



UNIVERSITY  
OF KENTUCKY

---

# Purchasing Division

Request for Proposal

UK-0897-10

Proposal Due Date- 8/21/09

Medicare Advantage Health Plan



# UNIVERSITY OF KENTUCKY

  

## Purchasing Division

### REQUEST FOR PROPOSAL (RFP)

**ATTENTION: This is not an order. Read all instructions, terms and conditions carefully.**

<b>PROPOSAL NO.:</b> <u>UK-0897-10</u>	<b>RETURN ORIGINAL COPY OF PROPOSAL TO:</b>
<b>Issue Date:</b> 8/5/09	<b>UNIVERSITY OF KENTUCKY</b>
<b>Title:</b> Medicare Advantage Health Plan	<b>PURCHASING DIVISION</b>
<b>Purchasing Officer:</b> John Deans, C.P.M.	<b>411 S LIMESTONE</b>
	<b>ROOM 322 PETERSON SERVICE BLDG.</b>
<b>Phone:</b> 859-257-6759	<b>LEXINGTON, KY 40506-0005</b>
<b>IMPORTANT: PROPOSALS MUST BE RECEIVED BY: 8/21/09 3:00 P.M. Lexington, KY time.</b>	

NOTICE OF REQUIREMENTS

1. The University's General Terms and Conditions and Instructions to Bidders, viewable at [www.uky.edu/Purchasing/terms.htm](http://www.uky.edu/Purchasing/terms.htm), apply to this Request for Proposal. When the Request for Proposal includes construction services, the University's General Conditions for Construction and Instructions to Bidders, viewable at [www.uky.edu/Purchasing/ccphome.htm](http://www.uky.edu/Purchasing/ccphome.htm), apply to the Request for Proposal.
2. Contracts resulting from this RFP must be governed by and in accordance with the laws of the Commonwealth of Kentucky.
3. Any agreement or collusion among Offerors or prospective Offerors, which restrains, tends to restrain, or is reasonably calculated to restrain competition by agreement to bid at a fixed price or to refrain from offering, or otherwise, is prohibited.
4. Any person who violates any provisions of KRS 45A.325 shall be guilty of a felony and shall be punished by a fine of not less than five thousand dollars nor more than ten thousand dollars, or be imprisoned not less than one year nor more than five years, or both such fine and imprisonment. Any firm, corporation, or association who violates any of the provisions of KRS 45A.325 shall, upon conviction, may be fined not less than ten thousand dollars or more than twenty thousand dollars.

AUTHENTICATION OF BID AND STATEMENT OF NON-COLLUSION AND NON-CONFLICT OF INTEREST

I hereby swear (or affirm) under the penalty for false swearing as provided by KRS 523.040:

1. That I am the offeror (if the offeror is an individual), a partner, (if the offeror is a partnership), or an officer or employee of the bidding corporation having authority to sign on its behalf (if the offeror is a corporation);
2. That the attached proposal has been arrived at by the offeror independently and has been submitted without collusion with, and without any agreement, understanding or planned common course of action with, any other Contractor of materials, supplies, equipment or services described in the Request for Proposal, designed to limit independent bidding or competition;
3. That the contents of the proposal have not been communicated by the offeror or its employees or agents to any person not an employee or agent of the offeror or its surety on any bond furnished with the proposal and will not be communicated to any such person prior to the official closing of the RFP;
4. That the offeror is legally entitled to enter into contracts with the University of Kentucky and is not in violation of any prohibited conflict of interest, including those prohibited by the provisions of KRS 45A.330 to .340, 164.390, and
5. That the Offeror, and its affiliates, are duly registered with the Kentucky Department of Revenue to collect and remit the sale and use tax imposed by Chapter 139 to the extent required by Kentucky law and will remain registered for the duration of any contract award.
6. That I have fully informed myself regarding the accuracy of the statement made above.

SWORN STATEMENT OF COMPLIANCE WITH CAMPAIGN FINANCE LAWS

In accordance with KRS45A.110 (2), the undersigned hereby swears under penalty of perjury that he/she has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky and that the award of a contract to a bidder will not violate any provision of the campaign finance laws of the Commonwealth of Kentucky.

CONTRACTOR REPORT OF PRIOR VIOLATIONS OF KRS CHAPTERS 136, 139, 141, 337, 338, 341 & 342

The Contractor by signing and submitting a proposal agrees as required by 45A.485 to submit final determinations of any violations of the provisions of KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that have occurred in the previous five (5) years prior to the award of a contract and agrees to remain in continuous compliance with the provisions of the statutes during the duration of any contract that may be established. Final determinations of violations of these statutes must be provided to the University by the successful Contractor prior to the award of a contract.

CERTIFICATION OF NON-SEGREGATED FACILITIES

The Contractor, by submitting a proposal, certifies that he/she is in compliance with the Code of Federal Regulations, No. 41 CFR 60-1.8(b) that prohibits the maintaining of segregated facilities.

**SIGNATURE REQUIRED:** This proposal cannot be considered valid unless signed and dated by an authorized agent of the offeror. Type or print the signatory's name, title, address, phone number and fax number in the spaces provided. Offers signed by an agent are to be accompanied by evidence of his/her authority unless such evidence has been previously furnished to the issuing office.

<b>DELIVERY TIME:</b>	<b>NAME OF COMPANY:</b>	<b>PHONE:</b>
<b>PROPOSAL FIRM THROUGH:</b>	<b>ADDRESS:</b>	<b>FAX:</b>
<b>PAYMENT TERMS:</b>	<b>CITY, STATE &amp; ZIP CODE:</b>	<b>E-MAIL:</b>
<b>SHIPPING TERMS: F.O.B. DESTINATION - PREPAID AND ALLOWED</b>	<b>TYPED OR PRINTED NAME:</b>	<b>WEB ADDRESS:</b>
<b>FEDERAL EMPLOYER ID NO.:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>

## Table of Contents

		<b>Page</b>
<b>1.0</b>	<b>Definitions</b>	<b>6</b>
<b>2.0</b>	<b>General Overview</b>	<b>7</b>
2.1	Intent and Scope	7-10
2.2	Background Information – Current Medical Program	11-12
2.3	Eligibility of Plan Participants	12
2.4	Marketing	12
2.5	Other Vendors	12
2.6	Current Financial Arrangement	13
2.7	University Information	13-14
<b>3.0</b>	<b>Proposal Requirements</b>	<b>15</b>
3.1	Key Event Dates	15
3.2	Offeror Communication	15
3.3	Offeror Presentations	16
3.4	Preparation of Offers	16
3.5	Proposed Deviations from the Request for Proposal	16
3.6	Proposal Submission and Deadline	16-17
3.7	Addenda	17
3.8	Disclosure of Offeror Response	17
3.9	Restrictions on Communications with University Staff	17
3.10	Cost of Preparing Proposal	18
3.11	Disposition of Proposals	18
3.12	Alternate Proposals	18
3.13	Questions	18
3.14	Section Titles in the RFP	18
3.15	No Contingent Fees	18
3.16	Proposal Addenda and Rules for Withdrawal	18
<b>4.0</b>	<b>Proposal Format and Content</b>	<b>19</b>
4.1	Proposal Information and Criteria	19
4.2	Signed Authentication of Proposal and Statement of Non-Collusion and Non-Conflict of Interest Form	19
4.3	Transmittal Letter	19-20
4.4	Executive Summary and Proposal Overview	20
4.5	Criteria 1 – Offeror Qualifications	20-21
4.6	Criteria 2 – Services Defined	22-25
4.7	Criteria 3 – Financial Proposal	25
4.8	Criteria 4 - Evidence of Successful Performance and Implementation Schedule	25-27
4.9	Criteria 5 – Other Additional Information	27

<b>5.0</b>	<b>Evaluation Criteria Process</b>	<b>28</b>
<b>6.0</b>	<b>Special Conditions / Other Specifications</b>	<b>29</b>
6.1	Contract Term	29
6.2	Effective Date	29
6.3	Competitive Negotiation	29
6.4	Appearance Before Committee	29
6.5	Acceptance or Rejection and Award of Proposal	29-30
6.6	Additions, Deletions or Contract Changes	30
6.7	Contractor Cooperation in Related Efforts	30
6.8	Entire Agreement	30
6.9	Governing Law	30
6.10	Termination for Convenience	30
6.11	Termination for Non-Performance	31
6.12	Modification or Withdrawal of Offer	31
6.13	Rejection	32
6.14	Prime Contractor Responsibility	32
6.15	Assignment	32
6.16	Permits, Licenses, Taxes, and Commonwealth Registration	32
6.17	Attorneys' Fees	33
6.18	Patents, Copyrights, and Trademark	33
6.19	Indemnification	33
6.20	Insurance	33-34
6.21	Method of Award	34
6.22	Reports and Auditing	34
6.23	Confidentiality	34
6.24	Conflict of Interest	35
6.25	Extending Contract	35
6.26	Copyright Ownership and Title to Designs and Copy	35
<b>7.0</b>	<b>Scope of Services</b>	<b>36</b>
7.1	General Administration	37-38
7.2	Claims Services / Administration	39
7.3	Customer Service	39-43
7.4	Provider Networks	43-48
7.5	Medical Management	48-50
7.6	Pharmacy Management	50
7.7	Plan Design	50-52
7.8	Cost	53
7.9	Reporting	53
7.10	Optional Services	54

<b>8.0</b>	<b>Financial Offer Summary</b>	<b>55</b>
8.1	Mandatory Services (Section 7.1 through 7.9)	55
8.2	Optional Services (Section 7.10)	55
8.3	Alternate Pricing	55
	RESPONSE FORMS	56-57
	<b>Appendices</b>	<b>58</b>
	<b>Appendix A – Current Plan; Proposed Plan</b>	
	<b>Appendix B – University Medical Benefits Plan</b>	
	<b>Appendix C – Census Data</b>	
	<b>Appendix D – 2007 Claims Data</b>	
	<b>Appendix E – 2008 Claims Data</b>	
	<b>Appendix F – Cost Proposal</b>	

## 1.0 **DEFINITIONS**

The term "addenda" means written or graphic instructions issued by the University of Kentucky prior to the receipt of Proposals that modify or interpret the Request for Proposal documents by addition, deletions, clarification, or corrections.

The term "competitive negotiations" means the method authorized in the Kentucky Revised Statutes, Chapter 45A.085.

The terms "offer" or "proposal" means the Offeror(s) response to this Request for Proposal.

The term "Offeror" means the entity or Contractor group submitting proposal.

The term "Contractor" means the entity receiving a contract award.

The term "Purchasing Agency" means the University of Kentucky, Division of Purchasing, Room 322 Peterson Service Building, Lexington, KY 40506-0005.

The term "Purchasing Official" means the University of Kentucky's appointed contracting representative.

The term "Responsible Offeror" means a person, company, or corporation who has the capability in all respects to perform fully the contract requirements and the integrity and reliability that will assure good faith performance.

The term "solicitation" means Request for Proposal (RFP).

The term "University" means University of Kentucky.

## 2.0 **GENERAL OVERVIEW**

### 2.1 **Intent and Scope**

This Request for Proposal (RFP) is being issued by the University of Kentucky (hereafter referred to as the University) to obtain proposals from qualified, experienced, financially sound, and responsible firms to provide an Employer Group Medicare Advantage Health Plan effective with the plan year (fiscal year) beginning January 1, 2010.

Health Plans to be quoted under this proposal include fully-Insured Medicare Advantage health Plans:

- Private Fee For Service (PFFS)
- Passive Medicare PPO Plan
- Standard Medicare PPO Plan

**The University is issuing this RFP with the intention of awarding a contract to an insurance company who offers Medicare Advantage Plans in Kentucky and across the Country. The contract will not be awarded to a broker.** The University will review premium quotes for the various Medicare Advantage Plans listed above and determine: (1) in which Medicare Advantage Plan Option listed above to enroll all Medicare eligible participants; or, (2) not award the contract and move all Medicare eligible retirees back to a self-funded Medicare supplement administered with the current health plan TPA for active employees and pre-65 retirees under the current ASO agreement. The University recognizes retiree medical expenses under GASB 45 and considers the annual required contribution under GASB 45 in its determination of the overall cost to retiree medical benefits. Approximately 2,500 retirees and Medicare-eligible Long-Term Disability Participants and their spouses will be enrolled in the plan offered for January 1, 2010.

Pharmacy benefits are self-funded and offered through Express Scripts under a Medicare Part D Employer Group Waiver Plan (EGWP) and are not included in this proposal.

A summary of the main provisions of the current and proposed plans is shown in **Appendix A**. There is an “option A” and “option B” for each plan being quoted.

#### 2.1.1 **Medicare Advantage PFFS Plan**

Medicare Advantage PFFS plan as defined by Medicare, utilizing the current benefit design as described in **Appendix A**.

#### 2.1.2 **Medicare Advantage Passive PPO Plan**

Medicare Advantage PPO Plan, where “in-network” and out-of-network” benefits are the same to the participant, utilizing the plan design as described in **Appendix A**. Savings are realized by the insurance company when “in-network” providers are utilized and provider discounts (potentially below Traditional Medicare) are available. Participants are not balanced billed for “in-network” or “out-of-network” providers. Medicare limiting charges above the “Medicare allowable” amount are incurred by the insurance company.

### **2.1.3 Medicare Advantage Standard PPO Plan**

Medicare Advantage PPO Plan, where “in-network” benefits are offered with a lower copay and/or coinsurance when utilizing participating providers. Out-of-network” benefits are offered at a higher copay/coinsurance when utilizing non-participating providers. Participants may be balanced billed for non-participating providers.

**The selected insurance company will be required to contract with the University of Kentucky HealthCare / Chandler Medical Center Provider Network to provide Medicare Advantage health plan coverage.** Medical services include all hospital and physician services as well as other programs and services as listed on the UK HealthCare web site at: <http://www.ukhealthcare.uky.edu/services/index.htm>

Included in the projected enrollment are certain other persons who are eligible under the University’s Medical Benefits Plan (**see Appendix B**) at the University and at Kentucky Community and Technical College System (KCTCS).

### **2.1.4 Scope**

**The University’s objectives in soliciting proposals are to:**

- I. Competently provide a fully-insured Medicare Advantage Plan that includes as a minimum the following:
  - A service delivery network that matches the University’s Medicare eligible health plan members’ needs
    - Provide employees a broad choice of high quality medical providers with good geographic access (e.g., hospitals, physicians, etc.).
    - Reduce program administrative costs
    - Manage medical cost and utilization while recognizing the impact on overall healthcare costs.
    - Prevent payment of fraudulent or duplicate claims
    - Provide competent and efficient contract implementation and plan conversion
  - Medical management services
    - Provide quality healthcare coverage that is efficiently and competently administered.
    - Control future cost increases and improve the health and productivity of eligible participants through effective utilization and case / disease / care management programs.
    - Medical management and policy development, prior authorizations
    - Performance management and quality assurance
    - Consumerism, member engagement

**2.1.4 Scope (cont.)**

- Administration
  - Customer services and communication materials - Provide superior customer service to plan participants and University management.
  - Data systems and reporting - Producing accurate reports that support analysis of the University's costs and utilization and strategic benefits planning.
  - Online member services
  - Dedicated administrative contacts for eligibility, claims and customer service to work with the University's Employee Benefits Office.
  
- II. Manage the expenses of the Medicare Advantage Plan in a manner that allows the University to create a sustainable, affordable, high quality Medicare eligible health benefit. Select a Medicare Advantage plan that provides:
  - Competitive plan premiums
  - Accurate reports that support analysis of the University's costs and utilization and strategic benefits planning.
  - Maintain a close interactive relationship between the UK Employee Benefits Staff and the insurance company providing Medicare Advantage Plans.

**SERVICES TO BE PROVIDED**

University of Kentucky is soliciting proposals from insurance companies for the following:

1. Health benefits
2. Integration between the insurance company and the UK PBM for the coordination of medication / home health / DME components, etc.
3. Utilization review (UR)
  - a. Basic UR program inclusive of hospital and physician office services
  - b. UR focused on inpatient, outpatient, mental health, and case management.
  - c. UR focused on the needs of the retiree market place.
4. Other clinical management services:
  - a. Designated internal process for handling appeals, exceptions and prior authorizations
  - b. Coordination of clinical programs for non-Medicare members as they transfer into the Medicare product
  - c. Clinical programs and guidelines and updates
  - d. Prior authorization programs and updates
  - e. Disease management programs for members with chronic conditions

**2.1.4 Scope (cont.)****SERVICES TO BE PROVIDED (cont.)**

5. Customer service:
  - a. Dedicated group call center with a dedicated customer service toll free number.
  - b. Web access for forms, network access, member questions, medical claim history and cost information, and general health information.
  - c. Member communication materials and identification cards available
  - d. ID cards and packets for Open Enrollment and Routine Enrollment
  - e. Replacement ID's as needed
  - f. Medicare Annual Notice of Change and other Medicare documents to satisfy CMS requirements
  - g. Providing members with Explanation of Benefits (EOBs).
  
6. Account management services:
  - a. Account management services available to ensure personalized services, provide periodic review of plan performance and provide periodic updates of emerging plan specific programs and annual updates on industry trends,
  - b. Assignment of a specific account manager to this account to help assure client specific medical management services and assignment of a designated clinical team
  - c. Assignment of claims representative to troubleshoot claim issues
  - d. Access to a toll-free number for administration questions (separate from general consumer access toll-free-number),
  - e. Direct line for account manager access,
  
7. On-site meetings at the University with insurance company and UK Employee Benefits staff.
  
8. Data reporting needs
 

Development and maintenance of data reporting to comply with CMS requirements and updates for the Medicare plan
  
9. Eligibility maintenance:
  - a. Eligibility data to be transferred from University Human Resources to the insurance company via FTP server access,
  - b. University FTP server will provide daily updates or changes, and a monthly full file,
  - c. Insurance company will accept eligibility file as is from the University
  - d. Integration of eligibility information for the Medicare product between CMS and the insurance company and the University
  - e. The University will provide Medicare "HIC" numbers for each covered participant.
  
10. Implementation Schedule
  - a. Assuming that the contract will be awarded before September 15, 2009, there are defined implementation timetable/ tasks necessary for a January 1, 2010 effective date.

## 2.2 **Background Information - Current Medical Programs**

### **A. University of Kentucky**

The University is a large, labor intensive, diversified employer of approximately 16,000 full-time and 500 part-time employees eligible to participate in health care programs. There are approximately 2,500 Medicare-receiving retirees and spouses. In addition, approximately 700 non-Medicare-receiving retirees are eligible to participate in University health programs, as are individuals either covered under COBRA (approximately 250 at any given time), long-term disability (approximately 200), and approximately 600 Kentucky Community and Technical College System (KCTCS) employees (former University of Kentucky Community College System employees) that participate in the University's health care plan by virtue of their rights established under HB 1 of the special legislative session in 1997. Community college participants who are managed by KCTCS have a one-time option to terminate University benefits and receive KCTCS benefits. This option can be exercised at any time.

University health care plan participants reside in all 120 counties of the Commonwealth, with the majority living in Fayette and contiguous counties. Significant numbers of University faculty and staff live and work outside Kentucky while on leave of absence, temporary work assignments, etc. Some retirees, individuals on COBRA, KCTCS employees and some eligible dependents also live outside Kentucky. Given the unique nature of the University's workforce and other circumstances involved, the University's health care plans must be designed to meet a wide range of diverse needs, including access to health care services while outside provider network service areas.

A census file for the retiree population is provided in **Appendix C**.

### **B. University's Employee Health Care Programs**

The University moved to a self-insured basis for employee health care services on July 1, 1997, and it is the intention of the University to continue administration of these products on a self-insured basis in the future for non-Medicare eligible participants. The health plan member selects a basic plan which includes medical and prescription drug coverage, and may add dental and/or vision. All UK health plan members share the same prescription benefit, which is administered by a PBM under a separate stand-alone contract. An indemnity plan is offered to members living out of the country or in remote areas outside Kentucky.

UK health plan members have the option to change plans each year during the April/May open enrollment period. For the 2009-2010 plan year, there are three non-Medicare medical plan options from which a participant may select: EPO and PPO plans offered through Humana; and the UK-HMO plan offered by the University of Kentucky HealthCare on behalf of its Hospital(s) and its Physician group (Kentucky Medical Services Foundation).

The UK-HMO is administered through Humana under (1) an ASO agreement for the Lexington service area (counties in or within a fifty (50) mile radius of the Lexington service area), and (2) a Managed Care Services Agreement for the Regional service area (members outside of the counties included in the Lexington service area).

## **B. University's Employee Health Care Programs (cont.)**

Non-Medicare receiving retirees have the same choices of medical plans as eligible employees. In 2007, the University went from a self-funded Medicare supplement to a Humana Group Medicare Private Fee for Service Plan (Medicare Advantage PFFS) for the Medicare-eligible groups. Mental health and substance abuse services will be provided by the TPA.

## **C. University's Health Care Management Programs**

The mission of the University of Kentucky Health & Wellness Program is to improve the health of the University community through education, individual empowerment and intervention. UK Healthtrac Rewards Program is a partnership between the University Benefit Plans, UK Health & Wellness Program, and Staywell Health Management. This program is designed to help the member become more educated about health and how to be more involved in improving overall health. Members can earn up to \$15 per month based on different levels of participation (<http://www.uky.edu/HR/wellness/healthtracfaq.html>). Other programs include Body Shop Fitness, BeH.I.P. telephonic personalized counseling, and health screenings, etc.

### **2.3 Eligibility of Plan Participants**

The University of Kentucky Medical Benefits Plan (**Appendix B**) provides information related to eligibility of participants in the University's medical benefits plan.

### **2.4 Marketing**

The University is solely responsible for all advertising, marketing, education and solicitation, in any form, of the University health plans. The insurance company may not advertise, market, educate or solicit this program in any form without the permission and direction of the University.

### **2.5 Other Vendors**

The insurance company may be required to work with a number of other vendors providing services to the University health plan members. Work may involve sharing eligibility or data, or other activities as directed by the University. The current vendors and services include the following and may be changed from time to time:

- Express Scripts – pharmacy benefits management
- UK Dental Care services and/or Delta Dental – dental programs
- EyeMed – Vision program
- The MPM Group, LLC - Voluntary benefits Enrolment Firm
- Staywell and/or UK Health and Wellness - UK Healthtrac Rewards Program, health risk assessment, BeH.I.P. (telephonic coaches) and other health and wellness
- Hewitt – actuarial and consulting services for the University health plans

## **2.6 Current Financial Arrangement**

University of Kentucky Employee Benefits administers eligibility and collects premiums for all University health plans, including the Medicare Advantage plan. The insurance company will receive eligibility files from the University (SAP and direct bill). The insurance company will be responsible for generating unique enrollee identification numbers for eligible enrollees. The University self-bills monthly plan premiums to the insurance company.

## **2.7 University Information**

Founded in 1865, the University of Kentucky (UK) is a public, research-extensive, land grant university dedicated to enriching people's lives through excellence in teaching, research, and service. UK's campus covers more than 716 acres and total enrollment is more than 27,000 students representing all Kentucky counties, every state in the nation, and 117 countries. There are more than 13,500 employees.

The University of Kentucky has long embraced its mission to provide excellent education to outstanding resident and non-resident students, recognizing that a knowledgeable populace is the best foundation for a prosperous Commonwealth. This mission has been further enhanced since 1997 when the Kentucky General Assembly mandated that UK become a Top 20 public research university by 2020. President Lee T. Todd Jr. focused the University on achieving this goal through the development of a Top 20 Business Plan in 2005 that gained national prominence for its vision and detail.

UK consists of some 200 major and degree programs in 17 academic and professional colleges. The colleges include: Agriculture, Arts and Sciences, Business and Economics, Communications and Information Studies, Dentistry, Design, Education, Engineering, Fine Arts, Health Sciences, Law, Libraries, Medicine, Nursing, Pharmacy, Public Health, and Social Work. UK boasts over 80 national rankings for academic excellence.

UK operates a nationally recognized research library system, with the capstone being the world-class William T. Young Library. UK's book endowment is the largest among public universities. Its library network and technology provide extraordinary service to students in the colleges of Medicine, Law, Engineering, Fine Arts and other programs. Meanwhile, students, faculty and Kentucky residents can use UK Libraries' advanced technology to access the most up-to-date information from online journals, government publications and private studies.

The UK Chandler Medical Center, which opened in 1960, is considered one of the nation's finest academic medical centers. As one of two Level 1 Trauma Centers in Kentucky, UK Hospital cares for the most critically injured and ill patients in the region. The 473-bed UK Hospital and UK Children's Hospital are supported by more than 500 faculty physicians and dentists, 400 resident physicians, and a staff of 3,200 health professionals committed to high-quality patient care.

In spring 2007, ground was broken for a new \$450 million UK Chandler Hospital. This more than 1-million square foot facility, to be completed in 2011, is the cornerstone of a 20-year, \$2.5 billion plan to construct the Commonwealth Medical Campus of the Future. Among the campus' components are a now-under-construction \$120 million pharmacy building, additional research buildings, a new shared Health Sciences Learning Center, and additional buildings to house programs for the colleges of Medicine, Nursing, Health Sciences, Dentistry and Public Health.

## 2.7 **University Information (cont.)**

Research at UK is a dynamic enterprise encompassing both traditional scholarship and emerging technologies. For the last five years, the University has consistently exceeded \$200 million in sponsored projects awards. UK faculty recently attracted a record-breaking total of \$290 million in extramural funding for grants and contracts. A recent ranking placed UK at 26th among all public universities for federal expenditures. Meanwhile, the inventiveness of UK faculty continues to earn the University its standing as 17th among land-grant universities, 34th among public universities, and 57th overall in licensing income and patents. Another national ranking recently put UK 19th among public institutions for the scholarly productivity of its faculty.

UK's agenda is to accelerate the movement toward academic excellence and to become known worldwide for the quality of its academic programs, its commitment to undergraduates, its success in building a diverse community, and its engagement with the larger society.

Visit the University of Kentucky Web site at <http://www.uky.edu>.

The Medical Center is also located in Lexington, and consists of five colleges and professional schools (Allied Health Professions, Dentistry, Medicine, Nursing, and Pharmacy), four Centers of Excellence (Aging, Biomedical Engineering, Nutrition, and Toxicology), and a 450+ bed teaching hospital. The colleges in the Medical Center, grant bachelor, master, professional and doctoral degrees in over 20 academic programs. In the Fall Semester 1999, over 2,051 students were enrolled in the Medical Center.

The UK HealthCare system provides services to a broad spectrum of patients, and includes UK Chandler Medical Center, UK Samaritan Hospital, the Kentucky Clinics, UK Center for Advanced Surgery, and the UK Infusion Center / Suite.

The University including the Hospital uses integrated Enterprise Resource Planning (ERP) software from SAP (SAP R/3). The Administrative Systems Group (ASG) has the responsibility of enhancing, maintaining, and supporting the functional operations of the ERP. Key components of the current system include Campus Management/ Student Life Cycle Management (CM/SLCM), Financials (FI), Grants Management (GM), HR/Payroll (HR), Procurement/Materials Management (MM), and Plant Maintenance (PM).

The core administrative applications for the Medical Center are the McKesson HealthQuest Suite and Siemens Signature. The Patient Management System provides demographic data to many down-stream systems, primarily using HL7 messaging through the Sybase e-Biz Impact interface engine (formerly owned by New Era of Networks). Physician billing is completed in Signature and hospital billing is completed in the HealthQuest Suite. Order entry and results reporting messages are also processed through the TDM interface engine for the Eclipsys Sunrise Clinical Manager and various ancillary department systems.

Eligibility information from the University is provided electronically from the University's direct bill system (retirees, COBRA) and SAP (active employees).

### 3.0 **PROPOSAL REQUIREMENTS**

#### 3.1 **Key Event Dates**

Release of RFP	08/5/09
Deadline for Written Questions @ 3:00 p.m. on	08/12/09
RFP Proposals Due Date	08/21/09
Offeror Presentations *	week of 08/31/09 or 9/7/09
Contract Award*	09/15/09

\* The Potential Offeror Presentations and Contract Award are projected dates.

#### 3.2 **Offeror Communication**

To insure that RFP documentation and subsequent information (modifications, clarifications, addendum, written questions & answers, etc.) is directed to the appropriate persons within the Offeror's firm, each Offeror who intends to participate in this RFP is to provide the following information to the Purchasing Officer. Prompt, thorough compliance is in the best interest of the Offeror. Failure to comply may result in incomplete or delayed communication of addenda or other vital information. Contact information is the responsibility of the Offeror. Without the prompt information, any communication shortfall shall reside with the Offeror.

- Name of primary contact
- Mailing address of primary contact
- Telephone number of primary contact
- Fax number of primary contact
- E-mail address of primary contact
- Additional contact persons with same information provided as primary contact

This information shall be transmitted via fax or e-mail to:

Mr. John Deans, C.P.M.  
 Purchasing Division  
 University of Kentucky  
 322 Peterson Service Building  
 Lexington, KY 40506-0005  
 Phone: (859) 257-9100 ext. 000  
 Fax: (859) 257-1951

E-mail: [john.deans@uky.edu](mailto:john.deans@uky.edu)

All communication with the University regarding this RFP shall only be directed to the University Purchasing Officer listed above.

The University will prepare written responses to all questions submitted and make them to all Offerors. The questions and answers will be made part of the RFP and may become part of the contract with the successful Contractor. Oral answers given at the conference are not binding.

### 3.3 Offeror Presentations

All Offerors whose proposals are judged acceptable for award may be required to make an Offeror presentation to the evaluation committee.

### 3.4 Preparation of Offers

Offeror is expected to follow all specifications, terms, conditions, and instructions in this Request for Proposal.

Offeror will furnish all information required by this solicitation.

Proposals should be prepared simply and economically, providing a description of the Offeror's capabilities to satisfy the requirements of the solicitation. Emphasis should be on completeness and clarity of content. All documentation submitted with the proposal should be bound in the single volume except as otherwise specified.

An electronic version of the RFP is available through the University of Kentucky Division of Purchasing Web site: <http://www.uky.edu/purchasing/>

Click on: **Bid & Proposal Opportunities**

### 3.5 Proposed Deviations from the Request for Proposal

The stated requirements appearing elsewhere in this RFP shall become a part of the terms and conditions of any resulting contract. Any deviations there from must be specifically defined in accordance with the Transmittal Letter, **Section 4.3 (d)**. If accepted by the University, the deviations shall become part of the contract, but such deviations must not be in conflict with the basic nature of this RFP.

**Note: Offerors shall not submit their standard terms and conditions as exceptions to the RFP Terms and Conditions. Each exception to a University term and condition shall be individually addressed.**

### 3.6 Proposal Submission and Deadline

Offeror must provide one (1) electronic copy on compact disk and ten (10) printed copies of each technical proposal under a sealed cover and one (1) electronic copy on compact disk and ten (10) printed copies financial proposals under separate sealed cover, prior to 3:00 P.M. Lexington, KY time on date as specified in **Section 3.1** Key Event Dates and addressed to the Purchasing Officer as listed in **Section 3.2** Offeror Communication.

**Note: Proposals received after the closing date and time will not be considered. In addition, proposals received via fax or e-mail are not acceptable.**

**The University of Kentucky accepts deliveries of RFP's Monday through Friday from 8:00 am – 5:00 pm Lexington Kentucky time. However, RFP's must be received by 3:00 pm Lexington Kentucky time on the date specified on the RFP in order to be considered.**

### **3.6 Proposal Submission and Deadline (cont.)**

Proposals shall be enclosed in sealed envelopes to the above referenced address and shall show the closing time and date specified, the solicitation number, and the name and address of the Offeror on the face of the envelope. **The technical proposal shall be submitted in a sealed envelope under separate cover and the financial proposal shall be submitted in a sealed envelope under separate cover.** Both sealed envelopes shall have identical information on the cover, with the addition that one will state “**Technical Information**”, and the other, “**Financial Proposal**”.

**Note: In accordance with the Kentucky Revised Statute 45A.085, there will be no public opening.**

### **3.7 Addenda**

Any addenda or instructions issued by the Purchasing Agency prior to the time for receiving proposals shall become a part of this RFP. Such addenda shall be acknowledged in the proposal. No instructions or changes shall be binding unless documented by a proper and duly issued addendum.

### **3.8 Disclosure of Offeror’s Response**

The Request for Proposal specifies the format, required information, and general content of proposals submitted in response to this RFP. The Purchasing Agency will not disclose any portions of the proposals prior to contract award to anyone outside the Purchasing Division, the University’s administrative staff, representatives of the State or Federal Government, if required, and the members of the committee evaluating the proposals. After a contract is awarded in whole or in part, the University shall have the right to duplicate, use, or disclose all Proposal data submitted by Offerors in response to this RFP as a matter of public record.

Any submitted proposal shall remain a valid proposal for six (6) months after the proposal due date.

The University shall have the right to use all system ideas, or adaptations of those ideas, contained in any proposal received in response to this RFP. Selection or rejection of the proposal will not affect this right.

### **3.9 Restrictions on Communications with University Staff**

From the issue date of this RFP until a Contractor is selected and a contract award is made, Offerors are not allowed to communicate about the subject of the RFP with any University administrator, faculty, staff, or members of the Board of Trustees except:

- The Purchasing Office representative, any University Purchasing Official representing the University administration, or others authorized in writing by the Purchasing Office and
- University representatives during Offeror presentations.

If violation of this provision occurs, the University reserves the right to reject the Offeror’s proposal.

**3.10 Cost of Preparing Proposal**

Costs for developing the proposals and any subsequent activities prior to contract award are solely the responsibility of the Offerors. The University of Kentucky will provide no reimbursement for such costs.

**3.11 Disposition of Proposals**

All proposals become the property of the University. The successful proposal will be incorporated into the resulting contract by reference.

**3.12 Alternate Proposals**

Offerors may submit alternate proposals. If more than one proposal is submitted, all must be complete (separate) and comply with the instructions set forth within this document. Each proposal will be evaluated on its own merits.

**3.13 Questions**

All questions should be submitted by either fax or e-mail to the Purchasing Officer listed in **Section 3.2** no later than dated listed in **Section 3.1**.

**3.14 Section Titles in the RFP**

Titles of paragraphs used herein are for the purpose of facilitating ease of reference only and shall not be construed to infer the construction of contractual language.

**3.15 No Contingent Fees**

No person or selling agency shall be employed or retained or given anything of monetary value to solicit or secure this contract, except bona fide employees of the Offeror or bona fide established commercial or selling agencies maintained by the Offeror for the purpose of securing business. For breach or violation of this provision, the University shall have the right to reject the proposal, annul the contract without liability, or, at its discretion, deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee or other benefit.

**3.16 Proposal Addenda and Rules for Withdrawal**

Prior to the date specified for receipt of offers, a submitted proposal may be withdrawn by submitting a written request for its withdrawal to the University Purchasing Office, signed by the Offeror. Unless requested by the University, the University will not accept revisions, or alterations to proposals after the proposal due date.

## **4.0 PROPOSAL FORMAT AND CONTENT**

### **4.1 Proposal Information and Criteria**

The following list specifies the items to be addressed in the proposal. Offerors should read it carefully and address it completely and in the order listed to facilitate the University's review of the proposal.

Proposals shall be organized into the sections identified below. The content of each section is detailed in the following pages. It is strongly suggested that Offerors use the same numbers for the following content as are used in the RFP.

- Signed Authentication of Proposal and Statement of Non-Collusion and Non-Conflict of Interest Form.
- Transmittal Letter
- Executive Summary and Proposal Overview
- Criteria 1 - Offeror Qualifications
- Criteria 2 – Services Defined
- Criteria 3 - Financial Proposal - Cost
- Criteria 4 - Evidence of Successful Performance and Implementation Schedule
- Criteria 5 - Other Additional Information
- Data Requests – Offeror must complete the data requests in the format requested. If results are not provided in the format requested (e.g. provider access), they will not be included in the analysis.

### **4.2 Signed Authentication of Proposal and Statements of Non-Collusion and Non- Conflict of Interest Form**

The Offeror will sign and return the proposal cover sheet and print or type her/his name, firm, address, telephone number and date. The person signing the offer must initial erasures or other changes. An offer signed by an agent is to be accompanied by evidence of his/her authority unless such evidence has been previously furnished to the Purchasing Agency. The signer shall further certify that the proposal is made without collusion with any other person, persons, company or parties submitting a proposal; that it is in all respects fair and in good faith without collusion or fraud, and that the signer is authorized to bind the principal Offeror.

### **4.3 Transmittal Letter**

The Transmittal Letter accompanying the RFP shall be in the form of a standard business letter and shall be signed by an individual authorized to legally bind the Offeror. It shall include:

- a) A statement referencing all addenda and written questions, the answers and any clarifications to this RFP issued by the University and received by the Offeror. If no addenda have been received, a statement to that effect should be included.
- b) A statement that the Offeror's proposal shall remain valid for six (6) months after the closing date of the receipt of the proposals.

#### **4.3 Transmittal Letter (cont.)**

- c) A statement that the Offeror will accept financial responsibility for all travel expenses incurred for oral presentations (if required) and candidate interviews.
- d) A statement that summarizes any deviations or exceptions to the RFP requirements and includes a detailed justification for the deviation or exception.
- e) A statement that identifies the Confidential Information as described in **Section 6.23** Confidentiality.

**Note: Offerors shall not submit your standard terms and conditions as exceptions to the RFP Terms and Conditions. Each exception to a University term and condition shall be individually addressed.**

#### **4.4 Executive Summary and Proposal Overview**

The Executive Summary and Proposal Overview shall condense and highlight the contents of the technical proposal in such a way as to provide the evaluation committee with a broad understanding of the entire proposal.

#### **4.5 Criteria 1 - Offeror Qualifications**

Offerors must be licensed in Kentucky to provide the services proposed. Products regulated by the Kentucky Department of Insurance and Medicare must be fully approved for delivery.

Assist the University in keeping current with legal and tax mandates as they relate to the health care and prescription drug benefit programs and the health care management program.

Vendors must agree not to sell or lease the client's protected health information to a third party in the course of administering this contract or after the contract has terminated.

##### **A. Offeror Background Information and Qualifications**

1. The purpose of the Offeror Qualifications section is to determine the ability of the Offeror to respond to this Request for Proposal. Offerors must describe and offer evidence of their ability to meet each of the qualifications listed below.
2. Provide a brief narrative describing the history of your company. Identify the number of employees in your company, the ownership and if the company has ever filed for bankruptcy, been in loan default, or if there are any pending liens, claims or lawsuits against the company. If so, please describe.
3. Please provide the address, telephone and fax number of the office that will administer the Medicare Advantage Health Plan.
4. Provide the name, title and experience of the person who will be the service representative for the University account.

**4.5 Criteria 1 - Offeror Qualifications (cont.)****A. Offeror Background Information and Qualifications (cont.)**

5. Provide an organizational chart of the Offeror indicating lines of authority for personnel involved in performance of this potential contract and relationships of this staff to other programs or functions of the company. This chart must also show lines of authority to the next senior level of management.

**B. Financial Strength Ratings**

1. Vendors must demonstrate financial strength by furnishing acceptable ratings from A. M. Best Company, Moody's, Standard and Poor's, and Duff and Phelps. If ratings are not available, please provide the reason and submit any other evidence of long-term financial viability.
2. Provide certified audited financial statements including a full set of footnotes as follows:
  - a. For the past three (3) years, include at a minimum, income statements, balance sheets, and statements of changes in financial position or cash flows. If three (3) years of financial statements are not available, this information shall be provided to the fullest extent possible or the reasons why, if the information is not available.
  - b. For a privately held company, when certified audited financial statements are not provided, a written statement from the Offeror's certified public accountant stating the financial condition, debt-to-asset ratio for the past three (3) years, and any pending actions that may affect the company's financial conditions.
3. Vendors must furnish a copy of the most recent audited financial statement or most recent financial statement filed with the Kentucky Department of Insurance.
4. If the Offeror has had a contract terminated for default in the last five (5) years, describe such incident. Termination for default is defined as notice to stop performance due to the Offeror's non-performance or poor performance. The issue of performance was either (a) not litigated due to inaction on the part of the Offeror, or (b) litigated and such litigation determined that the Offeror was in default.
5. Submit full details of the terms for default including the other party's name, address, and phone number. Present the Offeror's position on the matter. The University will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience. If the Offeror has experienced no such termination for default in the past five (5) years, so indicate.

#### 4.6 **Criteria 2 – Services Defined**

##### **General Administration**

1. For the insurance company selected, it is imperative that a contract be executed between that company and the University prior to the effective date. In order to meet this deadline, a first draft of a contract incorporating all of the provisions outlined in this RFP must be received by the University prior to October 15, 2010 and the contract must be finalized no later than December 1, 2009. Discuss your ability to do so.
2. Do you agree that in the event key persons are to be removed or diverted from the contract, you will, at least 14 calendar days in advance of the action, 1) notify the University; 2) supply written justification as to why these key personnel are being removed or diverted; and 3) provide the names of the proposed substitutes or replacements including the education, work experience, and other relevant experience of each. (For purposes of this question, key persons are defined as account manager and the home office or regional office officer ultimately responsible for the university's account.)
3. Please answer all of the questions in **Section 7.1 GENERAL ADMINISTRATION** described in this RFP.

##### **Claims Services / Administration**

4. Provide a copy of a sample EOB with data based on a hypothetical claimant along with a list of common EOB remarks.
5. Describe the instances in which an explanation of benefits (EOB) will be generated and forwarded to participants.
6. Describe the organizational structure under which the University claims and inquiries will be handled. Indicate the anticipated FTEs required supporting claims and customer services claim office proposed for the University. Provide details of the administrative services proposed, and a description of experience, locations, computer capability, and employee training.
7. Please answer all of the questions in **Section 7.2 CLAIMS SERVICES / ADMINISTRATION** described in this RFP.

##### **Customer Services**

8. How will you provide ongoing confirmation of monthly enrollment of each person covered, including enrollment changes from the previous month? How timely will the confirmation be?
9. Will the University be allowed to access the eligibility database for inquiry purposes?
10. Will the University be allowed to enter eligibility directly into the database on an emergency basis? If so, is there a cost for this service and what equipment would be needed to do so?

**4.6 Criteria 2 – Services Defined (cont.)****Customer Services (cont.)**

11. Provide a sample of an ID card. Can the card be customized as required by the University? Is there an additional charge for the customization? A commitment to have ID cards issued to participants' homes within two weeks after receipt of eligibility data is mandated. If not possible, explain.
12. The University desires an Online Services Administrative Service that provides enrollees access to a robust, accurate, and up-to-date array of web-based tools and information. Attach a description of all services and information available on your web site. If your website has a demonstration site, please indicate the URL and any necessary passwords.
13. The University desires a Member / Enrollee Printed Communications Administrative Service that works in collaboration with Employee Benefits customer services staff. It must provide effective and efficient communications with UK health plan members / enrollees and potential enrollees to enable them to make informed decisions in selecting a benefit plan, appropriately utilize available benefits, and actively engage in managing their health. Describe which communication/education pieces are available to employees at no charge. Will custom design communication pieces be provided? Provide samples of standard and custom pieces.
14. How do you monitor and measure participant satisfaction? Furnish a copy of the survey instrument and the results of your latest survey. Who administers the survey and collates the results? How frequently and what guidelines are followed?
15. Please answer all of the questions in **Section 7.3 CUSTOMER SERVICES** described in this RFP.

**Provider Networks**

16. The University desires its enrollees to have broad access to the full scope of the benefit plan contained in the Benefit Summary contained in Appendix A through a benefit delivery system composed of network of providers who accept Medicare Advantage Plans with demonstrated high-quality and safety sufficient for the size and distribution of University Medicare eligible health plan members in the state of Kentucky. In addition, the University desires enrollees living elsewhere in the United States to have access to a comprehensive national network of providers who accept Medicare Advantage Plans with demonstrated high quality and safety. The University prefers that access to network providers in other states be as seamless as possible, and not require additional administrative processes for members. Discuss your ability to provide these services to the University.
17. Will the University be able to call on a provider relations representative to assist in provider issues? If yes, please provide the name, location and telephone number of the provider relations contact to be assigned.

**4.6 Criteria 2 – Services Defined (cont.)****Provider Networks (cont.)**

18. Describe any significant anticipated provider activities (re-contracting, new counties, large medical groups, etc.). Are any of the hospitals or large physician groups (10+ physicians) in the key locations due to expire in the next six months? Do they all accept the Medicare Advantage plans you propose?
19. Do you expect any difficulty with renegotiating any expiring contracts for large physician groups and hospitals? Is it likely that these changes could result in a smaller hospital or physician network for the Medicare Advantage Plan? If no material effects are anticipated by these arrangement changes, indicate why.
20. Please answer all of the questions in **Section 7.4 PROVIDER NETWORKS** described in this RFP.

**Medical Management**

21. The University desires a Medical Management and Policy Administrative Service are consistent with accepted practices, support evidence-based medicine, and comply with the plan's coverage, reimbursement, and benefit provisions defined in the Summary Plan Description. Describe how your medical policy is developed, what resources are used, include the role of medical director (s), and the local medical communities' involvement in establishing medical policy.
22. Describe your use of evidence-based medicine in development of coverage policies and individual coverage determinations.
23. Describe how medical policy is communicated to the local medical community.
24. Do you have a written description of your program of medical management that is internally evaluated and approved annually, with involvement of a senior physician?
25. Please answer all of the questions in **Section 7.5 MEDICAL MANAGEMENT** described in this RFP.

**Pharmacy Management**

26. Provide details of services you will provide for infusions and other retail / non-retail pharmacy issues for Medicare Part B drugs. Describe how this will be coordinated with prior authorizations and clinical approvals.
27. Please answer all of the questions in **Section 7.6 PHARMACY MANAGEMENT** described in this RFP.

**4.6 Criteria 2 – Services Defined (cont.)****Plan Design**

28. Will designated UK personnel have access to the vendor's on-line enrollment system and be able to input data in emergency situations?
29. State to what extent you can provide assurances that you can administer the University's plan of benefits even though it may not exactly match your standard plans, formats, and services protocols.
30. Provide sample summary plan documents and other benefits plan descriptions and riders for analysis.
31. Please answer all of the questions in **Section 7.7 PLAN DESIGN** described in this RFP.

**Cost**

32. Please answer all of the questions in **Section 7.8 COST STRUCTURE** described in this RFP.

**Reporting**

33. Please indicate what reports you provide in your standard package for Medicare Advantage plans.
34. Please answer all of the questions in **Section 7.9 REPORTING** described in this RFP.

**4.7 Criteria 3 – Financial Proposal**

The Financial Summary Form shall contain the complete financial offer made to the University using the format contained in Section 8.0. **All financial information must be submitted in a sealed envelope under separate cover. (SEE Appendix F).**

**4.8 Criteria 4- Evidence of Successful Performance and Implementation Schedule**

1. Indicate the experience the Offeror has providing Medicare Advantage health plans for large employers, including University's with medical centers. List five (5) companies/organizations with whom your company currently does business that have over 10,000 employees.
2. Offeror shall supply names, addresses and telephone numbers of three business references for whom plans have been administered and briefly describe the type of service provided. By submission of a Proposal, Offeror grants permission to the University to contact the references.

**4.8 Criteria 4- Evidence of Successful Performance and Implementation Schedule (cont.)**

3. Provide a statement that the Offeror has the resources available to assure meeting an aggressive implementation schedule.

The University desires a timely and accurate transition from the current vendor to the new vendor. The new vendor will complete the requested tasks on a timely basis. The insurance company will do all the following:

<b>Question Statement (Attach necessary explanations and/or deviations)</b>	<b>Yes or No</b>
4. The Offeror will pay for an independent third-party or the University to come on-site to ensure that they are prepared to administer the plan design effective July 1, 2010.	
5. Provide a detailed plan and schedule for the implementation of the Medicare Advantage health plan. This Schedule shall be complete with a listing of the specific tasks and milestones required for the successful implementation of the service.	
6. Assign an experienced implementation manager for the University Medicare Advantage Plan from the day the contract is awarded until March 31, 2010.	
7. Assure that the Medicare Advantage Plan is fully operational in accordance with the terms of a new contract on January 1, 2010.	
8. On January 1, 2010, all start-up implementation activities must be completed and all major operations systems, data links, and communications networks must be functioning at prescribed levels.	
9. Prior to January 1, 2010 all plan participants have received ID cards and Summary Plan Descriptions for the 2010-11 plan year.	
10. Identify a designated implementation team to develop and perform a detailed implementation plan that can meet critical implementation dates established by the University.	
11. Conduct weekly implementation team conference calls, led by the insurance company's designated Account Manager and including the Implementation Manager and other personnel as appropriate (including the information technology manager, clinical review staff and others).	
12. Assure that the insurance company's Implementation Manager arranges other meetings of the insurance company and University subject matter specialists that will also be conducted as needed throughout the implementation period. Meetings will begin one week after the contract award date and will continue until March 31, 2010.	
13. Participate in additional meetings with University staff and other University vendors and business associates as required to integrate various aspects of the benefit program (such as PBM)	
14. Cooperate when the University performs an implementation audit to be completed in December 2009. This audit will test insurance company readiness to begin administration. The on-site and remote audit tests will include at least a walkthrough of sample test claims, testing of IVR, web links, customer service knowledge, confirming the designation of account management staff and their functions, and will confirm file transfer procedures are acceptable for the eligibility file transfer.	

Question Statement (Attach necessary explanations and/or deviations)	Yes or No
15. Allow for any participant in life threatening treatment or care to receive network level benefits for services from their current provider for at least 90 days after implementation.	
16. Provide the names and duties of the individuals who will be involved in the implementation of the University's Medicare Advantage plan.	

- 17. After January 1, 2010, who will be the account representative for the University and where will this person be located?
- 18. Will you designate a senior account representative to be assigned, and who will have sufficient time daily to respond to any serious situations that might arise?
- 19. Will you assign a senior service representative for assistance as needed, on any given day?
- 20. Will you assign a senior claims adjuster or claims manager to be involved so initial claims are thorough and accurate, preventing unnecessary delays?
- 21. State the location and staffing of the claim office to serve the University.
- 22. Is your organization currently in any discussions to be purchased by another organization, to purchase another organization, or to merge with another organization? If yes, provide details.
- 23. What other services or programs do you offer that set you apart from your competitors?

**4.9 Criteria 5-Other Additional Information**

Please provide any additional information that the Offeror feels should be considered when evaluating their proposal.

The Offeror may present any creative approaches that might be appropriate. The Offeror may also provide supporting documentation that would be pertinent to this RFP.

## 5.0 **EVALUATION CRITERIA PROCESS**

A committee of University officials appointed by the Director of Purchasing will evaluate proposals and make a recommendation to the Director of Purchasing. The evaluation will be based upon the information provided in the proposal, additional information requested by the University for clarification, information obtained from references and independent sources, and oral presentations, if requested.

The evaluation of responsive proposals shall then be completed by an evaluation team, which will determine the ranking of proposals. Proposals will be evaluated strictly in accordance with the requirements set forth in this solicitation, including any addenda that are issued. The University will award the Contract to the responsible Offeror whose proposal is determined to be the most advantageous to the University, taking into consideration the evaluation factors set forth in this RFP.

The evaluation of proposals will include consideration of responses to the list of criteria in Section 4.0. Offerors must specifically address all criteria in their response. Any deviations or exceptions to the specifications or requirements must be described and justified in a transmittal letter. Failure to list such exceptions or deviations in the transmittal letter may be considered sufficient reason to reject the proposal.

The relative importance of the criteria is defined below:

### **Primary Criteria**

- Offeror Qualifications
- Services Defined
- Financial Proposal
- Evidence of Successful Performance and Implementation

### **Secondary Criteria**

- Other Additional Services

The University will evaluate proposals as submitted and may not notify Offerors of deficiencies in their responses.

Proposals must contain responses to each of the criteria, listed in **Section 4** even if Offeror's response cannot satisfy those criteria. A proposal may be rejected if it is conditional or incomplete in the judgment of the University.

## **6.0 SPECIAL CONDITIONS**

### **6.1 Contract Term**

The contract resulting from this RFP shall be effective January 1, 2010 through December 31, 2010, and is renewable for up to six (6) additional one-year renewal periods. The total contract period will not exceed seven (7) years. Annual renewal shall be contingent upon the University's satisfaction with the services performed and the cost of the Medicare Advantage Plan.

### **6.2 Effective Date**

The effective date of the contract shall be the date upon which the Parties execute it and all appropriate approvals, including the Commonwealth of Kentucky Government Contracts Review Committee, have been received.

### **6.3 Competitive Negotiation**

It is the intent of the Request for Proposal (RFP) to enter into competitive negotiation as authorized by KRS 45A.085.

The University will review all proposals properly submitted. However, the University reserves the right to request necessary modifications, reject all proposals, reject any proposal that does not meet mandatory requirement(s) or cancel this RFP, according to the best interests of the University.

Offeror(s) selected to participate in negotiations may be given an opportunity to submit a Best and Final offer to the Purchasing Agency. All information received prior to the cut-off time will be considered part of the Offeror's Best and Final offer.

The University also reserves the right to waive minor technicalities or irregularities in proposals providing such action is in the best interest of the University. Such waiver shall in no way modify the RFP requirements or excuse the Offeror from full compliance with the RFP specifications and other contract requirements if the Offeror is awarded the contract.

### **6.4 Appearance Before Committee**

Any, all or no Offerors may be requested to appear before the evaluation committee to explain their proposal and/or to respond to questions from the committee concerning the proposal. Offeror(s) are prohibited from electronically recording these meetings. The committee reserves the right to request additional information.

### **6.5 Acceptance or Rejection and Award of Proposal**

The University reserves the right to accept or reject any or all proposals, or part of proposals, to waive any informalities, technicalities, clarify any ambiguities in proposals, and unless otherwise specified to accept any item in the proposal. In case of error in extension of prices or other errors in calculation, the unit price shall govern. Further, the University reserves the right to make a single

**6.5 Acceptance or Rejection and Award of Proposal (cont.)**

award, split awards, make multiple awards or no award, whichever is in the best interest of the University.

**6.6 Additions, Deletions or Contract Changes**

The University reserves the right to add, delete, or change related items or services to the contract established from this Request for Proposal. No modification or change of any provision in the resulting contract shall be made, unless such modification is mutually agreed to in writing by the Contractor and the Director of Purchasing, and incorporated as a written modification to the contract. Memoranda of understanding and correspondence shall not be interpreted as a modification to the contract.

**6.7 Contractor Cooperation in Related Efforts**

The University reserves the right to undertake or award other contracts for additional or related work to other entities. The Contractor shall fully cooperate with such other Contractors and University employees and carefully fit its work to such additional work. The Contractor shall not commit or permit any act, which will interfere with the performance of work by any other Contractor or by University employees. This clause shall be included in the contracts of all Contractors with whom this Contractor will be required to cooperate. The University shall equitably enforce this clause to all Contractors, to prevent the imposition of unreasonable burdens on any Contractor.

**6.8 Entire Agreement**

The Request for Proposal (RFP) shall be incorporated into any resulting Contract. The resulting contract, including the RFP and those portions of the Offeror's response accepted by the University shall be the entire agreement between the parties.

**6.9 Governing Law**

Contractor shall conform to and observe all laws, ordinances, rules and regulations of the United States of America, Commonwealth of Kentucky, and all other local governments, public authorities, boards or offices relating to the Property or the improvements upon same, or the use thereof, and will not permit the same to be used for any illegal or immoral purposes, business or occupation. The resulting contract shall be governed by Kentucky Law and any claim relating to this contract shall only be brought in the Franklin Circuit Court in Accordance with KRS 45A-245.

**6.10 Termination for Convenience**

The University of Kentucky, Division of Purchasing, reserves the right to terminate the resulting contract without cause with a thirty (30) day written notice. Upon receipt by the Contractor of "notice of termination", the Contractor shall discontinue all services with respect to the applicable contract. The cost of any agreed upon services provided by the Contractor will be calculated at the agreed upon rate prior to "notice of termination" and a fixed fee contract will be pro-rated (as appropriate).

## 6.11 **Termination for Non-Performance**

### **Default**

The Director of Purchasing may terminate the resulting contract for non-performance, as determined by the University for such causes as:

- Failure to provide satisfactory quality of service, including, failure to maintain adequate personnel, whether arising from labor disputes, or otherwise any substantial change in ownership or proprietorship of the Contractor, which in the opinion of the University is not in its best interest, or failure to comply with the terms of this contract
- Failure to keep or perform, within the time period set forth herein, or violation of, any of the covenants, conditions, provisions or agreements herein contained.
- Adjudication as a voluntarily bankrupt, making a transfer in fraud of its creditors, filing a petition under any section from time to time, or under any similar law or statute of the United States or any state thereof, or if an order for relief shall be entered against the Contractor in any proceeding filed by or against contractor thereunder. In the event of any such involuntary bankruptcy proceeding being instituted against the Contractor, the fact of such an involuntary petition being filed shall not be considered an event of default until sixty (60) days after filing of said petition in order that Contractor might during that sixty (60) days period have the opportunity to seek dismissal of the involuntary petition or otherwise cure said potential default.
- Making a general assignment for the benefit of its creditors, or taking the benefit of any insolvency act, or if a permanent receiver or trustee in bankruptcy shall be appointed for the Contractor.

### **Notification**

The University will provide ten (10) calendar days written notice of default. Unless arrangements are made to correct the non-performance issues to the University's satisfaction within ten (10) calendar days, the Director of Purchasing may terminate the contract by giving forty-five (45) days notice, by registered or certified mail, of its intent to cancel this contract.

## 6.12 **Modification or Withdrawal of Offer**

An offer and/or modification of offer received at the office designated in the solicitation after the exact hour and date specified for receipt will not be considered.

An offer may be modified or withdrawn by written notice before the exact hour and date specified for receipt of offers. An offer also may be withdrawn in person by an Offeror or an authorized representative, provided the identity of the person is made known and the person signs a receipt for the offer, but only if the withdrawal is made prior to the exact hour and date set for receipt of offers.

**6.13 Rejection**

Grounds for the rejection of proposals include, but shall not be limited to:

- Failure of a proposal to conform to the essential requirements of the Request for Proposal.
- Imposition of conditions that would significantly modify the terms and conditions of the solicitation or limit the Offeror's liability to the University on the contract awarded on the basis of such solicitation.
- Failure of the Offeror to sign the University Request for Proposal, as part of the proposal. This includes the Authentication of Proposal and Statement of Non-collusion and Non-conflict of Interest statements.
- Receipt of proposal received after the closing date and time specified in the RFP.

**6.14 Prime Contractor Responsibility**

Any contracts that may result from the RFP shall specify that the Contractor or Contractors is (are) solely responsible for fulfillment of the contract with the University.

**6.15 Assignment**

The Contractor(s) shall not assign the contract in whole or in part without the prior written consent of the University. Any attempted assignment shall be void.

**6.16 Permits, Licenses, Taxes and Commonwealth Registration**

The Contractor shall procure all necessary permits and licenses and abide by all applicable laws, regulations and ordinances of all federal, state, and local governments in which work under this contract is performed.

The Contractor must furnish certification of authority to conduct business in the Commonwealth of Kentucky as a condition of contract award. Such registration is obtained from the Secretary of State, who will also provide the certification thereof. However, the Contractor need not be registered as a prerequisite for responding to the RFP.

The Contractor shall pay any sales, use, personal property and other taxes arising out of this contract and the transaction contemplated hereby. Any other taxes levied upon this contract, the transaction, or the equipment or services delivered pursuant hereto shall be the responsibility of the Contractor.

The Contractor will be required to accept liability for payment of all payroll taxes or deductions required by local and federal law, including, but not limited to old age pension, social security or annuities.

**6.17 Attorneys' Fees**

In the event that either party deems it necessary to take legal action to enforce any provision of the contract, and in the event the University prevails, the Contractor agrees to pay all expenses of such action, including attorneys' fees and costs at all stages of litigation.

**6.18 Patents, Copyrights and Trademarks**

The Contractor shall protect the University from any and all damages or liability arising from alleged infringements of patents, copyrights or trademarks.

**6.19 Indemnification**

The Contractor shall indemnify, hold and save harmless the University, its affiliates and subsidiaries and their officers, agents and employees from losses, claims, suits, actions, expenses, damages, costs (including attorney fees of attorneys of the University's choice and court costs) expenses, all liability of any nature or kind arising out of or relating to the Contractor's response to this Request for Proposal or its performance or failure to perform under the contract awarded from this RFP. This clause shall survive termination for as long as necessary to protect the University.

**6.20 Insurance**

The successful Contractor shall procure and maintain, at its expense, the following minimum insurance coverages insuring all services, work activities and contractual obligations undertaken in this contract. These insurance policies must be with insurers acceptable to the University.

<u><b>COVERAGES</b></u>	<u><b>LIMITS</b></u>
<b>Workers' Compensation</b>	<b>Statutory Requirements (Kentucky)</b>
<b>Employer's Liability</b>	<b>\$500,000/\$500,000/\$500,000</b>
<b>Commercial General Liability, including operations/ completed operations, products, and contractual liability (including defense and investigation costs) including this contract.</b>	<b>\$1,000,000 each occurrence (BI &amp; PD combined) \$2,000,000 Products and Completed Operations Aggregate</b>
<b>Business Automobile Liability, covering owned, leased, or non-owned autos</b>	<b>\$1,000,000 each occurrence (BI &amp; PD combined)</b>
<b>Professional Liability / Errors &amp; Omissions Coverage</b>	<b>\$1,000,000 each occurrence</b>

The successful Contractor agrees to furnish Certificates of Insurance for the above described coverages and limits to the University of Kentucky Division of Purchasing. The University, its trustees and employees must be added as Additional Insured on the Commercial General Liability policy with regards to the scope of this RFP/contract. Any deductibles or self-insured retention in the above-described policies must be paid and are the sole responsibility of the Contractor.

**6.20 Insurance (cont.)**

Coverage is to be primary and non-contributory with other coverage, if any, purchased by the University. All of these required policies must include a Waiver of Subrogation, except Workers' Compensation, in favor of the University, its trustees and employees.

**6.21 Method of Award**

It is the intent of the University to award a contract to the qualified Offeror whose offer, conforming to the conditions and requirements of the RFP, is determined to be the most advantageous to the University, cost and other factors considered.

Notwithstanding the above, this RFP does not commit the University to contract for any requirements detailed in this document. The University reserves the right to reject any or all offers and to waive formalities and minor irregularities in the proposal received.

**6.22 Reports and Auditing**

See **Section 7.9**

1. Will the contract allow the University to hire a third party consulting firm to perform audits on behalf of the university?
2. Describe the Offeror's formal audit program for providers. Include who performs the audits, how they are performed, data recorded and recovery process.

**6.23 Confidentiality**

- a) Unless an exception in accordance with (C) below, and until the Effective Date of an agreement pursuant to this Request for Proposal, this RFP, any responses to the RFP, and other related documents, including but not limited to attachments, appendices, and exhibits, shall be marked and treated as CONFIDENTIAL, as provided for preliminary correspondence under KRS 61.878(1)(i).
- b) On and after the Effective Date of the agreement pursuant to this RFP, all documents associated with this RFP, unless an exception in accordance with (C) below, are NOT treated as CONFIDENTIAL documents and will be released upon receipt of a valid request under Kentucky Open Records law.
- c) Any material or information, in whole or in part, that is submitted whether before or after the Effective Date and that the party believes is confidential or proprietary shall be submitted separately in a document/format clearly marked CONFIDENTIAL. If a party submitting a response to a proposal believes that any document, before or after the Effective Date of the agreement, in whole or in part, pursuant to the RFP is confidential or contains confidential or proprietary information, the party shall identify the specific information and shall submit a listing of the information and the rationale for its being confidential or proprietary. University Office of General Counsel shall review the submitted material/information, consulting with officials of the submitting company, if needed, and make a final determination as to the confidential or proprietary nature of the submitted material.

**6.24 Conflict of Interest**

This Request for Proposal and any resulting contract is subject to provisions of the Kentucky Revised Statutes regarding conflict of interest and the University of Kentucky's Ethical Principles and Code of Conduct (<http://www.uky.edu/Legal/ethicscode.htm>). When submitting and signing a proposal, an Offeror is certifying that no actual, apparent or potential conflict of interest exists between the interests of the University and the interests of the Offeror.

A conflict of interest (whether contractual, financial, organizational or otherwise) exists when any individual, contractor, or subcontractor has a direct or indirect interest because of a financial or pecuniary interest, gift, or other activities or relationships with other persons (including business, familial or household relationships) and is thus unable to render or is impeded from rendering impartial assistance or advice, has impaired objectivity in performing the proposed work, or has an unfair competitive advantage.

Questions concerning this section or interpretation of this section should be directed to the University Purchasing Officer identified in this Request for Proposal.

**6.25 Extending Contract**

The Offeror's response to this RFP must state whether or not the offeror will permit the use of this contract by other Universities, state agencies, public and private institutions in the Commonwealth of Kentucky. An answer to this issue must be submitted within the response.

**6.26 Copyright Ownership and Title to Designs and Copy**

Contractor and University intend this RFP to result in a contract for services, and both consider the products and results of the services to be rendered by Contractor hereunder to be a work made for hire. Contractor acknowledges and agrees that the work and all rights therein, including, without limitation, copyright, belongs to, and shall be the sole and exclusive property of the University. For any work that is not considered a work made for hire under applicable law, title and copyright ownership shall be assigned to the University.

Title to all dies, type, cuts, artwork, negatives, positives, color separations, progressive proofs, plates, copy, and any other requirement not stated herein required for completion of the finished product for use in connection with any University job shall be the property of and owned by the University. Such items shall be returned to the appropriate department upon completion and/or delivery of work unless otherwise authorized by the University. In the event that time of return is not specified, Contractor shall return all such items to the appropriate University department within one week of delivery.

## 7.0 Scope of Services

Answer all of the questions in **Section 7.0** relating to the medical plan options described in this RFP. The responses to these questions will be a major factor in the evaluation of the company's proposal; therefore, sufficient detail should be provided where appropriate.

The response should:

- Include a restatement of each question followed by the plan's answer;
- Directly follow the questions, without referencing the reader to other portions of the plan's proposal;
- Provide responses in the indicated format;
- Indicate as "not available" for missing information; and
- Indicate as "N/A" for information that is not applicable to the organization.

**Answer data or team-specific questions with regard to the individual claim office assigned to the account. Failure to provide all requested information or to follow requested response formats may exclude a proposal from further consideration, at the sole discretion of the University.**

For convenience, the RFP is in Office 2007. In preparing the remainder of the proposal, the following guidelines and assumptions should be used:

- Any exceptions to the requirements stipulated in this RFP must be outlined clearly at the front of the proposal. If the current or proposed plan designs are unacceptable to any party to the proposal (e.g., claims administrator, network administrator, behavioral health vendor, etc.), state so at the front of the proposal. If no exceptions or deviations are listed in the front of the proposal, their omission will be interpreted as acceptance of all terms of the RFP.
- The following portions of the proposal are required electronically in the designated format:

**Microsoft Office 2007**

Section 7.0 – Questionnaire responses

Section 8.0 -- Form A – Acceptance Form

**7.1 General Administration**

**A. Account Management**

The University desires an Account Management Administrative Service that is proficient in coordinating resources and services to meet all contract requirements and is responsive to requests for support and coordination.

<b>Question Statement (attach necessary explanations and/or deviations)</b>	<b>YES or NO</b>
1. The insurance company will provide designated experienced subject matter experts for each contracted Administrative Service in sufficient numbers for the size and complexity of this account.	
2. The insurance company will indicate who the primary contact is for the University.	
3. The insurance company will prepare, print and furnish to the University an administrative manual containing all information of a substantive nature concerning all aspects of administering this program. This manual shall be updated and the update provided to the University within one month of any change in practice or procedure affecting the administration of the plan.	
4. The insurance company agrees to designate an Account Executive who is experienced, knowledgeable, and readily accessible to University plan management. The insurance company agrees to have a local account manager if the Account Executive is not located in Kentucky.	
5. The insurance company will designate account leads for enrollment, billing, claims, IT, medical review, and medical policy that are experienced, knowledgeable, and readily accessible to the University. Leads will coordinate all aspects of the service delivery in their areas of responsibility and have decision-making authority sufficient for prompt response to the University questions and concerns.	
6. The insurance company will assure that account management team members respond to University calls and emails within 24 hours / 48 hours /in the same day, unless received after 2 p.m. in which case response will be made by 10 a.m. the following business day.	
7. The insurance company will inform the Director of Employee Benefits of any planned change in the designated account team’s key personnel by phone and in a written notice at least 14 days prior to the effective date, including the reason for the personnel change. The replacement personnel will undergo the same level of training on the University’s accounts as that provided to insurance company’s personnel during the initial implementation.	
8. Will you designate a senior account representative to be assigned, and who will have sufficient time daily to respond to any serious situations that might arise?	
9. Will you assign a senior service representative for assistance as needed, on any given day?	
10. Will you assign a senior claims adjuster or claims manager to be involved so initial claims are thorough and accurate, preventing unnecessary delays?	

11. Complete the following chart to provide the personnel that will be responsible for servicing the University under this contract.

7.1 **General Administration (cont.)**

A. **Account Management (cont.)**

<b>Account Executive</b> —This individual should be the primary marketing contact who is responsible for maintaining and updating all group information through the year and working directly with <b>UK Employee Benefits</b> .	
Name	
Experience	
Years with vendor	
Other clients currently servicing	
<b>Account Executive Backup</b> —This individual should be available in the absence of the above-named account executive.	
Name	
Experience	
Years with vendor	
Other clients currently servicing	
<b>Dedicated Customer Service Representative</b> —This individual will be the contact for university human resources office.	
Name	
Experience	
Years with vendor	
Other clients currently servicing	
<b>Enrollment Representative</b> —This individual will be the contact for processing electronic or emergency enrollments.	
Name	
Experience	
Years with vendor	
Other clients currently servicing	
<b>Billing Representative</b> —This individual will be responsible for coordinating premium payments and receiving and reconciling premium period activity.	
Name	
Experience	
Years with vendor	
Other clients currently servicing	

## 7.2 Claims Processing / Administration

The University desires a Claims Services Administrative Service with the capability to:

Question Statement (attach necessary explanations and/or deviations)	Yes or No
1. Administer a 2010 benefit design that is similar to the 2009 University benefit design described in <b>Appendix A</b> .	
2. Adjudicate all U.S. and foreign claims, except retail, mail-order, and specialty pharmacy claims, for all health plan members.	
3. Perform other claims-related functions necessary to provide a complete scope of service.	
4. The Claims Services Administrative Service must provide a stable (low-turnover) claims office with well-trained staff in sufficient numbers for the size of the University account.	
5. Process direct payments to foreign providers for authorized benefits.	
6. Accept eligibility data in the format provided by the University.	
7. Does your company offshore any of your business (i.e. claim processing, billing, imaging, etc.)?	
8. If yes, what safeguards does your company have in place to ensure that PHI and other private information is not compromised due to off-shoring?	

**Appendix D** and **Appendix E** contain University summary claims data incurred CY 2007 and CY 2008 paid through May 2009.

## 7.3 Customer Services

### A. Eligibility Maintenance

1. Do you agree to participate in the re-enrollment process by participating in employee orientation meetings, including explanation of the plan(s) offered, and key differences between current plans and those to be implemented? Describe your procedures and personnel likely to be committed to an annual open enrollment.
2. Will you prepare literature describing the new plan in layman's terms and make such literature available for the employee meetings?
3. Will you provide an insurance policy/certificate/booklet, plan document, I.D. cards, and other appropriate literature to describe benefits to employees on an annual basis?
4. Describe your procedure and assistance for enrollment of employees who become eligible after plan inception (outside of the open enrollment process).
5. Explain the extent you will comply, upon enrollment and throughout your service to the University, with the Americans with Disabilities Act with respect to accommodating employees who have sight, hearing, and other disabilities.
6. How does the plan handle emergency enrollment? For example, if the enrollment form is received by the administrator on the 29th of the month for coverage to be effective on the first of the next month, how is it processed?
7. Does your company only allow age-based Medicare enrollment or both age and ESRD-based (long-term disability) Medicare enrollment?

**7.3 Customer Services (cont.)**

**A. Eligibility Maintenance (cont.)**

8. Please confirm that your plans are compliant with CMS’s definition of dependent eligibility.

**B. Member Access and Online Services**

9. Describe what your company offers plan participants who do not have online access but need critical information, e.g. customer service, 24 hour nurse line.

10. What are member services hours?

11. Indicate / describe your on-line provider directories, or how members can determine providers and network status.

12. List services available to members on your web site and provide a screen shot that shows how EOB and claim history are displayed.

13. What other online tools are available for members to track their claims?

<b>The Offeror will:</b>		<b>Yes or No</b>
14.	Maintain a web site approved in advance by UK which identifies the Offeror’s plan as joint between the University and the insurance company.	
15.	Provide ongoing maintenance of the plan web site within the monthly premium.	
16.	Provide access to the plan web site 24 hours a day, seven days a week.	
17.	Meet or exceed HIPAA standards for security, accessibility, privacy, etc. or have a detailed plan to attain compliance before implementation.	
18.	Respond to all enrollee emails by next business day.	
<b>Which of the following are included in the Offeror’s online services?</b>		<b>Yes or No</b>
19.	A searchable up-to-date provider directory	
20.	Provider directory with driving instructions	
21.	Summary Plan Description, summary of benefits, and general benefit information	
22.	Downloadable forms	
23.	Tools to support personal health management	
24.	Tools to support informed decision-making	
25.	Tools to support comparison of providers and facilities	
26.	Secure access to personal claims history and deductible status	
27.	Secure email to/from customer service	

	<b>Which of the following are included in the Offeror’s online services?</b>	<b>Yes or No</b>
28.	Member can check eligibility	
29.	Member can order replacement ID card	
30.	Member can check claim status	
31.	Provider can verify in “real-time” the eligibility status of members	
32.	Provider can create virtual medical record for a patient.	
33.	Provider can access medical history for a patient	
34.	Provider can submit referrals for a patient.	
35.	Provider can initiate appeals, see performance profiles, access protocols, policies and procedures.	
36.	Provider can submit claims	
37.	Provider can submit pre-certifications, extended LOS information	

**C. Member Printed Communications**

38.	The Offeror will print and distribute the annual Summary Plan Description for plan enrollees and for distribution to UK health plan-eligible individuals upon request.	Yes or No
<b>The Offeror will print and distribute the following materials for distribution at open enrollment benefit fairs:</b>		<b>Yes or No</b>
40.	Summary of benefits.	
41.	Provider directories.	
42.	Promotional materials (one page)	
43.	The insurance company will print and distribute a welcome packet for new enrollees to include:	
44.	Summary Plan Description	
45.	Cover letter	
46.	Web services promotional piece	
47.	Notice of Privacy Practices	
<b>The Offeror will:</b>		<b>Yes or No</b>
48.	Prepare and distribute (online, paper) Explanation of Benefits.	
49.	Work with Employee Benefits to draft the Summary Plan Description so that they are compatible with the insurance company’s administration of the plan and the University’s responsibility for defining eligibility and benefits	

	<b>The Offeror will:</b>	<b>Yes or No</b>
50.	Submit enrollee identification card design for approval, in advance, to the University.	
51.	Issue replacements for lost cards at no charge to the enrollee or the University.	
52.	Distribute member materials to retirees enrolled for calendar year 2010 no later than December 31, 2009.	
53.	Print and distribute identification cards for all Medicare enrollees covered in January 2010 and any new enrollees added subsequently.	
54.	Obtain approval from the University for all mass mailed enrollee communications prior to mailing.	
55.	Provide communications which are ADA compliant.	

**D. Customer Survey/Satisfaction**

- 56. Describe how you track and resolve member complaints.
- 57. What kind of grievance procedure is there for persons who experience problems with services provided?
- 58. List any of your customer service functions that are outsourced.
- 59. Describe the training process for your customer service representatives.
- 60. Describe your compliance with HIPAA. Include in your response details on your organizations policies on privacy, security (including physical safeguards), and electronic data interchange requirements.
- 61. Does your organization require a member’s social security number for logging into your organization’s website?
- 62. Verify that your customer service team does NOT require a member’s social security number to access a member’s account when receiving an incoming call.

Complete the chart below to provide information on your organization’s customer service:

	<b>Customer Service Area</b>	<b>Offeror Response (Provide response for each plan, if different)</b>
63.	Number of grievances per 1,000 members resulting in the highest level of arbitration in calendar year 2008	
64.	Hours of operation of customer service unit	
65.	Number of customer service representatives assigned to University service unit	
66.	Customer service employee turnover rate for 2008 and 2009 (year-to-date) for the location that will be serving the University’s account	
67.	Member satisfaction rating in most recent member satisfaction survey for 2008 and 2009 (year-to-date) for the location that will be serving the University’s account	

	<b>Customer Service Area</b>	<b>Offeror Response (Provide response for each plan, if different)</b>
68.	Average hold time in seconds and average abandonment rate for calls in 2008 and 2009 (year-to-date) for the location that will be serving the University's account	
69.	Will there be a dedicated toll free customer service unit for University employees and retirees?	

**E. Appeals**

- 70. What percentage of denied claims processed in 2008 were appealed? What percentage of appealed claims was approved?
- 71. Provide a copy of the appeal process documents that you send to participants who are dissatisfied with the outcome of claims.

**7.4 Provider Networks**

**A. Background**

- 1. Provide network contracting and credentialing processes that are equivalent to NCQA or URAC accreditation standards.
- 2. Evaluate the use of centers of excellence or other specific provider contracts.
- 3. Describe the policy to address financial responsibilities when an enrollee receives services provided by non-network hospital-based providers within network facilities and when an enrollee is referred by a network provider to a non-network provider.
- 4. If the network is not accredited by NCQA or URAC, regularly report to the University on a set of program review measures and metrics to be used by HCA in determining the contractor's provider network contracting and credentialing program is consistent with NCQA or URAC accreditation
- 5. Provide the most current directories for each of the key locations specified below. Provide this information on CD as well.

**Key Kentucky Locations by County:**

Anderson	Clark	Hardin	Jessamine	Perry
Boyd	Daviess	Harlan	Madison	Pulaski
Bourbon	Fayette	Henderson	Mason	Scott
Breathitt	Floyd	Hopkins	McCracken	Woodford
Christian	Franklin	Jefferson	Mercer	

**7.4 Provider Networks (cont.)**

**A. *Background (cont.)***

- 6. List all locations, not only the key locations, where the network proposed for the University is leased, rather than owned. Indicate the name of the leased network utilized.
- 7. Will you provide a minimum of 60 days notice of network additions/deletions?
- 8. Will you provide six months or longer notice of any substantive change to your network (e.g. a change in provider compensation structure)?
- 9. What is the date of the current directory? How often is the directory updated? Is your directory on the Internet?
- 10. What is your procedure to address the need for a primary care provider or specialist who may not be in your network?
- 11. How is discharge planning initiated and performed?
- 12. Do you require pre-certification for any procedures or diagnostic services? If yes, list criteria and procedures and describe the pre-certification process.
- 13. How is the pre-certification program coordinated with other utilization management programs, such as chronic case management or large case management?
- 14. Briefly describe what kinds of communications are provided by the network to participating providers and how often they are informed of plan changes.

**B. *Quality Management, Provider Selection and Credentialing***

- 15. Indicate the insurance company's current accreditation status with the following organizations, (specify for each plan):

Note: If accreditation status varies by state/market, explain, or answer for top 20 MSAs.

Organization	Accredited		Accreditation Type (Full, Denied, Provisional, Pending, One Year, etc.)	Date of Accreditation
	Yes	No		
NCQA				
JCAHO				
URAC				
Other				

- 16. How frequently are hospitals reviewed once they are a part of the provider network?
- 17. How often is each provider type re-credentialed?

**B. *Quality Management, Provider Selection and Credentialing (cont.)***

18. Does the insurance company develop physician profiles? If yes, indicate the data used to develop the profiles.
19. Does the insurance company have a formal written process to address clinical quality issues with network providers, including over-and-under-utilization?
20. Do you use and publicly report measures of provider quality adopted by AQA or HQA, NQF or other national consensus-based collaborative?
21. What are your credentialing standards and selection processes for new physicians? Are physicians' credentials independently verified? If standards are not the same for indemnity and PPO providers, please provide standards for both plans.
22. Do you utilize a special Centers of Excellence network for transplants? Is it a subcontracted network or your own network?
23. Describe your program for measuring the quality of health care delivered to participants, how it is monitored and the type and frequency of reports that the University will receive. Attach a sample copy of a Quality of Care/Outcomes report, if available.
24. Does your provider network include retail clinics that are contained within pharmacies, grocery stores, etc?
25. What specific services or programs targeted at quality health care that are not addressed in these questions do you offer that set you apart from your competitors? What do you do that is especially innovative?

**C. *Provider Contracting***

26. For hospitals in the plan's network, how does the plan insure that hospital based providers (radiologist, anesthesiologist, etc.) are contracted with the plan's network?
27. How are provider changes communicated to members? Frequency? If a provider is terminated, are members who have used that provider notified? How and within what time frame?
28. Describe any special treatment programs, such as centers of excellence, organ transplants, etc.
29. Does the University's plan design pose any problems under the current provider agreements? If yes, elaborate.
30. How do you achieve cost effectiveness through negotiations when plan participants utilize providers that are not in the network, and the charges are very substantial?
31. State the duration of your provider contracts. For example, if most are "evergreen" state so and define what you mean by "evergreen". For major providers, indicate which contracts are

**C. Provider Contracting (cont.)**

for one year only (and the anniversary date), and which contracts are for longer than one year (and the expiration date of such longer term contracts).

**D. Benefit Administration**

32. How is emergency defined?
33. How is urgent care defined?
34. Does this plan track complaints about network providers?
35. Have you provided descriptive materials of the plan offered, including a directory of network hospitals, physicians and specialists, locations and office hours of facilities and staff and arrangements for after hours or emergency services?
36. Are network providers precluded from balance-billing patients for amounts in excess of the plan's negotiated reimbursement level?
37. Describe how the plan typically handles treatment in progress with a new member in a non-network provider. Address specifically:
  - a. terminal illness
  - b. scheduled surgeries
  - c. mental health or substance abuse
  - d. chronic illness
38. Are any third party subcontractors being used to satisfy parts of this RFP?
39. Do you agree to furnish complete information about this arrangement before a contract is signed? How do you intend to ensure a high level of coordination between you and your subcontractors?

**E. Network Access**

To enable the University to accurately compare the current fit and accessibility of each vendor's network, we are requesting network accessibility reports (described below) from each vendor for each network quoted. The required access standards are two primary care physicians within ten (10) miles and 1 hospital within 20 miles of the employee's home zip code. For purposes of determining primary care physicians, include general and family practitioners, internists and pediatricians.

Provide geo-access reports, based on zip codes for the current participant residence (participant home zip codes are shown in **Appendix C**, Census Data for each employee). This information is included in an electronic file attached to the RFP.

**E. Network Access (cont.)**

1. Briefly describe the software used to measure network access. To ensure quality and consistency in the comparison of networks, the preferred method of measuring the mile radius from a network provider is the program developed for the GeoNetworks™ system. If GeoNetworks™ is not used, then the method used to measure mile radius must be CLEARLY defined.
2. Define the methodology utilized to determine mile radius from a network provider. **(We prefer that “driving distance” be utilized.)**
3. Report the number of employees by county for the top 50 counties in Kentucky, who have access to at least two primary care physicians within ten (10) miles of their home zip code using the following format.

County	Total Number of Employees	Employees with Desired Access			
		Number	%	Avg. Distance to Providers (1)	Avg. Distance to Providers (2)

4. Report the number of employees for the entire state of Kentucky and for the entire University regardless of the state of residence.
5. Identify the locations where the access standards cannot be guaranteed. Report data using the following format, for current employees:

County	Total Number of Employees	Employees without Desired Access			
		Number	%	Avg. Distance to Providers (1)	Avg. Distance to Providers (2)

**E. Network Access (cont.)**

6. Report the number of employees for the entire state of Kentucky and for the entire University regardless of the state of residence.

**7.5 Medical Management**

**A. Disease Management / Care Management**

1. Has the Offeror implemented disease-specific outreach programs that notify individual members (as opposed to all members) of their need for preventive procedures or management of selective conditions? Indicate the plans for which this applies.
2. Identify the key elements for the following disease management programs the Offeror has in place. Only check those programs which are/will be available to the senior population members. Is this program administered by the Offeror? If not, is a subcontractor used? If so, furnish the name of the subcontractor.

	Item	Yes or No
a.	Coronary heart disease	
b.	Congestive heart failure	
c.	Hypertension	
d.	Diabetes	
e.	Asthma	
f.	COPD	
g.	Rheumatoid arthritis	
h.	Depression	
i.	Musculoskeletal	
j.	Low back injury / pain management	
k.	Cancer	
l.	Other (specify)	

3. Which of these diseases / conditions / procedures are primary as to your involvement?
4. Are these services:
  - a. Level 1: The same as the care management solutions provided to your commercial (non-Medicare) population.
  - b. Level 2: Different from the care management solutions provided to your commercial (non-Medicare) population?
5. Describe the process for identification/enrollment of members in the plan's disease management program. Please provide the outreach and services based on severity (e.g., at risk, moderate risk, high risk).

**B. *Managed Behavioral Health Services***

6. Will the TPA help the University meet the requirements of the Mental Health Parity Act?
7. Indicate whether these services would be provided by the insurance company, a company owned by the insurance company, or a subcontractor. (See section 2.1 regarding UK Chandler Medical Center participation.)
8. If the insurance company subcontracts for managed behavioral health services, how is eligibility data transferred with the vendor?
9. Are the services provided on a discount-only basis or capitated arrangement?
10. How many employer clients are currently being provided managed behavioral health services through this vendor? How many covered lives?
11. How long has the behavioral health network been in place?
12. If there are areas where the plan will not be able to establish network providers, identify these areas by city and zip code and describe how the plan will handle channeling of patients and review of treatment.
13. Indicate the number of behavioral health providers in the key locations.
14. List the behavioral health inpatient and outpatient facilities in the network in the key locations.
15. Indicate the normal service access definitions, separately for outpatient office visits, residential treatment centers, emergency treatment facilities, detoxification and inpatient hospitals.
16. Indicate the range of service types under the network contract.
17. Describe the criteria and processes for selection of network hospitals and other facilities (e.g., residential facilities).
18. Describe the recruitment and selection process for non-institutional providers under consideration for membership in the network.
19. Who is responsible for coordinating mental health / substance abuse benefits?
20. How does the mental health / substance abuse provider communicate with the primary care physician?
21. In the case of inpatient mental health / substance abuse care, who is responsible or pre-certifying the stay?
22. Describe your behavioral health management including who performs the services (vendor or subcontractor).
23. Who is responsible for coordinating mental health / substance abuse benefits?

**B. Managed Behavioral Health Services (cont.)**

24. How does the mental health / substance abuse provider communicate with the primary care physician?
25. In the case of inpatient mental health / substance abuse care, who is responsible or pre-certifying the stay?
26. Describe your behavioral health management including who performs the services (vendor or subcontractor).

**7.6 Pharmacy Management**

1. Are you submitting a specialty pharmacy or mail service pharmacy to administer Part B pharmacy benefits?
2. Describe how you will ensure that participating pharmacies and members understand which ID card to use for which medication.
3. Describe how you will ensure that participating pharmacies / COB / Part B versus Part D claim adjudication, PA's etc.
4. Provide samples of physician and pharmacy communications and correspondence.
5. Provide detail on your organization's experience in coordinating Part B drug data with Part D drug data (from a different PBM).

**7.7 Plan Design****A. General**

1. The contract to be effective January 1, 2010 for the Medicare Advantage plan (calendar year plan).

**B. Program Eligibility**

1. The contract will cover eligible dependents and "Sponsored Dependents."

**C. Program Administration**

1. The University will reserve the right to audit, either directly or through its authorized agent(s), the vendor's compliance with the terms of the contract. UK will further reserve the right to perform a chart audit or other appropriate review to assess the quality of any clinical or other services performed by vendor or vendor's affiliated health care providers upon reasonable advance notice. Upon providing appropriate assurance as to compliance with HIPAA and other relevant privacy standards, the vendor will agree to provide UK or its authorized agent(s) with medical records, as well as any data needed to perform audits or other reviews. If any costs are associated with audits, please include cost in your responses to the financial section.

**C. Program Administration (cont.)**

2. To the extent applicable, the vendor will be adequately credentialed, re-credentialed and will monitor affiliated health care providers, in accordance with the current National Committee for Quality Assurance (NCQA) and all other applicable and appropriate criteria relating to provider selection and quality management.
3. The vendor will demonstrate adoption of arrangement to protect UK and plan participants from incurring liability for payment of any fees which are vendor's legal obligation, including but not limited to (i) sufficient insolvency and liability insurance; (ii) a contractual arrangement with medical providers affiliated with vendor that prohibits such providers from holding any participant liable for payment of any fees which are vendor's obligation, and (iii) other protection from liability for participants as provided by applicable state or federal laws.
4. The vendor will act promptly in response to complaints made by covered employees, retirees, and their eligible dependents. The vendor will maintain written records of such complaints, and make grievance appeal procedures available where applicable when addressing such complaints. Within HIPAA guidelines, the University shall have the right to inspect such written records during normal business hours upon notice to the vendor.
5. The vendor must maintain eligibility system and handle coverage verification procedures. Initial enrollment/eligibility file will be furnished electronically from UK or the current vendor. The vendor must accept daily updates containing additions, deletions, and status changes affecting enrollment from an electronic file produced by UK. A full file will be provided weekly.
6. The vendor and any subcontractors must process eligibility updates (new enrollments, demographic changes, coverage terminations, etc.) within 48-72 hours of receipt of an electronic file from UK. Eligibility forms that are faxed to the vendor from authorized UK representatives will be processed within 24 hours for emergency and urgent cases and within 48 to 72 hours for non-urgent cases.
7. The vendor will be required to provide monthly reports showing incurred claims vs. income.

**D. Medical Benefits Coverage**

1. Will you assure that your takeover of administration of the plan from the current insurance company be on a no loss/no gain basis to participants and the University?
2. Have you provided descriptive material on all medical benefits provided and all limitations and exclusions?

**E. Performance Management and Quality Improvement**

The University desires a Performance Management and Quality Improvement Administrative Service that: effectively oversees the clinical, administrative, and operational components of the University health plans, and undertakes appropriate and timely remedial actions and quality improvement actions to maintain a high level of safety, quality of care, and operational integrity.

<b>The insurance company will agree to:</b>	<b>Yes or No</b>
1. Provide a program to monitor and promote patient safety, appropriateness of care, and use of care guidelines.	
2. Provide a program for provider credentialing.	
3. Provide a program to monitor and exclude payment for "Never Events".	
4. Provide a program to ensure consistency and accuracy of claims processing, coverage decisions, customer service, and administration performance.	
5. Conduct a quality improvement program that is accredited by NCQA or is consistent with NCQA standards.	

## 7.8 Cost

### Services Included in Monthly Premium:

Verify that the following services have been included in the quoted fees:		<u>Yes</u>	<u>No*</u>
1.	Maintenance of comprehensive eligibility data for all eligible participants including name, social security number, date of birth, relationship, coverage option, coverage level, coverage effective date, coverage termination date, and COB data.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Provision and distribution of all documents and forms including, but not limited to, ID cards, necessary enrollment materials, claims forms, directories, etc.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Verification of employee and dependent eligibility.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Provision and distribution of enrollment kits including network directories to participants' homes.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Adjudication and issuance of payments and EOBs for claims.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Timely and appropriate responses to claimants' inquiries.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Concurrent pre-certification and review of all hospital stays, home healthcare, and need for durable medical equipment.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Case management for serious and/or prolonged illnesses and injuries.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Provision of specific and targeted disease management programs.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Provision of summary plan descriptions in accordance with the Health Insurance Portability and Accountability Act.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Provision of health information to enrollees both written and via the Internet.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are commissions built into the filed rates / fees?	<input type="checkbox"/>	<input type="checkbox"/>
13.	If yes, is commission built into the filed rates / fees removable?	<input type="checkbox"/>	<input type="checkbox"/>
14.	If commission cannot be removed from the filed rates / fees, please explain.		
15.	Are there custom riders or mental health / substance abuse rider?	<input type="checkbox"/>	<input type="checkbox"/>

## 7.9 Reporting

1. Have you submitted samples of other claims reports formats and management reporting systems available to the University?
2. Total charges by provider and for all physicians collectively, total charges by hospital and for all hospitals collectively, total charges for all Part B medications and DME.
3. Number of hospital admissions, number of hospital days, and number of hospital days per admission by hospital and for all hospitals collectively.
4. Total charges in network versus out-of-network, separately for physicians and for hospitals.
5. Frequency and severity by diagnosis (provide the top 20).
6. Have you stated which of the available claims reports and other management reporting systems you are including within the costs of your proposal?
7. Are these reports available in real-time and on-line via the Internet?
8. Attach sample copies of your reports.

**7.10 Optional Services**

Offerors must describe any optional services. The University shall, in its sole discretion, make the determination as to whether the optional service will be undertaken.

## **8.0 Financial Offer Summary**

Complete the **Appendix F** – Cost Proposal data request.

## **8.1 Mandatory Services (Section 7.1-7.9)**

Please complete and attach **Sections 7.1 through 7.9** to provide support for your firm fixed price bid.

## **8.2 Optional Services (Section 7.10)**

Offerors must provide a bid on the optional services detailed in **Section 7.10**. The University shall, in its sole discretion, make the determination as to whether the optional service will be undertaken.

Please submit your bid on optional services by completing **Section 7.10**.

## **8.3 Alternate Pricing**

In addition to the above financial offer, Offeror may submit alternative financial proposals, however the information requested above must be supplied and will be used for proposal evaluation purposes.

## Response Forms

The Offeror's administrative fee quote should be submitted as part of Cost Proposal, Appendix F.

### Form A: Acceptance Form

Confirm willingness and ability to meet specific University standards and conditions by addressing items listed below.

***Include this page in the front of the plan's proposal.***

The Offeror is proposing to provide and administer the following fully-insured plans (check all that apply):

- Medicare Advantage PFFS
- or Medicare Advantage Passive PPO
- or Medicare Advantage Standard PPO

**“Agree” (A)** means the Offeror agrees without deviation.

**“Agree with deviations” (D)** means the Offeror deviates from the standard. Provide a brief explanation of the plan deviation. If acceptable to the University, the modified standard will be incorporated into the final contract.

**“No” (N)** means this standard will not be incorporated into the final contract. Provide a brief explanation as to why the plan cannot or will not accommodate the standard.

<b>GENERAL ADMINISTRATION</b>	<b>A</b>	<b>D</b>	<b>N</b>
1. The proposed effective date is January 1, 2010.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The monthly premium quotes in this proposal assume that the plan will be responsible for all claims incurred on or after January 1, 2010.			
3. The proposal does not include minimum participation requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The Offeror will comply with all state and federal government regulations, such as, HIPAA, NMHPA, FMLA, Medicare, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The Offeror will provide all reports and notices to satisfy governmental requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The Offeror will coordinate enrollment/eligibility, claims payment, reporting, and customer service issues with any subcontracted vendors that might provide services, such as PBM or behavioral health manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The Offeror agrees to comply with the University's requirements for audits by its internal audit staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The Offeror agrees to use of UK HealthCare as a provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CUSTOMER SERVICE</b>	<b>A</b>	<b>D</b>	<b>N</b>
9. The Offeror's account management team will support the University benefit staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The Offeror agrees to be available as needed during the implementation process, and ongoing for monthly (or as needed), face-to-face meetings with the University's benefit staff to discuss outstanding issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ID cards for new participants will be sent within 5 business days of receipt of enrollment from the University.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The Offeror will track and report to the University the client specific number and types of member service calls received by the administrator from the University employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The Offeror is responsible for the distribution of any network directories to participants, as specified in Section 7.3.C. New supplies and/or new directories shall be received within two weeks of request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Account management staff will attend enrollment meetings with the University.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>REPORTING</b>	<b>A</b>	<b>D</b>	<b>N</b>
15. The Offeror agrees to provide the reports listed in <b>Section 7.9</b> and the cost of these reports is included in the monthly premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUMMARY</b>	<b>A</b>	<b>D</b>	<b>N</b>
<b>The following information is included in the proposal:</b>			
16. Most recent annual report and audited financial statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sample new member communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Sample Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sample reports available at no charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Medical GeoAccess reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Completed questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Electronic Physician Directory by County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## **Appendices**

Appendix A	Current Plan
Appendix B	University of Kentucky Medical Benefits Plan
Appendix C	Census Data
Appendix D	2007 Claims information
Appendix E	2008 Claims information
Appendix F	Cost Proposal