

Request for Proposal (RFP)

Brown County Medical, Dental, and Pharmacy Benefits

Project # 1398



Response Deadline

June 1, 2010

4:00 p.m. Local Time

To:

Brown County Purchasing Department

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1. Project Overview

The purpose of Brown County’s government is to provide the citizens with effective and cost efficient public services which will promote the health and general welfare of the residents, while remaining consistent with state statutes. Brown County will operate, contract and/or coordinate programs to meet the needs of general government, public safety, transportation, health and human services cultural and recreational activities and the conservation of natural resources while adhering to the mission of delivering services in the most cost effective manner. The County is interested in selecting a Carrier/Claims

Administrator for their medical, dental, prescription drug plan, stop loss coverage and/or COBRA administration.

Brown County is dedicated to improving the health and benefit services for its employees. UMR has been the County's TPA for 6 years. Brown County provides medical and dental benefits for active and early retired employees.

Brown County has approximately 1600 total benefit eligible employees. There are over 1400 employees covered and over 3500 members.

Continuance of coverage at early retirement is governed by the specific labor contract language or agreement.

The intent of this RFP is for Brown County to develop a three year agreement with a Carrier/Third Party Administrator that possesses a proven track record of providing outstanding customer and account management services, timely and accurate claims administration, possesses a state of the art information and claims adjudication system, and can provide such services at fair and competitive prices. At the conclusion of the RFP process, Brown County will employ the services of a consultant organization to develop a standard Brown County employer contract, develop and define the set of deliverables required by the Carrier/TPA and outline financial and performance guarantee provisions of the Carrier/TPA.

2. **Tentative Calendar of Events**

Project #1398 RFP approved by Administration Committee	February 25, 2010
Project #1398 RFP approved by County Board	March 17, 2010
Project #1398 RFP Released to Vendors	April 12, 2010
Date for last questions	April 26, 2010
Questions answered on website via Addendum	May 4, 2010
Project 1398 RFP Due Date (4:00 PM)	June 1, 2010
Oral presentations by selected vendors (if required)	July 12 - 16, 2010
Vendor Evaluation Complete	July 19, 2010
Vendor Selection Submitted to Administration Committee	July 26, 2010
Vendor Selection Submitted to County Board for Approval	August 18, 2010

3. **Contract Term and Funding**

The contract shall be effective on the contract execution date and is expected to last approximately 3 years with two 1 year options when all phases of the contract are completed.

4. **Questions**

All questions related to this RFP **must be in writing** and received by the Brown County Purchasing Department no later than **4:00 p.m. local time, Monday, April 26, 2010**. E-mail questions to bc_administration_purchasing@co.brown.wi.us. Clearly mark the e-mail: **"Questions for Project #1398"**. Phone call and faxed questions will not be accepted.

Any vendor that contacts a member of the selection committee with questions **may** have their proposal rejected for not following procedures outlined in this RFP.

Answers to all written questions will be issued in the form of an addendum and entered on the Brown County Web site (<http://www.co.brown.wi.us>) on Tuesday, May 4, 2010 no later than 3:00 p.m. local time. It is the responsibility of all interested vendors to access the web site for this information. Calls for assistance with the web site can be made to (920) 448-4039.

Questions received after 4:00 p.m. local time on April 26, 2010 will not be answered.

5. **Proposal Delivery Details**

Two (2) originals with CD and six (6) exact copies (without CD) of the Proposal are due on **Tuesday, June 1, 2010 by 4:00 p. m.** local time at the Brown County Purchasing Department. Proposals **must be stamped in** by the due date and time per the electronic time stamp at the Purchasing Department. Proposals not stamped by they above due date and time will be rejected. Those wishing to submit proposals are encouraged to verify the time on the receiving stamp as this is the official time used for accepting all Proposals. Time discrepancies between wall clocks, watches, cell phones, etc. will not be honored. The official time stamp is the **only** time that will be used.

Delivery Address for Hand Delivery, UPS, DHL, Fed X, etc.:

Brown County Purchasing
305 E. Walnut St. 5th Floor
Green Bay, WI 54301

Delivery Address for USPS:

Brown County Purchasing
PO Box 23600
Green Bay, WI 54305-3600

Proposals should be typed and submitted on 8.5 by 11 inch paper and bound securely.

Proposals will be opened the following business day in the Purchasing Department.

6. **General Proposal Requirements**

Introduction/Cover Letter - Provide an explanation of your understanding of the tasks you believe will be necessary to accomplish the objectives outlined in the RFP. Discuss the overall approach you propose to use as well as how recommendations and options will be presented to the County. State the full name and address of your organization, including the name, address and telephone number of the person in your organization who has the primary responsibility for developing this proposal and to whom technical questions can be addressed.

Organization Capabilities - Provide an overview of your company kinds of organizations you have provided these types of services for.

Financial Report – Provide a copy of your organization’s most recent annual financial report.

Staff Qualifications - Proposals shall identify each member of the organization’s staff who would be assigned to work on this project and the role they will be performing. A resume stating the background and qualifications of each individual named should be attached. Particular attention shall be given to the individual named as the project coordinator.

Experience/References - Proposals shall include a description of your overall experience in handling projects similar in character or scope to this project. A list of references from at least three different projects, including the customer name, address, project value, telephone number and contact person shall be included in the proposal. **Use the Reference Data Sheet provided as Attachment B.** The County expects to contact the references listed to determine the quality of work performed and personnel assigned to the project. The results will be provided to the evaluation team and used in scoring the proposals.

Transition Process – Provide a detailed description of the transition process for a new employer client. Address personnel involved including the name and title of the person with overall responsibility for the process. Include timetables indicating key tasks, responsible party (or parties) and timing. Please describe how you can assure that the process is timely and as “seamless” as possible. Please provide sample communication pieces.

Legislation – Describe how you keep employers informed of legislation affecting their benefit plans and the support you provide when law requires participant notification of a change.

Banking – Describe the types of banking arrangements you can support together with the internal audit controls that are in place to assure accuracy and security of the Brown County employer funds.

7. Cost Proposal

Use the First Year Rate Proposal Sheet provided as Attachment A

8. Proposal Selection / Award

The proposals will first be reviewed to determine if all the requirements outlined have been met. Failure to meet the requirements will result in the proposal being eliminated from consideration.

Accepted proposals will be reviewed by an Evaluation Committee and scored against the stated criteria. This scoring will determine the ranking of organizations based upon their written proposals and references. If the team determines that it is in the best interests of the County to require oral presentations, it will invite the highest ranking vendors to make such presentations. The final ranking will be based upon the total scores including the oral presentations.

Proposals will be evaluated based on a weighted point system as identified below.

Rejection of proposals: Brown County reserves the right to accept or reject any or all proposals and to waive any informality in proposals.

Specifications	Points
1. Overall Approach to the Project	5
2. Qualifications of Firm and Staff	5
3. Experience	10
4. Scope of Work – Service and Support Customer Service Claims Adjudication Report Offerings, Report Systems, and Methods of Reporting Utilization Review/Case Management Disease Management Employee Communications	40
6. Cost	35
7. References	5
Total Points	100

The award will be granted in one of two ways. The award may be granted to the highest scoring responsive proposer. Alternatively, the top two scoring proposers may be

requested to submit final and best offers. If final and best offers are requested, they will be evaluated against the stated criteria, scored and ranked again, with the award going to the firm with highest score.

9. Financial Verification

Vendor verification prior to award: Vendor's financial solvency may be verified through financial background checks via Dun & Bradstreet or other means prior to contract award. Brown County reserves the right to reject proposals based on information obtained through these background checks if it's deemed to be in the best interest of the County.

10. Proprietary Information

All restrictions on the use of data contained within a proposal and all confidential information must be clearly identified in the proposal and identified on the attached Designation of Confidential and Proprietary Information form found at attachment C. Proprietary information submitted in a proposal will be handled in accordance with applicable Wisconsin State Statutes. No vendor will be provided with financial and/or competitive vendor information on this proposal until after the award of contract has been made. To the extent possible, it is the intention of Brown County to withhold the contents of the proposal from public view until such times as competitive or bargaining reasons no longer require non-disclosure in the opinion of Brown County. At that time, all proposals will be available for review in accordance with the Wisconsin Open Records Law. Brown County shall not be held liable for any claims arising from disclosure required under the Wisconsin Open Records Law.

11. Independent Contractor Status

The selected contractor shall function as an independent contractor and will be responsible for any federal or state taxes applicable to this contract and for complying with the requirements of all federal and state laws pertaining to income tax withholding, unemployment insurance and other insurance applicable and necessary for its employees. Employees of the contractor will not be eligible for any Federal Social Security, State Worker's Compensation, Unemployment Insurance or Retirement System benefits under this contract except for the benefits provided by the contractor.

12. Other

State of Wisconsin Requirements: This contract shall be subject to the laws of the State of Wisconsin. In connection with the performance of work under this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s.51.01(5), Stats., sexual orientation as defined in s.111.32(13m), WI Stats, or national origin.

Brown County is an Equal Opportunity Employer.

All work shall conform to all applicable Industry, Federal, State and Local Laws, Codes, Ordinances and Standards.

Taxes: Brown County and its departments are exempt from payment of all federal tax and Wisconsin state and local taxes on its purchases except Wisconsin excise taxes.

EMPLOYER DATA

The following data will be provided to interested vendors on a CD for consideration in the preparation of proposals:

- Current census
- Enrollment information
- Two years of rate history
- Two years of claim history
- Summary of stop loss claims

Interested vendors must contact Julie Wall of M3 at 920-405-9162 ext 5209 or Julie.wall@m3ins.com for a copy of the CD.

Plan Design Specifics

Brown County currently offers two plan design options

PPO Plan

Deductible -- \$250 Single / \$750 Family In-Network -- \$550 Single / \$1,650 Family Out-of-Network

Out of Pocket -- \$750 Single / \$2,250 Family In-network -- \$1,650 Single / \$4,950 Family Out-of-network

90/60 Coinsurance

\$25 Office Visit Copay

\$20% / 25% / 35% Pharmacy

PPO HDHP Plan

\$1,500 Single / \$3,000 Family Deductible In-Network -- \$3,000 Single / \$6,000 Family

Deductible Out-of-Network

Out of Pocket -- \$1,500 Single / \$3,000 Family In-network -- \$6,000 Single / \$12,000 Family

Out-of-network

100/70 Coinsurance

\$25 Office Visit Copay

\$20% / 25% / 35% Pharmacy

SPECIFICATION / ACCOUNT INFORMATION:

Company Name

Brown County

Address

305 E. Walnut Street
Green Bay, WI 54301-3600

County

Brown

Phone Number – 920-448-4051

Fax Number – 920-448-6277

Multiple Locations – Yes

SIC Code: 9131 Municipality

Current TPA – UMR

Current Reinsurance Carrier – ING
Current PBM – Innoviant
Current PPO Network – United Healthcare Options
Specific Stop-Loss Deductible - \$300,000
Type of Contract – Paid
Flexible Spending Account Administrator – Benefit Advantage
Current Consultant – M3 Insurance Solutions for Business – Cindy VanAsten

Total Number of Benefit Eligible Employees – 1460

Covered Employees – 1,420 and 3,600 members

Plan Year – January 1 to December 31

Additional Comments – Early Retirees are eligible to continue coverage, provided they were active at the time of retirement in accordance with applicable contracts.

Background

Covered Group:

All Full-time Employees	☒ YES	☐ NO
Early Retirees Under 65	☒ YES	☐ NO
Union	☒ YES	☐ NO
Part-time: Hours: 50% FTE	☒ YES	☐ NO

Eligibility:

The majority of employees are eligible for benefits being quoted. If their work varies by collective bargaining agreement, majority must have a 50% FTE minimum; but some groups eligible with less than 50% FTE ie. Library clerks 29%.

Eligibility Date: 1st of the month following 30 days of benefit eligible employment.

Dependents are covered to age 27.

EXPECTATIONS OF SERVICE/CAPABILITIES CARRIER/TPA IS TO PROVIDE AND SPECIFIC ITEMS TO ADDRESS IN YOUR PROPOSAL

1. Top management commitment to provide experienced, dedicated, consistent and responsive staff and account management team, with appropriate back-up coverage.
2. Ability to provide value; and, a proven track record and the ability and willingness to provide outstanding claims and customer service at competitive economic terms, with the ability to audit on all components.
3. Comprehensive quality improvement system that encompasses all critical services, such as customer service, claims adjudication, system support, etc.
4. Customized participant communications — all subject to Brown County's approval.

5. Willingness to provide appropriate prior notice to Brown County for any program or administrative change, and to implement such change(s) in a manner that is as seamless as possible to participants.
6. Willingness to provide timely notification of legislation affecting their health plans and support with any participant notification requirements.
7. Feature a claims payment system that maximizes accuracy and efficiency.
8. Meet the information specifications and provide comprehensive, timely and accurate data reports. Ability to report data based upon collective bargaining groups.
9. Ability to duplicate the current plan designs.
10. Ability to adjudicate claims under the plans. (benefits, retirement, extension of benefits, etc.) according to the existing Labor Contracts.
11. Dedicated claims and customer service unit and supervisor.
12. Enhanced Employee communication and other ancillary services.
13. Secured web based claim inquiry.
14. Ability to provide Procedure specific Quality and Cost outcome data

CUSTOMER SERVICE

1. How many customer service representatives would be responsible for this account and where will they be located? What is their average length of service and the turnover rate for the past three years? What is their relationship to your claims department? Please describe their training program.
2. On a day-to-day basis, who within your organization is responsible for ensuring that the customer service representatives provide excellent service?
3. Please describe your quality improvement activities related to participant customer service. Include results of any studies done on phone wait times, lost calls and customer satisfaction. Please provide a copy of your customer satisfaction tool(s).
4. Please describe your employer and participant complaint resolution process including appeals processes for Non-ERISA groups for medical, dental and prescription drug plans.
5. Please describe your quality improvement activities related to client employer customer service. Describe the role of the account manager. How do you evaluate his/her effectiveness and what steps can an employer take if service is not satisfactory?
6. Please provide copies of the types of correspondence a member might receive, such as ID Cards, Explanation of Benefits (EOB), standard letters used in response to inquiries, etc.

7. At an employer's request, please indicate your willingness to provide employer-approved "Welcome Letters" to all employees/retirees. If your organization sends a standard introductory letter, please indicate if the employer-approved letter can be substituted.
8. At an employer's request, are you willing to contact high-volume providers to introduce your organization as the claims administrator?
9. Please describe your ability to communicate with the Brown County participants via the Internet.

ELIGIBILITY / CLAIMS / SYSTEMS CAPABILITIES

1. Please describe your ability to administer claims for participants in all fifty (50) states.
2. Please describe the extent, if any, to which your medical claims processing and eligibility systems are integrated with other products you may offer, such as Carrier/TPA services for worker's compensation, dental and short-term disability.
3. Specify the location(s) of the claims office(s) you propose to use and indicate average length of service of the adjudicators who will be assigned to this account. What is the average turnover rate for the past three (3) years for your claims adjudicators? Please describe their training program.
4. Please provide an overview of your eligibility system including how employee and dependent eligibility is maintained. Please supply required data elements including details on student status updates.
5. Describe all the methods available to employers for initial eligibility transfer and ongoing eligibility changes or updates (i.e. facsimile, voice response system, e-mail, on-line entry, the Internet, etc.). What are your performance standards for enrollment and eligibility?
6. Describe the process for generating and delivering ID cards including all quality control processes for privacy of Social Security Numbers. Specify if any part of the process involves outside vendors (i.e. for card stock, printing, etc.).
7. Please provide an overview of your claims processing system and any recent and/or planned system enhancements and the impact on your customers. Address degree of auto-adjudication that currently exists for facility and for professional claims. Please indicate which, if any, of the provisions of the plans currently being administered cannot be automatically adjudicated by the system. What differentiates your system from that of other administrators?
8. Describe the process of building the employer's plan into the system and how amendments are handled.
9. What limitations does your system have regarding plan design administration?

- 10.** Please indicate if you contract with a third party check-writing vendor.
- 11.** Indicate your ability to batch provider payments.
- 12.** How do you maintain and disseminate benefit intent information needed for accurate claims adjudication as an employer makes this information known to you after the transition process is complete?
- 13.** Briefly describe how you adjudicate and check the quality of medical claims. What are your performance standards for paying claims (financial, procedural, turnaround time)? What are the results of your last claims audit?
- 14.** Please identify the types of benefit accumulations that can be maintained online. Indicate if current administrator's accumulator data can be loaded on your system and specify additional costs, if any.
- 15.** Please describe your system edits for over utilization of specific services such as chiropractic, physical therapy, mental health, chemical dependency, etc. Indicate if these edits can be modified based on client request and specify additional cost, if any.
- 16.** Explain the process for pending claims and follow up.
- 17.** Explain how your system identifies duplicate claims.
- 18.** Explain how your system identifies and processes Coordination of Benefit (COB) claims.
- 19.** Describe how your system identifies claims for subrogation. Explain the steps followed to investigate a claim. Attach a sample report which shows details of recovered claims and proof of transfer of funds. Please indicate any sub-contracts used in identifying subrogation claims ie. Data scrubbing.
- 20.** What is the average claim processing time for a claim (electronic and paper)?
- 21.** How do you determine UCR for medical charges and how often do you update? Name your sources. Are you able to administer UCR at the 85% percentile? Specify additional charges, if any, for UCR variations. Include specific list of CPT codes for both surgical and non-surgical.
- 22.** Please describe your processing and payment conventions for CPT code modifiers.
- 23.** Describe the claims processing system's ability to maintain and access both new and prior benefit plans.
- 24.** Do you currently interface with any outside vendors for utilization and case management, disease management, flexible spending account or COBRA services? Do you have the ability to work with Employee Assistance Programs as a gatekeeper? If so, please provide a detailed description of your interface capabilities.
- 25.** Please describe in detail your case management, wellness and disease management programs including how cases are identified, assessed, implemented, documented, evaluated and communicated.

26. Please provide us with sample communication materials and reports on case management, wellness and disease management.
27. Are quality checks performed prior to sending a client or vendor claims or eligibility data? If, so, please describe.
28. Please provide a sample of control reports that accompany eligibility and claims data transfers.
29. How often is your system updated and how does the update relate to the date that monthly claims and eligibility information are derived for monthly data transfers?
30. How will you notify the Brown County of any system problems or changes that could affect us?
31. Please identify the position(s) and name(s) of individuals who will respond to questions from the Brown County employees and management team.
33. Please describe your web capabilities as it relates to Employee Portals and any Consumer/Wellness information availability.

Utilization Review (UR)/Case Management/Disease Management

1. Identify the procedures for UR starting when a call is received through discharge.
2. What is your standard time frame for communicating certifications or denials to a patient and a provider?
3. What is your standard response time for appeals?
4. Ability to work with other Carrier/TPA's to coordinate information, ie: transfer eligibility data, claims data for disease management, etc

NETWORKS

1. Provide information on networks you currently work with or have a local PPO or PPO networks available in Northeast Wisconsin?
2. Please provide the names of the PPO Networks you have specific relationships with and those that your company will not work with.
3. Please provide the average inpatient, outpatient and physician services discount for each network identified for claims paid during the 2009 Calendar Year.
4. Ability to provide PPO Provider networks on a "rental" or direct contracted basis, including networks not currently administered by or contracted by your Carrier/TPA.

REPORTS

1. Please provide a copy of all of your standard reports including a timetable for date run/date delivered to employer.

2. Please describe your ability to provide a monthly claims lag report by subdivision.
3. Please describe your ability to perform ad hoc reports and associated costs, if any. Please provide a copy of three (3) such reports you have generated based on customer request.
4. Please describe on-line reporting capabilities available to employer clients.
5. Access to data by consultant.

PHARMACY BENEFIT MANAGER

1. Please include a copy of your current formulary.
2. Please describe Mail order.

DELIVERABLES

SPECIFIC SERVICE DELIVERABLES

Please indicate your ability to meet or exceed the deliverables that follow and specify any deviations. Note that for items 20 through 27, your recommended standards are requested concerning time frame or percent. **Please indicate the financial risk you are willing to attach to all deliverables listed below.**

1. Process all claims and eligibility according to the benefits plans attached to this document.
2. Financial summary documents provided to each employer within 120 days following the end of the plan year.
3. Claim reserve calculations by employer on a specified periodic basis.
4. Timely and accurate eligibility data transfers provided to outside vendors such as PBMs.
5. Report that reconciles claims paid with cash disbursements.
6. FSA, COBRA and HIPAA administration/interface.
7. Disclosure of percentage of PPO Network Discounts.
8. Implementation of or access to Disease Management programs and procedures.
9. Ability to administer discounts from providers that are currently not contracted with a PPO; timeliness of adding new or additional Providers.
10. Provision of State of New York Department of Health Public Pool Reporting.
11. Plan document finalized and SPD materials drafted no later than [60] days prior to effective date.

12. SPD materials printed and ready for distribution no less than [45] days prior to effective date.
13. Initial eligibility interface developed, tested and implemented no less than [45] days prior to effective date.
14. Initial employee eligibility data loaded into claim system no less than [30] days prior to effective date.
15. Initial benefit plans loaded into claim system and tested no later than [45] days prior to effective date.
16. All ID cards mailed no less than [30] days prior to effective date.
17. No less than [98]% of ID cards will match enrollment data provided on tape.
18. Employee communication materials will be developed and approved no less than [45] days prior to effective date.
19. Financial claims payment accuracy no less than [98]%
20. Claims procedural-processing accuracy no less than [98] %.
21. No less than [70% of claims with a turn around time of [15] days or less.
22. Customer service telephone average response time no greater than 10 seconds.
23. Call abandonment rate no greater than 2%.
24. Research for beneficiary or employer inquiry/complaint turnaround time 24 hours for no less than [90]% of requests that can be handled by phone.
25. Research for beneficiary or employer inquiry/complaint turnaround time of no greater than [3] days if written response required.
26. Scheduled reports delivered according to time line specification no less than 98%.
27. Customer service/claims personnel trained to process claims and answer employee questions on effective date including network status.
28. Contractual amendments provided within 30 days of request of change.
29. Notification of any change in claims processing management or administrative personnel prior to changes.

QUOTATION DOCUMENTS

Note: Fees must be quoted on the attached Brown County form only and submitted with your proposal documents. Price quotations submitted to BROWN COUNTY on any

other form than the attached “Brown County Price Quotation Form” will be considered as not meeting RFP specifications.

Fees quoted on Brown County’s quotation form attached to the RFP must be inclusive of the following:

1. Administration of the Brown County employer plan designs found on CD provided.
2. Provision of a dedicated claim and participant customer service staff for the Brown County.
3. Handling of participant and employer inquiries via a dedicated toll-free line.
4. Responsibility for all claim determinations, claim reviews and administration of the Brown County appeal process.
5. File payment of all medical claims directly to providers or employees.
6. Meetings no less than twice annually with Brown County to review plan performance, address concerns, etc.
7. Production and mailing of ID cards.
8. Provision of subrogation, COB and recovery services.
9. Fees as quoted are guaranteed.
10. Any additional fees and/or fee changes due to increase or decrease of employee volume are identified in “Other” section.
11. Please supply your HIPAA/privacy language concerns.
12. Disclosure of all compensation. Products quoted should be net of commissions. Identify anyone, individual or organization who will otherwise benefit if the County accepts your proposal.

Reinsurance

1. How many companies/resources do you utilize?
2. Do you act as an agent/broker for reinsurance?
3. Do you have proprietary interest in any of the companies you work with? If so, please explain.
4. Actively at work provision must be waived.

Specific Deductible (please quote the following options):

- Option#1: Match current \$300,000
- Option#2: \$325,000

Items Required to be Submitted to Complete your Proposal Response

The following submittals are required and must be submitted in the following order;

- 1) Cost Proposal Sheet – Attachment A
- 2) Reference Data Sheet – Attachment B
- 3) Designation of Confidential/Proprietary Information – Attachment C
- 4) Appeals Process – Attachment D
- 5) Addendum Acknowledgement E
- 5) Insurance Requirements – Attachment F
- 6) Proposal Signature – Page 18
- 7) Responses to Questions & Deliverables (from Section III & IV of this RFP document)

Attachment A
Cost Proposal
Project #1398

Brown County
First Year Rate Proposal Sheet
January 1, 2011 through December 31, 2011
TPA: _____

Fees	Single	Family I
<u>Administration Fees</u>		
Claims Administration	_____	_____
Dental Administration	_____	_____
PBM Administration Fees	_____	_____
Dispensing Fee	_____	_____
Paper Claims Processing Fee	_____	_____
Electronic Claims Processing Fee	_____	_____
Name Brand Reimbursement Rate	_____	_____
Generic Reimbursement Rates	_____	_____
Interlace Fees	_____	_____
Reinsurance	_____	_____
PBM	_____	_____
Network Access Fees	_____	_____
COBRA Administration	_____	_____
HIPPA Administration	_____	_____
FSA/HRA/VEBA Administration	_____	_____
<u>Utilization Review</u>		
Utilization Review	_____	_____
Case Management	_____	_____
Disease Management	_____	_____
<u>Reinsurance Fees</u>		
Name of Reinsurer: deductible	_____	_____
Specific Stop Loss Premium	_____	_____
Aggregate Stop Loss Premium	_____	_____
Expected Claims Factors	_____	_____
Aggregate Stop Loss Attachment Points	_____	_____
<u>Alternative - Deductible</u>		
\$300,000 Specific Deductible	_____	_____
Specific Stop Loss Premium	_____	_____
Aggregate Stop Loss Premium	_____	_____
Expected Claims Factors	_____	_____
Aggregate Stop Loss Attachment Points	_____	_____
<u>Alternative - Deductible</u>		
\$325,000 Specific Deductible	_____	_____
Specific Stop Loss Premium	_____	_____
Aggregate Stop Loss Premium	_____	_____
Expected Claims Factors	_____	_____
Aggregate Stop Loss Attachment Points	_____	_____

Other

Start UP Costs		
ID Card Costs		
Plan Document Development Costs		
SPD Printing Costs		
Claim Run-In-Fees		
Subrogation Fees		
Interlace Requirements (Reinsurance, PBM, etc.)		
Ad Hoc Reports		
Other (please describe)		

Submitted by: _____**Date submitted:** _____**Title:** _____**Signature:** _____

Attachment B
Reference Data Sheet
Project #1398

Provide a current list of comparable references for which your company is providing or has recently provided Services similar in scope and size as per Section 2.3. Include dates, a specific contact person, title and telephone number. The references provided should be for services provided from the office that would be servicing this contract.

Company Name: _____
Project: _____
Address: _____

Telephone: _____
Contact Person: _____

Company Name: _____
Project: _____
Address: _____

Telephone: _____
Contact Person: _____

Company Name: _____
Project: _____
Address: _____

Telephone: _____
Contact Person: _____

Company Name: _____
Project: _____
Address: _____

Telephone: _____
Contact Person: _____

Company Name: _____
Project: _____
Address: _____

Telephone: _____
Contact Person: _____

Attachment C
Designation of Confidential and Proprietary Information
Project #1398

The attached material submitted in response to project #1398 includes proprietary and confidential information which qualifies as a trade secret, as provided in s. 19.36(5) Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this bid/proposal response be treated as confidential material and not be released without our written approval.

Prices always become public information when bids/proposals are opened, and therefore cannot be kept confidential.

Blanket labeling of confidential/proprietary information in headers/footers of documents will not be considered as confidential/proprietary.

Information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c), Wis Stats. as follows: "Trade secret" means information, including formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request the following pages not be released

Section	Page #	Topic
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HEREBY AGREES TO **PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD BROWN COUNTY HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF THE COUNTY'S AGREEING TO WITHHOLD THE MATERIALS.**

Failure to include this form in the bid/proposal response may mean that all information provided as part of the bid/proposal response will be open to examination and copying. The County considers other markings of confidential/proprietary in the bid/proposal document to be insufficient. The undersigned agrees to hold the County harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company Name	_____
Authorized Representative	_____
	Signature
Authorized Representative	_____
	Type or Print
Date	_____

Attachment D
Appeals Process
Project #1398

To: Vendors
RE: Brown County Appeals Process

An appeal refers to a written request from a vendor for reconsideration of vendor selection on either a bid or quote.

Appeals may be submitted for the following purchases:

- a) The item is a public work project bid under Section 55.52 (29) and 66.29 of the Wisconsin Statutes, or
- b) The item price is \$5000 or more or the total order is \$10,000 or more, and
- c) Vendor selection was based on factual errors, or
- d) The lowest price vendor was not selected, or
- e) Failure by the county or its agents to adhere to the county's policies and procedures or other legal requirements.

Appeals shall be submitted in writing and should specify the factual error or policy, procedure or other legal requirement which has been violated. Vendor appeals are to be submitted to the Internal Auditor within 72 hours of receipt of rejection letter. Appeals not containing the necessary information or not filed on a timely basis shall be rejected by the Internal Auditor.

If the Internal Auditor determines that an appeal is valid, an appeals hearing shall be convened. A decision on all appeals will be rendered within 5 working days of the date upon which the request for appeal was received. All decisions of the Appeals Committee or Executive Committee shall be final.

Submit to: Brown County Internal Auditor
P.O. Box 23600
Green Bay, WI. 54305-3600

Attachment E
Addendum Acknowledgement
Project #1398

The undersigned acknowledges receipt of the following addendum:

Addendum #1_____	Initials_____
Addendum #2_____	Initials_____
Addendum #3_____	Initials_____
Addendum #4_____	Initials_____
Addendum #5_____	Initials_____

The undersigned agrees with the following statement:

I have examined and carefully prepared the Bid/RFP from the plans and specifications and have checked the same in detail before submitting the Bid/RFP to Brown County. Attached is my listing of subcontractors along with their respective trades-if applicable.

Name_____

Signature

Date_____

If this Bid/RFP is assigned a project number all vendors are responsible to check for addendums, posted on our web site at www.co.brown.wi.us, for this project prior to the due date. No notification will be sent when addendums are posted unless there is an addendum within three business days of bid due date.

All vendors receiving initial notification of project and those who register as downloading the project off our web site will be notified, by Brown County, of all addendums issued with-in 3 business days prior to due date. If Bid/RFP has already been submitted, vendor is required to acknowledge receipt of addendum via fax or e-mail prior to due date. New Bid/RFP quote must be submitted by vendor if addendum affects costs.

Vendor's that do not have internet access are responsible to contact our purchasing department at 920-448-4039 to ensure receipt of addendums issued.

Bids/RFP's that do not acknowledge addendums may be rejected.

All Bids/RFP's submitted will be sealed. Envelopes are to be clearly marked with required information. Sealed Bids/RFP's that are opened by mistake due to inadequate markings on the outside may be rejected and returned to the vendor.

Attachment F
Insurance Requirements
Project #1398

Hold Harmless

Vendor hereby agrees to release, indemnify, defend and hold harmless Brown County, their officials, officers, employees and agents from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type or nature whatsoever, including actual and reasonable attorney's fees, which may be sustained or to which they may be exposed, directly or indirectly, by reason of personal injury, death, property damage, or other liability, alleged or proven, resulting from or arising out of the performance under this agreement by contractor, its officers, officials, employees, agent or assigns. Brown County does not waive, and specifically reserves, its right to assert any and all affirmative defenses and limitations of liability as specifically set forth in Wisconsin Statutes, Chapter 893 and related statutes.

Insurance Requirements

Vendor, Contractor, Tenant, Provider, Organization or other (will be referred as Contractor) shall provide and maintain at its own expense during the term of their agreement, the following insurance policies covering its operations hereunder are minimum requirements. Such insurance shall be provided on a primary basis by insurer(s) financially solvent and authorized to conduct business in the State of Wisconsin.

The Contractor shall not commence work under this contract until all insurance required under this paragraph is obtained and such insurance has been approved by a County representative, nor shall any Outside Contractor allow subcontractors to commence work on their subcontract until all similar insurance requirements have been obtained and approved by a County representative. Notwithstanding any provisions of this section, and for purposes of this agreement, contractor acknowledges that its potential liability is not limited to the amounts of insurance coverage it maintains nor to the limits required herein.

(1) Worker's Compensation Insurance and Employers Liability.

State Statutory workers' compensation Limits Employer Liability, \$100,000 each accident.

(2) Comprehensive General Liability (Occurrence Form).

- Products and Completed Operations
- Personal Injury and Advertising Liability
- Independent Contractors/Protective

Limits of Insurance \$1,000,000 per occurrence \$1,000,000 aggregate

(3) Business Automobile Liability. Business Automobile Liability covering all owned, hired, and non-owned vehicles. Limits of Insurance \$1,000,000 per occurrence for bodily injury and property damage.

(4) Excess/Umbrella Liability.

Limit of Insurance \$1,000,000 per occurrence

Additional Insured

The Contractor agrees that the Comprehensive General Liability and Business Automobile Liability insurance policies shall be endorsed to name Brown County as additional insured's with respects to: liability arising out of activities performed by or on behalf of the vendor/contractor: products and completed operations of vendor/contractor; premises owned, occupied or used by vendor; or automobiles owned, leased, hired or borrowed by vendor. The coverage shall contain no special limitations on the scope of protection to the County.

Adjustments to Insurance Coverage

The limits of liability as set forth herein shall be periodically reviewed and adjustments made so as to provide insurance coverage in keeping with increases in the Consumer Price Index and what is deemed to be prudent and reasonable by the County or its representatives. In the event that the County determines that the limits need to be adjusted at sometime after the initial term of the contract, the County shall give

notice to the contractor in writing of the new limits and the Contractor shall make such adjustments to its insurance coverage within 60 day of such notice.

Subcontractor

Subcontractors of the Outside Contractor shall also be in compliance with these requirements, including but not limited to, the submittal of a Certificate of Insurance that meet the same requirement outlined for the Outside Contractor.

Wavier of Subrogation

Insurers shall waive all subrogation rights against Brown County on all policies required under this requirement.

Cancellation Notice

Brown County will be given 30 days notice in advance of cancellation, non-renewal, or material change in coverage.

Proof of Insurance

A valid Certificate of Insurance shall be issued to "Brown County" prior to commencement of work and meeting the requirements listed to avoid any interruption of normal business services and transactions. Certificates must bear the signature of the insurer's authorized representative. The insurance certificate must be issued by companies licensed to do business in the State of Wisconsin or signed by an agent by the State of Wisconsin.

The certificates of insurance shall include a provision prohibiting cancellation of said policies except upon 30 days prior written notice to the County. The certificates of insurance shall include reference to the contract name or RFP number in the description section of the certificate.

The certificate of insurance will be delivered to Brown County prior to the execution of the contract.

Brown County
Department of Administration
P.O. Box 23600
305 E. Walnut Street
Green Bay, WI 54305-23600

Questions

If any of the insurance requirements cannot be met, please contact the Brown County Risk Manager to explain what coverage's you are unable to obtain on your policy. Please provide information on what contracts you are bidding on or currently hired to work on.

Special considerations will be given if the required amounts cannot be met. This will only take place after an insurance waiver form is completed.

**** Brown County shall be named as an additional insured with respects to liability coverage's other than professional liability and will be given 30 days notice in advance of cancellation, non-renewal, or material change in coverage. A certificate of insurance evidencing such coverage's shall be placed on file with the County prior to commencement of work under this contract. ****