

REQUIRED RFP RESPONSE QUESTIONNAIRE - HEALTH & PHARMACY PLANS

Question	Question	Response	Rating
HPP - 01	Name of Business Entity?		
HPP - 02	Current Business Address?		
HPP - 03	Mailing Address?		
HPP - 04	RFP Contact Person (Name & Title)?		
HPP - 05	RFP Contact Person Phone Number?		
HPP - 06	RFP Contact Person Fax Number?		
HPP - 07	RFP Contact Person Email Address?		
HPP - 08	Has the business been a defendant in any lawsuit in any state or federal court during the preceding five (5) years?		
HPP - 09	If yes to preceding question, please identify each lawsuit by party, case number, court, subject matter, and disposition?		
HPP - 10	Does the business entity have any claims filed against it which are unresolved and presently pending before any State of Texas Administrative agency?		
HPP - 11	If yes to the preceding question, please provide a full description of the matter?		
HPP - 12	Has the business entity filed a voluntary or involuntary petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during the preceding seven (7) years?		
HPP - 13	If yes to the preceding question, please provide the name of the court and the case number(s)?		
HPP - 14	Has the owner, member, or partner of the business entity filed a voluntary or involuntary petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during the preceding seven (7) years?		
HPP - 15	If yes to the preceding question, please provide the name of the court and the case number(s)?		
HPP - 16	Have you provided with your RFP response a copy of the most recently audited financial statement? (If not, please do so.)		
HPP - 17	Have you provided with your RFP response a completed References Form? (If not, please do so.)		
HPP - 18	What is the number of current clients?		
HPP - 19	What is the number of currently covered employees?		
HPP - 20	Can you describe the business entity's insurance coverage (include copy of Insurance Certificate in response package)?		

HPP - 21	What is the maximum processing time that will occur between receipt of claims and reimbursements to members?		
HPP - 22	What is the size of your local staff and are they able to assist with enrollment?		
HPP - 23	Describe in detail the process and timeline for suggested implementation?		
HPP - 24	Please comment on any characteristics of your organization that are considered unique in your industry?		
HPP - 25	Explain methods to be utilized to control expense to the City?		
HPP - 26	Which nationally recognized pharmacies are in your network and what is their contracting agreement? Do you have smaller/performance networks that provide lower cost? If so, please describe. Also, include network listing.		
HPP - 27	What quantity is Average Wholesale Price (AWP) based on for mail order?		
HPP - 28	Do you offer a mail order prescription drug program? If so, do you own your mail order facility?		
HPP - 29	What is average turnaround time for mail order pharmacy?		
HPP - 30	Can mail order prescriptions be ordered online?		
HPP - 31	Do you offer alternatives in the pharmacy program (i.e step therapy or mandatory generic) that can help control or reduce the plan costs? If so, please provide details and approximate savings for each feature.		
Signature	For Hardcopy Proposal Only. Please sign signifying the following; The undersigned respondent hereby further certifies that he/she has read all of the proposal documents and agrees to abide by the terms, certifications, and conditions thereof.		

REQUIRED RFP RESPONSE QUESTIONNAIRE - GROUP HEALTH PLANS

HIGH PLAN DESIGN (Buy-Up Option)

Question	Benefit	In-Network	Out-of-Network
HP - 01	Deductible - Individual		
HP - 02	Deductible - Family		
HP - 03	Deductible - Other Services		
HP - 04	Out of Pocket Max - Individual		
HP - 05	Out of Pocket Max - Family		
HP - 06	Co-payment - Primary Care		
HP - 07	Co-payment - Specialist		
HP - 08	Coinsurance		
HP - 09	Physician Visit		
HP - 10	Hospital Inpatient		
HP - 11	Emergency Room		
HP - 12	Urgent Care		
HP - 13	Outpatient Surgery		
HP - 14	Diagnostic Services		
HP - 15	Advanced Diagnostic Services		
HP - 16	Preventive Care		
HP - 17	RX Generic drugs		
HP - 18	RX Preferred brand drugs		
HP - 19	RX Non-preferred brand drugs		
HP - 20	RX Specialty drugs		
HP - 21	RX - Mail Generic drugs		
HP - 22	RX - Mail Preferred brand drugs		
HP - 23	RX - Mail Non-preferred brand drugs		
HP - 24	RX - Mail Specialty drugs		

LOW PLAN DESIGN (Basic Option)

Question	Benefit	In-Network	Out-of-Network
HP - 01	Deductible - Individual		
HP - 02	Deductible - Family		
HP - 03	Deductible - Other Services		
HP - 04	Out of Pocket Max - Individual		
HP - 05	Out of Pocket Max - Family		
HP - 06	Co-payment - Primary Care		
HP - 07	Co-payment - Specialist		
HP - 08	Coinsurance		
HP - 09	Physician Visit		
HP - 10	Hospital Inpatient		
HP - 11	Emergency Room		
HP - 12	Urgent Care		
HP - 13	Outpatient Surgery		
HP - 14	Diagnostic Services		
HP - 15	Advanced Diagnostic Services		
HP - 16	Preventive Care		
HP - 17	RX Generic drugs		
HP - 18	RX Preferred brand drugs		
HP - 19	RX Non-preferred brand drugs		
HP - 20	RX Specialty drugs		
HP - 21	RX - Mail Generic drugs		
HP - 22	RX - Mail Preferred brand drugs		
HP - 23	RX - Mail Non-preferred brand drugs		
HP - 24	RX - Mail Specialty drugs		