUEST FOR PROPOSAL
RFP
Schoharie County Medical Plan Administrator/Carrier

INTRODUCTION:

The Schoharie County Board of Supervisors is currently seeking proposals from qualified vendors for a Medical Plan Administrator/Carrier. Schoharie County is currently insured through Capital District Physicians' Health Plan (CDPHP) & New York State Health Insurance Program (NYSHIP), for its medical and prescription drug coverage using the services of a local Third Party Administrator.

Schoharie County conducts a wide scope and variety of activities and functions, typical in many respects to those carried out by other similarly situated counties in the State. It owns and operates a Public Transportation Department, a Jail, a Courthouse and other buildings and grounds typical of a County governmental operation. The County administers medical benefits for approximately 440 active employees and 146 retirees and has an overall operating budget for 2009 of approximately \$72,000,000. The 2009 County Health Plan Budget is approximately \$5,000,000.

The Schoharie County work force is currently represented by the following Union bargaining units:

- ✓ CSEA, General (CSEA, Schoharie County General Unit Local 819)
- ✓ Council 82 (Deputy Sheriff Road)
- ✓ Council 82 (Sheriff's Department Correction/Court Security/E911 Dispatchers & Other Departmental Personnel)

SCOPE OF SERVICES:

The Carrier will work closely with the Schoharie County Labor Management Healthcare Committee, through a formalized process; bringing all parties of Schoharie County government together to work cooperatively on redesigning Schoharie County's Medical benefits plan.

Instructions to Bidders

Submission of Proposals

The County of Schoharie is requesting proposals for Prospective Experience Rated, Minimum Premium, Community Rated, Fully Insured and Self Insurance for its Medical and Prescription Drug Coverage. Your organization should provide quotes depending on your area of expertise, capabilities and products that best suit the County's requests as indicated in this Request For Proposal. The selected program will be effective **July 1, 2010**.

Proposals must be in the possession of *Schoharie County*, Attention: Auditor & Purchasing Office, 284 Main Street, Room #365, Schoharie, NY 12157, on or before **Friday, March 5, 2010, at 4:30 PM, local time**. Faxed or emailed proposals will **NOT** be accepted.

Schoharie County reserves the right to forego any formalities and reject any or all proposals.

The carrier/plan administrator will not be selected on the basis of cost alone. Quality, extent of service and experience with agencies like the *County of Schoharie*, will be major factors in the decision making process.

Items to Be Submitted With Bids

1. Each bid shall include the following items **to the best of their ability and/or availability**:
 - a. Completed Summary of Quotations
 - b. Completed Bidder's Questionnaire
 - c. Claims Administration contract(s)
 - d. Proposal Form
 - e. Non-Collusive Bidding Certification
 - f. Quotations Declaration to be furnished by Bidders
 - g. Resumes detailing the qualifications and experience of key Personnel to be providing Claims Administration services and ongoing client customer service representation
 - h. Sample reports
 - i. Performance Guarantees
 - j. Forms for completion are included in this set of Specifications
 - k. Errors and Omissions
 - l. Most recent audit statistics
 - m. Participating Provider directories or appropriate website information
 - n. Geo-Access information for participating networks
2. A current employee census is attached and can be emailed by request in excel format. (Appendix A)

3. **The Schedule of Allowances**

Group Medical reflects a preferred provider arrangement. The amounts shown under "Participating Provider" are accepted as payment in full, while the amounts under "Non-Participating Provider" are the maximums allowed for the sample procedures shown. In your response to the Bidder's Questionnaire, you should indicate the number and geographic distribution of your provider network and, if you do not have such a network, an explanation of how you propose to duplicate this feature.

Please indicate what trend is used in your experience rated product?

(i.e. if the group's individual experience used, a percentage of their experience was considered, or that of the community pool?)

4. **Proposed Funding**

Schoharie County will entertain community rated, self-funded, experience rated, minimum premium and fully insured funding options.

Self-funded bidders should quote both specific and aggregate administration on a 15/12 basis for the first year and a paid contract for subsequent years. The specific stop loss coverages should be shown on a 15/12 basis in year one. We are requesting a \$75,000, \$100,000 and \$150,000 specific stop loss level. Provide the name of the carrier, calculations to arrive at the aggregate

attachment point and the rating of the carrier. Coverages should be quoted with and without prescription drugs and with and without a terminal liability provision.

5. **Contracts**

Any contract resulting from this Request for Proposals shall be for a term not to exceed (12) months from the date of award by resolution by the Schoharie County Board of Supervisors. The County reserves the right to renew any contract resulting from this RFP for up to (4) four additional (12) month periods by mutual written agreement in accordance with the terms of the contract and by annual resolution by the Schoharie County Board of Supervisors.

This proposal will be incorporated into the final contract. **Multiple year rate guarantees or caps are requested for fully insured quotes, administrative fees and specific stop loss rates.**

The County must have the option of canceling the contract with a 90-day notice with not penalty.

6. **Prescription Drug Proposal**

Schoharie County is looking to secure a prescription drug contract to be included as part of their Medical Plan. *Where possible, quotes should be submitted with and without prescription drugs coverage.*

7. **Takeover Issues**

You must agree to “no loss/no gain” for all employees and dependents currently covered under the plan. NO participant will lose the following benefits/provisions already attained, nor will any participant gain additional benefits/provisions for which they have not yet satisfied the requirements or are not yet eligible:

- a. Pre-existing conditions or waiting periods
- b. Deductible
- c. Co-insurance and out-of-pocket limits

In addition:

- d. The “actively-at-work” requirement must be waived. The dependent non-confinement rule must be waived.
- e. All COBRA participants, whether or not disabled must be covered.

8. **Accuracy of Information in Specifications**

The information contained in these Specifications is furnished for the convenience of the bidders. Each bidder must carefully examine these Specifications and make whatever reasonable inquiries are necessary for underwriting and rating purposes.

If conditions or exposures are determined to be at variance with information contained herein, bidders are to use the information furnished (and subsequently by addenda only) for quotation purposes and submit adjustments to contemplate the variances. All bidders obtaining the Specifications must make certain that each service provider furnished with the Specifications is also furnished with subsequent addenda, if issued.

9. **Inquiries**

All inquiries regarding the Specifications should be directed to Karen Miller, Auditor & Purchasing Agent, Schoharie County 284 Main Street, P.O. Box 429 Schoharie, NY 12157, Phone: (518) 295-8300, Fax: (518) 295-8482 or Email: millerk@co.schoharie.ny.us.

10. **Conditioned Bid and Recommendations**

Every bid must indicate the bidder's willingness to provide the service proposed at the price proposed without qualification. If acceptance of any contract is predicated upon compliance with certain recommendations, they must be clearly indicated in the bid together with an anticipated date of compliance. If there are additional feasible recommendations that would result in cost savings, such recommendations should be separately stated together with the amount of savings for each.

11. **Deviations and Alternate Proposals**

A declaration of *all* deviations from the Specifications must be clearly stated in the Bidder's Questionnaire. Except for stated deviations, the service contract must provide all Services in these Specifications with no unusual limitations. The submission of specimen contracts shall not waive or modify the requirement to declare all deviations from these Specifications.

12. **Claim and Loss Information**

Each claims administrator must agree to give *Schoharie County* quarterly reports of claims made and paid on behalf of *Schoharie County* in connection with the medical and pharmacy exposures until such time as all claims are closed. Such reports shall include sufficient detail to allow verification of such claims or losses and include any other reasonable information as may be required by *Schoharie County*.

13. **Fee Computations and Adjustments**

Each bidding entity must make certain that all bids on its behalf are correct and that the services proposed will be provided. Upon awarding of the contract, the successful bidder must provide a written statement of its acceptance of the services as bid and agreed to within three (3) working days.

14. **Bidder's Questionnaire**

As stated in Item 2 of these Instructions, a complete Bidder's Questionnaire shall accompany all proposals. If there is insufficient room to provide information on items such as deviations, alternate proposals, etc., an additional page or pages may be attached. Please, however, refer to the question number of the Bidder's Questionnaire, giving appropriate reference from Quotation Specifications.

15. **Contract Period**

Initial contract will commence on or about **July 1, 2010** and will remain in effect as stated in the Resolution.

16. Last Date for Questions:

Final date for written questions is **Friday, February 26, 2010 at noon**. All questions about the meaning or intent of the specifications must be submitted in writing (or email/fax). Vendors shall provide their fax number as well as email address for response. Any questions the County feels are pertinent to all proposers will be distributed as an addendum to the RFP to all parties recorded as having received the proposal documents. Only questions answered by formal written Addenda will be binding.

SUBMISSION REQUIREMENTS:

General Conditions for Submitting Proposals:

- ✓ Proposals must be submitted using vendors own forms.
- ✓ Proposals must be accompanied by a signed Proposal Form and Non-Collusion Statement. These forms can be found at the end of these specifications.
- ✓ **Two (2) originals and three (3) copies** of the proposal must be provided. *The original copies shall be identified on the outside cover as the "Original". Each copy should be marked "Copy".*
- ✓ Read all documents contained in the proposal package.
- ✓ Vendors are responsible for submitting their responses to the Schoharie County, Auditor & Purchasing Office, 284 Main Street, P.O. Box 429, Schoharie, NY 12157 at or prior to the time indicated in the specification package. No proposals will be accepted after the designated time indicated in the specification package.
- ✓ **Proposals are due on or before, 4:30 P.M., Friday, March 5, 2010, local time.**
- ✓ Facsimile or email copies are NOT acceptable. **Bids/RFP responses must be delivered to Auditor & Purchasing Office before stated deadline to be considered.**
- ✓ Vendors are responsible for reporting, in writing, any errors found in the proposal specifications to the Schoharie County, Auditor & Purchasing Office, 284 Main Street, P.O. Box 429 Schoharie, NY 12157. Modifications will be made by addenda. If, prior to the date fixed for submission of the RFP, a vendor(s) fails to notify the County of any error in the RFP knows to it or of an error that reasonably should have been known to it; the vendor shall submit their response at their risk.
- ✓ *Vendors shall indicate on the outside of their sealed proposal the following information:*
 - a. Title of Proposal and Number
 - b. Date and Time of Proposal Opening
 - c. Company Name

Failure to do so may result in the rejection of the proposal as being unresponsive.

Non-Collusion Statement:

A signed Non-Collusion Statement *shall be* returned with your proposal.

Late Proposals:

Proposals (bids) received in the Auditor & Purchasing Office *after* the date and time prescribed shall not be considered for contract award and shall be returned to the vendor as non-responsive. The bidder is responsible for the delivery of the bid (RFP). If the bid (RFP) is delivered to the wrong county office, by any delivery method, the bidder bears the responsibility. Delivery of the Bid (RFP) to the specified location at the prescribed time and date is the sole responsibility of the bidder (proposer).

The County employee whose duty it is to receive the proposals will decide when the specified time has arrived and no proposal received thereafter will be accepted.

NOTE: Any delay due to traffic, weather, and construction, unable to locate office, mail or express delivery is not an exception to the deadline for receipt of proposals. Please plan accordingly.

Implied Requirement:

All products and services not specifically mentioned in this RFP, but which are necessary to provide the functional capabilities described by the vendor, shall be noted as such and included in the proposal.

Vendor Acknowledgements:

By submitting a proposal to provide and perform services sought by Schoharie County, each proposer:

1. Represents and acknowledges the proposer has examined and is familiar with this RFP and all specifications and requirements.
2. represents and acknowledges the proposer can furnish the materials, equipment and/or services required satisfactorily and in complete compliance with the specifications
3. acknowledges that neither the County nor any agent or representative of the County have made any representation or promise on which the proposer has relied regarding the services covered by this request for proposal, or any matter or thing whatsoever relating thereto or otherwise, except as expressly set forth herein.

Method of Award:

The award may be made to the most responsible proposer whose proposal is determined to be in the best interest of Schoharie County and deemed will best serve the County’s requirements, based upon the evaluation of the principal criteria, if deemed necessary an interview with vendor and Labor Management Healthcare Committee.

The Awards Committee will consist of representatives from the Schoharie County Labor Management Healthcare Committee and others members as appointed.

Price, while a major consideration, will not necessarily be the determining factor in the award of the contract.

All proposals will be evaluated to determine if they meet the required format and be in compliance with all requirements of the Request for Proposals.

Incomplete or non-responsive proposals may be rejected at the discretion of Schoharie County.

Proposer Interviews:

The Schoharie County Labor Management Healthcare Committee may arrange for interview with Proposers submitting proposals, if required, for the purpose of obtaining additional information or clarification. Proposers must be prepared to make one or more interview visits. Proposers may be requested to make presentations prior to award of contract. Proposers must comply with these requests or be disqualified.

Proposers are advised that, if in the event of receipt of an adequate number of proposals, which, in the opinion of the Schoharie County Labor Management Healthcare Committee, require no clarifications and/or supplementary information, such proposals may be evaluated without further discussion. Hence, proposals should be submitted initially on the most complete and favorable terms from a technical standpoint which Contractors are capable of submitting to the County.

Schoharie County reserves the right to:

1. Reject any and all proposals received in response to this RFP;
2. Reject the proposal of a vendor who has previously failed to perform properly;
3. Select proposals for contract award or for negotiations, other than those with the lowest price;
4. Negotiate as to any aspect of the proposal with any vendor.
5. To waive any technical or formal defect in the proposals, which is considered by Schoharie County to be merely irregular, immaterial, or unsubstantial.

Award of Contract:

Award of contract will be made following review of responses by the Labor Management Healthcare Committee, the Auditor & Purchasing Office and Budget Officers. Approval is by designated committee followed by Board of Supervisors approval, with contract awarded by Schoharie County Resolution.

Contract Development:

If it accepts a proposal, the County of Schoharie intends to enter into a contractual agreement with the vendor providing the proposal, which best meets the needs and requirements of the County. The content of the RFP and the successful proposal submitted will become an integral part of the contract, but may be modified by provisions of the contract.

Invoicing/Payment:

Payment will be made forty-five days or less after receipt of invoice.

Completeness or Accuracy of Specifications:

The County of Schoharie shall not be held responsible for the completeness or accuracy of any specification documents received by a vendor that were not directly issued to that vendor by Schoharie County.

Any vendor submitting a response based on incomplete or inaccurate information resulting from documentation received from any third party, shall not have cause for relief from award or completion of a contract in accordance with the official documents on file with the County of Schoharie.

It is HIGHLY suggested that all vendors interested in participating in this offering, contact Schoharie County directly at the above address or telephone number to assure they have received the most accurate and up to date material concerning this contract.

Release of Information Regarding Interested Parties:

The County does not offer or supply anyone the list of people that have obtained a copy of these Bid/RFP specifications or cost estimates for the project prior to the opening of the RFP.

NO EXCEPTIONS ARE MADE TO THIS POLICY.

Advertising:

In submitting its proposal, the proposer agrees not to use the results there from as a part of any news release or commercial advertising without written approval of the County.

Withdrawal of Proposal:

A proposal may be withdrawn at any time prior to the submittal deadline. A Proposal may be withdrawn and resubmitted at any time prior to the submittal deadline. No proposal may be withdrawn after the submittal deadline without the consent of the Schoharie County Clerk of the Board Office, which may be withheld by Karen Miller in its absolute discretion.

Exceptions:

Any exceptions to terms, conditions, or other requirements in any part of the RFP must be clearly pointed out in the specific form provided in this RFP. Otherwise, the County will consider that all items proposed are in strict compliance with the RFP, and the successful proposer will be responsible for compliance.

Written Communication:

No negotiations, decisions, or actions, shall be initiated or executed by the vendor as a result of any discussions with any County employee or the vendor's misinterpretation of this RFP. Only those communications which are in writing from those County representatives as identified in this RFP may be considered as a dully authorized expression on behalf of the County. Also, only communications from vendors which are signed and in writing shall be recognized by the County as duly authorized expressions on behalf of the vendors.

Clarification of Proposal Information:

Schoharie County reserves the right to request verification, validation or clarification of any information contained in any of the proposals. This clarification may include checking of references and securing other data from outside sources, as well as from the vendor.

Reference to Other Materials:

The Offeror cannot compel Schoharie County to consider any information except that which is contained in its proposal, or which is offered in response to a request from the County. The Offeror should rely solely on its proposal. The County, however, reserves the right, in its sole discretion, to take into consideration its prior experience with Offerors and information gained from other sources.

Amendment of Proposal:

A Proposal may not be amended. However, a Proposal may be withdrawn and resubmitted pursuant to Withdrawal of Proposal section above.

Addenda:

Schoharie County may, at any time by written notification to all vendors, change any portion of the RFP described and detailed herein. These changes will be communicated to all registered vendors in the form of Addenda. Addenda will be mailed/faxed and available on the County Web Page to all who are known by the County to have received a complete set of specification documents. Copies of addenda will be made available for inspection at the Schoharie County Auditor & Purchasing Office and/or posted on the County Web Site. No addenda will be issued later than forty-eight (48) hours prior to the date and time for the receipt of offers, except an addenda withdrawing the RFP, or addenda for postponement of RFP due date/time.

Proposers shall ascertain prior to submitting their offer they have received all Addenda issued and the acknowledge receipt of addenda by the return of the signed addenda form(s) with proposal.

Proposal Subject to Disclosure:

Schoharie County shall treat all information, documentation and other materials set forth in each and every Proposal as confidential until such time as Labor Management Healthcare Committee accepts a particular Proposal for the performance of the services described herein. Once the Labor Management Healthcare Committee selects a Proposal, then the Labor Management Healthcare Committee may, in its discretion, treat all information, documentation and other material set forth in each and every Proposal as non-confidential, non-proprietary and subject to public disclosure. Accordingly, any Respondent contemplating the preparation of a Proposal must be cognizant, during the course of said preparation, of the potential public disclosure thereof after the Proposal selection process has concluded. A Respondent must not present any information, documentation or other material in a Proposal that the Respondent considers proprietary or confidential. Release of information is subject to Freedom of Information law.

Opening of Proposals:

Under the Request for Proposals process, sealed offers will be received and opened in the Office of the Auditor & Purchasing Agent. Each proposal will be checked to determine if it is complete and meets the requirements of this Request for Proposals. At and after opening, proposals will NOT be part of the public record and subject to disclosure, but will be kept confidential until after award. When such award is completed, proposals will be available for public inspection.

Elaborate Proposals:

Elaborate proposals in the form of brochures or other presentations beyond that necessary to present a complete and effective proposal are neither required nor desired.

Right to Submitted Materials:

All responses, inquiries, or correspondence relating to or in reference to this RFP, and all other reports, charts, display, schedules, exhibits and other documentation submitted by the proposers, will become the property of the County when received.

Minimum Conditions for Consideration:

To be considered, the proposer must, at a minimum, respond to the full scope of services specified in this RFP. The vendor may provide suggested additions, enhancements or improvements to the scope of services, which, at the discretion of the County, may or may not be considered.

Provide a detailed price breakdown for your services as they apply to this project.

Visit our Web Site:

Information is now available at the county web page:

<http://www.schohariecounty-ny.gov/CountyWebSite/Auditor/auditorhome.jsp>

Vendors are exclusively responsible for the downloading Addendums from the web site. It is imperative to check the Website frequently right up to the RFP closing date. By submitting a Proposal, a vendor waives any claims related to the failure to keep so apprised.

Reminder: It is the vendor's sole responsibility to verify the proposal submittal includes any or all addenda.

Note: If you have downloaded this RFP and have not registered, please do so by calling the Karen Miller, Auditor & Purchasing Agent at 518-295-8300.

QUOTATION

Services to Be Provided:

1. Establish reasonable requirements for verification of the payment and amount of such expenses. (For Self-funded option only).
2. Provide claim forms to facilitate claim processing.
3. Process each claim in accordance with the applicable administrative notification and plan requirements.
4. Perform reasonable and necessary administrative and clerical work in connection with reported claims.
5. Maintain a current estimate of the cost of all anticipated costs on each claim.
6. Contact treating medical care providers as may be deemed appropriate.
7. Pursue subrogation recovery where warranted.
8. Assist the *County of Schoharie* in communicating the benefits available to covered employees.
9. Consult with key personnel of *County of Schoharie* on the establishment of necessary procedures for filing, monitoring and paying claims. (For Self-funded option only).
10. Participate in the orientation and training of appropriate *County of Schoharie's* personnel who may be involved in the processing of claims.
11. Arrange escrow/bank account from which claims will be paid, if applicable. (For Self-funded option only).

12. Provide HIPAA notifications for terminated participants and verification procedures for new hires.
13. HCRA filings if client becomes self funded.
14. Performance Guarantees that provide detail reporting of audit statistics and financial penalties for non-compliance.
15. Track and verification procedures for student status.
16. Coordination of Benefits.
17. Online edits for medical appropriateness as well as claim edits for billing, i.e. bundling and unbundling.
18. Utilization and Case Management.
19. Cost containment services.

SECTION I BACKGROUND/MARKETING SPECIFICATIONS

Selection Criteria:

Since there are important considerations involved in selecting a service provider in addition to rates, Schoharie County will not necessarily accept the lowest bid. In addition to cost, professional competence, service, assessment of responses to RFP questionnaires and forms, access to Preferred Providers, unit costs, and coverage will serve as a basis for award of the contract.

Schoharie County reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serves the interest of the County. Schoharie County also reserves the right to waive or dispense with any of the formalities contained herein.

Proposals must be submitted for coverage on all eligible, full-time, regular employees and their dependents and covered retirees. **Proposals must rate retirees separately from active employees.**

Coverage will be afforded an employee or dependent on no loss/no gain basis. This means your plan may not impose any actively-at-work/non-confined provisions. If, for any reason your plan is not fully compliant with HIPAA, you must give all employees and dependents covered under the prior plan, credit for the time covered against any pre-existing conditions or waiting periods contained in your plan. In addition, your plan must give credit for any deductible and/or coinsurance satisfied under the prior plan.

All materials necessary to effectively communicate and administer the program shall be prepared and printed by your company at your expense. These materials include, but are not limited to, master plan document, summary plan descriptions, schedules of benefits, claim forms, identification cards, check stock, explanation of benefits, and provider directories.

Enrollment meeting will be scheduled prior to the effective date of the contract. Your company will be responsible for presenting the new plan and enrolling employees at the various sites of the County.

Schoharie County accepts no financial responsibility for any costs incurred by your company in the course of responding to these specifications.

SECTION II MEDICAL QUESTIONNAIRE

To be submitted with and to be part of the proposal documents. Failure to submit the questionnaire with the proposal documents shall result in rejection of the proposal as non-responsive.

GENERAL INFORMATION

1. Are you owned or operated by a parent company or are you independent? Name of parent company:
2. If owned by a parent company:
 - a) What is the primary business of the parent company?
 - a.) Do you control your own services or are you controlled by your parent company?
 - b.) Do you use your own facilities or do you use the facilities of your parent company?
3. For self-funded proposal, how many self-funded clients do you provide Medical claims administration for? Indicate government entities.
4.
 - a. What kinds of clients do you serve?
 - b. What size are the clients (average number of employees)?
 - c. What types of businesses?
5. Name of Errors and Omissions Liability Insurer and Limits of Liability?
6. Provide copy of your certificate of Errors and Omissions Liability insurance.
7. For what amount are persons with access to funds bonded? Name of Bonding Surety?
8. Will you permit the audit of working files and claims handling performed by another firm?
9. Describe escrow fund requirements, if any, and procedures for the payment of claims.
10. Describe your services provided to the extent they may be unique or vary from the services requested.
11. Provide three references from current clients and two terminated clients. Include name, address, contact person and phone number or email address for each.

Client Service

1. What office location will handle claims?
2. a. Is there a toll-free number available for members to contact the claims office?
b. If your response is no, would you be willing to provide a toll-free number?
3. What are the hours of operation?
4. Describe the staffing of the location that would service Schoharie County, including number of employees and positions held.
5. a. Who will the Schoharie Contact person address with problems and questions?
b. Does he/she control the account or just pass on information?
c. How many layers between the contact and person who will make the decisions?
6. What is the tenure and expertise of key claim personnel?
7. a. What is the average claims examiners caseload?
b. What is the caseload of person(s) who will service Schoharie County?
8. Estimate your minimum start up time from date of contract award to date of processing claims commencement. Do you have the needed personnel, equipment and claims systems? If not, how and when do you propose to obtain them?
9. How are calls handled after hours and on weekends and holidays?
10. Can employee, employers, and providers' access claim history, claim forms, explanation of benefits, claim status and eligibility on line via a web portal?

Claims Administration and Reports

1. Do you agree to a no-loss/no-gain takeover of all benefits?
2. What information will be stored on a spouse's employment, other coverage, etc., for coordination of benefits purposes?
3. How do you define turnaround time?
4. What are your most recent turnaround statistics?
5. Describe what "quality of assurance" procedures you currently have in place to ensure:
 - a. Accuracy of payments
 - b. Eligibility
 - c. Check draft security
 - d. Appropriateness of treatment versus diagnosis
 - e. Medical necessity
 - f. Adherence to reasonable and customary allowances

- g. Coordination of Benefits
 - h. Subrogation recovery
 - i. Coding appropriateness
 - j. HIPPA Compliance
6. Describe your procedures for handling appeals of denied or disputed claims.
 7. Are hospital bill audits routinely performed on large claims, regardless of whether the hospital is under contract and what is the dollar and/or diagnosis threshold for audits?
 8. Are professional claims checked for unbundling/up coding or procedure codes? If yes, what software is used? Are all claims run through the software? If not what criteria are used for selection of claims? How are savings reported?
 1. Describe your system for subrogation.
 10. Where is the plan's Medical Director located? Provide name, address, email address, biography and length of service.
 11. Please include copies of your "standard" claims utilization, cost containment, prescription drug, case management, higher claimant's census and financial report package. Also, provide a list of reports that can be produced at the client's request. Note frequency with which each individual reports are generated and list the charges, if any, for report production.
 12. How soon after the close of the reporting period are reports available?
 13. Describe cost containment services and global negotiations.
 14. List all Provider Networks that will be utilized to secure discounts both in and out of area.
 15. Describe specific stop loss claim filing procedures and aggregate reporting processes.
 16. Will large claimant reports be generated?

NETWORK OVERVIEW

1. Describe your preferred Provider Organization network of participating providers for medical care, including numbers of providers, by specialty, and geographic location (attach additional information as necessary).
2. Please provide Geo Access reports for the proposed census group according to the following network specifications:
 - One PCP within 10-mile radius
 - Two PCP's within 10-mile radius
 - One Hospital within 15 – mile radius
 - Two Hospitals within 15-mile radius
3. Provide listing of all participating hospitals and Centers of Excellence.
4. Describe your standard definition of “in the service area” for the PPO plans.
5. Describe your standard definition of “in service area” for POS plans.
6. Furnish three copies of your latest provider directories or provide the web address where provider information is located. How often is the provider website database updated?
7. Describe in detail your process for calculating “Reasonable and Customary” charges and what database is being utilized. Describe how frequently your schedules are updated and how rates vary geographically. What percentile is used for R&C?
8. Complete the spreadsheet that shows the standard discounts for the designated CPT codes for each service area.
9. List the name of national/regional PPO networks being utilized. Are both hospitals, diagnostics and physician networks available on a national basis?
10. Is there a Centers of Excellence program for out-of- network benefits? If so, please describe the program and what is negotiated.
11. Are discounts applied to out of network claims?
12. Indicate access fees for both local and national PPO access.
13. Describe your physician credentialing process. Once a physician has been credentialed, do you re-evaluate the credentials at some point in the future? Explain.
14. Describe your process for terminating a physician from your network and for adding physicians.
15. Describe your communication process to members when a doctor is terminated /resigns.

PROGRAM ADMINISTRATION AND FINANCIAL MANAGEMENT

1. Assuming an **July 1, 2010 effective date and a May 28, 2010** contract award date, please provide a specific plan and timetable that will be used to implement the plan.
2. Describe enrollment procedures. Is there an additional charge for on site enrollment?
3. Is “on-line” enrollment, via web or telephone available?
4. How soon after enrollment will you provide the plan document and booklet drafts for new plans? Are there additional costs associated with these items? If so, how much?
5. Can employees, employer and providers access claim information, eligibility and EOB’s via website or telephone?
6. Does your proposal include the design and printing of employee identification cards, SPD booklets, schedules of benefits and claim forms? If not, what is the charge for these items?
7. Does your plan comply fully with HIPAA Privacy and Portability rules? Do you provide all required notices to members including certificates of creditable coverage?
8. Do you have a Utilization Review Department that closely monitors hospital admissions, length of stay, and large claims? If you do not have an in-house Utilization Review Department, indicate whom you outsource this service to.
9. Provide detailed information on performance measurements and show the amount of premium or fees that you will place at risk for failure to meet the measurements. Example, timely I.D. cards, phone service, claim payments, eligibility maintenance, financial accuracy etc.

SECTION II PRESCRIPTION DRUG QUESTIONNAIRE

Background and Experience

1. Describe the organizational structure of your company and its ownership. If a pharmaceutical manufacturer owns you, please provide a guarantee that you will not favor dispensing of that manufacturer’s drugs to the patient or payer’s detriment.
2. Describe your company’s experience in administering a similar program for other clients.
3. Can you administer the plan as described in this proposal? Describe any deviations from the proposed plan and the reasons for the deviations. Include recommendations for alternate plan designs.
4. Describe any unique capabilities that distinguish you from other prescription benefit management companies.

Pharmacy Card Program

Pharmacy Network

1. What are the criteria for adding a pharmacy to your network?
2. What patient information is maintained on-line? Can the pharmacist access the system?
3. Do you provide mail order service? Do you have a mandatory mail order program? If so, provide details.
4. What procedures does a pharmacist follow when the system returns ineligible status, but the participant claims he/she is eligible?
5. Describe your Point of Service (POS) system.
6. Describe any communications and their frequency with your network pharmacies.
7. Is there a toll-free service for pharmacist inquiries? What are the hours of operation? Who addresses pharmacist inquiries? How are they handled?

Claims Administration

1. How are paper claims processed? What is the timeframe for processing a claim? Include a flow chart.
2. Please describe your enrollment process. Do you have on-line enrollment capabilities?
3. What elements are required to process claims?
4. Describe your quality/audit claims processing procedures.
5. How is medical necessity determined on a claim requiring prior authorization?

Clinical Management

Drug Utilization Review (DUR)

1. Describe your clinical philosophy, including full descriptions of drug utilization review and other intervention programs. Provide samples of intervention materials and discuss for each:
 - **Development and scope of service**
 - **Development of clinical criteria utilized**
 - **Methods of intervention for the pharmacy, patient and physician**
 - **Program results**
2. How did you set clinical criteria for DUR applications developed? How is it maintained? What is your source for your concurrent edits (e.g., First DataBank, MediSpan)?
3. Describe any other criteria used to monitor drug utilization.
4. Do you have a patient “hotline” service available? If so, at what cost?

Prior Authorization

1. Describe your prior authorization program and provide a list of medications that require prior authorization.
2. Describe how the prior authorization program set-up is integrated within the implementation process.

Disease State Management

1. Describe the disease management initiatives your company has undertaken to improve outcomes management.
2. What are the goals of each Disease Management Program? Is there an additional cost for Disease Management Programs?
3. What specific drug products and diagnosis categories do you highlight in the programs described above?
4. Indicate price structure for each Disease Management Program.

Formulary Management

1. How is your formulary developed? How is it maintained?
2. Can the formulary be administered in an open, closed or incentive-based manner?
3. Does your formulary contain a separate list of preferred products within individual therapeutic classes? If so, please describe the criteria used to select a preferred drug.
4. How often does the formulary change? Are patients or the client notified of a change in the formulary list? If so, how is it communicated?

Account Management

1. Who will have responsibility for the administration of this program? List all others required to service this account. Include name, title, location, and relevant experience.
2. How long will it take to implement the proposed plan? Include a timetable and related tasks. Describe who will be responsible for each task.
3. Explain any problems you anticipate in effecting a smooth program transition.
4. Describe your post-implementation strategy. Demonstrate how your strategy ensures responsive account management and problem resolution.
5. How is eligibility collected, maintained and updated? What is the accepted/preferred media for submitting eligibility? What is the frequency?

Customer Service

1. Describe your Customer Service Department. Include hours and days of operation. How do you handle after-hour, holiday, and emergency callers?
2. Will you provide *Schoharie County* a toll-free number, at no cost, for customer service?
3. Do Customer Service Representatives view the same on-line system as retail pharmacies? Mail order pharmacies? What information is available to the Customer Service Representative? Are there any enhancements planned for your computer systems?
4. Describe special services you provide for the:
 - **Non-English speaking**
 - **Hearing impaired**
 - **Visually impaired**
5. How do you ensure high quality service is delivered consistently?

Data Reporting

1. What level of flexibility do you have in reporting for specific groups (e.g., active versus retiree, age groups, regional areas)? Is there a cost for this feature?
2. Do you provide analytic services to help *Schoharie County* measure program effectiveness? Will you provide recommendations based on this analysis? Is there a cost for this feature?
3. What desktop (PC) capabilities are available for the *County of Schoharie* to perform customized analysis for physician profiling, decision support, benefit modeling, trending/forecasting, or other pertinent analytic tools that aid in the management and ongoing enhancement of the pharmacy or major medical benefit plan? What is the related cost?

Mail Service

1. How is your mail service program integrated with your retail program?
2. Describe the proposed mail service facility that would service *the County of Schoharie*. Include the address, hours of operation, dispensing capacity, and percentage capacity currently utilized. Discuss the percentage capacity at which consistent service levels would be threatened, and how you will address the problem when it arises.
3. Describe your dispensing process.
4. Describe your procedures for checking the quality and accuracy of the drugs dispensed.
5. What are the steps a patient takes for an initial prescription fill? A refill? Are there options such as phone-in refills and credit card payments?
6. How do you ensure the quality of the generics you purchase from generic manufacturers?
7. What are your turnaround time objectives?

Financial

1. What source do you use to determine Average Wholesale Price? How frequently is your system updated?
2. How do you encourage generic use for the patient, the provider, and the physician? Provide recommendations. What success have you had using these methods?
3. Does your company take risk on prescription drug benefits? Describe how your risk program works. Is it insured or capitated? Will you take risk on customized drug riders?

COUNTY OF SCHOHARIE

**284 Main Street
Schoharie, New York 12157**

**GENERAL TERMS AND CONDITIONS
FOR SEALED BIDS AND REQUESTS FOR PROPOSALS**

1. Each Bid/RFP shall be enclosed in a sealed envelope and must be mailed or delivered so as to be received prior to the time set in the advertisement for opening Bid/RFP. **Said sealed envelope shall have the information noting the commodity and date and time of opening. This information must be affixed to the outermost packaging to be easily identified by purchasing personnel as a sealed Bid/RFP.**

2. Bid/RFP shall be submitted on Schoharie County Bid/RFP Forms, unless otherwise indicated in the Bid/RFP specifications, or Bid/RFP will not be considered. Bid/RFP must be typed or printed in ink. Original autograph signatures in ink are required. Facsimile or rubber stamp signatures will not be accepted.

3. Any change in wording or interlineation by Respondent of the inquiry as published by the County of Schoharie shall be reason to reject the proposal of such Respondent, or in the event that such change in the Invitation to Bid/RFP is not discovered prior to entering into contract, to void the contract entered into pursuant to such Bid/RFP. Any additional information which the Respondent desires to add to the Bid/RFP shall be written on a separate sheet of paper, attached to and submitted with the formal sealed Bid/RFP, to be read at the formal Bid/RFP opening.

4. AWARDS. The contract may be awarded to the lowest responsible and responsive bidder complying with the provisions of the Invitation for Bid. In determining whether a bid is lowest and responsive, and the bidder responsible, the following may be considered by the County: a) Ability to perform the service required within the specified time; b) Reputation, judgment and experience; c) The quality of performance in previous contracts; d) Previous compliance with laws, as well as employment practices; e) Financial ability to perform the contract; f) The quality, availability and adaptability of the supplies or the contractual services to the particular use required; g) Ability to provide maintenance and service; h) Whether the bidder is in arrears to the County, in debt on contract, is a defaulter on surety to the County or whether the bidder's taxes or assessments are delinquent; i) The resale value and life cycle costs of the items; j) Such other information as identified in the County's Policy & Procedures Manual having bearing on the decision to make the award. The County reserves the right to reject any and all bids and to waive any informality in bids received whenever such rejection or waiver is in the interest of the County. The County also reserves the right to reject the bid of a bidder who has previously failed to perform properly. The County may award bids by line item, category, or on an all or none basis.

5. Respondents are to furnish all information requested in the spaces provided on the Bid/RFP invitation form. Further, as may be specified elsewhere, each Respondent must submit with his Bid/RFP cuts, sketches, descriptive literature, and/or complete specifications covering the products offered. Reference to literature submitted previously does not satisfy this provision. Bid/RFPs in non-compliance with these requirements will be subject to rejection.

6. All documentation required by specifications shall be submitted by the Respondent as part of his sealed Bid/RFP at the time of Bid/RFP opening.

7. This Executory Clause shall be a part of any agreement entered into pursuant to the Bidding or Request for Proposal procedure.

(A) It is understood by the parties that the agreement shall be executory only to the extent of the monies available to the County of Schoharie and appropriated therefore, and no liability on account thereof shall be incurred by the County beyond the monies available and appropriated for the purpose thereof.

8. No taxes are to be billed to the County of Schoharie. Bid/RFPs shall not include any Federal, State, or local excise, sales, transportation, or other tax, unless Federal or State law specifically levies such tax on purchases made by a political subdivision.

9. The successful Respondent shall comply with all laws, rules, regulations, and ordinances of the Federal Government, the State of New York and any other political subdivisions or regulatory body, which may apply to its performance under this contract.

10. The successful Respondent to whom a Bid/RFP is awarded shall indemnify and hold harmless the County of Schoharie and its agents and employees from and against all claims, damages, losses or causes of action arising out of or resulting from such vendor's performance pursuant to a Bid/RFP.

11. The successful Respondent to whom a Bid/RFP is awarded shall not assign, transfer, convey, sublet or otherwise dispose of a contract or the successful Respondent's right, title or interest therein, or the successful Respondent's power to execute such contract to any other person, firm or corporation without the express prior written consent of Schoharie County, in accordance with New York State General Municipal Law, Section 109.

12. A Bid/RFP submitted is firm and irrevocable for a period of forty five (45) days from the date and time of the Bid/RFP opening. If a contract is not awarded within the forty five (45) day period, a Respondent to whom the Bid/RFP has not been awarded, may withdraw his Bid/RFP by serving written notice of his intention to the County of Schoharie. Upon withdrawal of the Bid/RFP, pursuant to this paragraph, the County of Schoharie will forthwith return the Respondent's security deposit.

13. The base Bid/RFP shall remain firm and any other charges bid or proposed shall also remain firm, for delivery of services or goods described in the Bid/RFP.

14. Any contract entered into pursuant to a Bid/RFP may be terminated at any time during the term of the contract by either party through notification in writing to the other party via certified mail of the desire to cancel. Such notice shall be serviced not less than thirty (30) days prior to the desired termination date. Notification shall be made to the Schoharie County shall be made by certified mail to the attention of the Purchasing Agent & Auditor, Karen Miller 284 Main Street, Schoharie, NY 12157.

15. In executing a Bid/RFP, the Respondent affirms that all of the requirements of the specifications are understood and accepted by the Respondent, and that the prices quoted include all

required materials and services. The County will not be responsible for any errors or omissions on the part of the Respondent in preparing his Bid/RFP. In case of error in extension of prices in the Bid/RFP, the unit price will govern.

16. Manufactured items and/or fabricated assemblies subject to operation under pressure, operation by connection to an electric source, or operation involving a connection to a manufactured, natural, or LP gas source shall be constructed and approved in accordance with any State and local requirements for labeling or re-examination listing or identification marking of the appropriate safety standard organization, such as the American Society of Mechanical Engineers for pressure vessels, the Underwriters' Laboratories and/or National Electrical Manufacturers' Association for electrically operated assemblies, or the American Gas Association for gas operated assemblies. Further, all items furnished by the successful Bid/Respondent shall meet all requirements of the Occupational Safety and Health Act (OSHA) and State, local and federal requirements relating to clean air and water pollution.

“The NYS Right to Know Law and the OSHA Hazard Communication Standard (29CFR 1920.1200 - Revised August 24, 1987) require that Manufacturers prepare and submit to the County of Schoharie a Material Safety Data Sheet for any product(s) that have been evaluated and determined to contain hazardous substances. (PLEASE SUBMIT WITH INITIAL SHIPMENT AN APPROPRIATE MATERIAL SAFETY DATA SHEET FOR EACH PRODUCT, WHERE APPLICABLE)”

17. Samples may be requested as a part of the solicitation or after the opening of Bid/RFPs. When requested, they are to be furnished as called for, free of expense, and if not destroyed will upon request be returned at Respondent's expense. Respondent's request for return of samples must be made no later than the date on which they are furnished. Respondent shall label each sample individually with their name and item number.

18. The Respondent shall be fully accountable for his or its performance under a Bid/RFP, or any contract entered into pursuant to a Bid/RFP, and agreed that he, or its officers, will answer under oath all questions relevant to the performance thereof and to any transaction, act or omission had, done or omitted in connection therewith if called before any Judicial, County or State officer or agency empowered to investigate the contractor or his performance.

19. All Bid/RFPs must be accompanied by a duly executed Non-Collusion Statement in order to be considered.

20. The apparent silence of this specification as to any details or the omission from it of a detailed description concerning any point shall be interpreted as meaning only the best commercial practices are to prevail and that only materials and workmanship of the first quality are to be used. It is understood and agreed that any item offered or furnished shall be new, in current production and in first class condition, that all containers shall be new and suitable for storage or shipment, and that prices include standard commercial packaging.

21. In the event any Governmental restrictions may be imposed which would necessitate alteration of the material, quality, workmanship or performance of any item offered on this Bid/RFP prior to delivery, it shall be the responsibility of the successful Respondent to notify the County of Schoharie at once, indicating in his letter the specific regulation which requires such alterations.

The County reserves the right to accept any such alterations, including any price adjustments occasioned thereby, or to cancel the contract.

22. Discrimination - The successful Respondent agrees:

(A) That in the hiring of employees for the performance of work under this contract, no contractor, nor any person acting on behalf of such contractor, shall by reason of race, creed, color, sex, national origin, age, disability, marital status, Military Veteran status or arrest record, discriminate against any citizen of the State of New York who is qualified and available to perform the work to which the employment relates. Schoharie County is an Equal Opportunity Employer.

(B) That no contractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee hired for the performance or work under a contract on account of race, creed, color, sex, national origin, age, disability, marital status or Military Veteran status.

(C) That a contract may be canceled or terminated by the County of Schoharie and all monies due, or to become due, may be forfeited for a violation of the terms and conditions of a contract.

23. Joint Bid/RFPs will not be accepted. For purposes of the specifications, the term joint Bid/RFP shall include, but is not limited to, any Bid/RFP submitted jointly by two or more vendors in the name of partnership, joint venture or other legal entity formed for the purpose of submitting such a Bid/RFP or to be formed for the purpose of entering into a contract pursuant to such Bid/RFP.

24. Requests for interpretation of specifications should be addressed in writing, or orally, to Purchasing personnel and must be received prior to the date fixed for the opening of Bid/RFPs. Any and all interpretations and supplemental instructions will be made in the form of written addenda to the specification. The County will make every reasonable effort to notify specification holders when and addendum is issued, and all addenda will be available for inspection at least twenty-four (24) hours prior to a Bid/RFP opening (except notices of Bid/RFP postponement or cancellation, which may be made up the scheduled Bid/RFP opening time). Failure of any Respondent to receive such addendum shall not relieve such Respondent from any obligation under his Bid/RFP as submitted. Any and all addenda shall become part of the Bid/RFP and contract.

25. If requested in writing by the County of Schoharie, Respondent must present within forty-eight (48) hours, satisfactory evidence of the ability to perform and possession of the necessary facilities, personnel, experience, monetary resources and insurance to comply with specifications and otherwise provide the County with sufficient grounds to believe that it is likely, beyond a reasonable doubt, that the Respondent can provide the commodities and/or service(s) specified.

26. The successful Respondent(s) shall be notified by means of a contract award letter and/or purchase order that the Bid/RFP has been accepted. The mailing of either award letter or a valid purchase order shall constitute a contract between Schoharie County and the successful Respondent(s).

27. When required by Schoharie County, the successful Respondent shall execute a standard form Agreement with Schoharie County which incorporates all the terms and conditions of the contract between the parties. Such Agreement shall be executed within twenty (20) days of notification, by which time the contractor shall also have supplied all required bonds and insurance.

28. A contract resulting from Bid/RFP solicitation will constitute the entire and integrated Agreement between the parties. No other terms or conditions will become part of an Agreement unless they are approved in writing by both parties and attached to an Agreement or Addendum.

29. Payments will be made by the County after goods and/or services have been rendered and are complete. Payment will be made upon submittal of a complete invoice. If a Purchase Order is required, the Purchase Order must also be properly completed and submitted with invoice to insure payment. Any claim against the contractor may be deducted by the County from any money due him in the same or other transactions. Any delivery of product or service which does not meet the requirements of the contract may be rejected or accepted on an adjusted price basis as determined by the County. In any case, where a question of non-performance of a contract arises, payment may be withheld in whole or in part at the discretion of the County as compensation for any loss, damage, or cost incurred by the County as a result of said non-performance.

30. Any bond(s) and/or insurances required must be on a form acceptable to Schoharie County, and must be issued only by companies licensed to do business in New York State by the New York State Commissioner of Insurance. Insurance policies must name Schoharie County as "Additional Insured". Certified checks or standard form letters of credit may be submitted in lieu of a bond, subject to acceptance by Schoharie County as to sufficiency and form.

Insurance

1. Policy Commencement

Insurance shall be procured by the successful bidder before commencing any work. Insurance shall be obtained and be in effect no later than fourteen (14) days after notice of award is received and the insurance shall be maintained without interruption for the duration of the contract, and shall be in the kinds and amounts as specified herein pursuant to the Standard Insurance Certificate.

2. Proof of Insurance

- a. One copy of the policy and/or binder shall be filed with the Schoharie County, 284 Main Street, Schoharie, New York 12157.
- b. All insurance shall be executed by an insurance company/agency or broker who is licensed by the Insurance Department of the State of New York. County of Schoharie to be named as additional insured.

- c. All certificates of insurance shall be endorsed verbatim:

"In the event of any alteration, non-renewal, interruption or cancellation of the policies of insurance, the insured and the insurer shall give at least forty five (45) days advance written notice of any of the alteration, non-renewal, interruption or cancellation. Said notice to be made in writing to the (WHO?) Schoharie County, 284 Main Street, Schoharie, New York 12157, before such said alteration, non-renewal, interruption or cancellation shall be effective."

31. Awarded vendor shall agree to indemnify and hold harmless the County of Schoharie and its agents, employees and volunteers against all claims arising or resulting from work performed, materials handled and services rendered or to be rendered to the County of Schoharie under any contract or agreement executed by the County of Schoharie and the vendor.

32. Unless the Respondent specifically notes otherwise, a proposal shall be to furnish all items/services exactly as specified, in complete conformance to all terms, conditions and specifications. Any exception proposed by a Respondent must be clearly noted in unambiguous writing and submitted with the proposal at Bid/RFP opening. Unless otherwise specifically noted, the County will execute a contract based solely on its terms, conditions and specifications.

33. The complete legal name of the firm or corporation shall be used when executing Bid/RFP documents. Do not abbreviate. If a corporation, use the name as it appears on the corporate seal.

34. Any manufacturer's names, trade names, brand names, information and/or catalog numbers used within a Bid/RFP are for the purpose of description and establishing general quality levels. Such references are not intended to be restrictive and equivalent products of any manufacturer may be offered. Determination of equivalency shall rest solely with the County.

35. Safety Procedures - A vendor who contracts with Schoharie County agrees to adopt and utilize the safety policies and programs of the County of Schoharie in the performance of its contract with the County and to abide by its terms. The contractor shall acknowledge a copy of the safety policies and programs of Schoharie County. The contractor shall not deviate from said policies and programs or substitute its own safety program unless approved by the supervisor of the department for whom the services are being performed, said supervisors being so designated in the contract document.

36. In the event any item or items in this bid are made available to the County on a New York State Government contract at a unit price lower than that price on which award was made to the low bidder, the County reserves the right to purchase at the lower price under the NYS Government contract.

PRESCRIPTION DRUG FINANCIAL PROPOSAL

Fee-For-Service Financial Arrangement

- Administrative Fee \$_____
- Rebate Sharing \$_____

Optional Services

The following services are available upon request by the *County of Schoharie*:

- Additional and Lost Identification Cards \$_____
- Electronic Audit \$_____
- Clinical Prior Authorizations (PA) \$_____
- Administrative Prior Authorizations (PA) \$_____
- Paper Claims Processing \$_____
- Manual Eligibility Data Entry \$_____
- Ad-Hoc Reporting \$_____
- Pharmacoeconomic Analysis \$_____
- Direct Mailings & Printing to Members \$_____
- On-Line Management Reporting \$_____

PHARMACY NETWORKS and
MAIL SERVICE
PRESCRIPTION REIMBURSEMENT

The reimbursement rates for prescriptions dispensed through the Retail Pharmacy Network and Mail Service Pharmacy are listed below:

NATIONAL RETAIL PHARMACY NETWORK

Brand Name Drugs: The lesser of Usual and Customary or AWP - ____% plus \$_____ Dispensing Fee

Generic Drugs: The lesser of Usual and Customary or AWP - ____% plus \$_____ Dispensing Fee or Maximum Allowable Cost (MAC) plus \$_____ Dispensing Fee

MAIL ORDER PRESCRIPTIONS

Brand Name Drugs: AWP - ____% plus \$_____ Dispensing Fee

Generic Drugs: AWP - ____% plus \$_____ Dispensing Fee

SECTION III

FLEXIBLE SPENDING ACCOUNTS (FSA), HEALTHCARE REIMBURSEMENT ACCOUNTS (HRA) AND HEALTHCARE SAVINGS ACCOUNTS (HSA) ADMINISTRATION

1. Do you provide Flexible Spending Account, Healthcare Reimbursement Account and/or Healthcare Savings Account administration?
2. Is FSA, HRA and/or HSA administration integrated with your medical claims administration? Provide an overview of submissions for reimbursement.
3. Do you provide a “debit card” for FSA, HRA and/or HSA administration?
4. Provide all fees involved in FSA, HRA and HSA administration including start up costs, with and without Debit Card administration.

SECTION IV

FINANCIAL EXHIBITS – SELF INSURED QUOTE

If you are able to provide multiple year guarantees/caps, please fill in 2nd year:

SERVICES	1st Year	2nd Year
Medical Administration Fee Per Employee Per Month		
Dental Administration Per Employee Per Month		
PPO Access Fee(s) 90% of Discount Per Employee Per Month		
UR/Pre-Certification Per Employee Per Month		
Case Management Per Hour Other		
SPD Production		
SPD Printing		
SPD Distribution		
Subrogation		
Standard Reporting Package		
Ad Hoc reports		
Disease Management		
Centers of Excellence Program		
HIPAA Administration		
HIPAA Qualifying Event Service Fee		
COBRA Set Up		
COBRA Qualifying Event Service Fee		
COBRA Administration Per COBRA Participant Per Month		

** All fees are to be quoted net of commission or broker fees.*

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Costs		
Set Up Fee		
Monthly Administrative Base Fee <i>(Indicate per employee or per participant)</i>		
Debit Card		
Summary Plan Document		
Employee Communications		
Employee Meetings		

HEALTHCARE REIMBURSEMENT ACCOUNTS

Set Up Fee		
Monthly Administrative Base Fee <i>(Indicate per employee or per participant)</i>		
Debit Card		
Summary Plan Document		
Employee Communications		
Employee Meetings		

HEALTHCARE SAVINGS ACCOUNTS

Set Up Fee		
Monthly Administrative Base Fee <i>(Indicate per employee or per participant)</i>		
Debit Card		
Summary Plan Document		
Employee Communications		
Employee Meetings		

**All Quotations
Start-Up and Enrollment**

**For the following service, indicate the basis for the charges
(such as per meeting or flat fee):**

SERVICES	1st Year	2nd Year	3rd Year
Initial Setup			
Enrollment Materials			
Enrollment Meetings			
Annual Open Enrollment Meetings			

STOP LOSS

SPECIFIC STOP LOSS AT \$75,000 (15/12 Basis)

	1 st Year	2 nd Year	3 rd Year	Include Rx	
				Yes	No
Specific Stop Loss					

SPECIFIC STOP LOSS AT \$100,000 (15/12 Basis)

	1 st Year	2 nd Year	3 rd Year	Include Rx	
				Yes	No
Specific Stop Loss					

SPECIFIC STOP LOSS AT \$125,000 (15/12 basis)

	1 st Year	2 nd Year	3 rd Year	Include Rx	
				Yes	No
Specific Stop Loss					

AGGREGATE STOP LOSS

	1 st Year	2 nd Year	3 rd Year	Include Rx	
				Yes	No
Aggregate Attachment Point					

If you are providing a stop loss quote on other than a 15/12 basis clearly indicate. Indicate whether or not prescription drugs are included in either the specific or aggregate stop loss.

Provide the following information for stop loss quotations:

1. Does the carrier laser claims?
2. Does the carrier write terminal liability rider? If so, indicate cost.
3. Does the carrier pre-fund stop loss claims that are over the specific deductible?
4. Are stop loss commissions included in the quotation? If so, who are they paid to or what fees do they offset?
5. Will you be responsible for filing stop loss claims? Will this service apply if stop loss is not written by your organization?

FULLY INSURED QUOTE(S)

Schoharie County is exploring all of their funding options. It is not necessary that you quote all three funding mechanisms. Provide quotes on products that fall within your area of expertise or that you feel best provides the services requested in the RFP.

Schoharie County is requesting quotes on the following basis:

- 1) Prospective Experience Rated, PPO and POS
 - 2) Minimum Premium, PPO and POS
 - 3) Community Rated
- **Provide all quotes with and without prescription drugs.**
 - **Provide all quotes with retirees rated separate from actives.**

Proposed Fully Insured Rates	Traditional	Partnership Plus	Alternative
Employee Only			
Employee & Family			

AND

Proposed Fully Insured Rates	Traditional	Partnership Plus	Alternative
Employee Only			
Employee & One Dependent			
Employee & Family			

For Fully Insured quotes, please list any additional fees not included in your rate. Also list if you are willing to provide multi-year or caps for premiums or fees.

If proposing on more than one plan design (i.e. HMO, PPO, Indemnity etc.) please indicate participant assumptions and cost separately in the same format as above.

Be sure to duplicate the existing plan designs and provide a quotation on the alternative plan design.

Please explain in full all differences from the Traditional and Partnership Plus plan designs requested.

COUNTY OF SCHOHARIE FEE STRUCTURE

Summary of Quotations

SERVICE FEE

1. Proposed Annual Cost of first year fees.

\$ _____

2. Cost basis. If not flat charge; provide rates and method used for fee computation.

\$ _____

3. Describe and show any costs of expenses (other than customary "allocated" expenses) chargeable in addition to above.

\$ _____

4. Estimated total annual claims cost:

\$ _____

First Year

\$ _____

Second Year

5. Proposed annual fee for any second and third year options:

\$ _____

Second Year

\$ _____

Third Year

6. Payment Terms (monthly, quarterly, etc.):

\$ _____

QUOTATION DECLARATION TO BE FURNISHED BY
BIDDERS

The following must be included as part of the proposal:

TO: The County of Schoharie

The undersigned declares that he or she has carefully examined the Specifications and instructions and will furnish the insurance protection or service indicated for cost set forth in the proposal (assuming no change in exposures from those included in the background material).

The County of Schoharie acknowledges that the figures have been checked carefully and understand that *the County of Schoharie* will not be responsible for any errors or omissions on the part of the undersigned in making up this quotation offer.

It is understood that *the County of Schoharie* reserves the right to accept or reject any or all quotations and to waive any informality in any quotations received.

Name and Address of Company (ies)
Signature of Authorized Representatives

_____	_____
_____	_____
_____	_____

Name and Address of Agent or
Representative Making the Proposal
Signature

_____	_____

PROPOSAL
Schoharie County – Medical Plan Administrator/Carrier
RFP 2009-01

TO: (Who Do They Call?), Clerk of the Board’s Office, Schoharie County;

THE UNDERSIGNED PROPOSES TO PROVIDE THE GOODS AND SERVICES required as set forth in the referenced Request for Proposal. The successful bidder hereby agrees to furnish the goods and services in accordance with all terms, conditions and specifications contained within referenced Request for Proposal, at prices submitted in referenced specifications. I certify that I am authorized to sign this proposal, myself or the company or firm I represent, to a contract with Schoharie County. This signed proposal will become part of a binding contract after award by the Schoharie County Board of Supervisors to the successful proposer.

NOTE: By signing and submitting the proposal form for consideration by Schoharie County Board or Supervisors the Contractor acknowledges they have read, understood, and agree to all aspects of the specifications as presented without reservation or alteration.

Legal name of firm/corporation	Authorized Signature (IN BLUE INK)
Address	Typed Name
City/State/Zip	Title
Date	Telephone No. Fax No.
Federal ID Number: _____	

DO NOT WRITE BELOW THIS LINE (FOR COUNTY USE ONLY)

CHAIRPERSON, SCHOHARIE COUNTY BOARD

RESOLUTION NO.

DATE

NON-COLLUSION CERTIFICATE

SCHOHARIE COUNTY

RFP 2009-01

Medical Plan Administrator/Carrier

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty or perjury, that to the best of knowledge and belief:

1. The prices in this bid have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and;
3. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit, a bid for the purpose of restricting competition.

In compliance with this invitation for bids, and subject to the conditions thereof, the undersigned offers and agrees, if this bid is accepted within forty-five (45) days from the date of opening, to furnish any and all of the items upon which prices are submitted.

THE UNDERSIGNED AFFIRMS UNDER THE PENALTIES OF PERJURY THE FOREGOING CERTIFICATION IS TRUE.

LEGAL NAME OF FIRM/CORPORATION

AUTHORIZED SIGNATURE

ADDRESS

TYPED NAME

CITY/STATE/ZIP

TITLE

DATE

TELEPHONE NO.

FAX NO.

RETURN THIS SHEET WITH YOUR PROPOSAL

NON-BIDDERS RESPONSE
Request for Proposal
2009-01

PROPOSAL NAME:
Schoharie County Medical Plan Administrator/Carrier

VENDOR NAME: _____

Schoharie County is interested in ascertaining reasons for prospective vendor's failure to respond to invitation to submit a proposal. If your firm is not/or has not responded to this RFP, please indicate the reason(s) why by checking any appropriate item(s) below and returning this form to *Schoharie County*, 284 Main Street, Schoharie, NY 12157.

We are/did not respond to this RFP for the following reason(s):

- ___ Items or materials requested not manufactured by us or not available to our Company.
- ___ Our items and/or materials do not meet specifications.
- ___ Specifications not clearly understood or applicable (too vague, too rigid, etc).
- ___ Quantities too small.
- ___ Insufficient time allowed for preparation of bid.
- ___ Incorrect address used.

Correct address is:

___ Other reason(s):

We continually strive to improve our process. Thank you for taking the time to complete our survey.

Karen Miller, Clerk of the Board
Schoharie County
On behalf of the Board of Supervisors

APPENDIX A
Current Plan Designs
&
Premium Invoices
with Present
Employee Contributions

APPENDIX B

Current County Census

APPENDIX C

Medical Claims Experience