

EXHIBIT A-1

SCOPE OF SERVICES/TERMS AND CONDITIONS

“THIRD PARTY ADMINISTRATION, INDIVIDUAL STOP LOSS FOR SELF-FUNDED MEDICAL PLAN, PHARMACY BENEFIT MANAGEMENT SERVICES, GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT, EMPLOYEE ASSISTANCE PROGRAM”

RFP No.: _____

Background Information

Hidalgo County (hereinafter referred to as HIDALGO COUNTY) is located in Hidalgo County, Texas. The majority of the approximately 3,900 insured employees, retirees and COBRA participants participating in HIDALGO COUNTY's self-funded health benefit plan use the services of providers located in Hidalgo County, the current enrollments in the Health Plans are available in the attachments provided with this RFP.

Aetna has provided services from January 1, 2017 to current date. The health plans have conformed to the requirements of the PPACA legislation.

The Request for Proposal goal is to provide the employees of Hidalgo County high quality health care, pharmacy, and tertiary care at competitive prices. Hidalgo County's objective is to manage insurance cost effectively and efficiently.

The information necessary to complete the RFP proposal is contained in the attachments provided with this RFP.

HIDALGO COUNTY desires to receive proposals for continuation of the self-funded health plan based on duplication of existing Plan of Benefits.

You may submit independent proposal for:

- 1) Third Party Administration of the Self-funded Medical Plan
- 2) Individual Stop Loss Coverage
- 3) Pharmacy Benefit Management Services
- 4) Group Term Life & Accidental Death and Dismemberment
- 5) Employee Assistance Plan

Finalist presentation dates will be announced. Finalist will be presented with an agenda and specific questions to be answered during the presentation. The presentations will be recorded for future reference.

HIDALGO COUNTY
Request for Proposals
RFP No.: _____

Individual Stop Loss Insurance (ISL)/
Request for Proposal Submission Form

RFP ASSUMPTIONS:

1. Proposal is to be based on duplication of the existing Plan of Benefits, unless otherwise specified, any deviation must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
2. Alternate benefits plan designs may be proposed. Alternate plans may include the use of HMO or other limited network utilization. Include a brief explanation of the plan deviations and the beneficial benefits for the County.
3. Proposal is to be based on the provided census.
4. Contract effective date is to be **January 1, 2020**. All participants enrolled in the insurance plan as of December 31, 2019 are to be covered on a "no loss/no gain" basis. "No loss/no gain" for participants are to include credit for accumulated deductible carry over and coinsurance.
5. HIDALGO COUNTY desires to receive proposals for a Three (3) year period on one of the following basis:
 - Fixed price for the Three (3) year period, or
 - Fixed price for year one (1) with Two (2) annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with Two (2) annual renewal options at rate and premiums deemed to be favorable to HIDALGO COUNTY. Rates to be firm by October 1 (90 days prior to anniversary date)
6. HIDALGO COUNTY will only consider stop loss insurance policies meeting the following:
 - a) Specific Policy on a paid/12; or paid/15 basis for Medical and Drug (Rx). We do not wish to see an aggregating specific; however: a 24/15, Contract proposal may also be provided on 24/12 plus a Terminal Liability Option..
 - b) Medical and Drug (Rx) Specific Coverage with, \$300,000, \$325,000, \$350,000 deductible.
 - c) Final determination on all lasers, if any, including deductible amounts and conditional lasers should be clearly identified and provided with RFP response based on provided claims data. The County will waive the requirements of HB 1627 (Title 8, Subtitle H Chapter 1550, and Subchapter B Texas Insurance Code. **However, the County is seeking firm and final quotes on Specific Coverage**

and Lasers.

- d) Completion of Insurance Company Quotation Document with all terms clearly listed
- e) Waive Actively at Work Provisions.

7. Renewal rates must be received by HIDALGO COUNTY at least 90 days prior to anniversary date.

8. Describe the business entity submitting the proposal:

Insurance Company Name: _____

Address: _____

Contact Person: _____ Phone _____

Describe Financial Stability of Insurance Company:

Financial Rating Service	Current Rating	Prior Year Rating
A.M. Best		
Standard & Poors		
Moody's		

9. Provide three (3) Texas client references (preferably public entities):

Name of Client	Contact Person	Telephone Number	Number of Employees

The business entity must provide satisfactory evidence of existing insurance coverage in the amount of \$3,000,000.00 for Errors and Omissions or other fiduciary liability. If the business entity is selected to provide services it must provide evidence that such coverage will be in effect for the duration of the agreement.

GENERAL QUESTIONNAIRE

1. May HIDALGO COUNTY's Insurance Department speak directly to a claim examiner for questions related to payment of a claim? Yes_____ No_____
2. Are hospital audit charges, medical records, etc – considered eligible expenses related to investigation of claim? Yes_____No_____
3. May Hidalgo County independently negotiate with providers? Yes_____No _____
4. Will any claimant be excluded or assigned a higher deductible (lasered)?
Yes___No_____
- If so, please describe: _____

5. Did you provide a Specimen Stop Loss Contract? Yes___No_____
6. Does your Stop Loss insurance contract have any exclusions or limitations that are more restrictive than those used in HIDALGO COUNTY's medical plan document?
Yes _____ No_____
- If so, please describe: _____

7. Are the active-at-work and disabled dependent provisions waived for the effective date of the contract? Yes_____ No_____
8. Are Centers of Excellence required to be utilized for transplant coverage? Please provide specific information about facility locations and the procedures that are required.
If so, please describe: _____

9. Are quoted rates net of agent commission, incentives, bonus overrides? Yes___No_____

OPTION 1: Hidalgo County is seeking bids that do not include agent commissions, incentive payments, or overrides.

OPTION 2: Vendor may select one or two agents to provide bid response to RFP. If two (2) agents are selected by Vendor the County will assume they are co-agents and not select a single agent representative. The Vendor shall provide full disclosure of all fee, credits, awards, bonus, and any other payments made either directly or indirectly to agent(s). The total of which is not to exceed \$80,000. If Hidalgo County Commissioner's Court decides to utilize agents the selected

agent(s) will:

- a) Provide enrollers to aid the County in the annual enrollment process. The number of enrollers to be determined by the County to adequately service the County's needs.
- b) Provide full time access to a service representative to aid the County in resolving employee or County issues with the County's medical provider
- c) The Service Representative may be required to provide additional services as determined by Hidalgo County Commissioner's Court.
- d) Provide a summary of the agency and recognition of the services required describing the agency's ability to perform the services.

- 10. Do quoted rates include advance funding for Specific Claims? Yes ___ No ___
- 11. Have you provided an in network discount guarantee? Yes ___ No ___
- 12. Do you have a more limited (narrower) network available to reduce cost for the County? Yes ___ No ___ IF yes did you provide a quote indicating the plan? Yes ___ No ___
- 13. Are you using a rental (wrap) network to fill gaps in your network? Yes ___ No ___
- 14. Do you consider the use of the wrap network as in network utilization or out of network utilization, i.e., do you report the wrap network utilization as PPO savings? Yes ___ No ___
- 15. What percentage of out of network savings is retained by use of the wrap network? ___%
- 16. Have you used the savings of the wrap network to reduce your administration fees? Yes ___ No ___
- 17. Are your discount guarantees based on exclusion of the wrap network experience? Yes ___ No ___
- 18. Do you use capitated contracts in your network? Yes ___ No ___
- 19. Are your fees and expenses based on a shared savings of in or out of network savings?
- 20. If a PBM other than your corporately owned PBM is selected what adjustments would you make to your administrative fees?
 - a. Increase administrative fees by ___%
 - b. Increase PEPM by \$_____.
- 21. Do you accept Fiduciary Responsibility for claim payments?
- 22. Complete the Medical claim repricing model. Include network disruption analysis and complete repricing model with exceptions to report noted. Password protected file. Password will be provided upon request to Yolanda Velasquez.
yolanda.velasquez@co.hidalgo.tx.us

Reference Based Pricing

1. Describe your current network utilization in Hidalgo County.
2. Do you use a specific payment for each procedure with balance billing to employees?
3. Do you use a specific payment for each procedure and negotiate balance billing if there is a balance bill issued?
4. Do you use a third party to negotiate the balance billing issue?
5. Describe the cost and the relationship with the third party negotiator.
6. Describe your plan design reimbursement model?
 - a. Medicare percentage payment recommendations.
 - i. Primary Care Physicians
 - ii. Tertiary (labs, standalone walk in clinics, etc.)
 - iii. Hospitals
 1. In Patient
 2. Out Patient
 - b. Other Reference Method than Medicare Plus?
7. How does your stop loss policy treat negotiated fees that are above the standard fixed reimbursement set by the plan?
8. What do you do to make certain the providers who accept RBP meet reasonable quality standards?
9. Do you disclose a list of the providers who accept RBP as full payment of services rendered?
10. Does your plan comply with ACA standards of reporting for charges in excess of the reference based price reimbursement?
11. Does your plan include the excess billed charges as part of the maximum out of pocket as defined by the ACA?
12. Describe your educational introduction of the RBP plan to Employees.
13. Complete the repricing request for all claims.

**BASIC
PLAN**

	Number of Participants	Rates	Monthly Premium	Annual Premium
Incurring _____ Paid _____				
\$ Specific Deductible				
Single Family Composite				
Incurring _____ Paid _____				
\$ Specific Deductible				
Single Family Composite				
Incurring _____ Paid _____				
\$ Specific Deductible				
Single Family Composite				
Incurring _____ Paid _____				
\$ Specific Deductible				
Single Family Composite				

**HIGH
PLAN**

	Number of Participants	Rates	Monthly Premiums	Annual Premium
Incurring ___ Paid _____				
\$ Specific Deductible				
Single Family Composite				
Incurring ___ Paid _____				
\$ Specific Deductible				
Single Family Composite				
Incurring ___ Paid _____				
\$ Specific Deductible				
Single Family Composite				
Incurring ___ Paid _____				
\$ Specific Deductible				
Single Family Composite				

THIRD PARTY ADMINISTRATION QUESTIONNAIRE

TPA ORGANIZATION:

1. Name, Address, City, State, Zip Code and Telephone Number of Firm. Is this a branch facility? If so, please identify the main office location.
2. Is your firm owned or operated by a parent company? If yes, please identify the parent and its primary business.
3. How long has your firm been in business doing medical claim adjudication?
4. Who are the principal officers in your firm? How long have they been in their positions?
5. How many claims processors are Full Time employees in your firm?
 - a. How many claim processors will be appointed to service this account?
 - b. How many years of experience do each have with medical claims processing?
6. Do you have bilingual claims personnel available to plan participants who call your office for customer service and/or claims processing?
7. How many clients do you perform claim administration services for?
 - a. How many clients over 2,500 employees? _____
 - b. How many clients over 500 employees? _____
8. Provide a copy of your Errors & Omissions coverage? A minimum of \$3,000,000 is required.

CLAIMS ADMINISTRATION:

1. Can you meet the following performance standards?

a) ID Card production and mailing. 97% mailed within 15 business days

Yes ___ No ___ Your guarantee _____%

b) Clean Claim Turnaround 98% in 15 working days

Yes ___ No ___ Your guarantee _____%

c) Financial accuracy 99%

Yes ___ No ___ Your guarantee _____%

d) Average speed to answer customer service calls in 30 seconds?

Yes ___ No ___ Your guarantee _____%

e) Abandonment rate less than 2%?

Yes ___ No ___ Your guarantee _____%

2. Describe your internal audit procedures?

3. What safeguards exist to protect against claims abuse and fraud?

4. Describe your procedures for professional medical claims review as required by PPACA

5. Explain your hospital bill audit procedures.

6. Describe your procedures for tracking and reporting specific excess claims?

7. Explain how you handle subrogation and third party disbursements?

8. Do you provide a toll free number exclusive to Hidalgo County for claim inquiries?

9. What are your normal hours of operation to answer calls for claim inquiries?

10. If you have a separate customer service unit, what are your standards for:

Answer Time: _____

Abandon Rate: _____

11. Does your fee assume a first year claim lag? If so, what is the cost to purchase mature claim year administration?

12. Does your fee assume any excess loss carrier overrides? Do you receive overrides from any insurance carrier or any other source who is a vendor for the County Contract?

The County requires that a TPA provider allow audits by County Personnel, or outside auditors to evaluate the performance of the administrator. The outside auditor shall be agreed to by both parties and may be fee paid or a contingency audit.

13. Do you allow audits by external auditors? What restrictions apply?

14. Do you allow contingency audits?

15. Confirm that you will notify an Employee when a dependent has reached the age of disqualification from the medical plan. Yes __ No __

ELIGIBILITY SYSTEM:

1. How is an insured's eligibility assigned and maintained?
2. Do you maintain information on each of the family members separately, as well as the employee?
3. How do you verify dependent eligibility prior to paying a claim?
4. Will you accept claim eligibility files from the County's Benefits Administration System via weekly EDI feeds?
5. How much advance notice is required to establish an EDI eligibility file feed?

SYSTEM CAPABILITIES:

1. Are there any significant manual activities required to process claims?
2. Describe **briefly (one page)** your claims payment system, including hardware and software?
3. Do you own or rent your claim payment system software?
4. What percentage of your claims is currently 100% adjudicated?
5. What level (billed amount) is auto adjudicated?

BANKING ARRANGEMENTS:

1. Do you require the use of a specific bank for claim accounts? If so, please provide the name, address, and phone number of the bank.
2. Is an initial claims payment deposit required to establish banking arrangements?
3. Will you perform bank account reconciliations?
4. Are there any additional costs to the banking? (I.E.: — EFT charges, monthly charges, etc.)
5. ***The County reimburses carrier for claims paid via ACH on a biweekly basis according to available Commissioner's Court meetings. Typically, this translates in a 3-4 week delayed payment. This is because request to process ACH must be placed on the Agenda for Commissioner's Court approval and deadlines to place agenda items must be followed. In addition, Commissioner's Court meets every other Tuesday. Biweekly ACH must be initiated by the County. Carrier withdrawals are not permitted by the County.***

Are you able to commit to this process? Yes _____ No _____

6. The County **requires** a grace period for claim reimbursements that is sufficient to avoid any late payment requirements of the carrier.

UTILIZATION REVIEW:

1. What U.R. services are performed in-house?
2. What outside U.R. provider do you use? How long have you used them?
3. Indicate which U.R. services you have assumed in your proposal?
 - Pre Notification
 - Preadmission Review
 - Concurrent Review — On Site or Off Site
 - Retrospective Review Large Case Management
 - Discharge Planning
4. Can you accommodate Pre-Notification for the following?
 - Home Health Care
 - Specialty Care referrals
 - Ancillary Services
 - Inpatient Surgical procedures
 - Outpatient Surgical procedures
 - Lab & X-ray procedures
 - Inpatient Mental Health and Substance Abuse
 - Outpatient Mental Health and Substance Abuse
5. Briefly describe your Disease Management Program.

PREFERRED PROVIDER ORGANIZATIONS:

1. Can you install PPO discounts for direct contracts with providers?
2. Complete the Medical Plan Repricing Model. Identify Provider as in-network (IN) or out-of-network (OON). **Password will be provided upon request to Yolanda Velasquez.**
yolanda.velasquez@co.hidalgo.tx.us

REPORTING:

In the attachments there is a list of requested reports with examples of each. Please review each report and verify using the checklist of requirements that you will provide the reports as requested. If there is a report that you cannot complete, provide a full explanation of the reason why it cannot be provided.

Are Ad Hoc reports available at no additional fee? Yes _____ No _____

GENERAL:

1. What is the cost for producing a plan document? Is it included in your cost assumptions?
2. What is the cost for producing a Summary Plan Description? Is it included in your cost assumptions?
3. Do you provide the SBC's as required by PPACA?
4. Do you provide the tax information required under PPACA?
5. Do you provide reporting for 1095 and 1094 ACA Reporting?
6. Do you provide the W2 information as required under PPACA?
7. What is the cost of having the Plan Document and SPDs changed due to regulatory changes? Is it included in your cost assumptions?
8. Do you provide ID cards electronically and printed individual ID cards?
9. What is the cost for printing ID cards? Is it included in your cost assumptions?
10. Is there an initial set-up fee charged for the installation of our plan?
11. Please disclose any additional fees or expenses that are borne by the client.

PHARMACY— ADMINISTRATION SERVICES ONLY (ASO)

Please find the current Pharmacy drug plan design in the medical plan summary attachment.

1. Please describe your retail pharmacy network (number of independents and number of chains) including its relationship to you (e.g. owned or leased).
2. Please confirm that Pharmacy drugs prescribed by any licensed health care provider, including dentists, will be covered by the pharmacy program.
3. Complete the PBM modeling using the formulary that you are recommending and the data provided in the Pharmacy Claim History attachment. Note in your analysis medications that are not included in your formulary. Identify the co-pay tier that is associated with each medication. Using the provided top 100 most expensive and most frequent medications, identify the coverage tier and co-pay you are proposing. Mark your submission "proprietary information do not disclose".
4. Does the retail brand discount include savings from formulary, network spread, clinical savings, DUR savings?
5. Is the brand discount a hard discount?
6. Is the brand discount an average? Is it based on 11 digit NDC?
7. Is the brand discount at mail order based on 100 units or actual acquisition NDC?
8. Is the mail discount based on 11 digit NDC?
9. Generic pricing must be expressed as a discount off of AWP for overall generic effective rate at retail. We will NOT accept as pricing the term "MAC" without quantifying what that number represents and what the blend of MAC and NON-MAC drugs represent overall.
10. Your quote must include a traditional pricing model and a transparency full pass-thru model.
11. What is the discount for specialty drugs? What is the dispensing fee? Is the specialty drug program a pass-thru under a transparency model? Are rebates paid on specialty drugs? Are supplies included in the pricing?
12. Please provide your definition of "generic". Also provide a definition of the generic included in the overall generic guarantee.
13. Does your plan include Step Therapy and a pre-authorization component to help control cost?
14. Are rebates paid quarterly? If not, when?

15. Under transparency pricing model, are rebates a 100% pass thru of Gross?
16. Will coverage of OTC impact rebates? If so, how much?
17. Do rebates survive termination? When are they paid after termination?
18. Do you contract directly with manufacturers for formulary rebates or do you use another aggregate PBM? If yes, who handles?
19. Please describe how the drugs for the formulary are selected, and who is responsible for the selection.
20. Do you own your own mail service? If not, who do you sub-contract with and do you retain revenue?
21. Do you own your own Specialty Pharmacy? Or subcontract? If yes, who handles specialty pharmacy?
22. What is the average turnaround time for mail order pharmacy?
23. Can mail order pharmacy be ordered on-line?
24. Does the PBM allow 90-day fills at retail in addition to mail order? If so, what contracted pharmacies participate? What is the discount to Hidalgo County for a 90-day network?
25. Do you offer alternatives in the pharmacy program that can help control or reduce the plan costs? If so, please provide details and approximate savings for each feature.
26. Please explain your Drug Utilization Review process for these programs:
 - a. Prospective
 - b. Concurrent
 - c. Retrospective
27. Please submit a sample of your standard reporting package. Attach samples of your standard reporting package that is included in your quote. Please note if your claims numbers are based on paid or incurred claim figures.
28. How do you propose getting members to look at alternative brands that have generics available and do your manufacturer contracts preclude you from providing this type of information to members?
29. What financial advantage would Hidalgo County gain if we limited the pharmacy network to several large chains? Could exceptions be made in outlying areas?
30. Is electronic billing available? Reports on line? Is an interactive website available? Can members compare pricing of drugs on line?

31. Do your administration fees include the following?
- a. Postage (in D below)
 - b. Claim forms
 - c. ID cards, (medical/Rx combo cards?)
 - d. Mailing to participants homes
 - e. Customer service representatives specific to Hidalgo County.
 - f. Mail order forms
 - g. 1- 800 number to call center
 - h. Standard report packages
32. Does your plan currently offer on-line access to claims and eligibility information for employees?
33. Will any revenue be paid to a third party administrator for services, fees, disease state management or other vendor services by the PBM? Will all compensation to third parties be disclosed?
34. Will you audit the pharmacy data? What independent source will audit each and every claim? What are the fees associated with an independent audit?
35. Will you provide consultative modeling and forecasting annually?
36. In your transparent model will you provide a guaranteed rebate paid on a monthly basis with a true-up of guarantees be performed annually? If so, when can Hidalgo County expect payment of true-ups above guarantees under transparency model?
37. Will the mail service provider provide to Hidalgo County copies of their suppliers (wholesaler or manufacturer) invoices showing net invoice for medications?
38. Will your firm detail its total revenue from all sources for administering the Hidalgo County pharmacy benefit plan and allow an independent audit by Hidalgo County?
39. Does your company offer assistance programs to offset Specialty Drug cost?
40. How do you manage increased trend cost?
41. Confirm that all costs associated with the plan including any bonus, finder's fees, or any payments made to third parties not associated with direct administration of your plan will be disclosed. Yes _____ No _____

PHARMACY - PROPOSED FEES

You must complete the requested cost comparison spread sheets provided.

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

RFP ASSUMPTIONS:

1. Proposal is to be based on the current benefits & coverage.
2. Quote is to be based on Active County Employees and all County Elected Officials.
Retirees do not participate.
3. Age Reduction formula is to be the same as current or better.
4. County pays 100% of cost for Basic Life/AD&D.
5. Effective date is to be January 1, 2020. All participants enrolled in the Basic Life Insurance Plan as of December 31, 2019, are to be covered on a "No Loss/No Gain" basis. The County's enrollment records are to be the basis for "take-over."
6. Life insurance contract must include Waiver of Premium provisions prior to attainment of age 60 for duration of the disability.
7. The County desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the Three (3) year period, or
 - Fixed price for year one (1) with Two (2) annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two (2) annual renewal options for rate and premiums deemed to be favorable to the CountyCounty must be notified at least ninety (90) days prior to effective date of rate change.
8. Insurance company must have an A.M. Best rating of A- or better.

QUESTIONS:

1. Describe organization submitting proposal.
 - a. Insurance Company Name: _____
 - b. Address: _____
 - c. Contact Person for Insurance Company: _____
 - d. Telephone Number: _____ Email Address: _____

e. Local contract person for service: _____

f. Telephone Number: _____ Email Address: _____

2. Describe Financial Stability or Insurance Company.

Financial Rating Service	Current Rating	Prior Year Rating
A.M. Best		
Standard & Poor's		
Moody's		

3. Will the actively-at-work provision be waived for the effective date of the contract?
Yes ___ No ___

Comment: _____

4. Does quote include Waiver of Premium? Yes ___ No ___

If so, please attach full description.

5. Does quote include accelerated death benefit for terminal illness? Yes ___ No ___

If so, please attach full description

6. Describe claim payment services:

Where will claims be paid?

Is a toll free number available for checking status of claim? Yes ___ No ___

7. For what period of time are quoted rates guaranteed?

8. Is a longer rate guarantee available? Yes ___ No ___

If so, please describe:

9. Is your policy convertible to a permanent life insurance product? Is the conversion rate based on standard policies offered to the general public or is it a special policy used for conversion purposes? Is there a charge back against the case for individuals who convert?

10. Please state any variations to RFP Assumptions or Qualifications in your proposal: Include any provisions favorable to County employees that other companies may not offer.

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

PREMIUM QUOTE:

Attach rate quote based on number of lives and insurance volume.

Company Name _____

Authorized Signature

Type (Print) Signatory's Name & Title

Email Address