OFFICIAL FILE COPY
CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

Memorandum

MIAMI-DADE COUNTY

Date: December 4, 2007

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

Agenda Item No. 8(O)(1)(A)

From: George M. Burgess
County Manager

Subject: Recommendation for Approval to Award Contract No. 8347: Limited Benefit Insurance Product

R-1316-07

RECOMMENDATION

It is recommended that the Board of County Commissioners (Board) approve the referenced award with Blue Cross & Blue Shield of Florida, Inc. (BCBS) for the purpose of (Part A) co-designing, with the County, a Limited Benefits Insurance Product to be made available to Miami-Dade County residents. Upon the Board's approval of said design (Part A), it is also recommended that the Board authorize the issuance of an award to BCBS (Part B) through a bid waiver process for implementation purposes. If the design is approved by the Board, the product would be made available to Miami-Dade County residents who do not have health insurance.

CONTRACT NO:	Contract No. 8347
CONTRACT TITLE:	Limited Benefits Insurance Product
DESCRIPTION:	Part A - The collaborative design of a Limited Benefit Insurance Product where insurance benefits are paid directly to providers utilizing a swipe card based membership card, and which enables the verification of benefits, adjudication, and the insurance payment to the providers at the Point of Service through a nearly claimless process. Part B - should the County approve the resultant product design, a contract with BCBS will be presented to the Board for award through a bid waiver process.
PROJECT MANAGER:	Office of Countywide Healthcare Planning (OCHP)
APPROVAL TO ADVERTISE:	June 1, 2007
TERM:	It is anticipated that the design of the product will be completed within a six month period. Should the County accept the product design, the period of performance for the pilot will be up to three years.
CONTRACT AMOUNT:	There is no cost associated with the co-design of the product. It is anticipated that the cost of the product will be borne by the member (enrollee) and/or any business which provides coverage for its employees.
FUNDING SOURCE:	Not applicable

METHOD OF AWARD:	Competitive Request for Proposal (RFP) process.
VENDOR(S) RECOMMENDED FOR AWARD:	Blue Cross and Blue Shield of Florida, Inc. 8400 N.W. 33rd Street Suite 100 Miami, Florida 33122 Mr. Alan Guzzino, Vice President, Public Sector Sales
VENDOR(S) NOT RECOMMENDED FOR AWARD:	United Healthcare 9009 Corporate Lake Drive Tampa, Florida 33634
USING/MANAGING AGENCY:	Office of Countywide Healthcare Planning
CONTRACT MEASURES:	The Review Committee of May 5, 2007, recommended a selection factor for this RFP.
LIVING WAGE:	Not applicable
USER ACCESS PROGRAM:	The contract does not contain the 2% User Access Program provision as there is no cost to the County.
LOCAL PREFERENCE:	Applied in accordance with applicable ordinances, but did not affect the outcome.
ESTIMATED CONTRACT COMMENCEMENT DATE:	Ten days after date adopted by the Board of County Commissioners, unless vetoed by the Mayor.
PERFORMANCE DATA:	There are no known performance issues.
COMPLIANCE DATA:	There are no known compliance issues.

BACKGROUND

The Board of County Commissioners established the Healthcare Task Force ("Task Force") in September, 2005 for the specific purpose of advising the Board concerning countywide delivery of healthcare services. The Task Force established a Coverage Expansion Expert Consortium (Consortium) with experts in the area of health coverage expansion including funders, insurance experts and planners. The Consortium was tasked to develop an insurance-like product for the uninsured residents of Miami-Dade County. A solicitation was issued to develop and implement a pilot Limited Benefit Pilot Product, through a public-private partnership, for an insurance product for residents of the County that are commonly referred to as uninsured with respect to health care insurance. The Task Force has determined that there are unique and specific requirements that must be included in a health insurance product for this population of uninsured residents. These unique and

specific requirements have been determined by the Consortium working under the direction of the OCHP and the Task Force.

The basic concept of the Product addresses the County's unique and specific requirements that BCBS will utilize in the collaborative design of a Limited Benefit Insurance Product. This concept includes a nearly claimless process where insurance benefits are paid directly to providers utilizing a swipe card based membership technology, which enables the verification of benefits, adjudication and payment to the providers at the point of service.

It is intended that the concept, including the unique and specific requirements, will be incorporated into a health insurance product that will be jointly developed by the County and the vendor. BCBS is a company licensed under Chapter 627 (of the Florida Statute) to provide a Point-of-Service Program in the State of Florida, which allows the vendor to offer limited benefits, including primary and specialist physician services, inpatient services, diagnostic services, and pharmacy benefits.

BCBS shall incorporate a chronic disease management program and an emergency room diversion program into the Product's design. The costs of these programs will be included in the premium structure with those portions of the collected premium being paid to the third party or parties, as compensation for their services. This element is required because the targeted population has little experience in utilizing preventive and primary care. Appropriate use of these services will require an active, hands-on approach to disease management and appropriate emergency services. This will result in the most effective utilization of resources, the maximum benefits for the least cost, and contribute to the improved health status of the insured members.

BCBS has a contracted network of providers in Miami-Dade County, including both primary and specialist physician services, inpatient services, diagnostic services, and pharmacies with contracts that require providers to participate in all of their products. The vendor shall contract at market rates with providers the County designates as "safety net" providers. "Safety net" providers include organizations such as Federally Qualified Health Centers, Jackson Health System and other providers, as designated by the County. BCBS shall provide a team to include specialists in product design, actuarial analysis, regulatory compliance, and operations that can meet with the Consortium.

The attached Contract is presented for approval to obtain the collaboration of BCBS, which is co-designing the Limited Benefit Insurance Product, at no cost to the County. Upon completion of the design, staff will present for Board approval, the Limited Benefit Insurance Product for consideration, accompanied by a request to waive the competitive bid process and issue an award to BCBS to implement the Pilot. It is expected that the Pilot will operate for up to three years. The intent of the Pilot is to test and refine the Product's design and determine the feasibility and cost factors of a larger roll-out following successful implementation during the pilot period.

Assistant County Manager

MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners

DATE: December 4, 2007

FROM: R. A. Cuevas, Jr. County Attorney

SUBJECT: Agenda Item No. 8(O)(1)(A)

Please note any items checked.

_____	**"4-Day Rule" ("3-Day Rule" for committees) applicable if raised**
_____	**6 weeks required between first reading and public hearing**
_____	**4 weeks notification to municipal officials required prior to public hearing**
_____	**Decreases revenues or increases expenditures without balancing budget**
_____	**Budget required**
_____	**Statement of fiscal impact required**
✓	**Bid waiver requiring County Manager's written recommendation**
_____	**Ordinance creating a new board requires detailed County Manager's report for public hearing**
_____	**Housekeeping item (no policy decision required)**
_____	**No committee review**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 8(O)(1)(A)
12-04-07

RESOLUTION NO. R-1316-07

RESOLUTION AUTHORIZING EXECUTION OF AN AGREEMENT WITH BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. FOR THE PURPOSE OF CO-DESIGNING WITH MIAMI-DADE COUNTY A LIMITED BENEFIT INSURANCE PRODUCT, AUTHORIZING THE COUNTY MAYOR OR DESIGNEE TO EXECUTE AN AGREEMENT FOR AND ON BEHALF OF MIAMI-DADE COUNTY AND TO EXERCISE ANY CANCELLATION AND RENEWAL PROVISIONS, AND TO EXERCISE ALL OTHER RIGHTS CONTAINED THEREIN; PROVIDING FOR APPROVAL OF THE PRODUCT BY THE BOARD OF COUNTY COMMISSIONERS; WAIVING COMPETITIVE BIDDING BY OPERATION OF SECTION 5.03(D) OF THE CHARTER TO ALLOW THE MAYOR OR DESIGNEE TO NEGOTIATE A CONTRACT TO PILOT THE IMPLEMENTATION OF ANY APPROVED PRODUCT WITH BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC., CONTRACT NO. 8347

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA,

Section 1. This Board approves the selection of Blue Cross and Blue Shield of Florida, Inc., and authorizes the County Mayor or designee to execute a contract for co-design of a limited benefit insurance product in substantially the form attached hereto and made a part hereof, and authorizes the County Mayor or designee to execute same for and on behalf of Miami-Dade County and to exercise any cancellation and renewal provisions and any other rights contained therein. The co-designed product shall be presented to the Board of County Commissioners for approval in its sole discretion not later than May 15, 2008.

Section 2. This Board, by a two-thirds vote of the members present, hereby waives competitive bids pursuant to Section 4.03(D) of the Charter, and authorizes the County Mayor or designee to negotiate a contract with Blue Cross and Blue Shield of Florida, Inc. to pilot the implementation of any product which may be approved by the Board of County Commissioners pursuant to Section 1 of this resolution. The contract shall be presented to the Board of County Commissioners for approval in its sole discretion not later than sixty (60) days following adoption of the resolution approving the product.

The foregoing resolution was offered by Commissioner **Joe A. Martinez**, who moved its adoption. The motion was seconded by Commissioner **Katy Sorenson** and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman	**absent**		
Barbara J. Jordan, Vice-Chairwoman	**aye**		
Jose "Pepe" Diaz	**aye**	Audrey M. Edmonson	**aye**
Carlos A. Gimenez	**aye**	Sally A. Heyman	**absent**
Joe A. Martinez	**aye**	Dennis C. Moss	**aye**
Dorrin D. Rolle	**aye**	Natacha Seijas	**aye**
Katy Sorenson	**aye**	Rebeca Sosa	**absent**
Sen. Javier D. Souto	**aye**		

The Chairperson thereupon declared the resolution duly passed and adopted this 4th day of December, 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF COUNTY
COMMISSIONERS

HARVEY RUVIN, CLERK

Approved by County Attorney as
to form and legal sufficiency.

Hugo Benitez

By: **Kay Sullivan**
Deputy Clerk

_____ 2007

Blue Cross and Blue Shield of Florida, Inc.
8400 N.W. 33rd Street
Suite 100
Miami, Florida 33122
Attn: Alan T. Guzzino, Vice President Public Sector Sales

This letter is intended to set forth the terms of this agreement (Contract), wherein Miami-Dade County (the "County") and Blue Cross and Blue Shield of Florida, Inc. (the "Contractor"), agree that the Contractor in collaboration with County staff, shall co-design a limited benefit indemnity health insurance program (Program), and present the Program for the County's approval, at no cost to the County, as further defined in Appendix A (the Scope of Services) attached hereto.

The terms of this Contract are as follows:

1) The effective date of this Contract is _____. This Contract will expire at the time the Contractor presents a design of the Program to the County, but not later than nine (9) months after the effective date.

2) The County shall have no obligation to pay the Contractor any sum for the preparation (design) and presentation of the Program for the County's approval. The County shall cooperate fully in assisting in the design effort and shall make available records and documents that may be required by the Contractor that the County may have in its possession.

3) The County's Contract Manager is the Director, Department of Procurement Management, and the Project Manager is the Executive Director of the Office of Healthcare Planning who will manage this Contract on behalf of the County.

4) All notices required or permitted under this Contract shall be in writing and shall be deemed sufficiently served if sent by registered or Certified Mail, return receipt requested, or delivered personally, or fax or e-mail (if provided below) delivery with hard copy to follow and in any case addressed as follows:

To the County

a) to the Project Manager:

Miami-Dade County
Office of Countywide Healthcare Planning
140 W. Flagler St. Ste. 1102
Miami, Florida 33128
Attention: Executive Director
Phone: (305) 375-5444
Fax: (305) 372-6357

and,

b) to the Contract Manager:

Miami-Dade County
Department of Procurement Management
111 N.W. 1st Street, Suite 1375
Miami, FL 33128-1974
Attention: Director
Phone: (305) 375-5257
Fax: (305) 375-2316

To the Contractor

Blue Cross and Blue Shield of Florida, Inc.
4800 Deerwood Campus Parkway
Jacksonville, FL 32246-8273
Attention: Vice President, Public Sector
Phone: 904-905-1246
Fax: 904-905-1688

6) The Contractor shall indemnify and hold harmless the County and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Agreement by the Contractor or its employees, agents, servants, partners principals or subcontractors. The Contractor shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon. The Contractor expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by the Contractor shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

Upon County's notification, the Contractor shall, furnish to Miami-Dade County, Department of Procurement Management, RFP Section, 111 N.W. 1st Street, Suite 1375, Miami, Florida 33128-1974, Certificates of Insurance that indicate that insurance coverage has been obtained, which meets the requirements as outlined below:

1. Worker's Compensation Insurance for all employees of the Contractor as required by Florida Statute 440.

2. Public Liability Insurance on a comprehensive basis in an amount not less than $300,000 combined single limit per occurrence for bodily injury and property damage. **Miami-Dade County must be shown as an additional insured with respect to this coverage. The mailing address of the Department of Procurement Management, as the certificate holder, must appear on the certificate of insurance.**

3. Automobile Liability Insurance covering all owned, non-owned, and hired vehicles used in connection with the Services, in an amount not less than $300,000 combined single limit per occurrence for bodily injury and property damage.

4. Professional Liability Insurance in an amount not less than $1,000,000 with a deductible per claim not to exceed ten percent (10%) of the limit of liability.

The insurance coverage required shall include those classifications, as listed in standard liability insurance manuals, which most nearly reflect the operation of the Contractor. All insurance policies required above shall be issued by companies authorized to do business under the laws of the State of Florida with the following qualifications:

The company must be rated no less than "B" as to management, and no less than "Class

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the contract date herein above set forth.

Contractor:		County:	
By:		By:	
Name:	Alan T. Huzzard	Name:	
Title:	VP, Public Sector Sales	Title:	
Date:	10/18/07	Date:	
Attest:	Corporate Secretary	Attest:	Clerk of the Board

Corporate Seal
(if applicable)

Approved as to form and legal sufficiency:

Assistant County Attorney

Appendix A
SCOPE OF SERVICES

1.0 INTRODUCTION/BACKGROUND

In 2003, the Board of County Commissioners (Board) created the Miami Dade Office of Countywide Healthcare Planning ("OCHP") to provide science-based information to assist Miami-Dade County leaders, together with healthcare providers and community stakeholders in decision making. OCHP's role is to source, develop and analyze proven strategies and propose approaches for implementation of these strategies within Miami-Dade County. The Board established the Board Healthcare Task Force ("Task Force") in September, 2005 for the specific purpose of advising the Board concerning countywide delivery of healthcare services.

The Task Force established the Coverage Expansion Consortium with experts in the area of health coverage expansion including funders, insurance experts and planners. The Coverage Expansion Consortium was tasked to develop an insurance-like product for the uninsured residents in Miami-Dade County.

2.0 REQUIREMENTS AND SERVICES TO BE PROVIDED

It is the County's intent, through a public-private partnership, to provide an insurance product (Program) for residents of the County that are commonly referred to as uninsured with respect to health care insurance. The County has determined that there are unique and specific requirements that must be included in a health insurance product for this population of uninsured residents. These unique and specific requirements have been determined by an "expert collaborative group" working under the direction of the OCHP and the Task Force.

A design has been prepared that addresses these unique and specific requirements and the Contractor must utilize this design in the development of the Program as specifically set forth in the mandatory provisions of this section 2.0. The design utilizes limited benefit indemnity health insurance where the insurance benefits are paid directly to providers utilizing a swipe card based membership card (not a debit card attached to an HSA account) that enables the verification of benefits, adjudication and the insurance payment to the providers at the Point of Service through a claimless process.

The design, which includes all of the unique and specific requirements, will be incorporated into a health insurance product that will be jointly developed by the County and the Contractor.

The Contactor shall participate with the "expert collaborative group" under the direction of OCHP in the final design and pricing of a health insurance product for the uninsured residents of the County. The insurance product being developed hereunder shall meet eligibility criteria, pricing and underwriting guidelines as mutually agreed upon by the County and the Contractor. The County and Contractor shall mutually agree on limitations exclusions and coverage for the

Program. The final design will be presented and must be approved by the Task Force and to the Board in order to proceed with a pilot implementation effective upon receipt of such approval. It is expected that the pilot program will operate up to a maximum of three years. The intent of the pilot program is to test and refine the product design and determine the feasibility of a larger roll out of the product after the pilot period is complete.

The actual number of eligible individuals will be determined by eligibility requirements and funding sources which will result from the design efforts being contracted for under this Agreement.

Requirements

The County has developed a product design incorporating a unique and specific set of requirements which must be the basis for the final health insurance product design. These mandatory requirements are as follows.

1. The Contractor must be a Florida licensed insurance company commonly referred to as a Chapter 627 company offering fully insured limited benefit insurance products in Florida including both primary and specialist physician services, inpatient services, diagnostic services, pharmacy benefits, and, optionally, dental and behavioral health benefits.
2. The Contractor shall have a product available not later than January 1, 2008. Limited benefits are mandatory because the targeted population that this insurance product is intended for generally has limited financial resources available to commit to the purchase of health insurance.
3. The Contractor shall deliver a machine readable magnetic swipe card product that will serve as the member's identity card and provide, through this card, eligibility verification, adjudication, and, for covered services, payment of the insurance portion of the fee due a provider at the time services are provided (Point of Service Insurance Payment). This requirement is mandatory because administrative costs must be held to a minimum, payment at the Point of Service will encourage active provider participation, and such provider participation will improve access to the appropriate level of care.
4. The parties shall determine if both a third party chronic disease management program and an emergency room diversion program are needed elements into the product design and include the costs of these programs in the premium structure with that portion of the collected premium being paid to the third party or parties as compensation for their services. These programs may be necessary because the targeted population has little experience in utilizing preventive and primary care and achieving a satisfactory level of use of these services may require an active, hands-on approach to disease management and appropriate emergency services. This will result in the most appropriate utilization of resources, the maximum benefits for the least cost, and contribute to the health status of the insured members.
5. The Contractor shall incorporate a financial means test in the product design. It is anticipated that the application of a financial means test would not be the responsibility of the Contractor. However, the Contractor must have a way to incorporate this process into premium accounting. This requirement is mandatory because some number of the targeted population will not have the

financial resources to purchase the insurance product without other financial assistance.

6. The Contractor shall have a contracted network of providers (in the County) including both primary and specialist physician services, inpatient services, diagnostic services, and pharmacies with contracts that require providers to participate in all of the Contractor products. The Contractor must also be willing to contract at market rates as determined by the Contractor based on the prevailing rates in the industry for a like kind Program with 100 percent of providers that the County designates as "safety net" providers. The use of an acceptable provisional credentialing plan will be permitted provided the plan includes development of a remedial plan for each provisional provider that will help that provider achieve a fully credentialed status. "Safety net" providers include organizations such as federally qualified health centers and Jackson Health System's primary care centers and its hospitals and other providers as designated by the County.

3.0 PLANNING STEPS

The Parties agree to cooperatively comply with the following Planning Steps to meet the requirements of presenting a limited benefit indemnity health insurance program as stated herein:

Planning Steps

Review Existing Contractor Plans:

1. Obtain detailed product description for new program called -- Go Blue (benefits, costs [including co-pays], expenditures caps/access limitations)
2. Review other limited benefit products
3. Compare to target product design and identify differences

Review Environmental:

4. Review Blue's focus group data in detail to determine type of participants used in focus groups and results of focus groups.
5. Key health statistics (together with Task Force recommendations) and demographics
6. Review PHT & HCN utilization data
7. Review historical experiences (including Health Council's small employer data) related to coverage expansion, and identify what to avoid

Added Components

Disease Management

8. Determine degree of disease management needed.
9. Compare to Contractor's current processes and determine need for separate process.
10. If external process is needed, design approach and determine cost factors (including corresponding premium contribution and co-pays)

ER Diversion

11. Prepare conceptual design for ER Diversion program and estimate operation costs.

12. Review current proactive ER Diversion programs in use in Miami-Dade County and currently under Contractor
13. If external process is needed, design approach and determine cost factors (including corresponding premium contribution and co-pays)

Means and Eligibility Testing and Enrollment

14. Review existing mechanisms and develop process
15. Identify mechanisms/locations for implementation of means, eligibility and enrollment
16. Pilot test approach/mechanisms

Modeling

17. Develop benefit options & target population, review cost estimates for each benefit element.
18. Determine likely price points for various income levels and demographics.
19. Determine likely subsidy need to achieve acceptable price points.
20. Develop potential sources for subsidies
21. Prepare multiple models

Funding & Marketing (beginning after award of design Agreement and continuing as needed after BCC approval of the Program)

22. Identify target subsidy levels (assessing income levels and individuals potential to contribute & potential sources
23. Implement collaborative fund-sourcing efforts to reduce or eliminate need for local subsidy of premiums for very low income individuals
24. Develop educational campaign (include opportunities to refine model)

    ADVOCATES FIRST- then post-refinement (concurrently):
    - elected officials
    - businesses
    - labor groups
    - consumers

25. BCC presentations
26. Integrate MDC Limited Benefit insurance product into Contractor's marketing campaigns
27. Assist MDC in message development and integration of message in key County government leader forums and media venues

Implementation

28. Implementation plan
29. Establish advisory committee (with members of Expert Consortium)
30. Monitoring Products role-out and problem-solving/refinements
31. At end of pilot – capture end-result model for full implementation

Memorandum

Date: August 1, 2007

To:
Miriam Singer, Director
Department of Procurement Management

From:
Andrew Zawoyski, Chairperson

Subject: Report of Review Team for EPP-RFP No. 8347; Limited Benefits Insurance Program

---

The Review Team has completed the task of evaluating proposals submitted in response to the above referenced Request for Proposals ("RFP") following the guidelines published in the solicitation as summarized below.

Committee meeting dates:

Verification of compliance with contract measures: The Review Committee meeting of 5/9/07 recommended a Small Business Enterprise (SBE) selection factor for this solicitation. The Chairperson has determined that neither of the proposers qualified.

Verification of compliance with minimum qualification requirements: The solicitation had minimum qualification requirements which were reviewed by the Chairperson and Janet Perkins of the client department, Office of Health Care Planning. All of the proposers met the requirements.

Summary of scores:

The technical scores pre-oral presentations are as follows:

Proposer	***Technical Score*** (max. 400)
1. Blue Cross and Blue Shield of Florida, Inc.	225
2. United Healthcare	164

The Review Team held oral presentations on July 27, 2007. Price proposals were not required since the County is not expending money at this time.

The final scores are as follows:

Proposer	***Technical Score*** *(max. 400)*
1. Blue Cross and Blue Shield of Florida, Inc.	296
2. United Healthcare	148

Local Preference: Local Preference was considered in accordance with applicable ordinances, but did not affect the outcome as the top ranked proposer possesses a local office.

Other information: Pricing information was not requested, since the selected Proposer and the County must first prepare several design plans for the Limited Health Insurance Program which will then be presented to the Board for selection, depending on a number of factors including cost of the plan, financial support from exterior sources as well as any dollars provided by the County, if any.

Negotiations: The Review Team recommends that the County enter into negotiations with the proposer with the highest score, Blue Cross and Blue Shield of Florida, Inc. The following individuals will participate in the negotiations:

Andrew Zawoyski, Chief Negotiator, DPM
Janet Perkins, Executive Director, Office of Health Care Planning

Copies of the score sheets are attached for each Review Team member, as well as a composite score sheet.

Reviewed:

Director, DPM

Date

EPP-RFP NO. 8347
LIMITED BENEFIT HEALTH INSURANCE
EVALUATION OF PROPOSALS - Post Orals

COMPOSITE

SELECTION CRITERIA / PROPOSERS	Maximum Points Per Member	Maximum Total Points (4 members)	Blue Cross and Blue Shield of Florida, Inc.	United Healthcare
Proposer's experience, qualifications, and past performance in providing the type of services requested in this Solicitation	50	200	155.00	71.00
Experience and qualifications of key individuals, including individuals of subcontractors, that will be assigned ot this project and experience and qualifications of subcontractors	10	40	27.00	18.00
Proposer's approach to providing the services requested in this Solicitation	40	160	114.00	59.00
Total Technical Points *(Total of technical rows)*	100	400	296	148
Selection Factor *(10% of the Technical Points Earned on the Technical Portion)*	10%		0	0
TOTAL POINTS	100	400	296	148
Local Preference* *(Highest ranked proposer's total points - 5% = Local Preference range)*				

Signature: _____ DATE 7/27/07
Chairperson

_____ 7/27/07
Reviewed By

Ranking				
Local Preference Is any firm within 5% of the highest ranked? Y / N				
Is highest ranked local? Y / N				
Is firm within 5% local? Y / N				

EPP-RFP NO. 8347
LIMITED BENEFIT HEALTH INSURANCE
EVALUATION OF PROPOSALS Post Orals

Janet Perkins (OCHP)

SELECTION CRITERIA / PROPOSERS	Maximum Points	Blue Cross and Blue Shield of Florida, Inc.	United Healthcare
Proposer's experience, qualifications, and past performance in providing the type of services requested in this Solicitation	50	40	10
Experience and qualifications of key individuals, including individuals of subcontractors, that will be assigned ot this project and experience and qualifications of subcontractors	10	9	3
Proposer's approach to providing the services requested in this Solicitation	40	30	10
Total Technical Points *(Total of technical rows)*	**100**	**0**	**0**
Selection Factor *(10% of the Technical Points Earned on the Technical Portion)*	**10%**	0.00	0.00
TOTAL POINTS	**100**	79 **0**	23 **0**

SIGNATURE

7/27/07
DATE

17

EPP-RFP NO. 8347
LIMITED BENEFIT HEALTH INSURANCE
EVALUATION OF PROPOSALS Post Orals

Olga Dazzo (PHT)

SELECTION CRITERIA / PROPOSERS	Maximum Points	Blue Cross and Blue Shield of Florida, Inc.	United Healthcare
Proposer's experience, qualifications, and past performance in providing the type of services requested in this Solicitation	50	40	11
Experience and qualifications of key individuals, including individuals of subcontractors, that will be assigned ot this project and experience and qualifications of subcontractors	10	6	3
Proposer's approach to providing the services requested in this Solicitation	40	24	9
Total Technical Points *(Total of technical rows)*	**100**	**0**	**0**
Selection Factor *(10% of the Technical Points Earned on the Technical Portion)*	**10%**	0.00	0.00
TOTAL POINTS	**100**	70 **0**	23 **0**

Σ 70

Σ 23

SIGNATURE

7/27/07

DATE

EPP-RFP NO. 8347
LIMITED BENEFIT HEALTH INSURANCE
EVALUATION OF PROPOSALS Post Orals

Betty Alexander (DBD)

SELECTION CRITERIA / PROPOSERS	Maximum Points	Blue Cross and Blue Shield of Florida, Inc.	United Healthcare
Proposer's experience, qualifications, and past performance in providing the type of services requested in this Solicitation	50	30	25
Experience and qualifications of key individuals, including individuals of subcontractors, that will be assigned ot this project and experience and qualifications of subcontractors	10	7	7
Proposer's approach to providing the services requested in this Solicitation	40	25	30
Total Technical Points *(Total of technical rows)*	**100**	**0**	**0**
Selection Factor *(10% of the Technical Points Earned on the Technical Portion)*	**10%**	0.00	0.00
TOTAL POINTS	**100**	62 **0**	52 **0**

Betty Alexander
SIGNATURE

7/27/07
DATE

EPP-RFP NO. 8347
LIMITED BENEFIT HEALTH INSURANCE
EVALUATION OF PROPOSALS

Merrie Gonzalez (GSA)

SELECTION CRITERIA / PROPOSERS	Maximum Points	Blue Cross and Blue Shield of Florida, Inc.	United Healthcare
Proposer's experience, qualifications, and past performance in providing the type of services requested in this Solicitation	50	45	25
Experience and qualifications of key individuals, including individuals of subcontractors, that will be assigned ot this project and experience and qualifications of subcontractors	10	5	5
Proposer's approach to providing the services requested in this Solicitation	40	35	20
Total Technical Points *(Total of technical rows)*	**100**	85 **0**	50 **0**
Selection Factor *(10% of the Technical Points Earned on the Technical Portion)*	**10%**	0.00	0.00
TOTAL POINTS	**100**	85 **0**	50 **0**

Merrie Gonzalez
SIGNATURE

7/27/07
DATE