



PASCO COUNTY BOARD OF COMMISSIONERS  
PURCHASING DEPARTMENT  
8919 GOVERNMENT DRIVE  
NEW PORT RICHEY, FLORIDA 34654  
TELEPHONE: (727) 847-8194  
FACSIMILE: (727) 847-8065  
[www.PascoCountyFL.net](http://www.PascoCountyFL.net)

## REQUEST FOR PROPOSALS (RFP)

RFP NO. 07-152

### GROUP HEALTH INSURANCE

Pasco County, Florida (the County), is seeking proposals from qualified firms for group health insurance for approximately 2,000 public employees, effective October 1, 2007.

The Pasco County Purchasing Department will receive sealed responses until **3:30 p.m.**, local time, (our clock) on **June 29, 2007**, in the Pasco County Purchasing Department, 8919 Government Drive, New Port Richey, Florida. Responses received after this time will not be accepted. Responses will be publicly opened at the above stated time and date, with only the names of the offerors submitting proposals being read. All interested parties are invited to attend. Offerors shall submit EIGHT (8) proposal copies. Each copy of the proposal shall be bound in a single volume.

Questions concerning the scope of work, response submittal, or process should be directed, in writing, to the Purchasing Director, Scott Stromer. Questions may be faxed to (727) 847-8065.

Copies of the RFP Documents may be obtained from the Purchasing Department at no cost. The County is not responsible for expenses incurred in prior to award by the Board of County Commissioners. Pasco County reserves the right to reject any and all responses and to waive any irregularities or informalities. We look forward to receiving your response.

Scott Stromer  
Purchasing Director

## **IMPORTANT! - PLEASE READ CAREFULLY BEFORE RESPONDING**

### **GENERAL PROVISIONS**

#### **ACKNOWLEDGMENT OF AMENDMENTS**

Offerors shall acknowledge receipt of any amendment to the solicitation by letter, by returning a copy of the issued amendment with the submittal, or notation on the submitted proposal. The acknowledgment must be received by Pasco County by the time and at the place specified for the receipt of proposals. Failure to acknowledge an issued amendment may result in submittal rejection and disqualification.

#### **ADDITIONAL INFORMATION**

Questions concerning this request must be submitted in writing to Scott P. Stromer, Purchasing Director, Pasco County Purchasing Department; 8919 Government Drive; New Port Richey, Florida 34654; fax machine number (727) 847-8065. Offerors are cautioned that any statements made by individuals, or employees of Pasco County, that materially change any portion of this request shall not be relied upon unless subsequently ratified by a formal written amendment. No questions will be accepted after ten (10) days prior to the date set for opening.

#### **ASSIGNMENT**

The contractor shall not assign, transfer, convey, sublet, or otherwise dispose of any award or any or all of its rights, title, or interest therein, or delegate the duties hereunder without the prior written consent of Pasco County.

#### **APPLICABLE LAW**

The resulting contract shall be governed in all respects by the laws of the State of Florida, and any litigation with respect thereto shall be brought in the courts of Pasco County, Florida. The contractor shall comply with all applicable Federal, State, and local laws and regulations. Lack of knowledge by the offeror will in no way be a cause for relief from responsibility.

#### **CANCELLATION**

Pasco County reserves the right to cancel a resulting contract, without cause, by giving thirty (30) days' prior written notice to the contractor of the intention to cancel, or with cause if at any time the contractor fails to fulfill or abide by any of the terms or conditions specified. Failure of the contractor to comply with any of the provisions of a resulting contract will be considered a material breach of contract and shall be cause for immediate termination of the contract at the sole discretion of Pasco County. In addition to all other legal remedies available to the County, Pasco County reserves the right to cancel and obtain from another source any services which have not been provided within the required period of time, or if no such time is stated, within a reasonable period of time from the date of order or request, as determined by the County.

#### **CONFLICT OF INTEREST**

The contractor, by responding to this request, certifies that to the best of his/her knowledge or belief, no elected/appointed official or employee of the County is financially interested, directly or indirectly, in the offer of services specified in this request.

#### **CONTRACT TERM AND REQUIREMENTS**

It is the County's intent to develop an ongoing contract for the services specified herein, contingent upon the appropriation of funds. The contents of the proposal submitted by the successful firm, with any amendments or subsequent revisions, will become part of the resulting contract.

#### DEBARMENT

By submitting a response, the offeror certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Florida and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any subdivision or agency of the State of Florida.

#### EXPENSES INCURRED IN PREPARING PROPOSAL

Pasco County accepts no responsibility for any expense incurred by the offeror in the preparation and presentation of a proposal. Such expenses shall be borne exclusively by the offeror.

#### FAILURE TO DELIVER

In the event of failure of the contractor to deliver the services in accordance with the contract terms and conditions, Pasco County may procure the services from other sources and hold the contractor responsible for any resulting additional costs. A failure to deliver will result in immediate termination of a resulting contract, and immediate disqualification and debarment from submitting quotations, bids or proposals to Pasco County for a maximum of three (3) years. These remedies shall be in addition to any other remedies that Pasco County may have available.

#### INSURANCE REQUIREMENTS

Prior to execution of a contract and prior to the time the contractor is entitled to commence any part of the project, work, or services under such a contract, contractor should procure, pay for, and maintain the insurance coverages and limits, as required by the County. Said insurance shall be evidenced by delivery to the County of 1) certificates of insurance executed by the insurers listing coverages and limits, expiration dates and terms of policies and all endorsements whether or not required by the County, and listing all carriers issuing said policies; and 2) upon request, a certified copy of each policy, including all endorsements. The insurance requirements shall remain in effect throughout the term of this contract. Exact insurance coverage and limits will be specified in the resulting contract.

#### INFORMALITIES AND IRREGULARITIES

The Pasco County Board of Commissioners reserves the right to reject any or all responses in whole or in part; and/or accept the responses/proposals which are most advantageous and in the best interest of Pasco County.

#### NONAPPROPRIATION

All funds for payment by Pasco County under this contract are subject to the availability of an annual appropriation for this purpose by Pasco County. In the event of nonappropriation of funds by Pasco County for the services provided under the contract, Pasco County will terminate the contract, without termination charge or other liability, on the last day of the then-current fiscal year or when the appropriation made for the then-current year for the services covered by this contract is spent, whichever event occurs first. If at any time funds are not appropriated for the continuance of this contract, cancelation shall be accepted by the contractor on thirty (30) days' prior written notice, but failure to give such notice shall be of no effect and Pasco County shall not be obligated under this contract beyond the date of termination.

#### NONCONFORMING TERMS AND CONDITIONS

A response that includes terms and conditions that do not conform to the terms and conditions in the proposal document is subject to rejection as nonresponsive. Pasco County reserves the right to permit the offeror to withdraw nonconforming terms and conditions from its response prior to a determination by Pasco County of nonresponsiveness based on the submission of nonconforming terms and conditions.

### PRINCIPAL PERSONNEL

Principal or key personnel included in the proposal may not be substituted without prior written approval of Pasco County. Replacements for key personnel under contract must have equivalent professional qualifications and experience as those individuals listed in the proposal. Approval of substituted personnel will not be unreasonably withheld by Pasco County.

### PROPOSAL ENVELOPES

Envelopes containing responses must be sealed and marked in the lower left hand corner with the request number, and date and hour of opening. Failure to do so may cause the offeror's proposals not to be considered. Express Company, or Express Mail envelopes containing a sealed response shall also be sealed and marked in the lower left hand corner with the request number, and date and hour of opening.

### PUBLIC INFORMATION

Upon public opening of all responses presented to Pasco County as a result of this solicitation, any and all information contained therein is considered public and may be reviewed by any persons interested in doing so.

### RECOVERY OF MONEY

Whenever, under the contract, any sum of money shall be recoverable from or payable by the contractor to Pasco County, the same amount may be deducted from any sum due the contractor under the contract or under any other contract between the contractor and Pasco County. The rights of Pasco County are in addition and without prejudice to any other right Pasco County may have to claim the amount of any loss or damage suffered by Pasco County on account of the acts or omissions of the contractor.

### RESERVATION OF RIGHTS

Pasco County may (1) amend or modify this RFP, (2) revise requirements of this RFP, (3) require supplemental statements or information from any firm, (4) accept or reject any or all responses, (5) extend the deadline for submission of responses, (6) negotiate or hold discussions with any offeror and to waive defects and allow corrections of deficient responses which do not completely conform to the instructions contained herein, and (7) cancel this RFP, in whole or in part, if Pasco County deems it in its best interest to do so. Pasco County may exercise the foregoing rights at any time without notice and without liability to any offering firm or any other party for their expenses incurred in the preparation of response or otherwise.

### RESPONSE RECEIPT AND OPENING

Pasco County will receive sealed responses until the date and time indicated on the cover. Responses must be delivered, by hand or mail, to the Pasco County Purchasing Department, located at 8919 Government Drive, New Port Richey, Florida, where they will be opened at the stated time, **READING ONLY THE NAMES OF THE SUBMITTING OFFERORS**. Responses must be time stamped in the Purchasing Department before or on the hour and date indicated on the cover. Responses received after the date and time of the opening will be received, date stamped, and returned to the offeror unopened. It is the responsibility of the offeror to ensure that responses arrive at the designated opening place on time. Late or non-delivery due to mail or express delivery company failure will not be considered adequate reason for consideration of late responses. **FACSIMILE (FAXED) RESPONSES WILL NOT BE ACCEPTED, AND SHALL NOT BE CONSIDERED FOR EVALUATION OR AWARD.**

#### RIGHT TO AUDIT

The contractor shall maintain such financial records and other records as they relate to the purchase of goods and/or services by Pasco County from the subject vendor. The contractor shall retain these records for a period of three (3) years after final payment, or until they are audited by Pasco County, whichever event occurs first. These records shall be made available during the term of the contract and the subsequent three (3) year period for examination, transcription, and audit by Pasco County, its designees, or other authorized bodies.

#### UNSATISFACTORY WORK

If, at any time during the contract term, the service performed or work done by the contractor is considered by Pasco County to create a condition that threatens the health, safety, or welfare of the community, the contractor shall, on being notified by Pasco County, immediately correct such deficient service or work. In the event the contractor fails, after notice, to correct the deficient service or work immediately, Pasco County shall have the right to order the correction of the deficiency by separate contract or with its own resources at the expense of the contractor. Notwithstanding the above, Pasco County reserves the right to cancel a resulting contract, without cause, by giving thirty (30) days' prior written notice to the contractor of the intention to cancel.

#### VERBAL COMMUNICATIONS

No oral statement of any person shall modify or otherwise affect the terms, conditions, requirements, or scope of work specified herein. All modifications must be made in writing by Pasco County.

#### **END OF GENERAL PROVISIONS**

## STATEMENT OF WORK AND QUESTIONNAIRE

### 1. BACKGROUND

Pasco County Board of County Commissioners is a Public Entity with its County seat headquartered in Dade City, Florida. The County also has offices in New Port Richey and Land O'Lakes. For the purposes of this Request for Proposal, the Board of County Commissioners also encompasses the Pasco County Tax Collector, Property Appraiser and Supervisor of Elections.

The group averages 2,000 insured employees. Of that number 219 have employee plus spouse coverage, 73 have employee plus child(ren) coverage and 449 have employee plus family coverage. This number does include retirees and COBRA participants. The County does have approximately 400 employees represented by a collective bargaining unit; those numbers are included in the above but are subject to change.

Pasco County currently offers to all Non-Bargaining Unit employees an HMO (basic plan) and three PPO plans. All plans have four (4) tiers; employee, employee plus spouse, employee plus child(ren), and employee plus family. Pre-existing conditions are covered for those who have coverage at enrollment.

Bargaining Unit employees have the choice of two HMO plans; one a basic plan and one High Option. Both have three (3) tiers; employee, employee plus spouse and employee plus family.

Pasco County pays for the basic HMO plan for the employees' coverage. The employees are required to pay the full cost for dependent coverage. Retirees and COBRA participants pay the full cost of coverage.

Active, full-time employees working a minimum of 30 hours per week are eligible for coverage.

Coverage is effective the 1<sup>st</sup> of the month following 90 days of employment start date.

The County is currently fully-insured through Blue Cross Blue Shield of Florida.

### 2. OBJECTIVES

- 2.1 Pasco County is seeking fully-insured quotes. Initially, please propose benefit plans that duplicate the current benefit levels as close as possible, then propose your other plan benefit options. Coverage should be proposed for an effective date of October 1, 2007 or on a later date requested, in writing, to the bidder by the County.
- 2.2 All offerors must agree, in writing, to furnish the County with a monthly report of all incurred and paid claims.
- 2.3 All policies shall be in accordance with HIPAA.

- 2.4 Please note that the County would prefer quotes on a guaranteed three (3) year rate; however, coverage shall be guaranteed for a minimum of 12 months from the effective date at the same premium quoted in the bid. Preference may be given to firms willing and able to provide satisfactory plan(s), with a pre-determined and contractual method for rate increases/decreases, for a minimum period of three (3) years. It is the County's intent to renew the coverage after the initial coverage period by negotiation with the bidder. Such renewal process may be conducted annually. The County must be notified 120 days in advance of the contract anniversary date of any premium increases. Cancellation, termination, or expiration of the policy by the insurer or insured shall require 90 days notice.

### **3. REQUIREMENTS**

- 3.1 We request that your company provide a senior account executive from your sales/marketing department for Pasco County. We understand that the senior account executive will have sufficient time in his/her day to pay particular attention to Pasco County.
- 3.2 We request that a senior claim consultant or claim section manager participate in the installation of the Pasco County plan. We would like a senior claim consultant or claims section manager involved so that initial submission to the claims office are thorough and accurate.
- 3.3 We would like to have consistent underwriting for this case. Therefore, we request that the same underwriter that provides the new business proposal for Pasco County be assigned at the first renewal.

### **4. QUESTIONNAIRE**

Please provide responses to the following questions:

#### **General**

- 4.1 Please provide the name and location of the sales/marketing account executive that would be assigned to Pasco County.
- 4.2 How many accounts does the account executive currently handle?
- 4.3 Does the account executive have a service representative available for support on Pasco County? Is this service representative dedicated to the cases assigned to this account executive, or are duties split between teams?
- 4.4 Please provide the name and location of the senior claim consultant or claim section manager that will be assigned to the Pasco County installation.
- 4.5 After installation, will the senior claim consultant be available on a periodic basis to review claim submission problems or claim office/client communication difficulties.
- 4.6 Will you provide a dedicated claims representative to assist the benefit manager(s) at Pasco County with claim problems?

- 4.7 Please provide the name and location of the underwriter who developed the new business proposal.
- 4.8 Will this underwriter be available to work with us throughout the course of the year and the first renewal so that new business and renewal underwriting is consistent?
- 4.9 What is the background, training and experience of the following individuals assigned to the account?
- 4.9.1 Senior Account Executive
  - 4.9.2 Senior Claims Consultant
  - 4.9.3 Underwriter
- 4.10 Please provide us financial information on your company including your latest AM best rating.
- 4.11 Please provide your “ability to pay claims” rating from Moody’s and Standard & Poors.
- 4.12 Please describe your support services for communicating a new plan to Pasco County’s participants.
- 4.13 Please outline a pre and post sale implementation schedule and time line. Please detail accountabilities and the responsible parties. The effective date for this plan will be October 1, 2007. Run- out claims will be handled by the current carrier.
- 4.14 Please describe how your plan(s)’ handle pre-existing conditions. Preference may be given to plans that mimic the existing manner whereby pre-existing conditions are covered for those who have coverage at enrollment.
- 4.15 Please describe, in detail, all “wellness” programs that are available and covered by the plan(s) your firm proposes. Include a full description of the features, benefits and methodology for employee participation.

#### **Eligibility and Enrollment Maintenance**

- 4.16 Can your company accommodate a hard copy eligibility system? Describe your system for maintaining eligibility by hard copy.
- 4.17 Is eligibility updated immediately? If not, how long does it take for eligibility information to be transmitted to the claims office?
- 4.18 Can you provide Pasco County an eligibility report upon request?
- 4.19 We ask that your company provide ID cards for each employee and adult dependent. Can you accommodate this request?
- 4.20 Please provide details regarding your eligibility system.
- 4.20.1 Does your eligibility system interface with the claim processing system?



- 4.20.2 Does your eligibility system interface with administration for the issuance of ID cards? Prescription drug cards (if applicable)?
- 4.20.3 Does your eligibility system (and claim system) maintain an on-line listing of all covered dependents? By name? By name and social security number? By name, social security number and date of birth?
- 4.20.4 What enhancements to the eligibility system are contemplated or scheduled for the near future?

## **Financial and Statistical Reporting**

From time to time we will require a number of financial and statistical reports. The format of these reports is open for discussion, however certain reports are required on a monthly basis.

- 4.21 The following list summarizes the data we would like to have available.
- Month-by-month information detailing the following:
    - Claims by line of coverage
    - Enrollment data, by division (four tiered if available)
  - Quarterly information detailing the following:
    - Claims by type of service (hospital, professional, facility, mental/nervous, substance abuse, etc.)
    - Large claim data
  - Annual information detailing the following:
    - Year-end accounting of all claim costs, administrative expenses and pooling charges. This report should reconcile all costs incurred to all costs paid.
- 4.22 Which of the items listed-above are provided in your standard reporting package? Provided in customized reports? Please summarize the data contained in each report (both standard and customized) and provide examples.
- 4.23 How often are standard reports generated?
- 4.24 Is the cost of your standard reporting package included within your quoted fee structure?
- 4.25 Do you charge for customized reports? How do you charge for these reports? Is this negotiable?
- 4.26 Please outline the time frames for receipt of each available report. For example, can we expect to receive monthly claim totals by the 10<sup>th</sup> of the following month?

## **Utilization Management Services**

- 4.27 We would like an integrated Utilization Management (UM) program for the claims administrator/insurer. The UM program should include pre-certification (when required), concurrent review, discharge planning, case management and special psychiatric/substance abuse services. These services should be available on a toll-free phone line basis.
- 4.28 We would like you to provide support plan services to plan participants as well. For instance, we would like Pasco County's plan participants to have access to R.N.'s for discussion of medical services and care options.
- 4.29 Is your UM service located in your claim office? If not, where is it located?
- 4.30 What is the size of the UM staff that you are proposing for Pasco County? Is your UM team staffed with R.N.s and M.D.s? Are R.N.s the only medical staff on premises?
- 4.31 How many participants does each UM advisor handle?
- 4.32 Do you have a physician on staff to intervene on "problem" admissions or certifications?
- 4.33 What criteria do you use to determine medical necessity?
- 4.34 What criteria do you use to determine medically necessary lengths of stay?
- 4.35 Do you have voice mail system for employees to leave messages when UM coordinators are not there?
- 4.36 Do your UM coordinators handle discharge planning with attendant discussions of needed durable medical equipment, home health care, etc.?
- 4.37 What percentage of your pre-admission certifications are referred to a physician for review?
- 4.38 What statistical reports do you provide to help the client analyze the effectiveness of your UM services? Please provide a sample of these reports with your proposal.
- 4.39 Do you provide separate psychiatric and substance abuse services? If so, please provide information on how these services are different from regular medical/surgical functions.
- 4.40 Are UM coordinators responsible for identifying Individual Case Management (ICM) cases? If so, how are these cases flagged?
- 4.41 Are there separate UM coordinators responsible for ICM functions? Is the ICM function covered in our UM service fee?
- 4.42 Do you require all diagnostic services be pre-certified or is there a focused list? If a focused list, please provide that list.

## **Managed Care Network**

- 4.43 We request that your company provide a match to our current network of physicians, hospitals, surgical centers, diagnostic facilities and all other ancillary services. A current provider directory is attached. Because the County must consider the effect changing plans will have on its employees, Offerors must indicate which (if any) of the service providers listed in the attached directory are not covered by their proposed plan(s). Preference may be given to plans which preserve the existing network of service providers.
- 4.44 Who owns your plan?
- 4.45 Do you contemplate any agreements or are agreements being negotiated between you and other parties which may affect the plan's ownership, corporate structure or management during the next year?
- 4.46 What are your provider growth projections for 2007, 2008 and 2009?
- 4.47 Please provide a list of your participating hospitals detailing hospital type (e.g., community, tertiary, children's, rehab, etc.) for the Greater Tampa Bay area; Hernando, Hillsborough, Pinellas and Pasco Counties.
- 4.48 How were hospitals selected?
- 4.49 Do you plan to add any hospitals? Please name the hospital, hospital type and the reason for the addition.
- 4.50 How are participating physicians selected?
- 4.51 What are your physician credentialing standards? Please list.
- 4.52 How often does re-credentialing occur?
- 4.53 What percentage of participating physicians are board certified?
- 4.54 What provider reimbursement incentives encourage outpatient rather than inpatient treatment?
- 4.55 What corrective actions are taken when a practice pattern is outside norms?
- 4.56 Describe your physicians quality assurance program.
- 4.57 What type of feedback is given to providers regarding their:
- 4.57.1 Quality outcomes
  - 4.57.2 Utilization patterns
  - 4.57.3 Member complaints

- 4.58 What type of second surgical opinion program do you have?
- 4.58.1 { } Voluntary
  - 4.58.2 { } Mandatory
  - 4.58.3 { } Not a covered benefit
- 4.59 Is there pre-certification for the following:
- 4.59.1 { } Specialty referrals
  - 4.59.2 { } Home health care
  - 4.59.3 { } DME supplies
  - 4.59.4 { } Surgical procedures
  - 4.59.5 { } Mental Nervous/Substance Abuse (inpatient and outpatient)
- 4.60 Do you require certain high risk, high cost specialized procedures be performed at Institutes of Quality? If yes, please list the name and address of each Institute of Quality and the procedures performed at each.
- 4.61 List the specific functions of your member service department (e.g., to help members choose/change physicians, answer member questions about claims, respond to member complaints about providers, etc.).
- 4.62 Attach a new member communication package that includes information on:
- 4.62.1 Benefits
  - 4.62.2 Location of providers
  - 4.62.3 How to use services
  - 4.62.4 Access to member services department
- 4.63 Do you have a local member services department? If yes, do they provide the following?
- 4.63.1 Enrollment meetings
  - 4.63.2 Initial introductory contact with new members
  - 4.63.3 Answer telephone questions regarding benefit coverages
  - 4.63.4 Research and respond to member complaints
  - 4.63.5 Document all member contacts
  - 4.63.6 Provide a toll free, 24-hour emergency "hot line"
- 4.64 Do you have a formal member grievance process? If yes, explain.
- 4.65 Provide a copy of your most recent member satisfaction survey and the results.
- 4.66 Is a newsletter periodically provided for all managed care plan members? If so, please include the most recent copy in your proposal.

## **Prescription Drugs**

Overview of program:

- 4.67 Name of network:
- 4.68 Number of pharmacies nationally:
- 4.69 Number of pharmacies in the following counties:
  - 4.69.1 Pasco
  - 4.69.2 Pinellas
  - 4.69.3 Hernando
  - 4.69.4 Hillsborough
- 4.70 What is the lead time to implement your plan?
- 4.71 Are all the pharmacies in your network on line?
- 4.72 Does your plan offer on line eligibility maintenance for all clients?
- 4.73 Does the client retain any liability for post-termination utilization by former plan participants?
- 4.74 Can the average wholesale price be indicated on the client billing to demonstrate their savings?
- 4.75 How often would management information reports be generated?
- 4.76 Does your program screen, on a proactive basis, for the following?
  - 4.76.1 Drug interactions
  - 4.76.2 Therapeutic duplicates
  - 4.76.3 Too frequent refills
  - 4.76.4 Duplicate claims
  - 4.76.5 Over-utilization
  - 4.76.6 Excessive dose
- 4.77 Does your network have its own mail order prescription drug program? If so, please describe.
- 4.78 Is your mail order program fully integrated with your retail network?
- 4.79 Explain any fees associated with your plan.
- 4.80 Does your plan maintain the same pricing contracts with all network pharmacies?
- 4.81 How often is your formulary reviewed?

## **Performance Standards and Guarantees**

- 4.82 Pasco County would like to establish performance standards in the areas of plan implementation and claim processing accuracy and claim turnaround time. Pasco County requires the successful bidder to have sufficient confidence in its installation and claim teams to warrant certain performance levels. Claims processing standards are important as well.
- 4.83 ID Cards and Prescription Drug Cards – the successful bidder will be required to issue new ID cards and Prescription Drug Cards (if necessary) to all Pasco County's participants. We request that you guarantee ID cards and Drug card delivery within three weeks of receiving complete enrollment forms. Will you put \$10,000.00 at risk for failing to meet this standard?
- 4.84 We ask that you describe your internal audit standards by which you will measure performance standards and guarantee. Further, if Pasco County chooses to engage an external auditor to review your internal audit, are you willing to make your internal audit available at the end of the accounting year to the external auditor?
- 4.85 Please discuss your willingness to impose even higher standards than outlined above. If, for instance, your company is willing to install higher standards and/or higher performance penalty risk features, please do so.
- 4.86 The County desires that the successful bidder make available an on-site representative to handle employee education and enrollment. It should be noted that this will have to be done by meetings during the employees' workday at a number of locations, spread over a minimum of two weeks. Please state your willingness to assume this duty.

## **END OF STATEMENT OF WORK**

## RESPONSE FORMAT

To ensure fair and equitable evaluation, proposals must be organized into the following separate sections:

**Questionnaire:** The offeror shall answer all questions (in numerical order) AND provide explanations for all issues identified in the Statement of Work (Objectives and Requirements) and Questionnaire.

**Proposal & Cost:**

- (1) A concise statement why the County should select your firm for the specified services.
- (2) A comprehensive description of the proposed plan(s), associated premium (fee) schedule, and copies of all policy and contractual documents that will be necessary to begin coverage. This documentation is for review only. Actual premiums (fees) and plan conditions will be negotiated.

**END OF RESPONSE FORMAT**

## REVIEW AND ASSESSMENT

Professional firms will be evaluated on the following criteria. Firms submitting a proposal in response to the RFP may be required to give an oral presentation to County representatives. The County's request for an oral presentation shall in no way constitute acceptance of a proposal or imply that an agreement is pending. The County reserves the right to award the opportunity to provide the services specified herein based on initial proposal submissions without oral presentations.

1. The firm's qualifications and successful experience providing the specified services local governments, of similar size and scope.
2. The value (costs/benefits) of the firm's offered plan(s) and ability to meet the County's defined needs.
3. The firm's willingness and ability to provide satisfactory plan(s), with a pre-determined and contractual method for rate increases/decreases, for a minimum period of three (3) years.
4. Completeness of firm's response to this RFP.

The offeror may be required before the award of any contract to show to the complete satisfaction of Pasco County that it has the necessary facilities, ability and financial resources to provide the service specified therein in a satisfactory manner. The offeror may also be required to give past work history and references in order to satisfy Pasco County with regard to the offeror's assigned personnel. Pasco County may make reasonable investigations deemed necessary and proper to determine the ability of the same to perform the work, and the offeror shall furnish to the County all information for this purpose that may be requested. The County reserves the right to reject any response if the evidence submitted by, or investigation of, the offeror and assigned personnel fails to satisfy the County that such is(are) properly qualified to carry out the obligations of the contract and to complete the work described therein. Evaluation of the offeror's proposal shall include:

1. The ability, capacity, skill, and financial resources to perform the work or provide the service required;
2. The ability of the offeror and assigned personnel to perform the work or provide the service promptly or within the time specified, without delay or interference;
3. The character, integrity, reputation, judgment, experience, and efficiency of the offeror; and
4. The quality of performance of previous contracts or services.