

Date: December 30, 2016

Ref. No.: 146618

**PURCHASING DEPARTMENT
101 EAST 11TH STREET
SUITE G13
CHATTANOOGA, TENNESSEE
37402**

Request for Proposals (RFP) for the City of Chattanooga

Proposals will be received at 101 East 11th Street, Suite G13, Chattanooga, TN 37402 until 4:30 P.M., on January 27, 2017

**Requisition No.: 146618
Department.: Human Resources
Buyer & e-mail: Geoffrey Hipp ghipp@chattanooga.gov**

Project: Health Services for the City of Chattanooga

APPENDICES ARE NOT ATTACHED. PLEASE E-MAIL BUYER FOR ATTACHMENTS

QUESTIONS MUST BE RECEIVED NO LATER THAN 4:30 pm ON JANUARY 10, 2017

*****PROPOSALS MUST BE RECEIVED BY***
4:30 P.M., Eastern on January 27, 2017**

The City of Chattanooga reserves the right to reject any and/or all proposals, waive any informalities in the proposals received, and to accept any proposal which in its opinion may be for the best interest of the City.

The City of Chattanooga will be non-discriminatory in the purchase of all goods and services on the basis of race, color or national origin.

The City's Standard Terms and Conditions may be found on website:
(www.chattanooga.gov/purchasing/standard-terms-and-conditions)

Note: ALL PROPOSALS MUST BE SIGNED

All proposals received are subject to the terms and conditions contained herein. The undersigned Offeror acknowledges having received, reviewed, and agrees to be bound to these terms and conditions, unless specific written exceptions are otherwise stated.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Company Name: _____
Mailing Address: _____
City & Zip Code: _____
Phone/Toll Free No.: _____
Fax No.: _____
E-Mail Address: _____
Contact Person: _____
Company Title: _____
Signature: _____

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I. STATEMENT OF INTENT AND BACKGROUND

Statement of Intent

The City of Chattanooga, Tennessee (City) is requesting proposals for its health plan administrator, wellness incentive administrator, post-65 retiree health plans, dental and vision insurance plans. The health plan administration, incentive program administration, dental and vision plans will all be effective July 1, 2017. The Medicare eligible retiree health plans will be effective January 1, 2018. Bidders do not have to submit proposals for all services to be considered. The health plan, dental and vision contracts will be for three (3) years with two (1) year renewals. The Medical eligible retiree health plan will be for one year (1) with the option of two (2) one (1) year renewals.

Health Coverage Background for Actives and Retirees

The City health plan is self-insured and has been administered by Blue Cross Blue Shield of Tennessee (BCBST) since July 2007. Under the Affordable Care Act (ACA), we have a “Non-Grandfathered” status. Employees can access the plan on the first day of the month following 30 days of employment with the City. The City also offers its health plan to four outside agencies for their active employees and one allows their retirees to continue the coverage after retirement. COBRA benefits are offered to qualified employees and dependents that lose coverage through the City plan and it is administered by BCBST.

City retirees and their eligible dependents may continue their coverage if they are covered under the active plan at the time of retirement. The City offers continued health coverage to many of its retirees who are Medicare eligible. City employees are eligible to retire with healthcare benefits if have 25 years of service or are 62 years with 10 or more years of consecutive service. If a City employee met these criteria on 7/1/2010, they are eligible for “lifetime” coverage.

Active Employees

Two plans and two networks (BCBST Networks P and S) are offered to active employees. Employees who are tobacco free (both employee AND spouse if applicable) can received a \$15 per month discount on their premiums.

PPO plan with co-pay and co-insurance requirements. Employees must choose between Network P or S.

High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). The City contributes to the HSA on a monthly basis. Employees must choose between Network P or S.

Retirees

Two plans are offered to retired employees.

PPO plan with co-pay and co-insurance requirements. Retirees are only offered the BCBST Network P option.

High Deductible Health Plan (HDHP). The City does not contribute to the retiree's HSA. Retirees are only offered the BCBST Network P option.

Medicare Eligible or "Post-65" Retirees are offered the PPO as well as 2 Medicare Advantage plans through BCBST.

The City also has a small group of retirees known as the 'Legacy' group with a separate plan that must be administered by the company making the proposal. This group's plan specifications cannot be changed per City policy. Most members of this plan are post 65. The Legacy plan, as well as all other plans, are located in the Appendix section of the RFP.

The City provides a Wellness program to its employees, retirees and dependents who are covered under the City's health plan. The "WellAdvantage" program consists of an onsite clinic, managed by Marathon Health, an onsite fitness center and an onsite pharmacy, managed by OnSite Rx. A wellness incentive program is also incorporated into the program which is part of the City's contract through BCBST called BlueHealth Rewards.

The onsite clinic offers extensive services for primary care and can be utilized by any health plan member at least three years of age. Visits are free for those on the PPO plan. Those on the HDHP plan are charged \$20 per non wellness visit. Claims for these visits are sent to BCBST to apply towards the out of pocket amount for these members and all proposers must be capable of accepting these claims.

As part of the WellAdvantage program, the City's onsite clinic offers lifestyle management and health coaching resources such as smoking cessation, diabetes management, hypertension management, weight control and GERD management. A full time dietician is available to help employees meet their wellness goals through one on one visits, lunch and learns and healthy cooking demonstrations.

The City's onsite pharmacy is a full service pharmacy that allows those under the health plan to obtain their prescription medications at discounted co-pays. Many of the medications can be purchased at below co-pay prices. The pharmacy offers over the counter medications at discounted prices. The City currently uses ESI as its PBM (pharmacy benefit manager) which is part of BCBST. In July 2010, an "over the counter (OTC)" pharmacy program was implemented which disallows medications that have OTC alternatives from being filled under the pharmacy benefit. The drugs affected are those in the categories of non-sedating allergy medications, stomach

disorder drugs and proton pump inhibitors. A prior authorization may be obtained for some coverage of these.

The City currently updates its eligibility for active employees only via an electronic data interface (EDI) to BCBST on a weekly basis. The City sends the file weekly to a secure site at BCBST. Exceptions reports are sent back to the City to confirm receipt and deviations. There is no periodic eligibility file for the retiree group at this time. Proposers must be able to continue to receive this data manually. The file format for the active group can be found in the Appendix section of the RFP.

The City receives utilization review and case management services as well as HTI (High Tech Imaging) review from our current health plan administrator.

The City's contract with BCBST offers the City's members a 24/7 Nurse call-line, a maternity program and a Blue Perks discount program. The contract also provides the City with a full time health navigator and a full time fitness manager. Both of these BCBST employees are located at the City's wellness center and both provide important resources for City employees. The fitness center manager's responsibilities include planning the fitness classes at the onsite fitness center, working as a trainer, assisting the dietician and City staff with the entire wellness curriculum. The onsite Health Navigator works with members to help them with claim inquiries, assists them with finding network providers and informs members of the resources they have through the wellness center and overall benefit program with BCBST.

Dental Coverage Background

The City currently offers two dental options to employees. A dental PPO from BCBST and a DHMO style plan from Assurant. Both plans are voluntary with employees and retirees paying 100% of the premium. There are approximately 200 employees enrolled in the Assurant plan and 2,100 employees enrolled in the BCBST dental plan.

Vision Coverage Background

The City currently provides all employees enrolled in the medical PPO and Medical HDHP a basic vision plan to cover the eye exam. Employees also have the ability to purchase a buy-up vision plan to cover hardware. Employees not enrolled in the medical plan may also purchase the buy-up vision plan. The current vision plan is offered through BCBS of TN.

Detailed Outline of the Services Being Requested

Bidders may bid on all requested services or may only choose certain services to respond to. This is an outline of each service bidders may respond to.

Response I. - Health Plan Administration

Active and Retiree PPO, HDHP and Retiree Legacy plan administration

Wellness Incentive Program Administration - City program to provide incentives to employees for health lifestyles.

Response II. - Dental Insurance

Dental PPO and Dental HMO benefits.

Response III. - Vision Insurance

Base and Buy-up vision benefits.

Response IV. – Medicare Eligible Retiree (Medicare Advantage) Plans

2 Medicare Advantage Plans

II. GENERAL INSTRUCTIONS, REQUIREMENTS and CRITERIA

RFP Number

The City has assigned the following identification number to this document. This number should be referenced in all communication regarding the RFP.

REQUISITION/RFP # 146618

Point of Contact

This RFP is issued by the Purchasing Department of the City of Chattanooga, Tennessee. The sole point of contact for this RFP shall be:

Geoff Hipp
Buyer
101 East 11th St
Suite G13
Chattanooga, TN 37402
Email: ghipp@chattanooga.gov
Phone: (423) 643-7233

Failure to restrict contact/discussion regarding this RFP to the above named individual will be deemed a serious breach of process and, at the City's sole discretion, may result in disqualifying the violating party's firm from further consideration in this opportunity.

Interpretation and Clarification

No oral interpretation or clarification will be made to any firm or any individual as to the meaning of the RFP document. Requests for interpretation or clarification shall be made in writing and delivered to the RFP Coordinator on or before January 10, 2017. As indicated in Section III (below), the City will respond in writing to all clarification requests. All parties who have obtained a copy of the RFP document will be on the distribution list for any such written responses issued by the City.

Evaluation Criteria

The following criteria will be used to evaluate each proposal. The questions in this proposal will be incorporated into scoring and may be incorporated into the criteria as determined by the evaluation committee. These are not listed in order of importance.

Cost Effectiveness of the Proposal - 20%

Provider Network Access where applicable – 20%

Experience, References, and Answers to Questions – 20%

Customer Service – 20%

Ability to help facilitate the City's objectives – 20%

III. ANTICIPATED SCHEDULE

The following is an anticipated timetable for the procurement and implementation process. The City reserves the right to adjust the schedule, as it deems necessary. In the event significant adjustments are necessary, all affected parties will be notified. All times are for the Eastern Time Zone (ET). The proposer must complete and deliver (3) hard copies and one electronic copy of the entire response document in a sealed box/envelope before 4:30 PM. ET on January 27, 2017.

Timeline for RFP

December 30, 2016 City releases RFP

January 10, 2017 Questions must be submitted to City by 4:30.

January 13, 2017 City to release answers to questions

January 27, 2017 Proposals are due to City by 4:30

February 1, 2017 Finalist presentations to begin

IV. PROPOSAL PROCEDURES AND GUIDELINES

Submission of Proposals

Note: All RFP responses should be provided in a binder with all attachments separated by marked tabs. Insert attachments directly behind related section, not under separate cover. Responses shall be submitted to the City of Chattanooga Purchasing buyer at the address specified below:

Geoff Hipp
Buyer
101 East 11th Street
Suite G13
Chattanooga, TN 37402
ghipp@chattanooga.gov

The proposer shall clearly label its sealed response envelope as "REQUISITION/RFP# 146618: Group Health Plan Proposal." The first page within each binder must list the Services as outlined in **Detailed Outline of the Services Being Requested** the bidder is responding to.

It is the sole responsibility of the proposer to ensure that its response is delivered on or before the date, prior to the specified bid opening time, and at the place indicated by this document. Any proposal submitted at or after the moment designated for the opening will be deemed to be late and will not be accepted or opened. Submitters mailing their proposal packages must allow sufficient time to ensure receipt of their package by the specified time.

Proposers are advised to avoid last minute deliveries as parking can be a problem and/or proposers may not be familiar with the building to which proposals are to be delivered. Submitters mailing (i.e., USPS, UPS, FedEx, etc.) their proposal packages must allow sufficient time to ensure receipt of their package by the specified time using the specified address.

Proposals shall be signed by an authorized representative of the proposer. Failure to submit all information requested may result in the City requiring prompt submission of missing information and/or giving a lowered evaluation of the proposal.

Opening of Proposals for Evaluation

Proposals are scheduled to be opened for evaluation on January 27, 2017.

Proposal Amendment and Rules for Withdrawal

A proposal may be withdrawn prior to the response due date by submitting a written request for its withdrawal to the City, signed by an authorized representative and delivered to the City of Chattanooga Purchasing Agent. A withdrawn proposal may be resubmitted up to the time designated for the receipt of proposals provided that it then fully conforms to the RFP requirements. The City shall not accept any amendments, revisions, or alterations to proposals after the deadline for proposal submittal unless the City requests such in writing.

Acceptance of Proposals

All properly submitted proposals shall be accepted for evaluation. However, the City reserves the right, in its sole discretion, to request clarification or corrections to proposals, reject any or all proposals received, cancel or withdraw this RFP, according to the best interest of the City. The City reserves the right, in its sole discretion, to waive minor variances in technical proposals, provided such action is in the best interest of the City. Where the City may waive variances, such waiver shall not modify other RFP requirements or excuse the proposer from full compliance with the remainder of RFP specifications and other contract requirements if the proposer is awarded a contract. Notwithstanding any minor variance, the City may hold any Proposer to strict compliance with the RFP.

Right of Rejection

Any proposal received that does not meet the requirements of this RFP may be considered to be non-responsive, and the proposal may be rejected. Proposers must comply with all of the terms of this RFP and all applicable state laws and regulations. The City may reject any proposal that does not comply with all of the terms, conditions, and performance requirements of this RFP.

Proposers may not restrict the rights of the City or otherwise qualify their proposals. If a Proposer does so, the City may determine the proposal to be a non-responsive counteroffer, and the proposal may be rejected.

Right to Further Negotiate

The City reserves the right to further negotiate, after the proposals are opened, with any Proposer, if deemed necessary at the discretion of the City. This includes but is not limited to the right to schedule face-to-face meetings with any and all respondents, both to confirm qualifications and to be introduced to the facilities and personnel that will service the City's account if you are the Proposer chosen.

Any submitted proposal shall remain valid proposal for six (6) months after the proposal due date. Mandated requirements are those required by law or such that they cannot be waived and are not subject to negotiation.

Assignment and Subcontracting

Subcontracting will not be allowed for any services in this RFP without prior written authorization by the City. Proposals are to be submitted with any subcontracted work clearly identified. The City reserves the right to approve each subcontracting party both before and after award of the contract.

Proposal Errors

Proposers are responsible for all errors or omissions contained in their proposals. Proposers shall not be allowed to alter proposal documents after the deadline for submitting a proposal.

Incurring Costs

The City of Chattanooga is not responsible for any costs incurred by any proposer. All costs incurred in connection with the preparation and submission of its proposal response shall be borne by the proposer.

Contract Approval

The RFP and the provider selection processes do not obligate the City and do not create rights, interests, or claims of entitlement in the apparent best-evaluated Proposer or any vendor. A legally binding contract shall be established only after the contract is signed by the Contractor, and City officials as required by applicable state and local laws and regulations.

This request for proposal and the provider's proposal, as amended between the City of Chattanooga and the successful provider, will become addendum to the contract documents. It should be understood that the terms and conditions, specifications and requirements of this Request for Proposal would take precedent in the event that any part of the contract is in conflict with these proposal documents.

Tennessee Open Records Act

Proposals and statements of qualifications received by a local government entity in response to a personal service, professional service, or consultant service request for proposals or request for qualifications solicitation, and related records, including, but not limited to, evaluations, names of evaluation committee members, and all related memoranda or notes, shall not be open for public inspection until the intent to award the contract to a particular respondent is announced.

All proposers must identify "proprietary data" in their responses.

V. PROPOSAL FORMAT

All responses shall be submitted in accordance with the instructions in this RFP. The information shall be prepared in a manner that is self-explanatory, complete and responsive to the request. Brevity is appreciated and the proposers are encouraged not to provide substantial volumes of internal and external reports unless specifically asked for in another section of this document.

All RFP responses should be provided in binders with all attachments separated by marked tabs. Insert attachments directly behind the related section. Provide three (3) hard copies and one (1) electronic copy of the entire response.

Responses to questions should be in the order they appear in the RFP. Each question and its associated number should be repeated and referenced before the response in your typed proposal. All attachments must be labeled. If no specific information is required from the provider, "Understand and Comply" will be an acceptable answer.

The proposal must include an explanation of any exceptions to the stated requirements. Failure to indicate any exception will be interpreted as the proposer's intent to comply with the requirements as written in the proposal documents.

The response documents must be signed by a person or persons legally authorized to bind the provider to this contract.

Insert the Plan's name (not logo) next to the page number in the footer of the document.

A. Health Plan Administration Response (I) – General Requirements

1. References

Please provide your company's experience in working with self-insured clients with over 1,000 employees in the past three years. Provide a list of three current accounts and two accounts that are no longer clients, preferably one which is from a government entity, similar in size to the City of Chattanooga.

2. Lead Contact and Staff

Please list the names of all professional staff, including the lead contact, which will be assigned to work on the City of Chattanooga Government account and a brief resume of their background and experience. Explain the duties each person will perform.

3. Certification of Compliance

There must be written confirmation that the Proposer shall comply with all of the provisions in this RFP. The written certification and assurance shall affirm the Proposer's compliance with:

The laws of the State of Tennessee and the City of Chattanooga;

Title VI of the Federal Civil Rights Act of 1964;

The Equal Employment Opportunity Act and regulations issued there under by the federal government;

The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;

The condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and

The condition that no amount shall be paid directly or indirectly to an employee or official of the City of Chattanooga as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor or consultant to the Proposer in connection with the procurement under this RFP.

4. Subcontracted Services

Please list any and all services in this RFP response that is subcontracted. Describe the function being performed by the subcontractor and the nature of the relationship to your firm.

5. Questions

Administrative Capabilities

1. Please answer these questions and submit the answers with your proposal.
2. Provide the location from which claims will be paid for the City.
3. What percentage of claims are auto adjudicated?
4. Is there a dollar threshold for claims to be reviewed before they are paid?
5. Are there any claim payment platform changes, enhancements or conversions planned over the next 3 years?
6. What level of flexibility is provided within your claim payment system? Can benefits be paid for certain providers at different benefit levels? Please provide a detailed outline of what the City **cannot** do within your platform.
7. Does your system have the ability to administer a client specific network should the City wish to pursue this option? Is a client specific network loaded into your claim payment system or will manual intervention be needed.

8. Confirm your ability to accept claims from the on-site health clinic for the High Deductible Health Plan to include these claims in deductible accumulation and Out-of-pocket maximum accumulation.
9. Confirm your ability to administer the current Medical Plans in Appendix A. All deviations must be noted in the Financial Response of your proposal.
10. Describe your methodology for coordination of benefits.
11. Who handles all third party recovery services? Are there any additional charges for these services?
12. For calendar year 2015, what percent of third party recovery has been achieved based on eligible dollars to recover within your book of business?
13. Will you provide a completed Summary Plan Description for each of the City medical plans? Is there any additional cost for this service?
14. Will you provide Summary of Benefit Coverage (SBC) to comply with the Affordable Care Act requirement?
15. Do you have the ability to administer zero dollar claims for the onsite clinic? If so is there an additional charge for this service?
16. Do you have the ability to administer capitated payments should the City chose to enter into such agreements.
17. Has your system been updated to handle the ICD 10 codes implemented October of 2015? Have you had any service issues relating to this change?
18. Confirm all claim payment functions are handled onshore.
19. Is your provider network integrated with the claim payment system or is there a repricing process?
20. Do you offer any Fiduciary services? If so please explain and provide the cost associated with these services.
21. How do you handle claims outside the plan document? What safeguards are in place to only pay claims covered under the plan document?
22. Will any claim not covered by the plan document but approved by a Medical Director be presented to the City before it is approved and paid?
23. Please list all subcontracted services for your administration process.
24. Describe any other claim cost control programs the City will benefit from.
25. Will you agree to a third party audit? What stipulations are applied to third party audits?
26. Describe your ability to administer value based plan designs? Are you currently administering any value based plan designs for clients?

Member Services

27. Please provide the following customer service information:

| | Plan Standard | 2015 Actual |
|---|------------------|------------------|
| 1) Average speed to live voice. (Indicate your administrative standard for the time it should take for a member to reach a Member Services representative) | _____ seconds | _____ seconds |
| 2) Initial call resolution. % of calls resolved with one call | _____% | _____% |
| # of days in the look back and look forward calculation to determine call resolution | _____ | _____ |
| 3) Abandonment rate. (Indicate the percentage of callers who hang up AFTER being placed on hold by Member Services) | _____% | _____% |

28. Indicate the health plan's standard and actual average turnaround time to issue member identification cards from the date the health plan receives complete and accurate enrollment information to the date the card is issued. Express in working days. If ID production is outsourced, please indicate the vendor.
29. Will the City's calls be handled by a dedicated team? If so, how many team members? If not, please describe who and how calls will be handled for the City employees.
30. How will load balancing be handled for high volume call times?
31. What are customer service hours of operation?
32. Do employees have the ability to interact with member services via email?
33. What is the turnaround time for email inquiries to customer service?
34. How do member service associates access the City's benefit information when speaking to employees and dependents?
35. What authority do customer service representatives have to make corrections to claim payment errors?
36. What is your attrition rate in member services for 2014, 2015 and year to date 2016?
37. What information can employees see via a secure member portal? Please list details and provide a link that will allow the City to see a demonstration of your capabilities.
38. May employees access information via a smart phone? What services are available?
39. Do the same member service representatives handle medical and pharmacy questions?

Clinical Capabilities

40. What programs are in place to review and improve the quality of care?
41. How do you identify gaps in care? What processes are in place to close these gaps?
42. What cost and quality information is provided to members. Please provide the sources for this information. Please provide a link for the City to be able to demonstrate how the information is provided to the City employees and dependents.
43. The City has a Disease Management program administered through the onsite clinic. How can you work with the clinic to improve the outcomes for the City?
44. What information are you willing to provide to the onsite clinic to improve the outreach of the current Disease Management?
45. Please outline the case management services that are provided in your proposal for the City.
46. Complete the following table regarding your case management services. Disease Management services should be excluded from these numbers.

| | Results |
|---|---------|
| % of 2014 Total Population identified for case management | |
| % of 2014 Total Population actually enrolled in case management | |
| % of 2015 Total Population targeted for case management | |
| | |

47. What is your average savings per member engaged in case management services?
48. What methodology do you use to represent the savings in question 48?
49. How do you identify members for case management services?
50. Will you partner with the Onsite Clinic to ensure all identified high risk patients are enrolled and participate in your case management programs?
51. Will you agree to place a case manager in the onsite clinic to work exclusively on the City's population? Confirm the cost is included in your financial response.
52. Will you agree to place a fitness coordinator in the onsite clinic to work exclusively on the City's population? Confirm the cost is included in your financial response.
53. Will you agree to work with the onsite clinic to try and outreach to members at risk?
54. Do you provide a transplant network? Do case managers coordinate all care regarding transplants? Please explain in detail.
55. Do you provide specialty networks for other service than just transplants? Please provide details. Can enhanced benefits be administered for employees accessing these specialty networks?
56. Are all clinical details reviewed by a Medical Director?

57. Please outline how your appeals process satisfies the Affordable Care Act requirements.
58. Are there any pay for performance arrangements in place within your network for the Chattanooga Area? If so please list all arrangements and provide detail of the arrangement in place.
59. What is the financial arrangement in place with your pay for performance arrangements? Please provide the criteria used to measure the performance under these arrangements with providers.
60. How would the City be billed for these provider arrangements? **All cost associated with these arrangements and how they are charged to the City must be outlined in your response to be eligible for payment under this RFP.**
61. Are there any additional pay for performance arrangements being considered in the Chattanooga market?
62. Explain how transitional care issues will be handled at implementation and in conjunction with network changes.
63. Please outline your process for review of high tech imaging services and if a third party vendor is used please identify them and explain the relationship.
64. What services require prior authorization?
65. Does the City have the ability to customize the clinical management process for case management, and all other clinical programs? Will this impact the pricing provided in your proposal?
66. Provide an outline of how you will be able to help the City with Wellness Initiatives.
67. Will you provide a dedicated resource to the City to help facilitate the City Wellness Initiatives?
68. What administrative capabilities to you have around wellness incentives? Please list all services that incentives can be administered for.
69. Will you agree to provide both a Fitness Director and Care Coordinator to the City at no cost for the duration of this contract?
70. Do you offer Telemedicine to your clients and if so please provide all cost associated with this service?

Pharmacy Benefit Administration

71. Do you outsource your pharmacy administration? Please outline the functions outsourced vs. done internally.
72. Are there any planned changes to your pharmacy administration partnerships or outsourcing vendors planned in the next 3 years?
73. How is your formulary determined? Who is involved in making formulary decisions?
74. Is your pharmacy claim administration integrated with your medical system to administer integrated deductibles and Out-of-Pocket maximums in a real time manner at point of sale?
75. Will you agree to allow the City to customize the formulary and, if so, what impacts to the pricing provided in this RFP will occur?
76. How do you handle specialty pharmacy claims? What clinical programs are in place to control the utilization and cost of these prescriptions?
77. Do you allow network providers to dispense specialty medications in the office setting and do you have a national fee schedule for these drugs or do you allow physician mark-up?

78. Outline the drug classes currently requiring prior authorization within your pharmacy benefit management process.
79. Are there any additional costs for the prior authorization process?
80. Please outline the drug classes that require step therapy and outline the administrative process of how the members will be impacted by this process.
81. Do you have any generic medications on your second or third tier of benefits? Please explain the methodology used in making this determination.
82. Will you agree to contract with the current onsite pharmacy and allow them to submit claims as a normal participating pharmacy?
83. Will rebates be applied to the prescriptions filled in the onsite pharmacy?
84. Do you have the ability to provide check suppression for the onsite pharmacy?
85. How often is MAC price list updated?
86. Will you agree to a third party audit of the financial arrangement contractually agreed to by the City? What stipulations are applied to third party audits?
87. Describe your ability to administer value based plan designs? Are you currently administering any value based plan designs for clients?
88. Please describe any repackaging of products taking place under your pharmacy administration process for dispensing setting.
89. How are rebates calculated, tracked and paid? Include the timeline for the rebates to be paid to the City.
90. Will you load prior carrier authorization history? Are there any restrictions on the data you may load from a prior carrier?
91. Outline any additional service provided to manage pharmacy spend for the City.

Wellness Incentive Program Administration

- a. Our current wellness incentive program was implemented in December 2009. Active “full-time” employees (approximately 2250 employees) are eligible to participate in the wellness incentive program. The participants of the program are rewarded for completing a variety of healthy behaviors including completing preventive screenings, performing regular exercise, consulting with the on-site dietitian and participation in lifestyle management programs. Our program is also structured to reward individuals based on the outcomes of an annual biometric screening (i.e. cholesterol, blood pressure and fasting glucose).
- b. Employees can earn points to equal approximately \$300 per year which can be “rolled over” for four (4) years. Points accumulate into the employee’s individualized web based incentive account which is HIPAA compliant. The data linked to the healthy behaviors/ points is received from a variety of sources including the City’s insurance carrier, on-site clinic vendor and internal files. Employees are able to apply their points towards merchandise including travel items, event tickets, activities and gift cards. The City is looking to expand and/or change the incentive program that is in place currently to help drive better outcomes. Please provide responses that demonstrate your full capabilities around incentive program administration.

Incentive Capabilities

92. What capabilities do you have to administer employer incentives for health lifestyles?
Please provide a detailed list of all capabilities.
93. Is your solution an in-house solutions or have you partnered with a third party? Provide details regarding your arrangement if done through a third party.
94. How long have you administered incentive programs?
95. Do you provide a web portal for the members to track incentives?
96. What enhancements have been made to your incentive program in the past 12 months? Are there planned enhancements and what is the timeline of these enhancements?
97. Do you have a mobile app to support the incentive program?
98. Discuss your company's experience with call center processes and strategies, including inbound customer / member service and outbound outreach / strategies and content.
99. Do you have in-house legal counsel familiar with ERISA, GINA, HIPAA and EEOC legislation relative to wellness programs?
100. How do you ensure individual HIPAA compliance?

Incentive Account Management

101. Who will provide account management support for the incentive program and are there other team members to assist in plan development and strategy? Please describe each person's experience and role.
102. Please describe which, if any, Customer Service functions you offer to the end users of the platform. Please include in your response:
 - a. Whether or not vendor personnel are available to provide direct customer service to members or administrators.
 - b. Types of services offered (i.e. technical support, point adjudication, fulfillment/shipping assistance, etc.) and how they are handled
103. Location of customer service staff, languages spoken and hours of operation
104. Tracking and reporting of response times and customer satisfaction.
105. Do your customer service staff for the health plan administration also support the incentive programs? If not please describe how customer service for the incentive program is provided.
106. How often is your call center staff trained about customer specific programs?
107. Describe the "best practice" protocols your account management team will follow in servicing City of Chattanooga during implementation and post implementation, including, but not limited to:
 - a. Frequency of meetings (on-site and telephonic)
 - b. Tracking and reporting inquiries and/or issues resolution
 - c. Will all inquiries be handled within 24 hours or less? If not, specify the time period that each category of inquiry will be handled.

108. What is your company's preferred method for announcing updates, enhancements and keeping clients informed of wellness products and services? Is an account manager or account management team assigned to a client? If yes, describe their role in the relationship.
109. Describe your capabilities to provide consulting services (client and customer programming modeling, behaviors that drive ROI, communications and rewards by age, gender, geographic location, and other variables).
110. How does your company ensure that the regulations of the Affordable Care Act in regards to health rewards are met?

Incentive Measurements and Analytics

111. Detail the reports (name and purpose) that are provided as part of the standard reporting package. Include any reports related to productivity/operational reporting, cost/utilization trend reporting, dashboard reporting, regulatory/quality reporting, outcome reporting, program evaluation/ROI, customer service, etc.
112. How do you measure the outcome and success of the overall program? How do you evaluate the effectiveness of your services?
113. What indicators do you use to track the success of the incentive program?
114. We may request ad hoc reports for special purposes. Would you charge for producing such "non-standard" reports?
115. Of the items below please state whether your reporting system can provide these metrics and examples of each:
 - i. Overall Member Utilization
 - ii. Member Utilization by department
 - iii. Member Utilization by Risk Category
 - iv. Percentage of Members Engaged in Specific Behaviors
 - v. Trend Analysis
 - vi. ROI
 - vii. Direct Cost Avoidance
 - viii. Population Health Savings
 - ix. Net Savings

Incentive Communications

123. Describe the platform's core communication capabilities and whether they can be disabled/enabled at any time.
124. Describe your communication capabilities (i.e. print, email, phone, mobile, social media, etc.)

125. Does your company utilize real time award/reward notifications?
126. What data sources are used to customize and tailor communications at the participant level based on their preferences?
127. Do you utilize a custom email marketing program and/or tool?
128. Can you provide customized material, including any websites created or available to support this program?
129. Describe your best practices regarding program communications and engagement of members. Can you tailor communication based on risk stratification, employee demographic, program participation, etc.?

Incentive Engagement

130. Describe how your product can be used to analyze the member population and identify opportunities for incentive programs focused on driving value and outcomes. Address the following in your response:
 - a. What data is required to generate member stratification functionality?
 - b. What data is not required but can be incorporated to enhance member stratification functionality?
 - c. Ability to stratify identified population based on various factors including member demographic, plan, region, group, claim, Rx, lab, DCG, calculated risk scores, etc.
131. Please share your company's success in driving results: engagement and outcomes.
132. Do you take the member's contact preference into account in your engagement strategy?
133. Please describe your optimal incentive strategy/program.

Incentive Platform/Technology Requirements

134. Describe how we will be able to enhance/configure your core product components.
135. Do you support single sign on capabilities from web and mobile applications?
136. Are you willing to integrate with current vendors and internal programs as required?
137. What vendors are you currently integrating with?
138. Does your company integrate mobile solutions that sync with devices (i.e. FitBit)?
139. Can you configure sites for each group or population using the platform?
140. Does your portal provide recommendations based on an individual's health and activity history?
141. Does your portal provide a survey or forms generation module for the participants to self-report activities?

142. Is your platform capable of handling complex rules according to engagement tiers / rewards?
143. Can the incentive program integrate with HSA/ HRA/ FSA? If so, what is that process?
144. Please describe the participant experience as it relates to what a participant will see relative to incentive dollars/points for participating in various activities? Please reference what the time frame is for participants to see updates to information related to your programs or from other vendors in your response.
145. What enhancements are you planning for your incentives administration program? Please indicate when these will be available to users.
146. Does your platform allow for advanced configuration options (e.g. functionality for alternate activities, and members specific data earning period, award expiration rules, award per activity, prerequisite activities, activity frequency)? If yes, please describe.
147. Does your platform allow for multiple configuration rules such as: (Please address each item)
 - a. Eligible earning period
 - b. Award expirations
 - c. Group activities
 - d. Pre-requisite activities
 - e. Maximum amount of rewards earned per period
 - f. Maximum frequency per activity
148. Are you able to process individual biometric data that is provided by physicians as part of incentive tracking and administration services?
149. Provide details on the fields, business rules and data values that can be locally configured and maintained by City of Chattanooga and which ones are managed (changes and/or maintenance) by you, the vendor. Please make sure to include the following:
 - a. Business rules to determine customer eligibility criteria for incentive programs
 - b. Triggers to recommend content or determine eligibility for programs
 - c. Business rules to determine an incentive and reward for each activity
 - d. Business rules for the automatic earning, burning and expiration of points
150. Do you support single sign-on from the health plan's member website to your member portal?
151. Please indicate your ability and method to handle health plan claims information.
152. Explain the data exchange process.
153. Does your company have the ability to handle and reconcile multiple data sources?
154. Are you willing to accept eligibility in the frequency and format required?
155. Please describe your data analytics capabilities.
156. Does your content and online presentation incorporate any social or usage-driven features, such as comments, communities, community ratings, and/or a recommendation engine to link one piece of content to a related one? Describe any such features available in your offering.

Incentive Portal & Fulfillment

- 157. Please provide a detailed description of your capabilities in the participant incentive portal.
- 158. Please indicate your ability and method to handle reward fulfillment.
- 159. Can you configure the sites for each group of population using the platform?
- 160. What fields or functionality is configurable in the portal?
- 161. Does your portal provide an overview of the employer's incentive offerings?
- 162. Does the portal provide the member with a view of their incentive history and redemption history?
- 163. Please provide a list of current and planned fulfillment partners and corresponding reward categories that are available (e.g. benefits, monetary, services, gifts, etc.).
- 164. Are you able to support outcomes based incentives?
- 165. Do you provide reward fulfillment in-house or do you utilize a third party vendor?
- 166. Can the rewards portfolio be customized? If so, describe.
- 167. Can the look and feel of the reward be customized? If so, describe.
- 168. How long does it take to fulfill each reward?

Incentive Fees and Billing

- 169. Provide all cost data in the template in Appendix F.
- 170. Does the City pay for incentive points earned by only engaged members or points for all employees regardless of engagement in program?
- 171. Is the Administration fee built into the points earned or reward prices? If so, can this be separated?
- 172. What costs are associated with ad hoc reporting?
- 173. Provide a complete, detailed list of any additional services or fees not previously requested.
- 174. How often will the City be billed for services?
- 175. Provide a billing invoice sample.

Termination

- 176. Please state what information would belong to us upon contract termination.
- 177. If the contract were terminated, how would employee accounts is handled? Would employee keep the points they earned? How long would they have access to their accounts after termination?
- 178. Describe how your organization will support a transition in the event of contract termination.

Medical Unit Cost Evaluation

The information requested for the Medical Unit Cost Evaluation is included in Appendix C. Your response should be submitted in Appendix M. **Please indicate in your response if the data includes "Proprietary Information ."**

179. What percent of your hospital contracts in the Chattanooga market are based on fixed pricing? Please be specific with the type of contracts.
180. Do your fixed pricing contracts all include "lesser of" language?
181. Do the following hospital contracts have stop loss for high cost claims in place? If so, please provide the level of the stop loss and the arrangement in place once stop loss is met.

| Hospital | Stop Loss Included (Yes or No) | Stop Loss Threshold | Payment Terms Once Stop Loss is Reached |
|----------------------------------|-----------------------------------|---------------------|---|
| Parkridge Hospital System | | | |
| Erlanger Health System | | | |
| TC Thompsons Children's Hospital | | | |
| Memorial Health System | | | |

182. Please provide your achieved discounts as outlined in the chart below for Hamilton County membership in your book of business. Results should be based on members living within Hamilton County and for the time period of January 1, 2016 through December 31, 2016.

| | Achieved Discounts |
|---|--------------------|
| Inpatient | |
| Outpatient | |
| Physician | |
| Other (list services included in other) | |

183. Are any of your services capitated? If so, please list those services and the capitation rates that would be charged to the City for these services. **All capitated service must be documented in your RFP response to be eligible for payment under this contract.**
184. All fees associated with accessing your network discounts must be outlined. These items should include out-of-state providers, third party discounts negotiated, out-of-network claims, etc. If there is any cost/fee associated with your network savings, it must be outlined completely.
185. Are there any network changes in the works that would materially impact the information provided in your RFP?

Account Management

186. Who will be the Account Manager for the City and where are they located? Include a biography/resume of the Account Manager's experience working with similar size accounts.
187. How much of the Account Manager's time will be devoted to the City?
188. Provide a list of the full service team the City will have access. Include position and role within the service team as well as a biography/resume for each person.
189. Will the City have a dedicated contact within the service center for escalated issues?
190. Confirm your agreement to meet with the City at a minimum of 4 times a year to review plan performance.
191. Who will be responsible for notifying the City of any pending changes to formulary, provider networks, etc.?
192. Who will handle the implementation of the Plan? Please include a brief biography of the lead person.
193. Provide a sample timeline of your implementation schedule based on a award date of March 1st.
194. Explain how future benefit changes will be handled and who will be responsible for implementing these changes.

Reporting Requirements

195. Provide a list of reports that can be obtained online? What day of the month is the information for the preceding month available?
196. What custom reports are available at no additional charge? What is the turnaround time for these reports?
197. Provide at least three examples of custom reports for which there would be an additional charge.
198. Confirm there will be no charge to feed data to the City's data vendor.
199. Confirm there will be no charge to feed data to the City's onsite clinic.
200. Confirm you will provide a detailed utilization review meeting at a minimum of once a year at the requested time period of the City.
201. Please complete the requested data fields to be supplied to the City's data vendor in Appendix G. The City expects to receive all fields of information identified in the file layout.

Medical Repricing

Please indicate in your response if the data includes "Proprietary Information ."

The City has provided a current utilization report of medical claims. These medical claims are to be re-priced based on provider specific contracts. The file is provided in Appendix C and the information to be reported is included in Appendix M.

- 202. Confirm your repricing has been provided based on provider specific contracts.
- 203. Outline any average discount methodology used in your repricing.
- 204. Are there any services excluded from your repricing?
- 205. Confirm any claim paid as in-network has been included in your result including claims with no discount or paid at billed charges.
- 206. Will you agree to a third party audit of the results provided in your repricing?
- 207. Confirm you have provided the detailed repricing results to the City of Chattanooga's Benefit Advisor.

Pharmacy Repricing

Please indicate in your response if the data includes "Proprietary Information ."

The City has provided a current utilization report of Pharmacy claims. These Pharmacy claims are to be re-priced based on your proposed pharmacy pricing. The file is provided in Appendix C and the information to be reported is included in Appendix M. Along with the repricing information include the formulary disruption analysis as outlined in Appendix M.

- 208. Confirm you will agree to a third party audit of the pharmacy repricing results against actual pricing should you be awarded the contract.
- 209. Confirm you have provided the detailed repricing results to the City of Chattanooga's Benefit Advisor.
- 210. Your pharmacy repricing should be based on contracted cost based on the fill date of the prescription.
- 211. The repricing should also be based on if the prescription was filled at retail, retail 90 day or mail order as indicated in the file.

Financial Response

- 212. Please complete the financial template in Appendix F for all Administrative Services being requested.
- 213. Include any financial stipulations or contingencies of your proposal in the Financial Response.
- 214. All fees must be noted in the Financial Response to be eligible for payment under this RFP response.

215. Please provide performance guarantees for claim payment, customer service, implementation, account management, and achieved discounts. These should be include in the Financial Response of your proposal.
216. For Medical: All quoted fees must be provided and guaranteed for years 1 through 3 of the initial contract as well as renewal years 4 and 5.
217. For Pharmacy: All quoted fees must be provided and guaranteed for years 1 through 3 of the initial contract as well as renewal years 4 and 5.

B. Dental Insurance Response (II) - General Information

1. References

Please provide your company's experience in working with self-insured clients with over 1,000 employees in the past three years. Provide a list of three current accounts and two accounts that are no longer clients, preferably one which is from a government entity, similar in size to the City of Chattanooga.

2. Lead Contact and Staff

Please list the names of all professional staff, including the lead contact, which will be assigned to work on the City of Chattanooga Government account and a brief resume of their background and experience. Explain the duties each person will perform.

3. Certification of Compliance

There must be written confirmation that the Proposer shall comply with all of the provisions in this RFP. The written certification and assurance shall affirm the Proposer's compliance with:

The laws of the State of Tennessee and the City of Chattanooga;

Title VI of the Federal Civil Rights Act of 1964;

The Equal Employment Opportunity Act and regulations issued there under by the federal government;

The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;

The condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and

The condition that no amount shall be paid directly or indirectly to an employee or official of the City of Chattanooga as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor or consultant to the Proposer in connection with the procurement under this RFP.

4. Subcontracted Services

Please list any and all services in this RFP response that is subcontracted. Describe the function being performed by the subcontractor and the nature of the relationship to your firm

5. Questions

- a. Confirm the effective date of coverage is July 1, 2017.
- b. Confirm the dental coverage is offered based on the employee paying 100% of the premium.
- c. Confirm your proposal includes 10% commissions.
- d. Confirm you proposal does not include any minimum enrollment requirements.
- e. Will you agree to provide all renewals 120 days prior to the renewal date of July 1st?
- f. Provide your financial ratings for at least 2 independent agencies.
- g. How many covered dental lives do you cover nationally and in TN?
- h. How long has your company provided dental insurance products?
- i. Are there any pending mergers or acquisitions? If so please explain how they would impact your ability to provide the services requested in this RFP.
- j. Confirm that your proposal assumes a no loss or gain for employees regarding coverage provided.
- k. Confirm rates are guaranteed for at least 2 years. Rates guaranteed beyond 2 years will receive favorable scoring.

Service

- i. Please provide a list of the employees that will be working with the City both for implementation and ongoing service along with a brief bio of each employee.
- ii. What value added services will the account management team provide?
- iii. Where will claims be paid for the City's dental plan?
- iv. Where will customer service be located for the City's dental plan?
- v. Provide your results for the following metrics for calendar year 2014 and current.

| | Full Year 2010 | Current |
|----------------------------|----------------|---------|
| Claim Turnaround Time | | |
| Claim Accuracy | | |
| Average Speed to Answer | | |
| Abandonment Rate | | |
| First Call Resolution Rate | | |

- vi. What are the hours of operation for Customer Service?
- vii. What self-service capabilities will employees have through any web-based portals?
- viii. What self-service capabilities are available to the City for plan administration?
- ix. Can members email customer service? Please describe.
- x. Based on the calendar provided in the RFP can you guarantee the plan will be set up and ID cards will be in employee hands by the effective date of the plan?
- xi. Can you except eligibility electronically from the City in FTP (file transfer protocol) format? What is the turnaround time to process each file after it is received?
- xii. Do you track customer service calls and can this information be reported to the City?
- xiii. What communication material and support will be provided?
- xiv. Please describe the billing process and the options available to the City.

Network

- i. If proposing multiple products and multiple networks please provider answers for each product/network being proposed and clearly note the product/network for each response.
- ii. Please list the number of participating dentist by specialty for Hamilton County and all surrounding counties.
- iii. Provide your average discount for the same Counties.
- iv. What is your book of business average network penetration for the Chattanooga Area?
- v. Please describe the type of reimbursement arrangements in place with participating dentist.
- vi. For each plan being proposed please explain what fee schedule is used to pay out-of-network claims.
- vii. Are your networks owned or leased? If any are leased please explain.
- viii. What credentials process does each dentist go through before being placed in the network?
- ix. Will you provide any guarantees regarding network expansion based on dentist currently used by City employees and not in your network? Please explain.
- x. How do you notify the City and employees regarding any changes in the network?
- xi. Please provide the network analysis results from the dental provider utilization file as outlined below:

| | Unique Dentist | Number of Members | Dollars |
|-----------------|----------------|-------------------|---------|
| In-Your Network | | | |
| Out-of-Network | | | |
| Total Evaluated | | | |

Financials

- i. Confirm there are no participation requirements for your proposal.
- ii. Confirm your rates assume employees pay 100% of the cost for dental insurance.
- iii. Confirm your dental rates include 10% commissions payable to Russ Blakely & Associates, LLC.
- iv. Confirm rates are guaranteed for a minimum of 24 months. If rates are guaranteed beyond 24 months please explain.
- v. All underwriting contingencies must be listed below or they will not be considered part of your offer.
- vi. Complete provide rates in the financial response section of the RFP for Dental Insurance.

C. Vision Insurance Response (III) - General Information

1. References

Please provide your company's experience in working with self-insured clients with over 1,000 employees in the past three years. Provide a list of three current accounts and two accounts that are no longer clients, preferably one which is from a government entity, similar in size to the City of Chattanooga.

2. Lead Contact and Staff

Please list the names of all professional staff, including the lead contact, which will be assigned to work on the City of Chattanooga Government account and a brief resume of their background and experience. Explain the duties each person will perform.

3. Certification of Compliance

There must be written confirmation that the Proposer shall comply with all of the provisions in this RFP. The written certification and assurance shall affirm the Proposer's compliance with:

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The condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and

The condition that no amount shall be paid directly or indirectly to an employee or official of the City of Chattanooga as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor or consultant to the Proposer in connection with the procurement under this RFP.

4. Subcontracted Services

Please list any and all services in this RFP response that is subcontracted. Describe the function being performed by the subcontractor and the nature of the relationship to your firm.

5. Questions

- a. State the legal name and give a brief description of your organization, including:
 - i. Brief History
 - ii. Date of Incorporation
 - iii. Ownership/Parent Company/Public or Privately Held
 - iv. Number of Employees
 - v. Corporate Addresses
- b. What is your organization's vision care philosophy?
- c. What key attributes distinguish your organization from the competition?
- d. Describe the financial condition of your company.
- e. Does your organization offer any disease management or wellness programs?
- f. What standard reports are available and how frequently? Are there additional costs associated with any of these reports?
- g. Confirm your proposal does not include any minimum enrollment requirements.
- h. Provide your financial ratings for at least 2 independent agencies.
- i. How many covered vision lives do you cover nationally and in TN?
- j. Are there any pending mergers or acquisitions? If so please explain how they would impact your ability to provide the services requested in this RFP.

Network and Provider Information

- i. Describe the structure, composition and size of your network.
- ii. Please provide an overview of your credentialing program.
- iii. Are all listed network providers full-service (i.e., provide both exams and dispense eyewear at their listed location)?
- iv. Please list all major chain vision providers included in your network for the Chattanooga Market.
- v. Do you online options for employees to order glasses and contacts? Please describe.
- vi. Do members receive discounts for vision hardware not covered by the plan?
- vii. Customer Service
- viii. What are your customer service hours of operation?
- ix. Where would customer service be provided for the City members?

- x. Can employees access information via the web? What information is available?
- xi. Will the City have a dedicated customer service team?
- xii. What are your service metrics for 2015 and year to date 2016?
- xiii. Claims Payment
- xiv. What percentage of claims are submitted electronically?
- xv. What is your current average turnaround time for claim payment?
- xvi. How can the City members submit a claim for non-network providers?
- xvii. Provide your service metrics for 2015 and year to date 2016.
- xviii. Account Management
- xix. Will the City have a dedicated Account Manager?
- xx. Please provide the name of the Account Manager for the City along with a brief listing of their qualifications.
- xxi. Will the Account Manager have any additional support staff to assist them in managing the City's account?
- xxii. How often with the Account Manager meet with the City?
- xxiii. What information will be provided to the City by the account manager?
- xxiv. Confirm the City will have access to monthly paid claims and enrollment by month.

Financials

- i. Confirm rates are guaranteed for at least 2 years. Rates guaranteed beyond 2 years will receive favorable scoring.
- ii. Confirm that your proposal assumes a no loss or gain for employees regarding coverage provided.
- iii. Will you agree to provide all renewals 120 days prior to the renewal date of July 1st?
- iv. Confirm your proposal includes 10% commissions payable to Russ Blakely & Associates, LLC.
- v. Confirm the effective date of coverage is July 1, 2017.
- vi. Confirm the vision coverage is offered based on the employee paying 100% of the buy-up vision plan cost and the City paying the base vision cost.
- vii. Please provide your rates in the Financial Section of your response.

D. Post-65 Health Plan & Administration Response (IV) – General Requirements

1. Background

The City currently provides 2 Medicare Advantage options along with a self-insured PPO option to the post-65 retirees. There are currently 790 retirees enrolled in the Medicare Advantage Plans. The City would like to offer plans that match the current plans as close as possible, however, the City will consider options that provide equal benefits to the retirees. The effective date of the Medicare Advantage plans will be January 1, 2018.

2. References

Please provide your company's experience in working with self-insured clients with over 1,000 employees in the past three years. Provide a list of three current accounts and two accounts that are no longer clients, preferably one which is from a government entity, similar in size to the City of Chattanooga.

3. Lead Contact and Staff

Please list the names of all professional staff, including the lead contact, which will be assigned to work on the City of Chattanooga Government account and a brief resume of their background and experience. Explain the duties each person will perform.

4. Certification of Compliance

There must be written confirmation of this document) that the Proposer shall comply with all of the provisions in this RFP. The written certification and assurance shall affirm the Proposer's compliance with:

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5. Subcontracted Services

Please list any and all services in this RFP response that is subcontracted. Describe the function being performed by the subcontractor and the nature of the relationship to your firm

6. Questions

- a. Provide a brief history of your organization.
- b. How long have you provided Medicare Advantage Solutions to other clients?

- c. How many post-65 retirees do you currently serve in your book of business?
- d. Provide your most recent satisfaction survey results.
- e. Does your solution offer national access for retirees living outside of Tennessee?
- f. What unique advantages does your solution provide vs. other solutions in the market?
- g. Who within your organization will manage the City relationship? Provide a brief background of these individuals.
- h. Describe how you will assist the City in the enrollment and communication process. Provide details around the services you provide.
- i. What support does your company provide to educate retirees?
- j. Do you provide telephonic support for the retirees?
- k. Confirm your solution will provide access in all states.
- l. Are all functions related to your solution provide on-shore?
- m. How do you underwrite the risk for your Medicare Advantage Plans?
- n. What have been your average increases for the past 3 years?
- o. Please provide your financial rating of at least two agencies.
- p. Please provide a copy of your most current annual report.

Customer Service

- a. What are the hours of operation? Do you offer any special accommodations for retirees that may need to call after-hours or on weekends?
- b. What is your forecasting and planning methodology, approach and timing for the fall annual enrollment cycle?
- c. Do you offer a dedicated and co-branded 800 number?
- d. Describe your telephone and call routing system.
- e. Please provide detailed information on the training provided to your benefit advisors.
- f. Will retirees have specialized (100% retiree focused) representatives to provide support?
- g. Do your representatives undergo any special training for interacting with a senior population? Please provide details.
- h. What support is available to a benefit advisor who is handling a call if they are unable to answer a retiree's question while on the phone?
- i. Describe your web tools available for retirees.
- j. Would you be willing to conduct a site visit of your customer service operation?
- k. Do you have individuals dedicated to quality monitoring?
- l. How do you evaluate call quality and customer service?
- m. How do you handle issues that have been escalated by the client?

Enrollment Eligibility

- a. Please provide your desired eligibility format/lay-out.
- b. What type of encryption software will be used in the exchange of the eligibility data?
- c. After the initial eligibility file, can a “changes only” (including age-ins) file be provided to your organization? If so, what is the frequency required for transmission?
- d. Can your organization track enrollment by retiree and spouse separately?

Implementation & Account Management

- a. Describe how your organization structures your Account Management teams.
- b. Will an account manager and implementation manager be assigned to the employer? Who will have day-to-day account responsibility? Provide biographies and specify the number of implementations each individual has worked on specific to transitioning retirees from group plans to the individual Medicare market.
- c. Describe the implementation process. Have you had any failed implementations?
- d. Please provide a detailed implementation schedule including specific activities, target dates, data requirements, and responsibilities. Please also indicate when telephonic support begins.
- e. What are the risks during implementation and how would they be handled?
- f. Describe the training you will provide to the employer’s HR and benefit staff.
- g. For the initial implementation, when is your service center available to the employer’s retirees? What specific resources are available to retirees during the pre-enrollment period, and what services can they provide to retirees?
- h. What resources will you need from the employer during the implementation phase? What duties will the employer need to perform?

Financial

- a. Please complete the template in Appendix F for all financial information regarding your proposal.
- b. Include all premiums and benefit as an attachment to your response in the financial section.
- c. List all caveats to your financial proposal.

SIGNATURE PAGE

By signing this proposal, I certify and acknowledge that the information contained in this document is true and correct, containing **NO** misrepresentations. The information is **NOT** tainted by any collusion. I have reviewed and approved the release of this proposal for the City of Chattanooga's consideration. Further, I am authorized to bind my company to the responses and pricing in these proposal documents as well as execute the actual Contract documents, if selected.

Print Name and Title

Print Company Name You Are Representing

Signature (Officer of the Company)

Date

VII. APPENDIX DOCUMENTS ATTACHED

Note: Appendix documents for A –M can be found in a zip drive that can be obtained from the City's RFP Coordinator.

APPENDIX A: CURRENT MEDICAL PLANS (PPO and HDHP)

APPENDIX B: LEGACY GROUP MEDICAL PLAN REQUESTED - A high level summary of the second medical plan being requested has been provided. Please note any deviations to this plan in your response.

APPENDIX C: MEDICAL AND PHARMACY REPRICING FILE - An Excel file has been provided representing utilization for the City. Please refer to the repricing section of the RFP for detailed instructions. Encryption information can be obtained from the City's RFP Coordinator.

APPENDIX F: FINANCIAL RESPONSE - This template has been provided to provide the City with your financial response. All financial costs to the City should be recorded on this file and be returned with your sealed RFP documents directly to the City of Chattanooga.

APPENDIX G: MOST RECENT 24 MONTHS OF PAID CLAIMS - The files provided gives medical, pharmacy and enrollment by month to assist in providing your proposal to the City.

APPENDIX H: LARGE CLAIM REPORT - A report showing all large claims for the past two plan years has been provided representing claims over \$25,000.

APPENDIX I: CURRENT EMPLOYEE CENSUS - A current census of those employees on the City's health plan has been provided.

APPENDIX M: Unit Cost & Repricing - Appendix M must be completed fully and submitted as outlined in the RFP.

Chapter No. 817 (HB0261/SB0377). "Iran Divestment Act" enacted.

Vendor Disclosure and Acknowledgement

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 of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to § 12-12-106.

(SIGNED)

(PRINTED NAME)

(BUSINESS NAME)

(DATE)

For further information, please see website:

https://www.tn.gov/assets/entities/generalservices/cpo/attachments/List_of_persons_pursuant_to_Tenn._Code_Ann._12-12-106,_Iran_Divestment_Act-July.pdf

REQUIREMENTS FOR INSURANCE COVERAGE

Contractor shall purchase and maintain during the life of this Agreement, insurance coverage which will satisfactorily insure Contractor against claims and liabilities which arise because of the execution of this Agreement, with the minimum insurance coverage as follows:

- a. Commercial General Liability Insurance, with a limit of \$1,000,000 for each occurrence and \$2,000,000 in the general aggregate.
- b. Automobile Liability Insurance, with a limit of \$1,000,000 for each accident, combined single limit for bodily injury and property damage.
- c. Worker's Compensation Insurance and Employer's Liability Insurance, in accordance with statutory requirements, with a limit of \$500,000 for each accident.
- d. Professional Liability Insurance, with a limit of \$1,000,000 for each claim and aggregate.

If any of the above cited policies expire during the life of this Agreement, it is the Contractor's responsibility to forward renewal Certificates within ten (10) days after the renewal date containing all the aforementioned insurance provisions.

Certificates must specifically cite the following provisions:

- i. City of Chattanooga, its agents, representatives, officers, directors, officials and employees must be named an Additional Insured under the following policies:
 - a) Commercial General Liability
 - b) Auto Liability
 - c) Worker's Compensation Insurance and Employer's Liability Insurance
 - d) Professional Liability Insurance
- ii. Contractor's insurance must be primary insurance as respects performance of subject contract.
- iii. All policies, except Professional Liability Insurance, if applicable, waives rights of recovery (subrogation) against City of Chattanooga, its agents, representatives, officers, directors, officials and employees for any claims arising out of work or services performed by Contractor under this Agreement.

Affirmative Action Plan

The City of Chattanooga is an equal opportunity employer and during the performance of this Contract, the Contractor agrees to abide by the equal opportunity goals of the City of Chattanooga as follows:

1. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or handicap. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, national origin, or handicap. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
2. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or handicap.
3. The Contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice advising said labor union or workers' representatives of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. During the term of all construction contracts or subcontracts in excess of \$10,000 to be performed for the City of Chattanooga, the following non-discriminatory hiring practices shall be employed to provide employment opportunities for minorities and women:
 - a. All help wanted ads placed in newspapers or other publications shall contain the phrase "Equal Employment Opportunity Employer".
 - b. Seek and maintain contracts with minority groups and human relations organizations as available.
 - c. Encourage present employees to refer qualified minority group and female applicants for employment opportunities.
 - d. Use only recruitment sources which state in writing that they practice equal opportunity. Advise all recruitment sources that qualified minority group members and women will be sought for consideration for all positions when vacancies occur.

5. Minority statistics are subject to audit by City of Chattanooga staff or other governmental agency.
6. The Contractor agrees to notify the City of Chattanooga of any claim or investigation by State or Federal agencies as to discrimination.

(Signature of Contractor)

(Title and Name of Company)

(Date)