Proposal(s) shall be sealed and clearly marked on the package cover with RFP #, Project Title and Clark County.

**Submit one (1) original and three (3) complete copies including electronic copies on a CD of the Proposal to:**

Clark County  
Office of Purchasing  
P.O. Box 5000  
1300 Franklin Street, 6th Floor, Suite 650  
Vancouver, Washington 98660  
(360) 397-2323

**Refer Questions to:**  
Project Manager:  
Kathy Meyers  
Benefits Manager, Human Resources  
Kathy.Meyers@clark.wa.gov
GENERAL TERMS AND CONDITIONS

ENVIRONMENTALLY RESPONSIBLE PURCHASING PROGRAM - Clark County has implemented an Environmentally Responsible Purchasing Policy with a goal to reduce negative impacts on human health and the environment. Negative environmental impacts include, but are not limited to, greenhouse gases, air pollution emissions, water contamination, waste from the manufacturing process and waste in packaging. This policy also seeks to increase: 1) water and energy efficiency; 2) renewable energy sources; 3) use of products with recycled content; 4) product durability; 5) use of products that can be recycled, reused, or composted at the end of its life cycle. Product criteria have been established on the Green Purchasing List http://www.clark.wa.gov/general-services/purchasing/erp/environmental.html

INDEPENDENT PRICE DETERMINATION - The prospective contractor guarantees that, in connection with this proposal, the prices and/or cost data have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition. This does not preclude or impede the formation of a consortium of companies and/or agencies for purposes of engaging in jointly sponsored proposals.

INTERLOCAL AGREEMENT - Clark County has made this RFP subject to Washington State statute RCW 39.34. Therefore the bidder may, at the bidders' option, extend identical prices and services to other public agencies wishing to participate in this RFP. Each public agency wishing to utilize this RFP will issue a purchase order (or contract) binding only their agency. Each contract is between the proposer and the individual agency with no liability to Clark County.

LIMITATION - This RFP does not commit Clark County to award a contract, to pay any costs incurred in the preparation of a response to this RFP, or to procure or contract for services or supplies.

LATE PROPOSALS - A proposal received after the date and time indicated above will not be accepted. No exceptions will be made.

ORAL PRESENTATIONS: An oral presentation may be required of those prospective contractors whose proposals are under consideration. Prospective contractors may be informed that an oral presentation is desired and will be notified of the date, time and location the oral presentation is to be conducted.

OTHER AUDIT/MONITORING REQUIREMENTS - In addition, auditing or monitoring for the following purposes will be conducted at the discretion of Clark County: Fund accountability; Contract compliance; and Program performance.

PRICE WARRANT - The proposal shall warrant that the costs quoted for services in response to the RFP are not in excess of those which would be charged any other individual or entity for the same services performed by the prospective contractor.

PROTESTS must be submitted to the Purchasing Department.

PUBLIC SAFETY may require limiting access to public work sites, public facilities, and public offices, sometimes without advance notice. The successful Proposer's employees and agents shall carry sufficient identification to show by whom they are employed and display it upon request to security personnel. County project managers have discretion to require the successful Proposer's employees and agents to be escorted to and from any public office, facility or work site if national or local security appears to require it.

REJECTION OF PROPOSALS - Clark County reserves the right to accept or reject any or all proposals received as a result of this RFP, to negotiate with any or all prospective contractors on modifications to proposals, to waive formalities, to postpone award, or to cancel in part or in its entirety this RFP if it is in the best interest of Clark County to do so.

SUBCONTRACTING - No activities or services included as a part of this proposal may be subcontracted to another organization, firm, or individual without the approval of Clark County. Such intent to subcontract shall be clearly identified in the proposal. It is understood that the contractor is held responsible for the satisfactory accomplishment of the service or activities included in a subcontract.

VERBAL PROPOSALS: Verbal proposals will not be considered in making the award of any contract as a result of this RFP.

WORKERS COMPENSATION INSURANCE – The contractor shall comply with R.C.W. Title 51- with minimum coverage limits of $500,000 for each accident, or provide evidence that State law does not require such coverage.

FOR ALTERNATIVE FORMATS
Clark County ADA Office; V (360) 397-2025; TTY (360) 397-2445; ADA@Clark.wa.gov
PART I PROPOSAL REQUIREMENTS

Section IA: General Information
1. Introduction
2. Background
3. Scope of Project
4. Project Funding
5. Timeline for Selection
6. Employment Verification

Section IB: Work Requirements
1. Required Services
2. County Performed Work
3. Deliverables and Schedule
4. Place of Performance
5. Period of Performance
6. Insurance/Bond
7. Plan Holders List

PART II PROPOSAL PREPARATION AND SUBMITTAL

Section IIA: Pre-Submittal Meeting/Clarification
1. Pre-Submittal Meeting
2. Proposal Clarification

Section IIB: Proposal Submission
1. Proposals Due
2. Proposal

Section IIC: Proposal Content
1. Cover Sheet
2. Project Team
3. Management Approach
4. Respondent’s Capabilities
5. Project Approach and Understanding
6. Proposed Cost

PART III PROPOSAL EVALUATION & CONTRACT AWARD

Section IIIA: Proposal Review and Selection
1. Evaluation and Selection
2. Evaluation Criteria Scoring

Section IIIB: Contract Award
1. Consultant Selection
2. Contract Development
3. Award Review
4. Orientation/Kick-off Meeting
Request for Proposal #693 - Medical ASO Services

ATTACHMENTS
A: Proposal Cover Sheet
B: Letter of Interest

See Attachment Excel Workbook – Final ExS_001_Medical ASO RFP.xlsx
1) Vendor Services
2) Minimum Requirements
3) ASO Design
4) PBM Design
5) County Plans
6) #1a – Questionnaire Medical
7) #1b – Questionnaire Rx
8) #1e – Questionnaire Stop Loss
9) #2 – Procurement Questions
10) #3 – Performance Guarantee
11) #4 – Transition Medical/Rx
12) #5 – Rate Response
13) #6 – Geoaccess Report
14) #7 – Statement

15) Clark Medical RFP – Benefits Zip
    a. Clark County Custody SBC 2015
    b. Clark County Active SBC 2015
    c. Clark County 2015 HSA Booklet Final
    d. Clark County 2015 DSG Retirees Booklet
    e. Clark County 2015 Custody Retiree Booklet
    f. Clark County 2015 Active Retiree Booklet
    g. Clark County DSG SBC 2015
    h. Kaiser 2015 SSOB-mouaffiligencies
    i. Kaiser 2015 SSOB HSA
    j. Kaiser 2015 SSOB-deputysheriffs
    k. Clark County Retirees DSG SBC 2015
    l. Clark County Retirees Custody SBC
    m. Clark County Retirees Active SBC
    n. Clark County HSA SBC 2015

16) Clark County RFP – Experience Zip
    a. Regence 2015 confirmation
    b. Kaiser 2015 confirmation
    c. Clark Med Exp Self Insured 04.20.14
    d. Clark Med Exp Self Insured 01.20.15
    e. Clark Med Exp 2012 – 2013
    f. Clark Med Exp FI & SI Combined
    g. Clark Large Claim detail 2015 YTD
    h. Clark Large Claim detail 2014
    i. Clark Large Claim detail 2013
    j. Regence January 2014 Confirmation
    k. Regence April 2014 Confirmation

17) 2015 Active Rates for MOU-Affiliate Agencies-COG (rates for all employees groups with corresponding employee contributions)
Request for Proposal #693 - Medical ASO Services

Part I Proposal Requirements

Section IA General Information

1. Introduction

Clark County is a local government agency in the State of Washington. We provide medical coverage to nearly 1575 employees and employees of several agencies in our surrounding area. There are 15 labor groups covering the majority of our employees; as a result some coverage may or may not be available to a particular group. In addition to the self-insured medical plans (PPO and HDHP) the County offers employees two options under Kaiser-Permanente; an HMO plan and a HDHP/HSA plan. This option will continue as the County is required under state law to offer a minimum of two medical plans; an HMO and non-HMO type plan.

The purpose of this RFP is to market the ASO Services for the County's self-insured medical plans, including Stop Loss coverage, to evaluate the cost competitiveness, customer service, and health management programs. The vision plan through VSP and the dental plan through Delta Dental of Washington are not included as part of this RFP.

2. Background

Clark County is accepting Requests for Proposal (RFP) from qualified ASO/TPA providers to administer two comprehensive medical plans. The current ASO provider is Regence Blue Cross/Blue Shield. The County currently covers a total of 1775 benefit eligible employees with 788 enrolled in the self-insured plans. The other 987 employees are enrolled with Kaiser.

To learn more about Clark County, visit our website at: http://www.clark.wa.gov.com/

The County is looking for a long-term business partner and this RFP is being driven by the desire to evaluate the competitiveness of our existing ASO provider from a cost and service delivery perspective. The ASO/TPA provider must be able to administer the existing plan design and have the system flexibility to administer a variety of plan design features.

Additionally, we are very interested in Wellness and Disease Management programs. Please include your brochures and rates for each of your available programs and those that are embedded in your proposals at no charge. Also, identify other plan provisions to support compliance with treatment plans for managing chronic health conditions.

In your response, please indicate how well your network matches up to Regence. The County and the unions require a significant match in network and plan designs. If you cannot significantly match one or the other, or both, then please elaborate in your declination letter.

If you are selected as a finalist you will be requested to complete a provider disruption analysis within a short timeline.

Plan History

The County has the following employee groups which may or may not have differences in plan design:

MOU Active (MOU: see below) – covers 13 bargaining units as well as management and non-represented employees
Non-MOU Active – Deputy Sheriff’s Guild and Custody Officer’s Guild
COBRA participants
Non-MOU Retirees (LEOFF 1) Under Age 65 retired Deputy Sheriffs
PERS Retiree health care for the under 65 individuals. Retirees must meet the PERS or other retirement plan eligibility requirements. The under 65 retirees have the same plan as the active employees.

The over 65 retirees under either the LEOFF plan or the PERS plan are covered under a Medicare Advantage plan and are not included as part of this RFP.
MOU stands for Memorandum of Understanding, which is a document that is added to the collective bargaining contracts defining the budget for health care and the role of the Health Care committee to evaluate and modify the plans as needed to control costs. Each year more groups have joined the agreement, and as a party to the agreement they agree to a consolidation of plan design.

Eligibility and Enrollment Conditions

Employees are eligible for medical coverage the first of the month following date of hire. Eligible employees are those who work 30 or more hours per week, and part time employees are those who work between 20 – 29 hours per week. Part time employees receive a pro-rated contribution towards the cost of health care. The county also allows two married employees to cover each as a dependent.

Eligible dependents include legal spouse, natural children, stepchildren, legally adopted children, or where the child is a dependent under legal guardianship up to age 26 (per federal guidelines). Domestic partners, both same sex and opposite sex are eligible for coverage, as well as the dependent children of the domestic partner who reside in the employee’s home. In addition, dependent children who are physically and mentally impaired may remain on the plan beyond the limiting age.

Current Benefit Plans

PPO Plan – these benefits apply to all groups.

- $300/$600 Ind/Family calendar year Deductible
- $2,800/$5,600 Ind/Family calendar year Out of Pocket maximum
- $20 OV copay; out of network pays 50%
- 100% Lab & X-ray; out of network pays 50%
- 15% coinsurance for hospital stays after deductible; out of network pays 50%
- $10/$20/$30 copay for prescription drugs
- 15% coinsurance for Alternative Health Care; out of network pays 50%
- 100% paid for hearing aids

HDHP/HAS (this plan is currently not available to the Deputy or Custody Guild employees)

- $1,300/$2,600 Ind/Family calendar year Deductible
- $3,000/$6,000 Ind/Family calendar year Out of Pocket maximum
- 80%/20% in network; 60%/40% out of network coinsurance for all covered services, including prescription drugs
- No coverage for hearing aids
- Lab & X-ray and Alternative Care – 80%/20% coinsurance

Disease Management, Nurse line, Specialty Rx, Case Management and Health Coaching are also included in the plan.

Funding Arrangement

Weekly reimbursement for prior week’s claims; monthly payment for admin fees and stop loss premiums.

Quote on an ASO or Third Party Administrator (TPA) basis.

Census

The census is included as a separate Excel file. There are separate tabs in the Excel workbook for each plan design.
Request for Proposal #693 - Medical ASO Services

Premium and Claim Experience

Two years of experience is attached.

Contribution Formula

Most employees pay a 7% contribution; others pay a 5% contribution

3. Scope of Project

The County is marketing the self-insured Preferred Provider Plan and HDHP with the primary objective of finding an ASO provider that can administer the program in accordance with the specific needs of the County. Only vendors who are able to fully comply with the process outlined in the Vendor Services and Minimum Requirements tabs will be considered. The RFP addresses the following areas that will be considered in the evaluation of the responses.

- Administer the current benefits; flexibility to administer differing plans within the group
- Ability to demonstrate successful utilization and large case management
- Prove access to a similar provider network
- Ability to administer Evidenced Based plan designs
- Robust on-line claims access and reporting features
- Competitive fees and rates
- Provide timely service to Human Resources staff and employees
- Ability to support County’s payroll interface requirements
- On-site open enrollment support

Note: Kaiser-Permanente will remain

4. Project Funding

Quote on an ASO or TPA basis with the monthly pepm administration charge, cost for Stop Loss coverage if applicable, and disease management and other additional health management programs.

5. Timeline for Selection

The following dates are the intended timeline:

- Proposals due: May 29, 2015
- Interviews/demonstration: June 22 – June 24, 2015
- Selection committee recommendation: June 24, 2015
- Contract negotiation execution: June 29 – June 30, 2015
- Contract intended to begin: January 1, 2016

6. Employment Verification

“Effective November 1st, 2010, to be considered responsive to any formal Clark County Bid/RFP or Small Works Quote, all vendors shall submit before, include with their response or within 24 hours after submittal, a recent copy of their E-Verify MOU or proof of pending enrollment. The awarded contractor shall be responsible to provide Clark County with the same E-Verify enrollment documentation for each sub-contractor ($25,000 or more) within thirty days after the sub-contractor starts work. Contractors and sub-contractors shall provide a report(s) showing status of new employee’s hired after the date of the MOU. The status report shall be directed to the county department project manager at the end of the contract, or annually, which ever comes first. E-Verify information and enrollment is available at the Department of Homeland Security web page: www.dhs.gov/E-Verify

How to submit the RFP in advance of the submittal date:
1. Hand deliver to 1300 Franklin St, Suite 650, Vancouver, WA 98660, or;
2. Fax to (360) 397-6027, or;
3. Call Purchasing at (360) 397-2323 for a current email address.
4. Note: Sole Proprietor's are exempt.
Section IB Work Requirements

1. Required Services

Service
It is expected that the contracts, necessary administrative forms, administrative manual, summary plan descriptions (SPDs), and employee certificates will be prepared as quickly as reasonably possible following designation of the selected carrier. Please note any additional costs related to HIPAA administration, COBRA administration, SPD’s and any other services if these are not part of the normal administration you provide.

Rate Guarantee Periods
Rates and fees must be guaranteed for 12 months. Please indicate your willingness to extend such guarantees.

Commission
Quote fees net of commissions.

Deviations
It is understandable that you may not be able to respond to each specification in this RFP. Therefore, if you are unable to substantially meet the requirements, you are requested to describe any deviations in your proposal on the Proposal Deviation Form provided.

Financial Stability
The selected ASO or TPA provider and Stop Loss carrier (if applicable) must be financially sound.

Pre-Certification
Please provide your fees for pre-certification/utilization review and case management services.

Wellness/ Disease Management
Please provide your fees and details on your wellness and disease management programs.

Provider Directories
Please provide one set of provider directories you would utilize, along with one set of sample benefit summaries and plan booklets.

Identification Cards
Please provide a description of your identification cards with an enclosed sample. Note if a separate card is required for the prescription coverage. We would like to provide plastic type cards if possible.

Data Files and Plan Information
Plan Summaries, plan options for pricing, census data, and plan experience are available online at: http://www.clark.wa.gov/general-services/purchasing/rfp.html

2. Deliverables & Schedule
Final plan design(s) and rates must be approved no later than mid-September each year of the contract. Employee communication shall begin in September following approval of the county. The implementation schedule will be finalized with the successful insurance carrier.

3. Period of Performance
A contract awarded as a result of this RFP will be for a five-year term and is intended to begin on January 1, 2016. Clark County reserves the right to extend the contract resulting from this RFP for a period of two (2) one (1) year periods, with the same terms and conditions, by service of a written notice of its intention to do so prior to the contract termination date.
4. Insurance/Bond

A. Commercial General Liability (CGL) Insurance written under ISO Form CG0001 or its latest equivalent with minimum limits of $1,000,000 per occurrence and in the aggregate for each one year policy period. This policy will renew annually. This coverage may be any combination of primary, umbrella or excess liability coverage affording total liability limits of not less than $1,000,000 per occurrence and in the aggregate. However, if other policies are added they must be a follow-form policy in language, renewal date, and have no more exclusions than the underlying coverage. The deductible will not be more than $50,000 unless prior arrangements are made with Clark County on a case by case basis; the criterion is the Contractor’s liquidity and ability to pay from its own resources regardless of coverage status due to cancellation, reservation of rights, or other no-coverage-enforce reason. Coverage shall not contain any endorsement(s) excluding nor limiting Product/Completed Operations, Contractual Liability or Cross Liability.

B. Automobile
If the Proposer or its employees use motor vehicles in conducting activities under this Contract, liability insurance covering bodily injury and property damage shall be provided by the Proposer through a commercial automobile insurance policy. The policy shall cover all owned and non-owned vehicles. Such insurance shall have minimum limits of $500,000 per occurrence, combined single limit for bodily injury liability and property damage liability with a $1,000,000 annual aggregate limit. If the Proposer does not use motor vehicles in conducting activities under this Contract, then written confirmation to that effect on Proposer letterhead shall be submitted by the Proposer.

C. Professional Liability (aka Errors and Omissions)
The Proposer shall obtain, at Proposer’s expense, and keep in force during the term of this contract Professional Liability insurance policy to protect against legal liability arising out of contract activity. Such insurance shall provide a minimum of $2,000,000 per occurrence, with a maximum deductible of $25,000. It should be an “Occurrence Form” policy. If the policy is “Claims Made”, then Extended Reporting Period Coverage (Tail coverage) shall be purchased for three (3) years after the end of the contract.

D. Umbrella Liability Coverage
Umbrella Coverage in the amount of $2,000,000 shall be provided and will apply over all liability policies without exception, including but not limited to Commercial General Liability, Automobile Liability, Employers Liability and Professional Liability.

F. Proof of Insurance
Proof of Insurance shall be provided prior to the starting of the contract performance. Proof will be on an ACORD Certificate(s) of Liability Insurance, which the Proposer shall provide to Clark County. Each certificate will show the coverage, deductible and policy period. Policies shall be endorsed to state that coverage will not be suspended, voided, canceled or reduced without a 30 day written notice by mail. It is the Proposer’s responsibility to provide evidence of continuing coverage during the overlap periods of the policy and the contract.

All policies must have a Best’s Rating of A-VII or better.

6. Plan Holders List
All proposers are required to be listed on the plan holders list.
✓ Prior to submission of proposal, please confirm your organization is on the Plan Holders List below:

To view the Plan Holders List, please click on the link below or copy and paste into your browser.

Clark County RFP site: http://www.clark.wa.gov/general-services/purchasing/rfp.html

If your organization is NOT listed, submit the ‘Letter of Interest” to ensure your inclusion. See Attachment B.

Proposals received by Clark County by proposers not included on the Plan Holders List may be considered non-responsive.
Request for Proposal #693 - Medical ASO Services

Part II Proposal Preparation and Submittal

Section IIA Pre-Submittal Meeting / Clarification

1. Pre-Submittal Meeting

There will be no pre-submittal meeting or site visit scheduled for this project.

2. Proposal Clarification

Questions and Requests for Clarification regarding this Request for Proposal must be directed in writing, via email, to the person listed on the cover page. The deadline for submitting such questions/clarifications is seven calendar days (April 27, 2015) prior to the due date for proposals unless otherwise specified in section 1A-5.

An addendum will be issued no later than six calendar days prior to the proposal due date to all recorded holders of the RFP if a substantive clarification is in order.

The Questions & Answers/Clarifications are available for review at the link below. Each proposer is strongly encouraged to review this document prior to submitting their proposal.

Clark County RFP site: http://www.clark.wa.gov/general-services/purchasing/rfp.html

Section IIB Proposal Submission

1. Proposals Due

Sealed proposals must be received no later than the date, time and location specified on the cover of this document.

The outside of the envelope/package shall clearly identify:
1. RFP Number and;
2. TITLE and;
3. Name and address of the proposer.

Responses received after submittal time will not be considered and will be returned to the Proposer - unopened.

Proposals received with insufficient copies (as noted on the cover of this document) cannot be properly disseminated to the Review Committee and other reviewers for necessary action, therefore, may not be accepted.

2. Proposal

For purposes of review and in the interest of the County, the County encourages the use of submittal materials (i.e. paper, dividers, binders, brochures, etc.) that contain post-consumer recycled content and are readily recyclable.

The County discourages the use of materials that cannot be readily recycled such as PVC (vinyl) binders, spiral bindings, plastic or glossy covers or dividers. Alternative bindings such as reusable/recyclable binding posts, reusable binder clips or binder rings and recyclable cardboard/paperboard binders are examples of preferable submittal materials.

Proposers are encouraged to print/copy on both sides of a single sheet of paper wherever applicable; if sheets are printed on both sides, it is considered to be two pages. Color is acceptable, but content should not be lost by black-and-white printing or copying.

All submittals will be evaluated on the completeness and quality of the content. Only the Proposer’s providing complete information as required will be considered for evaluation. The ability to follow these instructions demonstrates attention to detail.

Additional support documents, such as sales brochures, should be included with each copy unless otherwise specified.
Section IIC Proposal Content

1. Cover Sheet
   This form is to be used as your proposal Cover Sheet
   
   See Cover Sheet - Attachment A

2. Questionnaire
   See Attachment Excel Workbook – Final ExS_001_Medical ASO RFP.xlsx
   18) Vendor Services
   19) Minimum Requirements
   20) ASO Design
   21) PBM Design
   22) County Plans
   23) #1a – Questionnaire Medical
   24) #1b – Questionnaire Rx
   25) #1e – Questionnaire Stop Loss
   26) #2 – Procurement Questions
   27) #3 – Performance Guarantee
   28) #4 – Transition Medical/Rx
   29) #5 – Rate Response
   30) #6 – Geoaccess Report
   31) #7 – Statement
   32) Clark Medical RFP – Benefits Zip
      a. Clark County Custody SBC 2015
      b. Clark County Active SBC 2015
      c. Clark County 2015 HSA Booklet Final
      d. Clark County 2015 DSG Retirees Booklet
      e. Clark County 2015 Custody Retiree Booklet
      f. Clark County 2015 Active Retiree Booklet
      g. Clark County DSG SBC 2015
      h. Kaiser 2015 SSOB-mouaffilagencies
      i. Kaiser 2015 SSOB HSA
      j. Kaiser 2015 SSOB-deputysheriffs
      k. Clark County Retirees DSG SBC 2015
      l. Clark County Retirees Custody SBC
      m. Clark County Retirees Active SBC
      n. Clark County HSA SBC 2015
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      b. Kaiser 2015 confirmation
      c. Clark Med Exp Self Insured 04.20.14
      d. Clark Med Exp. Self Insured 01.20.15
      e. Clark Med Exp 2012 – 2013
      f. Clark Med Exp FI & SI Combined
      g. Clark Large Claim detail 2015 YTD
      h. Clark Large Claim detail 2014
      i. Clark Large Claim detail 2013
      j. Regence January 2014 Confirmation
      k. Regence April 2014 Confirmation
   34) 2015 Active Rates for MOU-Affiliate Agencies-COG (rates for all employees groups with corresponding employee contributions)

7. Employment Verification
   IMPORTANT NOTE: Include this portion of the response immediately AFTER the cover page, if not already on file with Clark County. Current vendors on file can be viewed at:
**Proposal Review and Selection**

Proposals received in response to this RFP will be evaluated by a Review Committee. The Review Committee will evaluate the finalist(s) during the interview process and the County's Labor/Management Health Care Committee will be invited to observe. Prior to submitting the recommendation to the Board of Councilors, the results will be discussed by the full Health Care Committee. The final recommendation will be submitted to the Board of Councilors through the County's consent process.

2. **Evaluation Criteria Scoring**

Each proposal received in response to the RFP will be objectively evaluated and rated according to a specified point system.

**A one hundred (100) point system will be used, weighted against the following criteria:**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Plan Design</td>
<td></td>
</tr>
<tr>
<td>a. Ability to match current design</td>
<td></td>
</tr>
<tr>
<td>b. Ability to match cost reduction examples</td>
<td></td>
</tr>
<tr>
<td>c. Ability to develop a catastrophic plan with buy up to current plan design</td>
<td>25</td>
</tr>
<tr>
<td>2. Network</td>
<td></td>
</tr>
<tr>
<td>a. Ability to match existing network</td>
<td></td>
</tr>
<tr>
<td>b. Network discounts</td>
<td>20</td>
</tr>
<tr>
<td>3. Claims processing &amp; Management reports</td>
<td></td>
</tr>
<tr>
<td>a. Ability and accuracy of auto adjudication</td>
<td></td>
</tr>
<tr>
<td>b. Turnaround time excluding medical claim review</td>
<td></td>
</tr>
<tr>
<td>c. Willingness to contractually establish performance criteria</td>
<td></td>
</tr>
<tr>
<td>d. Frequency and format of experience and utilization reports</td>
<td></td>
</tr>
<tr>
<td>e. Disease Management reporting</td>
<td></td>
</tr>
<tr>
<td>f. Custom report capabilities</td>
<td></td>
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<tr>
<td>4. Administrative Capabilities</td>
<td></td>
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<tr>
<td>a. Ability to manage electronic eligibility</td>
<td></td>
</tr>
<tr>
<td>b. Access to Internet based eligibility (view or view/update)</td>
<td>10</td>
</tr>
<tr>
<td>5. Communication</td>
<td></td>
</tr>
<tr>
<td>a. Internet based access to claims, SPD, Wellness, Disease Management and education</td>
<td>15</td>
</tr>
<tr>
<td>b. Summary Plan Description, document clarity and ease of understanding</td>
<td></td>
</tr>
<tr>
<td>c. Compliant Summary of Benefit Coverage</td>
<td></td>
</tr>
<tr>
<td>6. Cost</td>
<td></td>
</tr>
<tr>
<td>a. Fixed costs for ASO or TPA fees</td>
<td>15</td>
</tr>
<tr>
<td>b. Cost for added programs</td>
<td></td>
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</tbody>
</table>
### Section IIIB

<table>
<thead>
<tr>
<th></th>
<th>Contract Award</th>
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<tbody>
<tr>
<td>1. Vendor Selection</td>
<td>The County will award a contract to the highest scoring Proposer derived from the results of the written proposal and interview. Should the County not reach a favorable agreement with the highest scoring Proposer, the County shall suspend or terminate negotiations and commence negotiations with the second highest scoring Proposer and so on until a favorable agreement is reached.</td>
</tr>
</tbody>
</table>
| 2. Contract Development | The proposal and all responses provided by the successful Proposer may become a part of the final contract.  

*The form of contract shall be the County’s Contract for Professional Services. A sample is available on request.* |
| 3. Award Review | The public may view proposal documents after contract execution. However, any proprietary information so designated by the Proposer as a ‘trade secret’ will not be disclosed unless the Clark County Prosecuting Attorney determines that disclosure is required. At this time, Proposers not awarded the contract, may seek additional clarification or debriefing, request time to review the selection procedures or discuss the scoring methods utilized by the evaluation committee. |
General Information:

Legal Name of Applicant/Company/Agency

Street Address City State Zip

Contact Person Title

Phone Fax

Program Location (if different than above) Email address

Tax Identification Number

ADDENDUM:

Proposer shall insert number of each Addendum received. If no addendum received, please mark “NONE”.

No. Dated: No. Dated: No. Dated:

NOTE: Failure to acknowledge receipt of Addendum may render the proposal non-responsive.

→ Does the proposal comply with the requirements contained within the RFP?
  A “No” response may disqualify the proposal from further consideration.

  □ Yes  □ No

→ Did outside individuals or agencies assist with preparation of this proposal?

  □ Yes  □ No (if yes, describe)**

I certify that to the best of my knowledge the information contained in this proposal is accurate and complete and that I have the legal authority to commit this agency to a contractual agreement. I realize the final funding for any service is based upon funding levels, and the approval of the Clark County Board of Councilors.

____________________________  ________________________
Signature and Title Date
Request for Proposal #693 - Medical ASO Services

Attachment B LETTER OF INTEREST

Legal Name of Applicant Agency _______________________________________________________

Street Address ________________________________________________________________

City ____________________________ State ________________ Zip __________

Contact Person ___________________ Title ________________________________

Phone ___________________________ Fax ________________________________

Program Location (if different than above) _______________________________________

Email address ______________________________________________________________

➢ All proposers are required to be included on the plan holders list. If your organization is NOT listed, submit the “Letter of Interest” to ensure your inclusion.

In the body of your email, request acknowledgement of receipt.

Email Attachment B to: Beth.Balogh@clark.wa.gov

Clark County web link:
http://www.clark.wa.gov/general-services/purchasing/rfp.html

This document will only be used to add a proposer to the plan holders list. Submitting this document does not commit proposer to provide services to Clark County, nor is it required to be submitted with proposal.

Proposals may be considered non-responsive if the Proposer is not listed on the plan holders list.