



July 30, 2019

**NOTICE OF INTENT TO AWARD  
RFP 014-0-2019/LC  
GROUP MEDICAL AND PRESCRIPTION DRUG PROGRAM**

To All Offerors:

Please be advised that NNPS has completed the evaluation of the proposal for Group Medical and Prescription Drug Program under Request for Proposal (RFP) #014-0-2019/LC. Optima Health was determined to be the most suitable provider for the Group Medical Program for NNPS and Envision RX was determined to be the most suitable provider for the Prescription Drug Program for NNPS. It is the intent of NNPS to award this contract effective January 1, 2020.

Should you have any questions, please feel free to contact me at (757) 597-2820 or [lisa.cumming@nn.k12.va.us](mailto:lisa.cumming@nn.k12.va.us).

Sincerely,

*Lisa A. Cumming*

Lisa A. Cumming, CPPO, C.P.M., VCO  
Director of Procurement  
Newport News Public Schools



# REQUEST FOR PROPOSALS

## Newport News Public Schools

ISSUING OFFICE:

PURCHASING DEPARTMENT  
12465 WARWICK BOULEVARD  
NEWPORT NEWS, VA 23606-3041  
TELEPHONE: (757) 591-4525  
FAX: (757) 591-4634

DATE: March 1, 2019

Attention of Offeror is Directed To Section  
2.2-4367 to 2.2-4377 Code of Virginia  
(Ethics In Public Contracting)

|  |
|--|
| RFP ITEM NO.<br>014-0-2019LC   |
| PROCUREMENT OFFICER<br><b>Lisa A. Cumming</b><br>CPPO, C.P.M., VCO                       |
| CLOSING DATE<br>April 11, 2019   |
| CLOSING TIME<br>11:00 AM   |
| <u>PREPROPOSAL CONFERENCE</u><br>Non-Mandatory<br>DATE: March 12, 2019<br>TIME: 10:00 AM |

SEALED PROPOSALS will be received in the Issuing Office above until Closing Date and Closing Time as specified in this solicitation including any addenda issued by this office. Newport News Public Schools is not responsible for late delivery by U.S. Postal mail or other couriers. All inquiries for information regarding this Request for Proposal are to be directed to the Issuing Office as defined herein.

COMMODITY: Group Medical, Prescription Drug Plan  
and HSA Administration

NIGP CODE: 953-52, 953-48

PLEASE FILL IN OFFEROR'S NAME & ADDRESS  
IN THE SPACES PROVIDED BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS IS NOT AN ORDER**

THE SCHOOL BOARD OF THE CITY OF NEWPORT NEWS, HEREAFTER REFERRED TO AS NEWPORT NEWS PUBLIC SCHOOLS (NNPS), RESERVES THE RIGHT TO ACCEPT OR REJECT ANY AND ALL PROPOSALS IN WHOLE OR IN PART AND WAIVE ANY INFORMALITIES IN THE COMPETITIVE NEGOTIATIONS PROCESS. FURTHER, NNPS RESERVES THE RIGHT TO ENTER INTO ANY CONTRACT DEEMED TO BE IN ITS BEST INTEREST. THE ENTIRE CONTENTS OF THE REQUEST FOR PROPOSALS, ANY ADDENDA, OFFEROR'S PROPOSAL AND NEGOTIATED CHANGES SHALL BE INCORPORATED BY REFERENCE INTO ANY RESULTING CONTRACT.

**NNPS DOES NOT DISCRIMINATE AGAINST FAITH-BASED ORGANIZATIONS.**

### DESCRIPTION OF GOODS/SERVICES

Group Medical and Prescription Drug Program

ACKNOWLEDGE RECEIPT OF ADDENDUM: #1\_\_\_ #2\_\_\_ #3\_\_\_ #4\_\_\_ (Please Initial)

IN COMPLIANCE WITH THIS SOLICITATION AND TO ALL THE CONDITIONS IMPOSED HEREIN, THE UNDERSIGNED AGREES TO PERFORM ANY CONTRACT AWARDED AS A RESULT OF THIS SOLICITATION. THE FOLLOWING SECTION SHALL BE SIGNED BY AN AGENT AUTHORIZED TO BIND THE COMPANY. FAILURE TO EXECUTE THIS PORTION MAY RESULT IN PROPOSAL REJECTION.

Authorized Agent:

|               |                  |            |                    |
|---------------|------------------|------------|--------------------|
| _____         | _____            | _____      | _____              |
|               | Signature        |            | Type or Print Name |
| _____         | _____            | _____      | _____              |
| Email Address | Telephone Number | Fax Number | Company FEI/FIN#   |

ENCLOSURES

**ANTI-COLLUSION/NONDISCRIMINATION/DRUG-FREE WORKPLACE REQUIREMENTS**

**ANTI-COLLUSION CLAUSE:**

IN THE PREPARATION AND SUBMISSION OF THIS PROPOSAL, SAID OFFEROR DID NOT EITHER DIRECTLY OR INDIRECTLY ENTER INTO ANY COMBINATION OR ARRANGEMENT WITH ANY PERSON, FIRM OR CORPORATION, OR ENTER INTO ANY AGREEMENT, PARTICIPATE IN ANY COLLUSION, OR OTHERWISE TAKE ANY ACTION IN VIOLATION OF THE SHERMAN ACT (15 U.S.C. SECTION 1), SECTIONS 59.1-9.1 THROUGH 59.1-9.17 OR SECTIONS 59.1-68.6 THROUGH 59.1-68.8 OF THE CODE OF VIRGINIA.

THE UNDERSIGNED OFFEROR HEREBY CERTIFIES THAT THIS AGREEMENT, OR ANY CLAIMS RESULTING THEREFROM, IS NOT THE RESULT OF, OR AFFECTED BY, ANY ACT OF COLLUSION WITH, OR ANY ACT OF, ANOTHER PERSON OR PERSONS, FIRM OR CORPORATION ENGAGED IN THE SAME LINE OF BUSINESS OR COMMERCE; AND, THAT NO PERSON ACTING FOR, OR EMPLOYED BY, NNPS HAS AN INTEREST IN, OR IS CONCERNED WITH, THIS PROPOSAL; AND, THAT NO PERSON OR PERSONS, FIRM OR CORPORATION OTHER THAN THE UNDERSIGNED, HAVE, OR ARE, INTERESTED IN THIS PROPOSAL.

**DRUG-FREE WORKPLACE:**

DURING THE PERFORMANCE OF THIS CONTRACT, THE SUCCESSFUL OFFEROR AGREES TO (I) PROVIDE A DRUG-FREE WORKPLACE FOR THE SUCCESSFUL OFFEROR'S EMPLOYEES; (II) POST IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, A STATEMENT NOTIFYING EMPLOYEES THAT THE UNLAWFUL MANUFACTURE, SALE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE OR MARIJUANA IS PROHIBITED IN THE SUCCESSFUL OFFEROR'S WORKPLACE AND SPECIFYING THE ACTIONS THAT WILL BE TAKEN AGAINST EMPLOYEES FOR VIOLATIONS OF SUCH PROHIBITION; (III) STATE IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES PLACED BY OR ON BEHALF OF THE SUCCESSFUL OFFEROR THAT THE SUCCESSFUL OFFEROR MAINTAINS A DRUG-FREE WORKPLACE; AND (IV) INCLUDE THE PROVISIONS OF THE FOREGOING CLAUSES IN EVERY SUBCONTRACT OR PURCHASE ORDER OF OVER \$10,000, SO THAT THE PROVISIONS WILL BE BINDING UPON EACH SUSUCCESSFUL OFFEROR OR VENDOR.

FOR THE PURPOSE OF THIS SECTION, "DRUG-FREE WORKPLACE" MEANS A SITE FOR THE PERFORMANCE OR WORK DONE IN CONNECTION WITH A SPECIFIC CONTRACT AWARDED TO A SUCCESSFUL OFFEROR IN ACCORDANCE WITH FEDERAL LAW, THE EMPLOYEES OF WHOM ARE PROHIBITED FROM ENGAGING IN THE UNLAWFUL MANUFACTURE, SALE, DISTRIBUTION, DISPENSATION, POSSESSION OR USE OF ANY CONTROLLED SUBSTANCE OR MARIJUANA DURING THE PERFORMANCE OF THE CONTRACT.

**EMPLOYMENT DISCRIMINATION BY THE SUCESSFUL OFFEROR SHALL BE PROHIBITED:**

1. DURING THE PERFORMANCE OF THIS CONTRACT, THE SUCCESSFUL OFFEROR AGREES AS FOLLOWS:
  - a. THE OFFEROR, SHALL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER BASIS PROHIBITED BY STATE LAW RELATING TO DISCRIMINATION IN EMPLOYMENT, EXCEPT WHERE THERE IS A BONA FIDE OCCUPATIONAL QUALIFICATION REASONABLY NECESSARY TO THE NORMAL OPERATION OF THE SUCCESSFUL OFFEROR. THE SUCCESSFUL OFFEROR AGREES TO POST IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, NOTICES SETTING FORTH THE PROVISIONS OF THIS NONDISCRIMINATION CLAUSE.
  - b. THE SUCCESSFUL OFFEROR, IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES PLACED BY OR ON BEHALF OF THE SUCCESSFUL OFFEROR, SHALL STATE THAT SUCH SUCCESSFUL OFFEROR IS AN EQUAL OPPORTUNITY EMPLOYER.
  - c. NOTICES, ADVERTISEMENTS, AND SOLICITATIONS PLACED IN ACCORDANCE WITH FEDERAL LAW, RULE OR REGULATION SHALL BE DEEMED SUFFICIENT FOR THE PURPOSE OF MEETING THE REQUIREMENTS OF THIS SECTION.
2. THE SUCCESSFUL OFFEROR WILL INCLUDE THE PROVISIONS OF THE FOREGOING PARAGRAPHS A, B, AND C IN EVERY SUBCONTRACT OR PURCHASE ORDER OF OVER \$10,000, SO THAT THE PROVISIONS WILL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

**Name and Address of OFFEROR:** \_\_\_\_\_ Date: \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Federal Tax Identification Number/Social Security Number:** \_\_\_\_\_

Is Offeror a "minority" business?  Yes  No      If yes, please indicate the "minority" classification below:  
 African American     Hispanic American     American Indian     Eskimo     Asian American     Aleut     Other; Please Explain:  
 Is Offeror Woman Owned?  Yes  No  
 Is Offeror a Small Business?  Yes  No  
 Is Offeror a Faith-Based Organization?  Yes  No

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## I. PURPOSE

The purpose of this Request for Proposal (RFP) is to solicit sealed proposals from highly qualified firms to establish a contract(s) for group medical and prescription drug benefits for eligible employees and retirees of Newport News Public Schools (NNPS). The effective date of the new contract will be January 1, 2020. The objectives and intent of this RFP are:

1. To provide employees with a quality, affordable medical/prescription drug program responsive to the diverse needs of employees;
2. To ensure costs are managed effectively by taking advantage of cost and utilization management opportunities available in the marketplace while maintaining quality;
3. To responsibly utilize taxpayer dollars.

## II. BACKGROUND

Based on the Commonwealth of Virginia Department of Education's (DOE) 2018-2019 Fall Membership Report, NNPS is the ninth largest school division in the Commonwealth with approximately 28,654 students. NNPS is an urban school system educating children in 4 early childhood centers, 26 elementary schools, 10 middle schools, and 6 high schools. NNPS also provides programs for at-risk students in addition to special education programs. A listing of NNPS and its locations may be accessed via NNPS' official web site at <http://sbo.nn.k12.va.us/schools>. NNPS employees approximately 5000 employees in a variety of educational, managerial, professional, technical, clerical, service and maintenance positions.

Newport News Public Schools sponsors a group medical and prescription drug plan for full-time employees and eligible retirees of Newport News Public Schools. This self-insured program consisting of three medical options with prescription drug coverage and reinsurance protection is currently administered by Anthem Blue Cross Blue Shield. Administration of the health savings (HSA) accounts is provided by Health Savings Administrators. There are currently 3,130 active employees and 176 retirees covered under this plan.

**Newport News Public Schools reserves the right to award the medical and prescription drug contracts as well as the HSA administrator contract separately to different offerors.** Offerors may quote on medical and prescription drug, medical only, or prescription drug only. **PROPOSALS ARE REQUESTED TO BE QUOTED NET OF COMMISSIONS.**

## III. STATEMENT OF NEEDS

### A. General Requirements:

Contractor must:

1. Be licensed to do business in the Commonwealth of Virginia.
2. Provide high quality, efficient program administration and services including but not limited to:

- a. Maintaining central claims and membership files for each covered member (including the identification number or other identifying number, dates of coverage, type of coverage, etc.) for each covered member.
  - b. Maintaining payment records.
  - c. Provide state-of-the-art data tracking and claims payment services.
  - d. Furnish monthly accounting statements by entity and benefit plan including monthly enrollment, premiums, revenues received, amount of claims paid, capitation expenses charged, detailed list of expenses charged, network discounts earned, prescription drug rebates, and claims exceeding the specific stop-loss limit.
  - e. Provide claims, enrollment, and utilization information for hospital, physician, and prescription drug expenses at a level of detail that will allow for the identification of the true cost drivers of the plan. Include normative data in conjunction with group-specific data.
  - f. Provide ID cards directly to members throughout the contract period.
  - g. Provide identification cards directly to all covered members prior to the effective date of the program (January 1, 2020). During the contract year, provide identification cards within ten (10) business days of receipt of request.
  - h. Meet with the appropriate Employers' management staff(s) within fifteen (15) days after the contract award date to present the proposed communication material, and to jointly establish a preliminary implementation plan and open enrollment program and schedule.
3. Offeror shall provide responsive and effective customer service for members related to billing, eligibility, and claims issues. NNPS requests that the offeror's customer service representatives respond to questions and resolve issues/problems directly with members rather than referring the members back to NNPS.
  4. Furnish to each employee enrolled in the plan a benefit booklet outlining and defining all covered services, limitations and exclusions for each plan offered, procedures for receiving services, schedule of benefits, and Summary of Benefits Covered (SBCs). The initial booklet proof must be provided to the NNPS on a timely basis but not later than September 15<sup>th</sup> of each year. NNPS shall review and approve the booklets prior to distribution.
  5. Provide NNPS with the administrative services and reinsurance contracts, as well as any other contractual documents necessary to this coverage by the effective date of the contract (January 1, 2020).
  6. Provide specific rates and performance guarantees that must be approved by effective date of the contract (January 1, 2020). Performance guarantees should be annual in nature and should be made available each year of the contract.
  7. Maintain complete and total compliance with the HIPAA and HITECH legislation as it pertains to Private Health Information.
  8. Commit to supporting NNPS with implementation of all state and/or federal legislation mandates that impact the administration of the health care program. Offerors shall provide this service without additional charges or fees to NNPS.
  9. Agree to release all pertinent data related to the administration and management of the medical and pharmacy program under the Business Associate Agreement to the NNPS and USI Insurance Services.
  10. If NNPS awards the prescription drug program to a different Offeror, the medical administrator (Successful Offeror) must be willing to accept a file feed from the pharmacy vendor so that the High Deductible Health Plan's combined medical and prescription drug deductible and all of the plans' combined medical and drug out-of-pocket maximums can be accurately administered.

11. If NNPS awards the prescription drug program to a different Offeror, the medical administrator (Successful Offeror) must be willing to provide reinsurance protection (specific stop loss) on combined medical and pharmacy claims for each member enrolled in the plan.
12. Employee identification numbers shall be created to be used as unique identifiers; social security numbers shall not be used.
13. Commit to supporting NNPS in their wellness program initiatives and to any future enhancements to their wellness program.
14. Each year 180 days prior to the annual contract effective date, provide NNPS and their consultant, USI Insurance Services, a complete detailed underwriting analysis. As required, provide NNPS with the renewal for budget purposes.
15. Provide NNPS and their Consultant, USI Insurance Services, an estimate of incurred but not reported claims periodically (at minimum annually).
16. Provide internet access to claims and to the claim reporting system to NNPS' benefits personnel and to the consulting team at USI Insurance Services.
17. Provide a single point of contact responsible for quality control, resolving problems, and expediting services related to the overall performance of the contract.
18. Designate a transition of care manager or coordinator to work with the NNPS and their members regarding medical and/or prescription drug transition of care issues (if applicable).
19. Maintain a local or toll-free customer service number for employees.
20. Provide a systematic procedure for appeal of claims.
21. Offeror shall provide a minimum wellness credit of \$75,000 each plan year to help fund programs.
22. Offeror shall provide proactive disease management programs that address the chronic health condition of NNPS' population. Reporting of participation and results are required quarterly.

B. Additional Specific Conditions

1. **No Loss or Gain Provision:** No member (employee, COBRA continuant, retiree, or dependent) currently covered by NNPS' current health care plans shall suffer a loss of coverage as a result of changing carriers/administrators. Actively-at-work requirements will not apply to currently covered participants.
2. **Coordination of Benefits (COB):** The Offeror's health care program must provide coordination of benefits provisions. When NNPS' health care program is secondary, COB shall be provided to the extent that the coordination of primary and secondary coverage does not exceed the value of covered charges that the Schools plan would have provided if it were the primary plan. The "birthday rule" shall be used to determine primary status for dependent children covered under the plan.
3. **Cost Containment Services:** The Offeror must provide cost containment services to NNPS. Cost containment services may include, but need not be limited to: pre-certification of hospital admissions, utilization review services, large case management for hospital inpatient services, and review of high



cost outpatient services. The Offeror must also be able to provide cost containment services for psychiatric, and substance abuse utilization. Meaningful reports that demonstrate participation levels and outcomes of these programs must be provided.

4. **Disease Management Programs:** The Offeror must provide disease management programs to NNPS. Disease management programs may include, but need not be limited to: asthma, diabetes, high cholesterol, hypertension, coronary artery disease, congestive heart failure, low back pain, and musculoskeletal conditions. Meaningful reports that demonstrate participation levels and return on investment from these programs must be provided.
5. **Transfer of Data and Records:** The Offeror must agree that at termination or expiration of the contract, all data and records necessary to administer the health care program shall be transferred to the new contractor within thirty (30) days of NNPS' request. Such transfer may be accomplished electronically. This data may include contract year deductible and out-of-pocket limit credits applicable to each member for services incurred prior to the termination date.

#### **IV. SPECIAL INSTRUCTIONS TO THE OFFEROR**

##### **A. Definitions:**

Issuing Office:

Wherever used in this Request for Proposal, Issuing Office will be:

Lisa Cumming, CPPO, C.P.M., VCO  
Director of Procurement  
Newport News Public Schools  
12465 Warwick Boulevard  
Newport News, VA 23606-3041  
Phone: (757) 597-2820  
Fax: (757) 591-4593  
Email: [lisa.cumming@nn.k12.va.us](mailto:lisa.cumming@nn.k12.va.us)

NNPS Contract Administrator:

Wherever used in this Request for Proposal and for purposes of any notices under this contract, the NNPS Contract Administrator will be:

JoAnn Armstrong, Benefits Supervisor  
Newport News Public Schools  
Newport News, VA 23606-3041  
Phone: (757) 881-5061 ext. 11112  
Email: [joann.armstrong@nn.k12.va.us](mailto:joann.armstrong@nn.k12.va.us)

##### **B. Request for Electronic Copies of RFP Data**

Attachments are available electronically that will provide the information needed to submit a proposal. These attachments include census data, plan experience, current plan documents, provider information, and cost exhibits. This information will be made available by contacting NNPS' consultant for this RFP, Claire Harlin, with USI Insurance Services at [claire.harlin@usi.com](mailto:claire.harlin@usi.com).

##### **C. Contact with NNPS Staff, Representatives, and/or Agents:**

Direct contact with NNPS staff, representatives, and/or agents other than Purchasing Department staff on the subject of this RFP or any subject related to this RFP is expressly prohibited except with the prior knowledge and permission of the Purchasing Agent.

##### **D. Preproposal Conference (Non-mandatory)**

A Pre-Proposal conference will be held at NNPS Administration Building, 12465 Warwick Blvd in Newport News, Virginia, on **March 12, 2019 at 10:00 a.m.** to answer any questions regarding this RFP. Any changes determined necessary as a result of this conference or any other source that may affect the responses to the Proposal will be formally addressed by the Issuing Office via addenda. Attending this conference is not mandatory, but is advisable.

**E. Offerors of Record:**

Offerors receiving a copy of this RFP from a source other than the Issuing Office via [www.eva.virginia.gov](http://www.eva.virginia.gov) must contact the Issuing Office and provide Offeror's name, address, contact person, telephone and fax number, and the RFP Item Number. Offeror will be added to the Planholders' list and will receive notification of any addenda to the RFP.

**F. Questions:**

Offerors must submit questions regarding the Request For Proposal in writing to the Issuing Office at [lisa.cumming@nn.k12.va.us](mailto:lisa.cumming@nn.k12.va.us) no later than **3:00 PM EST, March 15, 2019**. Necessary replies will be issued to all Offerors of record as addenda that shall become part of the contract documents. Oral instructions do not form a part of the Proposal documents. Offeror is responsible for checking the [www.eva.virginia.gov](http://www.eva.virginia.gov) web site, NNPS Purchasing webpage, or contacting the Issuing Office within 48 hours prior to Proposal closing to secure any addenda issued for this RFP.

**G. Changes or Modifications:**

Changes or modifications to this Request for Proposals made prior to the date and time of closing will be addressed by addenda from the Issuing Office. Offerors are to acknowledge receipt of addenda in the space provided on the cover page of this Request for Proposal. Oral communications are not a part of the Proposal documents. This RFP and any addenda shall be incorporated, by reference, into any resulting contract.

**H. RFP Closing:**

Offeror shall ensure its Proposal is time stamped by the Issuing Office no later than the Closing Date and Time shown on the cover page of this Information for Proposal. Proposals received after the specified date and time (time stamped 11:01 A.M. or later) will not be considered and will be returned to the Offeror unopened.

**I. Proposal Submittal Requirements:**

- 1) Each Proposal submission shall be submitted to the Issuing Office and shall include the following documents:
  - a. The cover page of this Request for Proposal, which will contain:
    - 1) Original signature of an agent authorized to bind the company;
    - 2) Requested contact information;
    - 3) Company FEI/TIN number; and,
    - 4) Acknowledgment of any addenda on page one (1);
  - b. Completed and signed anti-collusion/nondiscrimination clauses on page 2;
- 2) Offerors are encouraged to submit their Proposals on recycled paper and to use double-sided copying.
- 3) Proposals must be submitted utilizing the following requirements:
  - a. Offerors shall submit proposals in a sealed envelope or package, and label the envelope or package with the Request for Proposal's item number and the name and address of the Offeror. **Proposals received by telephone, telegraph, facsimile, or any other means of electronic transfer shall not be accepted.**
  - b. Submit the original, six (6) hard copies and one (1) electronic copy (CD or USB drive) of the proposal.

- 1) An additional hard copy (1) and an additional electronic copy (1 USB drive) must be submitted to:  
 CLAIRE HARLIN  
 Account Executive  
 USI Insurance Services  
 4840 Cox Road, Glen Allen, VA 23060  
 P 804.729.9831 | C 804.661.6168  
 Claire.harlin@usi.com
  
- 2) Additionally, an electronic copy of your response to **Attachment H – Request for Proposals – Prescription Benefit Management Services (and all appropriate Appendices)** must be submitted separately to [pharmacyrfp@usi.com](mailto:pharmacyrfp@usi.com). This attachment should be completed regardless of whether you are quoting a combined medical/pharmacy proposal or are submitting a prescription drug carve out proposal.
  
- 3) If you submit a CD to NNPS, the CD must be a:
  - a) "standard" compact disk (CD) [using 780 nm wavelength laser diode light]; or a digital video disk or "digital versatile disc" (DVD) [using 650 nm wavelength laser diode light - Note: 'Blue-ray™ disks are not acceptable]. The media shall be capable of being read in a standard personal computer (PC) CD or DVD-drive. The media shall use a "standard" CD-file system format [ISO 9660], be virus-free, and may contain PC-files in any of the following formats:
  - b) Adobe(c) Personal-Documents-Files (pdf), version 9.0, or greater
  - c) Microsoft(c) Word 'document' files (doc), version 12, or greater (Word 2007)
  - d) Microsoft(c) Excel 'spreadsheet' files (xls), version 12, or greater (Excel 2007)
  - e) Microsoft (c) PowerPoint 'presentation' files (ppt), version 12, or greater (PowerPoint 2007)
  - f) American Standard Code for Information Interchange (ASCII) text (txt) (e.g. Microsoft(c) Notepad, any version).
  - g) Tagged Information Format (tif or TIFF) files
  
- 4) Include a statement setting forth the basis for protection of proprietary information, if any, as detailed in the “Proprietary Information/Disclosure” section.
  
- 5) Proposals are to be organized in the following tabs:

|       |   |
|-------|---|
| Tab 1 | Signature Sheet (Cover Page of RFP)<br>Anti-Collusion/Nondiscrimination/Drug-Free Workplace Requirements<br>Executive Summary<br>Table of Contents<br>Response to Statement of Needs<br>Agreement/Exceptions to General Terms and Conditions and Special Terms and Conditions<br>Notice of Proprietary Information Form |
| Tab 2 | Description of Plan Designs quoted for each Medical & Prescription Drug Plan<br>Summary of Plan Deviations<br>Performance Guarantees (Attachment F)<br>References   |
| Tab 3 | Questionnaire (Attachment C) include electronically as a Word document  |
| Tab 4 | Price Quotation Exhibits (Attachment G)<br>Prescription Benefit Management Services (Attachment H)  |
| Tab 5 | Geoaccess Reports (Requested in Questionnaire)<br>Checklists of Top Utilized Facilities, Doctors (Attachments D) include electronically as  |

|       |   |
|-------|---|
|       | Excel spreadsheets and do not sort lists  |
| Tab 6 | Sample Contracts/Agreements<br>Samples of Document or Reports (any you have provided) |

## J. Program Specifications

This section outlines the specifications for the requested plans including the proposed benefit design and funding arrangements.

### 1. Requested Plan Design:

- a. Proposals are requested for plans which will match the current benefit plans. Currently, NNPS offers employees the choice of three different plan options: 1) PPO plan; 2) Gatekeeper HMO plan; and 3) CDHP plan with a Health Savings Account.
- b. The summary of benefits for each plan are included electronically as **Attachment A**.
- c. Descriptions of each plan offered must be included in **TAB 2** of your proposal.
- d. In addition to current benefits, offerors are asked to provide an independent pricing factor for each of the following alternative plans:
  - 1) Modify the Gatekeeper HMO by adding a \$1,000/\$2,000 deductible, 10% coinsurance on all services except for office visits, and increase the out-of-pocket maximum to \$5,500/\$11,000.
  - 2) Modify the PPO plan by increasing the calendar year deductible to \$2,000/\$4,000 and increase the out-of-pocket maximum to \$5,500/\$11,000.
  - 3) Add a 10% coinsurance to the CDHP plan.
  - 4) Remove the prescription drugs from the current combined out-of-pocket maximum for the Gatekeeper HMO and the PPO plans. Implement separate maximums:
    - a. Gatekeeper HMO – medical OOP maximum \$3,500; Rx OOP maximum of \$2,500
    - b. PPO – medical OOP maximum \$4,000; Rx OOP maximum of \$3,000

As the plan sponsor of a self-insured program, NNPS reserves the right to evaluate other plan design options after selection of finalists or award of the contract.

- e. Two years of plan experience (**Attachment B**) and a current census (**Attachment H**) is available electronically as instructed in **Section IV.B**.
- f. A copy of your proposed contract, ASO agreement, and reinsurance contract must be included in **Tab 6**.
- g. Clearly note any deviations to the requested plans in **Tab 2**.

### 2. Covered Groups:

The following employees and retirees are eligible for health insurance at NNPS under the group medical and prescription drug program:

#### **FULL-TIME - Employees hired or rehired on or after July 1, 2010**

**“Full time employee” means a School Board employee who fills 100 percent of a budgeted full-time equivalent position (FTE).**

- Bus Drivers/Bus Assistants who are contracted for at least 32.5 hours or more per consecutive week will be considered Full-Time employees.
- Child Nutrition Services employees hired on or after July 1, 2010, who are contracted for at least 6 hours per day and 30 or more hours per week for a full school year will be considered Full-Time employees.

#### **Employees hired or rehired before July 1, 2010**

**“Full time employee” means a School Board employee who fills 60 percent of a budgeted full-time equivalent position (FTE).**

- Bus Drivers/Bus Assistants who are contracted for 32.5 hours or more per consecutive week will be considered Full-Time employees.

- Child Nutrition Services employees hired prior to July 1, 2009, who are contracted for at least 5 hours per day and 25 or more hours per week for a full school year will be considered Full -Time employees.
- Child Nutrition Services employees hired on or after July 1, 2009, who are contracted for at least 6 hours per day and 30 or more hours per week for a full school year will be considered Full- Time employees.

### **PART-TIME**

- Employees hired or rehired before July 1, 2010, as a School Board employee who fills a minimum of 50 percent but less than 60 percent of a budgeted FTE will be considered Part-Time employees.
- Child Nutrition Employees hired prior to July 1, 2009, who are contracted for at least 4 hours per day for a full school year will be considered Part-Time employees.
- Employees hired or rehired on or after July 1, 2010, as a School Board employee who fills a minimum of 80 percent but less than 100 percent of a budgeted FTE will be considered Part-Time employees.

### **Spouse & Dependent Eligibility**

Spouses and dependents are eligible to be covered on the medical plan. Eligible dependents may be covered on the plan until the last day of the calendar year (December 31st) in which they reach age 26.

### **PRE-65 RETIREES**

Employees who retire from Newport News Public Schools with a minimum of 15 years of service are eligible to remain on the health plan until they become Medicare eligible. A contribution is made for any retiree who is enrolled in the health plan as an active employee and who retires prior to 6/30/2024 based on the policy in effect at the time of retirement. Employees in eligible positions receive the VRS Health Credit of \$4.00 per month per year of service in addition to the Newport News Public Schools contribution.

## **3. Price Quotations**

### **a. General Information and Requirements**

- (1) Price quotations should be submitted **NET OF COMMISSIONS**.
- (2) Current experience (**Attachment B**) and current census (**Attachment H**) is available electronically. See instructions in **Section IV.B.** for how to securely obtain this information.
- (3) The cost of the program is shared between NNPS and their employees. Currently, employees contribute approximately 28% the cost of coverage.

### **b. Fee Guarantees**

All rates must be guaranteed for a minimum of twelve (12) months. Multi-year financial guarantees are requested and will be an important consideration in the evaluation process. All guarantees should be included with your price quotation.

### **c. Funding Arrangement**

The medical and prescription drug plans are self-insured. Specific stop loss protection is purchased for the combined medical and prescription drug claims. The current specific stop loss limit is \$175,000. Offerors are requested to provide pricing for this limit on a 12/12 basis with terminal liability. Price stop loss assuming medical and prescription drug claims will be combined for stop loss even if the plans are administered by different third-party administrators.

### **d. Underwriting Assumptions and Plan Deviations**

All underwriting assumptions and deviations from the requested benefit design or funding arrangements shall be submitted as part of your proposal to document any assumptions, special

criteria or requirements, or variances from the requested plans and funding.

- e. Complete Questionnaire (**Attachment C**) and include as a Word document in your proposal response.
- f. Provider checklists for facility, primary care physicians, and specialists (**Attachment D**) should be completed and returned as an Excel document. **DO NOT SORT THE CHECKLISTS.**
- g. Performance guarantees are strongly encouraged. Please complete **Attachment F** Performance Guarantees and include in **Tab 2** of your proposal.
- h. Medical Cost Exhibit  
All offerors must submit proposed cost by fully completing all tabs of **Attachment F –Price Quotation Exhibit.**  
All offerors must submit proposed cost by fully completing **Attachment G – Prescription Benefit Management Services.**

**K. Evaluation of Proposals:**

- 1. After the proposal opening, NNPS will select for further consideration two or more Offerors deemed to be fully qualified and best suited among those submitting proposals based on Offerors' responses to the information requested in this RFP.
- 2. The following criteria will be used in the evaluation process:

| EVALUATION CRITERIA |   | WEIGHT     |
|---------------------|---|------------|
| 1.                  | <p>Functional Requirements</p> <ul style="list-style-type: none"> <li>• Extent to which the proposed solutions satisfy the RFP requirements</li> <li>• Ability to match plan designs</li> <li>• Reporting capability</li> <li>• Clearly demonstrated understanding of the work to be performed</li> <li>• Quality of care and plan of benefits <ul style="list-style-type: none"> <li>○ Performance of delivery system <ul style="list-style-type: none"> <li>▪ Network facilities and professional providers</li> <li>▪ Cost containment and utilization management protocol</li> <li>▪ Ongoing quality measures and assessments</li> <li>▪ Network stability</li> </ul> </li> <li>○ Network choice and access</li> <li>○ Current network match</li> <li>○ Level of member disruption</li> <li>○ Flexibility of program: out of area claims, out of area members</li> </ul> </li> <li>• Quality of administration and services <ul style="list-style-type: none"> <li>○ Enrollment process</li> <li>○ Reporting capabilities</li> <li>○ General account administration</li> <li>○ Claim processing <ul style="list-style-type: none"> <li>▪ Accuracy</li> <li>▪ Timeliness</li> <li>▪ Systems</li> </ul> </li> <li>○ Service/performance guarantees</li> <li>○ Communication materials</li> <li>○ Technological capabilities</li> <li>○ Employer/member services</li> <li>○ Document/certificate of coverage samples</li> </ul> </li> <li>• Willingness and ability to execute a contract before the effective date and in advance of each renewal date</li> </ul> | 30         |
| 2.                  | <p>Experience and Qualifications</p> <ul style="list-style-type: none"> <li>• Financial stability of firm</li> <li>• Prior successful experience completing a project of similar magnitude</li> <li>• References</li> <li>• Resumes of proposed staff – technical experience and professional competence</li> <li>• Team organization and amount of experience as a team</li> </ul>   | 15         |
| 3.                  | <p>Implementation of Services/Project Management</p> <ul style="list-style-type: none"> <li>• Project approach</li> <li>• Implementation timeline demonstrating Offeror's ability to complete implementation tasks prior to open enrollment to ensure plan is fully operational January 1, 2018</li> <li>• Project management</li> <li>• Project team</li> <li>• Current workload and ability to perform required work within County's schedule</li> <li>• Training</li> </ul>  | 20         |
| 4.                  | <p>Cost</p> <ul style="list-style-type: none"> <li>• Network savings (impact on claims cost)</li> <li>• Cost containment services and utilization management programs</li> <li>• Network savings guarantees</li> <li>• Observed rating trends</li> <li>• Administration, retention fees/charges</li> <li>• Cost and cost guarantees</li> </ul>  | 30         |
| 5.                  | Quality of written proposal/oral presentation   | 5          |
| <b>TOTAL</b>        |   | <b>100</b> |



3. Based on the initial evaluation, NNPS may request the selected Offerors make oral presentations. Thereafter, NNPS will conduct negotiations with each of the selected short-listed Offerors. Individuals representing the Offeror during negotiations shall have the authority to negotiate and contractually bind the company to a contract.
4. After negotiations are completed, NNPS will select the Offeror who, in NNPS's opinion, has made the best proposal and shall award the contract to that Offeror (referred to in this RFP as the Successful Offeror). Should NNPS determine in writing and in its sole discretion that only one Offeror is fully qualified, or that one Offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that Offeror.
5. NNPS is not required to furnish a statement of the reason(s) why a proposal was not deemed to be the most advantageous.

**L. Presentation/Demonstration:**

If in NNPS's opinion, vendor presentations or demonstrations of the Offeror's proposed system's features and capabilities are warranted, NNPS will notify the appropriate vendors. Such presentation or demonstration will be at an NNPS site at a date and time mutually agreed to between NNPS and Offeror and will be at the Offeror's expense.

**M. Preparation of Proposals:**

In presenting their proposals, Offerors are encouraged to be thorough in addressing the *Statement of Needs*, the *Preparation of Proposal* guidelines, and the *Proposal Submittal Requirements* as outlined in this RFP.

To facilitate the NNPS's evaluation of Offeror's proposal, Offeror is to number all pages of its proposal and provide tabs listing the evaluation criteria indicated above.

Offerors should be completely responsive to this RFP, be able to conform to the terms and conditions provided, herein, and provide responses to the evaluation criteria outlined, below. Offeror should not incorporate its standard contract document into its proposal, by reference or in full text, without listing each exception it represents to the terms and conditions of this RFP, as described in the Exceptions/Alternatives section of this paragraph.

Offerors are encouraged to provide thorough and detailed information regarding the product and services being offered, based on the details provided, below.

To facilitate the NNPS's evaluation of Offeror's proposal, Offeror must number all pages of its proposal and provide tabs as indicated above. Offeror must fully address each of the following items and submit proposals using the following format:

1. *Experience* - Provide a concise description of all work experiences as they relate to the scope of work outlined herein. Said description should include, but not be limited to:
  - a. Offeror's established experience record in providing comparable services to organizations similar to NNPS.
    - Number and types of customers the Offeror has served with comparable services.
    - Number of years Offeror has been providing these types of services.
  - b. A minimum of five (5) references for which Offeror has completed services comparable to those described in this RFP. Include references for work performed in an environment comparable to NNPS's. For each reference, detail:
    - Name of firm;
    - Address of firm;

- Name, title, address, e-mail address, and phone and fax number of a contact for the firm;
  - Number of years Offeror has served the firm; and
  - Brief summary of scope of services provided.
- c. Other available documentation to verify Offeror's experience.
- d. A statement detailing why the Offeror is the best candidate to provide the NNPS with the services requested in this RFP.
2. *Capability and skill* - Describe the qualifications and skills of the organization to provide the services. Said description should provide, but not be limited to, the following information:
- a. Background information about the organization, e.g., philosophy, ownership, size, facilities and locations, etc.
    - Offeror's management structure of the firm -- e.g. organization chart of the firm, project team, etc.
    - Size and location of the office that will serve the NNPS;
  - b. Offeror's qualifications to perform the services, including all resources available to Offeror for the performance of the contract.
  - c. Qualifications and resumes of the assigned NNPS account team and other employees who will be managing and performing the services under this contract.
  - d. Name, title, address, e-mail address, phone and fax numbers, and work hours of the Offeror's Contract Representative for the following functions:
    - Contact for prompt contract administration upon award of the contract;
    - Contact during the period of evaluation;
    - Authorized agent to accept any notices provided for in this contract.
  - e. Indicate the type of organization you represent, i.e. individual, partnership or corporation. If the Offeror is a corporation, list the names of the President, Vice-President, Secretary, Treasurer and all principals. If the Offeror is a partnership, include the names of all principals or partners.
  - f. A detailed history of all mergers or acquisitions.
  - g. A copy of the certificate verifying the firm is registered to do business in the Commonwealth of Virginia.
  - h. A detailed list of contractor licenses held, including license class and number.
  - i. Offeror's current financial condition. Provide a copy of offeror's Dunn and Brad Street financial report and any other supporting documentation, such as audited annual reports for the past three (3) years. Include any financial ratings held by the firm.
  - j. If Offeror intends to subcontract any part of the work under this contract, indicate services to be subcontracted and subcontractor(s) to provide said services.
3. *Services to be Provided* - Provide a detailed description of the services to be provided under this contract. Said description must address, at a minimum:
- a. An introduction - An overview of Offeror's understanding of the scope of work and services to be provided.
  - b. Best practice approaches to providing services to the NNPS that enhance efficiency and effectiveness. Innovative solutions will be considered by the NNPS.
  - c. EACH of the General Requirements and Specific Requirements set forth under the Scope of Work specified in this RFP.
  - d. A detail of any assistance, equipment, or other items the Offeror will require the NNPS to furnish under this contract.
  - e. A statement explaining why the Offeror's proposed solution would be the most advantageous to the NNPS.
    - f. Describe the one attribute that places the Offeror ahead of the competition.
4. *Price*

- a. Submit with the proposal the requested pricing exhibits, the GeoAccess, the provider checklists, and the prescription drug checklist.
  - b. Offeror's prices will be subject to negotiations.
  - c. After negotiations and award of this contract, Successful Offeror's pricing for the services provided under this contract shall be a firm fixed-price during the term of the contract and any extensions.
5. *Exceptions/Alternatives* - Detail any exceptions taken to the Statement of Needs and Terms and Conditions sections of this RFP. For each exception, specify the RFP page number, section number, and the exception taken. Offeror shall not incorporate its standard contract document into its proposal, by reference or in full text, without listing each exception it represents to the terms and conditions of this RFP, as described in the Exceptions/Alternatives section of this RFP.

**N. Cost of Responding:**

This solicitation does not commit NNPS to pay any costs incurred by the Offeror or any other party in the preparation and/or submission of proposals or in making necessary studies or designs for the preparation thereof, nor is NNPS obligated to procure or contract for such services.

**V. GENERAL TERMS AND CONDITIONS**

**A. Contract Document:**

This RFP, its addenda, Successful Offeror's proposal, any additional information requested, and negotiated changes and will constitute the final contract hereafter referred to as this "contract". These documents will be incorporated by reference into the NNPS purchase order awarding this contract. This contract shall be governed by the contract documents in the following order of precedence:

This RFP document;

Any negotiated changes to the foregoing documents; and  
Offeror's proposal

**B. Proposal Binding for One-hundred Twenty (120) Days:**

Offeror agrees that its Proposal shall be binding and may not be withdrawn for a period of one-hundred (120) calendar days after the scheduled closing date of this Request For Proposals.

**C. Proprietary Information/Non-Disclosure:**

Offeror is advised that the Virginia Public Procurement Act (Section 2.2-4342, Code of Virginia, 1950 as amended) shall govern public inspection of all records submitted by Offeror. Specifically, if Offeror seeks to protect any proprietary data or materials, pursuant to Section 2.2-4342, Offeror shall:

1. Invoke the protections of this section prior to or upon submission of the data or other materials,
2. Provide a statement that identifies the data or other materials to be protected and that states the reasons why protection is necessary.
3. Submit trade secrets or other proprietary information under separate cover in a sealed envelope clearly marked "**PROPRIETARY**".
4. Information submitted that does not meet the above requirements will be considered public information in accordance with State statutes.
5. NNPS reserves the right to submit such information to the NNPS attorney for concurrence of the Offeror's claim that it is in fact proprietary.

6. References to the proprietary information may be made within the body of the Proposal; however, all information contained within the body of the Proposal shall be public information in accordance with State statutes.
7. Trade secrets or proprietary information submitted by an Offeror in conjunction with this RFP is not subject to public disclosure under the Virginia Freedom of Information Act (VFOIA).
8. Information submitted that does not meet the above requirements will be considered public information in accordance with the VFOIA.
9. An all-inclusive statement that the entire Proposal is proprietary is unacceptable. A statement that Offeror's costs and/or Proposal pricing are to be protected is unacceptable. Offeror will be requested to remove any such statement(s) in order to be eligible for further consideration.

**D. Contract Modification(s):**

After award, any and all modifications to this contract shall be mutually agreed to by both parties, in writing, and authorized by the NNPS Purchasing Agent or his designee via issuance of a change order (purchase order).

**E. Offeror Obligation:**

Offeror shall carefully examine the contents of this Request for Proposals and any subsequent addenda. Failure to do so shall not relieve the Successful Offeror of its obligation to fulfill the requirements of any contract awarded as a result of this RFP.

**F. Conditions of Work:**

Offeror shall inform itself fully of the conditions relating to services required herein. Failure to do so will not relieve a Successful Offeror of the obligation to furnish all goods and/or services necessary to carry out the provisions of this contract.

**G. Prime Contractor:**

If in its performance of this contract, Successful Offeror supplies goods or services by or through another party or subcontractor, Successful Offeror agrees that:

1. Successful Offeror shall act as the prime contractor for the goods and services to be provided under contract and shall be the sole point of contact with regard to all obligations under this contract.
2. Successful Offeror represents and warrants that Successful Offeror has made third parties or subcontractors aware of the proposed use and disposition of the other party's products or services, and that such other party has agreed in writing that it has no objection and that NNPS is not liable to such third parties or subcontractors for any work performed under this contract.
3. The use of subcontractors and the work they perform must receive the prior written approval of NNPS. NNPS will designate a Contract Administrator to approve such work.
4. Successful Offeror shall be solely responsible for all work performed and materials provided by subcontractors.
5. Successful Offeror shall be responsible for the liability of subcontractors for the types and limits required of the Successful Offeror under this contract.

**H. Subcontractors:**

Contractor's use of subcontractors and the work they are to perform must receive written approval from the Contract Administrator at least ten (10) calendar days prior to the work being performed. Contractor shall be solely responsible for all work performed and materials provided by subcontractors. Contractor shall be responsible for the liability of subcontractors for the types and limits required of the Contractor.

**I. Non-Assignment:**

Successful Offeror shall not assign its rights and duties under this Agreement without the prior written consent of the NNPS Contract Administrator.

**J. Antitrust:**

Any perceived anti-trust violation will be reported to the State Attorney General for possible enforcement of anti-trust laws.

**K. Anti-collusion/Nondiscrimination Requirements Form:**

The attached "Anti-collusion/Nondiscrimination Requirements" form, on page 2 of this RFP, shall be executed by Offeror and is to be submitted with Offeror's Proposal. The requirements set forth on said form shall be considered to be binding terms and conditions in any contract resulting from this RFP. A contract will not be awarded to an Offeror who has not signed the anti-collusion/nondiscrimination statement.

**L. Hold Harmless/Indemnification:**

It is understood and agreed that Successful Offeror hereby assumes the entire responsibility and liability for any and all material damages to persons or property caused by or resulting from or arising out of any act or omission on the part of Successful Offeror, its subcontractors, agents or employees under or in connection with this Contract or the performance or failure to perform any work required by this Contract. Successful Offeror agrees to indemnify and hold harmless NNPS and its agents, volunteers, servants, employees and officials from and against any and all claims, losses, or expenses, including reasonable attorney's fees and litigation expenses suffered by any indemnified party or entity as the result of claims or suits due to, arising out of or in connection with (a) any and all such damages, real or alleged, (b) the violation of any law applicable to this Contract, and (c) the performance of the work by Successful Offeror or those for whom Successful Offeror is legally liable. Upon written demand by NNPS, Successful Offeror shall assume and defend at Successful Offeror's sole expense any and all such suits or defense of claims made against NNPS, its agents, volunteers, servants, employees or officials.

**M. Notices:**

All notices, requests, demands, and elections under this contract, other than routine operational communications, shall be in writing and shall be deemed to have been duly given on the date when hand-delivered, or on the date of the confirmed facsimile transmission, or on the date received when delivered by courier that has a reliable system for tracking delivery, or six (6) NNPS business days after the date of mailing when mailed by United States mail, registered or certified mail, return receipt requested, postage prepaid. All notices shall be addressed to the following individuals:

To NNPS: NNPS Contract Administrator as designated in this RFP.

To Successful Offeror: Successful Offeror's Contract Administrator as defined in Successful Offeror's Proposal.

Either party may from time to time change the individual(s) to receive notices and/or its address for notification purposes by giving the other party written notice as provided above.

**N. Non-Performance:**

1. Delivery Delays: NNPS reserves the right to procure goods and/or services to be provided under this contract from other sources in the event Successful Offeror fails to deliver such goods and/or service deliverables in accordance with delivery dates and time frames set forth in this contract.
2. Unacceptable Deliveries (Rejections): Upon notification by NNPS that goods and/or service deliverables provided by the Successful Offeror under this contract are damaged and/or not of the quality specified by NNPS, such goods and/or service deliverables will be rejected. Successful Offeror shall replace such rejected goods and/or service deliverables immediately or within a reasonable time as determined by NNPS.
3. Successful Offeror shall remove all rejected materials, equipment or supplies from the premises of NNPS within ten (10) days of notification. Rejected goods and/or service deliverables not removed from NNPS'

premises within ten (10) days will be regarded as abandoned, shall become the property of NNPS, and NNPS shall have the right to dispose of such items.

4. NNPS reserves the right to authorize immediate purchase from other sources against rejections.
5. **Liability:** Successful Offeror shall be liable to NNPS for all costs incurred by NNPS as a result of Successful Offeror's failure to perform in accordance with the contract. Successful Offeror's liability shall include, but not be limited to:
  - a. Damages and other delay costs, to include costs to procure goods/services from alternate suppliers.
  - b. Increased costs of performance, such as extended overhead and increased performance costs resulting from performance delays caused by Successful Offeror and/or rejections of Successful Offeror's goods and/or service deliverables.
  - c. Warranty and rework costs, liability to third party, excess costs, attorney's fees and related costs incurred by NNPS due to non-responsive performance of Successful Offeror.

**O. Termination Without Cause:**

NNPS may at any time, and for any reason, terminate this Contract by written notice to Successful Offeror specifying the termination date, which shall be not less than thirty (30) days from the date such notice is mailed. Notice shall be given to Successful Offeror by certified mail/return receipt requested, addressed to the Successful Offeror's Contract Administrator. In the event of such termination, Successful Offeror shall be paid such amount as shall compensate Successful Offeror for the work satisfactorily completed, and accepted by NNPS, at the time of termination. If the event NNPS terminates this Contract, Successful Offeror shall withdraw its personnel and equipment, cease performance of any further work under this Contract, and turn over to NNPS any work completed or in process for which payment has been made.

**P. Termination with Cause/Breach:**

In the event that Successful Offeror shall for any reason or through any cause be in default of the terms of this Contract, NNPS may give Successful Offeror written notice of such default by certified mail/return receipt requested, addressed to the Successful Offeror's Contract Administrator. Unless otherwise provided, Successful Offeror shall have ten (10) days from the date such notice is mailed in which to cure the default. Upon failure of the Successful Offeror to cure the default, NNPS may immediately cancel and terminate this Contract as of the mailing date of the default notice. Upon termination, Successful Offeror shall withdraw its personnel and equipment, cease performance of any further work under the Contract, and turn over to NNPS any work in process for which payment has been made. In the event of violations of law, safety or health standards and regulations, this Contract may be immediately cancelled and terminated by NNPS and provisions herein with respect to opportunity to cure default shall not be applicable.

**Q. Breach of Contract:**

Successful Offeror shall be deemed in breach of this contract if the Successful Offeror:

Fails to comply with any terms of this contract;

Fails to cure such noncompliance within ten (10) calendar days from the date of the NNPS written notice or such other time frame, greater than ten (10) calendar days, specified by the NNPS Contract Administrator in the notice.

Fails to submit a written response to NNPS's notification of noncompliance within ten (10) calendar days after the date of the NNPS notice.

All notices under this contract shall be submitted, either by fax or certified mail, return-receipt requested, to the respective contract administrator. Successful Offeror shall not be in breach of this contract as long as its default was due to causes beyond the reasonable control of and occurred without any fault or negligence on the part of both the Successful Offeror and its subcontractors. Such causes may include, but are not restricted to, acts of God or of the public enemy, acts of NNPS in its sovereign capacity, fires, floods, epidemics, strikes, freight embargoes, and unusually severe catastrophic weather such as hurricanes.

**R. Applicable Law:**

This Contract shall be deemed to be a Virginia contract and shall be governed as to all matters whether of validity, interpretations, obligations, performance or otherwise exclusively by the laws of the Commonwealth of Virginia, and all questions arising with respect thereto shall be determined in accordance with such laws. Regardless of where actually delivered and accepted, this Contract shall be deemed to have been delivered and accepted by the parties in the Commonwealth of Virginia.

**S. Compliance With All Laws:**

Successful Offeror shall comply with all federal, state and local statutes, ordinances, and regulations now in effect or hereafter adopted, in the performance of this contract. Successful Offeror represents that it possesses all necessary licenses and permits required to conduct its business and/or will acquire any additional licenses and permits necessary for performance of this contract prior to the initiation of work. If the Successful Offeror is a corporation, Successful Offeror further expressly represents that it is a corporation of good standing in the Commonwealth of Virginia and will remain in good standing throughout the term of the contract and any extensions. All City of Newport News business license, personal property, real estate and other applicable tax requirements shall be met by Successful Offeror.

**T. Venue:**

Venue shall be in the Circuit Court of the City of Newport News, Virginia, and the United States District Court for the Eastern District of Virginia, Norfolk Division, compliant with applicable laws and regulations, as deemed appropriate by NNPS.

**U. Severability:**

If any provision of this contract is found by any court of competent jurisdiction to be invalid or unenforceable, the invalidity of such provision shall not affect the other provisions of this contract, and all other provisions of this contract shall remain in full force and effect.

**V. Non-Appropriation of Funds:**

It is understood and agreed between the parties herein that NNPS shall be bound hereunder only to the extent that the funds shall have been appropriated. In the event no funds or insufficient funds are appropriated, NNPS shall immediately notify the Successful Offeror of such occurrence and this Contract shall terminate on the last day funds are available without penalty or expense to NNPS of any kind whatsoever.

**W. Tax Exemption:**

NNPS is exempt from federal excise tax and from all State and local taxes. Successful Offeror shall not include such taxes in any invoices under this agreement. Upon request, NNPS will furnish the Successful Offeror with tax exemption certificates or the NNPS tax exempt number.

**X. Vendor's Invoices:**

Successful Offeror shall submit to NNPS all invoices promptly upon completion of the requirements for installation, delivery, and acceptance of the Products and Services required under this contract. Invoices shall not include any costs other than those identified in the executed NNPS purchase order awarding this contract or any subsequent change orders issued by the NNPS Purchasing Division. All shipping costs are the Successful Offeror's responsibility, except to the extent such charges are identified in the executed NNPS purchase order or change orders. Successful Offeror's invoices shall provide at a minimum:

- Type and description of the Product or Service installed, delivered and accepted;
- Serial numbers, if any;
- Quantity delivered;
- Charge for each item;
- Extended total (unit costs x quantity);

- This RFP number and the NNPS Purchase Order Number.

**Y. Contractual Disputes:**

Any dispute concerning a question of fact as a result of a contract with NNPS which is not disposed of by agreement shall be decided by the NNPS Purchasing Agent, who shall reduce his decision to writing and mail or otherwise forward a copy thereof to the contractor within thirty (30) days. The decision of the NNPS Purchasing Agent shall be final and conclusive unless the contractor appeals within six (6) months of the date of the final written decision by instituting legal action as provided in the Code of Virginia. A contractor may not institute legal action, prior to receipt of the public body's decision on the claim, unless the public body fails to render such decision within the time specified. Contractual claims, whether for money or other relief, shall be submitted in writing no later than sixty days after final payment; however, written notice of the contractor's intention to file such claim shall have been given at the time of the occurrence or beginning of the work upon which the claim is based. Nothing herein shall preclude a contract from requiring submission of an invoice for final payment within a certain time after completion and acceptance of the work or acceptance of the goods. Pendency of claims shall not delay payment of amounts agreed due in the final payment.

**Z. Warranty/Guarantee:**

Successful Offeror guarantees against defective or faulty material or workmanship for at least one (1) year or for the manufacturer's standard warranty period, whichever is greater, from date of acceptance by NNPS. To furnish adequate protection from damage for all work and to repair damages of any kind for which Successful Offeror or Successful Offeror's workmen are responsible, to the building or equipment, to Successful Offeror's own work, or to the work of others. Any merchandise or service provided under the contract which is or becomes defective during the warranty period shall be replaced by the Successful Offeror free of charge with the specific understanding that all replacements shall carry the same guarantee as the original equipment or service (one year or manufacturer's standard warranty period, whichever is greater, from the date of acceptance of the replacement). Successful Offeror shall make any such replacement immediately upon receiving notice from NNPS.

**AA. Payment Terms:**

To be eligible for payment, all labor, equipment and materials covered under Successful Offeror's invoice must be completed and accepted by NNPS. NNPS agrees to make payments under this contract within thirty (30) days after receipt of a correct invoice for such payment. Where payment is made by mail, the date of postmark shall be deemed to be the date of payment. Any amounts due NNPS under the terms of this or any other agreement may be applied against Successful Offeror's invoices with documentation for the basis of the adjustment attached. In no event shall any interest penalty or late fee accrue when payment is delayed because of disagreement between NNPS and Successful Offeror regarding the quantity, quality, time of delivery, or other noncompliance with the contract requirements for any Product or Service or the accuracy or correctness of any invoice. Payment terms offering a "prompt payment discount" of 20 days or greater will be considered in the evaluation of Proposals. All other payment terms shall be net thirty (30) calendar days or greater. Payment terms not specified by Offeror shall be Net 45 days.

**Special Educational or Promotional Discounts**

Successful Offeror shall extend any special educational or promotional sale prices or discounts immediately to NNPS during the term of the contract. Such notice shall also advise the duration of the specific sale or discount price.

**BB. Prompt Payment:**

NNPS will promptly pay for completed, delivered goods or services accepted under this Contract by the payment date established. The required payment date will be either: (i) the date on which payment is due under the terms of this Contract for the provision of the goods or services; or (ii) if a date is not established



by this Contract, not more than forty-five (45) days after goods or services are received or not more than forty-five (45) days after the invoice is rendered, whichever is later.

Within twenty (20) days after the receipt of the invoice or goods or services, NNPS shall notify the supplier of any defect or impropriety that would prevent payment by the payment date. Should NNPS fail to pay the Contractor by the pay date, finance charges may be assessed by the Contractor. Unless otherwise provided under the terms of this Contract, interest will accrue at the rate of one percent (1%) per month. This will not apply to late payment provisions in any public utility tariffs or public utility negotiated Contracts. Contractor shall include in each of its subcontracts a provision requiring each subcontractor to include or otherwise be subject to the same payment and interest requirements with respect to each lower-tier subcontractor.

In cases where payment to Contractor is made by mail, the date of postmark shall be deemed to be the date payment is made for purposes of this Contract.

Individual Contractors shall provide to NNPS their social security numbers and proprietorships, partnerships, and corporations to provide their federal employer identification numbers.

Within seven (7) days after Contractor receives payment from NNPS, Contractor shall take one or more of the following actions:

1. Pay all subcontractors for the proportionate share of the total payment received from NNPS attributable to the work performed by the subcontractors under this Contract;
2. Notify NNPS and all affected subcontractors, in writing, of Contractor's intention to withhold all or a part of each affected subcontractor's payment including the reason for nonpayment.
3. Pay interest to the subcontractor on all amounts owed by the Contractor that remain unpaid after (7) seven days following receipt by the Contractor of payment from NNPS for work performed by the subcontractor under that Contract, except for amounts withheld, as allowed in #2 above.

A Contractor's obligation to pay an interest charge to a subcontractor pursuant to the payment clause in this section shall not be construed to be an obligation of NNPS. A Contract modification will not be made for the purpose of providing reimbursement by NNPS for interest charges owed by Contractor. A cost reimbursement claim to NNPS shall not include any amounts for reimbursement of interest charges owed by Contractor.

## **CC. Payment by Electronic Funds Transfer (EFT)**

### **(a) Method of payment.**

- (1) All payments by Newport News Public Schools (NNPS) under this contract shall be made by electronic funds transfer (EFT) except as provided in paragraph (a)(2) of this clause. As used in this clause, the term "EFT" refers to the funds transfer and may also include the payment information transfer.
- (2) In the event NNPS is unable to release one or more payments by EFT, the Contractor agrees to either—
  - (i) Accept payment by check or some other mutually agreeable method of payment; or
  - (ii) Request NNPS to extend payment due dates until such time NNPS makes payment by EFT (but see paragraph (d) of this clause).

### **(b) Mandatory submission of Contractor's EFT information.**

- (1) The Contractor is required to provide NNPS with the information required to make payment by EFT (see paragraph (j) of this clause). The Contractor shall provide this information directly to the NNPS Accounting

Department (hereafter referred to as “Accounting”) no later than 15 days prior to submission of the first request for payment. In the event that the EFT information changes, the Contractor shall be responsible for providing the updated information to the Accounting.

(2) If the Contractor provides EFT information applicable to multiple contracts, the Contractor shall specifically state the applicability of this EFT information in terms acceptable to Accounting.

(c) *Mechanisms for EFT payment.* NNPS may make payment by EFT through the Automated Clearing House (ACH) network, subject to the rules of the National Automated Clearing House Association

(d) Suspension of payment.

(1) The NNPS is not required to make any payment under this contract until after receipt, by Accounting, of the correct EFT payment information from the Contractor. Until receipt of the correct EFT information, any invoice or contract financing request shall be deemed not to be a proper invoice for the purpose of prompt payment under this contract.

(2) If the EFT information changes after submission of correct EFT information, NNPS shall begin using the changed EFT information no later than 30 days after its receipt by Accounting to the extent payment is made by EFT. However, the Contractor may request that no further payments be made until the updated EFT information is implemented by Accounting. If such suspension would result in a late payment under the prompt payment terms of this contract, the Contractor’s request for suspension shall extend the due date for payment by the number of days of the suspension.

(e) Liability for uncompleted or erroneous transfers.

(1) If an uncompleted or erroneous transfer occurs because NNPS used the Contractor’s EFT information incorrectly, NNPS remains responsible for—

- (i) Making a correct payment;
- (ii) Paying any prompt payment penalty due; and
- (iii) Recovering any erroneously directed funds.

(2) If an uncompleted or erroneous transfer occurs because the Contractor’s EFT information was incorrect, or was revised within 30 days of NNPS’ release of the EFT payment transaction, and—

- (i) If the funds are no longer under the control of Accounting, NNPS is deemed to have made payment and the Contractor is responsible for recovery of any erroneously directed funds; or
- (ii) If the funds remain under the control of Accounting, NNPS shall not make payment and the provisions of paragraph (d) shall apply.

(f) *EFT and prompt payment.* A payment shall be deemed to have been made in a timely manner in accordance with the prompt payment terms of this contract if, in the EFT payment transaction instruction released to the Federal Reserve System, the date specified for settlement of the payment is on or before the prompt payment due date, provided the specified payment date is a valid date under the rules of the Federal Reserve System.

(g) *EFT and assignment of claims.* If the Contractor assigns the proceeds of this contract as provided for in the assignment of claims terms of this contract, the Contractor shall require as a condition of any such assignment, that the assignee shall provide the EFT information required by paragraph (j) of this clause to Accounting, and shall be paid by EFT in accordance with the terms of this clause. In all respects, the requirements of this clause shall apply to the assignee as if it were the Contractor. EFT information that shows the ultimate recipient of the

transfer to be other than the Contractor, in the absence of a proper assignment of claims acceptable to NNPS, is incorrect EFT information within the meaning of paragraph (d) of this clause.

- (h) *Liability for change of EFT information by financial agent.* NNPS is not liable for errors resulting from changes to EFT information provided by the Contractor's financial agent.
- (i) *Payment information.* Accounting shall forward to the Contractor available payment information that is suitable for transmission as of the date of release of the EFT instruction to the Federal Reserve System. NNPS may request the Contractor to designate a desired format and method(s) for delivery of payment information from a list of formats and methods Accounting is capable of executing. However, NNPS does not guarantee that any particular format or method of delivery is available and retains the latitude to use the format and delivery method most convenient to NNPS. If NNPS makes payment by check in accordance with paragraph (a) of this clause, NNPS shall mail the payment information to the remittance address in the contract.
- (j) *EFT information.* The Contractor shall provide the following information to Accounting. The Contractor may supply this data for this or multiple contracts (see paragraph (b) of this clause). The Contractor shall designate a single financial agent per contract capable of receiving and processing the EFT information using the EFT methods described in paragraph (c) of this clause.
- (1) The contract number (or other procurement identification number).
  - (2) The Contractor's name and remittance address, as stated in the contract(s).
  - (3) The signature (manual or electronic, as appropriate), title, and telephone number of the Contractor official authorized to provide this information.
  - (4) The name, address, and 9-digit Routing Transit Number of the Contractor's financial agent.
  - (5) The Contractor's account number and the type of account (checking, saving, or lockbox).
  - (6) If applicable, the Fedwire Transfer System telegraphic abbreviation of the Contractor's financial agent.
  - (7) If applicable, the Contractor shall also provide the name, address, telegraphic abbreviation, and 9-digit Routing Transit Number of the correspondent financial institution receiving the wire transfer payment if the Contractor's financial agent is not directly on-line to the Fedwire Transfer System; and, therefore, not the receiver of the wire transfer payment.

NNPS Accounting Department Designated Contact:  
Accounting Department  
NNPS Administration Building  
12465 Warwick Blvd.  
Newport News, Virginia 23606  
Tel: (757)591- 4513  
Steven Kanehl, Accounting Supervisor  
Steve.Kanehl@nn.k12.va.us

**DD. Audits:**

NNPS shall have the right to audit all books and records (in whatever form they may be kept, whether written, electronic or other) relating or pertaining to this Contract (including any and all documents and other materials, in whatever form they may be kept, which support or underlie those books and records), kept by or under the control of Successful Offeror, including, but not limited to those kept by Successful Offeror, its employees, agents, assigns, successors and subcontractors. Successful Offeror shall maintain

such books and records, together with such supporting or underlying documents and materials, for the duration of this Contract and for at least three years following the completion of this Contract, including any and all renewals thereof. The books and records, together with the supporting or underlying documents and materials shall be made available, upon request, to NNPS, through its employees, agents, representatives, contractors or other designees, during normal business hours at Successful Offeror's office or place of business in Newport News, Virginia. In the event that no such location is available, then the books and records, together with the supporting or underlying documents and records, shall be made available for audit at a time and location in Newport News, Virginia, which is convenient for NNPS. This paragraph shall not be construed to limit, revoke, or abridge any other rights, powers, or obligations relating to audit which NNPS may have by state, city, or federal statute, ordinance, regulation, or agreement, whether those rights, powers, or obligations are express or implied.

**EE. Notice of Award:**

Any contract resulting from this RFP will be publicly posted for inspection in the NNPS Purchasing Department, 12465 Warwick Boulevard, Newport News, Virginia.

**FF. Award:**

NNPS intends to award a contract to a fully qualified Offeror submitting the best proposal based on the criteria set forth herein and as determined by NNPS in its sole discretion. At NNPS' sole discretion, NNPS may reject any or all proposals in whole or in part if such action is determined to be in NNPS' best interest. NNPS reserves the right to enter into any contract deemed to be in its best interest, including the award of this contract to more than one contractor.

**GG. Disposition of Proposals:**

All materials submitted in response to this RFP will become the property of the NNPS. One (1) copy of each proposal will be retained for official files, will become a matter of public record after award of the contract, and will be open to public inspection subject to the *Proprietary Information/Disclosure* section of this RFP.

**HH. Exclusivity:**

Any contract resulting from this RFP shall be exclusive with the following exceptions:

- NNPS reserves the right to procure goods/services under this contract from a third party in the event of the following:
- Contractor is unable to provide required services within the required delivery time.
- Contract is unable to provide the required services requested.
- NNPS volume demands exceed original intent of the contract.

**VI. SPECIAL TERMS AND CONDITIONS**

**A. Contract Term:**

This contract term shall be for **one (1) year**, effective January 1, 2020.

**B. Contract Extension:**

This contract may be extended upon mutual agreement of both parties for **four (4) additional, one-year (1) periods**, upon the same prices, terms, and conditions set forth in the negotiated contract resulting from this RFP.

**C. Time is of the Essence:**

Time is of the essence in this Contract. Successful Offeror expressly acknowledges that in the performance of its obligations, NNPS is relying on timely performance and will schedule operations and incur obligations to third parties in reliance upon timely performance by Successful Offeror and may sustain substantial losses by reason of untimely performance.

**D. Insurance:**

1. Contractor shall submit to the NNPS Contract Administrator certificates of insurance, prior to beginning work under the Contract and no later than ten (10) days after award of the Contract.
2. All policies of insurance required herein shall be written by insurance companies licensed to conduct the business of insurance in Virginia, and acceptable to Owner, and shall carry the provision that the insurance will not be cancelled or materially modified without thirty days (30) prior written notice to the Owner or to the extent permitted by Virginia law.
3. The certificates of insurance shall list NNPS, 12465 Warwick Boulevard, Newport News, Virginia, 23606-0130, as the additional insured for the specified project as outlined in this IFB. Copies of actual endorsements to the policy shall be required to confirm any special request, such as, additional insured status. A COI shall not be issued or delivered that gives the impression there are coverage terms the referenced policy does not specifically provide.

IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO IMMEDIATELY NOTIFY THE OWNER SHOULD ANY POLICY BE CANCELLED. FAILURE TO NOTIFY THE OWNER SHALL CONSTITUTE A MATERIAL BREACH OF THE CONTRACT.

| Forms  | Limits                            |
|--|-----------------------------------|
| Workers' Compensation  | Statutory                         |
| Automobile Liability   | \$1,000,000 Combined Single Limit |
| Commercial General Liability,<br>including Contractual Liability and<br>Products and Completed Operations Coverage | \$1,000,000 Combined Single Limit |
| Umbrella/Excess Liability  | \$5,000,000                       |

The establishment of minimum limits of insurance by NNPS does not reduce or limit the liability or responsibilities of the Successful Offeror.

**E. Unauthorized Disclosure of Information:**

Successful Offeror shall assume the entire responsibility and liability for any and all damages caused by or resulting from or arising out of the negligent or willful unauthorized disclosure of confidential information on the part of the Successful Offeror, its subcontractors, agents or employees under or in connection with this contract. The Successful Offeror shall save harmless and indemnify NNPS and its agents, volunteers, servants, employees and officers from and against any and all claims, losses or expenses, including but not limited to attorney's fees, which either or both of them may suffer, pay or incur as the result of claims or suits due to, arising out of or in connection with, any and all such unauthorized disclosures, real or alleged. The Successful Offeror shall, upon written demand by NNPS, assume and defend, at the Successful Offeror's sole expense, any and all such suits or defense of claims alleging unauthorized disclosures of confidential information.

Any negligent or willful unauthorized disclosure of confidential information on the part of the Successful Offeror, its subcontractors, agents or employees under or in connection with this contract shall constitute a breach of the terms of this contract. NNPS may proceed by appropriate court action, including seeking injunctive relief, to prevent continuing unauthorized disclosures, and Successful Offeror shall save harmless and indemnify NNPS for court costs, litigation expenses and attorney's fees that it may pay or incur as the result of seeking to prevent or stop any and all unauthorized disclosures of confidential information.

**F. Using Entities/Regional /Cooperative Contracts**

This solicitation was issued in accordance with Code of Virginia §2.2-4304 on behalf of the members of the Southeastern Virginia Governmental Purchasing Cooperative (SVGPC), as well as other public bodies,

governmental jurisdictions and school divisions. In the event these entities opt to participate under any contract awarded as a result of this solicitation, each will enter into a separate contract directly with the Successful Offeror or Offerors, incorporating all terms and conditions set forth in this contract, including incorporated best and final offers. Each entity will be responsible for the contract administration of its contract directly with the Contractor. NNPS assumes no authority, liability or obligation, on behalf of any other public or non-public entity that may use any contract resulting from this solicitation. All purchases and payment transactions will be made directly between the Contractor and the requesting entity. Any exceptions to this requirement must be specifically noted in the solicitation response.

**G. CERTIFICATION REGARDING DEBARMENT**

This is to certify that this person/firm/corporation is not now debarred by the Federal Government or by the Commonwealth of Virginia or by any other state, or by any town, city, or county, from submitting Bids on contracts for construction covered by this solicitation, nor are they an agent of any person or entity that is now so debarred.

\_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Firm or Corporation

\_\_\_\_\_  
Date

**H. Data Security Clauses**

1. Network Security. Vendor agrees at all times to maintain network security that at a minimum includes: network firewall provisioning, intrusion detection, and regular (three or more annually) third party vulnerability assessments. Likewise, Vendor agrees to maintain network security that conforms to generally recognized industry standards.
2. Data Security. Vendor agrees to preserve the confidentiality, integrity and accessibility of NNPS data with administrative, technical and physical measures that conform to generally recognized industry standards (see “11. Industry Standards”) and best practices that Vendor then applies to its own processing environment. Maintenance of a secure processing environment includes but is not limited to the timely application of patches, fixes and updates to operating systems and applications as provided by vendor or open source support.
3. Data Storage. Vendor agrees that any and all NNPS data will be stored, processed, and maintained solely on designated target servers and that no NNPS data at any time will be processed on or transferred to any portable or laptop computing device or any portable storage medium, unless that device or storage medium is in use as part of the Vendor's designated backup and recovery processes and encrypted in accordance with “5. Data Encryption”.
4. Data Transmission. Vendor agrees that any and all electronic transmission or exchange of system and application data with NNPS and/or any other parties expressly designated by NNPS shall take place via secure means (using HTTPS or SFTP or equivalent) and solely in accordance with “7. Data Re-Use”.
5. Data Encryption. Vendor agrees to store all NNPS backup data as part of its designated backup and recovery processes in encrypted form, using a commercially supported encryption solution. Vendor

further agrees that any and all NNPS data defined as personally identifiable information under current legislation or regulations stored on any portable or laptop computing device or any portable storage medium be likewise encrypted. Encryption solutions will be deployed with no less than a 128-bit key for symmetric encryption and a 1024 (or larger) bit key length for asymmetric encryption.

6. Data Re-Use. Vendor agrees that any and all data exchanged shall be used expressly and solely for the purposes enumerated in the Current Agreement and this Addendum. Data shall not be distributed, repurposed or shared across other applications, environments, or business units of Vendor. Vendor further agrees that no NNPS data of any kind shall be transmitted, exchanged or otherwise passed to other vendors or interested parties except on a case-by-case basis as specifically agreed to in writing by Newport News Public Schools.
7. End of Agreement Data Handling. Vendor agrees that upon termination of this Agreement it shall erase, destroy, and render unrecoverable all NNPS data and certify in writing that these actions have been completed within 30 days of the termination of this Agreement or within 7 days of the request of an agent of NNPS, whichever shall come first. At a minimum, a "Clear" media sanitization is to be performed according to the standards enumerated by the National Institute of Standards, Guidelines for Media Sanitization, SP800-88, Appendix A -see <http://csrc.nist.gov/>.
8. Security Breach Notification. Vendor agrees to comply with all applicable laws that require the notification of individuals in the event of unauthorized release of personally identifiable information or other event requiring notification. In the event of a breach of any of Vendor's security obligations, or other event requiring notification under applicable law, Vendor agrees to:
  - a. Notify NNPS by telephone and e-mail of such an event within 24 hours of discovery, and;
  - b. Assume responsibility for informing all such individuals in accordance with applicable law, and;
  - c. Indemnify, hold harmless and defend NNPS and its trustees, officers, and employees from and against any claims, damages, or other harm related to such Notification Event.
9. Right to Audit. Newport News Public Schools or an appointed audit firm (Auditors) has the right to audit the Vendor and the Vendor's sub-vendors or affiliates that provide a service for the processing, transport or storage of Newport News Public Schools' data. Newport News Public Schools will announce their intent to audit the Vendor by providing at a minimum two weeks (10 business days) notice to the Vendor. This notice will go to the Vendor that this contract is executed with. A scope document along with a request for deliverables will be provided at the time of notification of an audit. If the documentation requested cannot be removed from the Vendor's premises, the Vendor will allow the Auditors access to their site. Where necessary, the Vendor will provide a personal site guide for the Auditors while on site. The Vendor will provide a private accommodation on site for data analysis and meetings; the accommodation will allow for a reasonable workspace, with appropriate lighting, electrical, a printer and Internet connectivity. The Vendor will make necessary employees or contractors available for interviews in person or on the phone during the time frame of the audit. In lieu of NNPS or its appointed audit firm performing their own audit, if the Vendor has an external audit firm that performs a certified SSAE16 SOC Type II review, NNPS has the right to review the controls tested as well as the results, and has the right to request additional controls to be added to the certified SSAE16 SOC Type II review for testing the controls that have an impact on NNPS data. Audits will be at Newport News Public Schools's sole expense, except where the audit reveals material noncompliance with contract specifications, in which case the cost will be borne by the vendor.
10. Industry Standards. Generally recognized industry standards include but are not limited to the current standards and benchmarks set forth and maintained by the:

Center for Internet Security -see <http://www.cisecurity.org>

Payment Card Industry/Data Security Standards (PCI/DSS) -see  
<http://www.pcisecuritystandards.org/>  
National Institute for Standards and Technology -see <http://csrc.nist.gov>  
Federal Information Security Management Act (FISMA) -see <http://csrc.nist.gov>  
ISO/IEC 27000-series -see <http://www.iso27001security.com/>  
Organization for the Advancement of Structured Information Standards (OASIS) -see  
<http://www.oasis-open.org/>

11. Vendor agrees to provide SSAE 16 (SOC 1) Standard Type II reports to NNPS Contract Administrator annually which document verification of controls tested. Annual date determined to be thirty (30) days prior to the established contract renewal date.

**I. Copyright/Patent Indemnity:**

Successful Offeror shall pay all royalty and license fees relating to the items covered by this contract. In the event any third party shall claim that the manufacture, use and sales of the goods supplied under this contract constitute an infringement of any copyright, trademark, or patent, the Successful Offeror shall indemnify NNPS and hold NNPS harmless from any cost, expense, damage or loss incurred in any manner by NNPS on account of any such alleged or actual infringement.





March 26, 2019  
**Addendum #1**

TO: ALL OFFERORS

RE: **RFP #014-0-2019/LC – Group Medical and Prescription Drug Program**

1. The above referenced RFP is hereby amended and clarified as follows:
  - a. Attachment 1: Questions and Answers to questions received
  - b. Attachment 2: Proprietary Information Form
  - c. Attachment 3: IP and OP Facility Utilization
  - d. Attachment 4: Large Claims 2.2016-1.2017
  
2. All other provisions of the RFP shall remain unchanged.

**Signature:** \_\_\_\_\_  
**(Offeror)**

Sincerely,

Lisa A. Cumming, CPPO, C.P.M., VCO  
Director of Procurement

## Attachment 1

### Questions and answers for Medical and Pharmacy RFP

1. There is not a Notice of Proprietary Information Form included in the RFP documents. Will this document be included in an addendum?

**Yes, please complete the attached Proprietary Information Form and include it in Tab 1 of your proposal response.**

2. Is there currently an outside PBM separate from Anthem?

**No. The pharmacy is currently administered by Anthem.**

3. Are current stop loss rates available?

**The current fee for the \$175,000 specific stop loss limit is \$41.06 per employee per month.**

4. What is the current stop loss contract type (Paid, 24/12, 12/12, etc)?

**The current stop loss contract is a Paid 12 contract.**

5. Does the current stop loss contract have Terminal Liability?

**Yes.**

6. Is Large Claim information for the period 2/16-1/17 available?

**Yes. This experience is attached.**

7. Are there any commissions in the current stop loss rate?

**No.**

8. Can we get a more detailed large claim report that includes claimant date of birth?

**This report is not available.**

9. The Questionnaire does not appear to have any Stop Loss/Reinsurance questions. If we are only quoting Stop Loss/Reinsurance, do we need to complete the questionnaire?

**No, you do not have to complete the questionnaire if you are only quoting stop loss.**

10. Please provide information on the 2019 renewal.

Please provide current rates including;

- a. Administrative fee.
- b. Please confirm if the administrative fee includes a pharmacy rebate credit and the amount.

- c. Please confirm if there is a separate Network Access Fee (NAF) billed separately to Newport News Public Schools as a percentage of savings. If so, please confirm the percentage and/or PEPM equivalent.
  - i. If possible, please provide a copy of the last four weekly invoices.
- d. Stop loss – please provide the current 2019 specific stop loss fees.
- e. Premium equivalents for the current plan offerings, including grandfathered plans.

**NNPS did not increase budget rates for 2019. Fees are as follows:**

**Administrative Fee = \$29.47 per contract per month**

**Network Access Fee = 2.0% of negotiated savings**

**\$175,000 Specific Stop Loss Fee = \$41.06 per contract per month**

**Premium equivalents are attached.**

11. Is there any Employer contribution towards the HSA? If so, how much?

**Yes. \$500 for single and \$1,000 for family.**

12. Please provide the inpatient/outpatient facility usage for the most recent 12 months of paid claims.

**This information is attached.**

13. Dental services are outlined in the medical summaries. Is it required to quote dental in order to quote medical and pharmacy?

**Dental is not a part of this RFP. Please ignore.**

14. Please confirm the 4<sup>th</sup> tier specialty prescription drug cost on each of the three current plans.

**Specialty prescription drug costs to employees is based on tier 3 copay:**

**CDHP = \$50.00 copay after deductible**

**HealthKeepers = \$75.00 copay after \$150 prescription drug copay**

**KeyCare = \$75.00 copay after \$150 prescription drug copay**

15. Can the City please provide a detailed RX claims file containing the following data:

- Claim Information by Drug dispensed for a 12 month period
- Date of Service
- National Drug Code (NDC) = 11 digit number
- NABP (Pharmacy) Number
- Quantity Dispensed
- Days Supply
- Metric Quantity
- Retail/Mail Indicator
- Brand/Generic Indicator

**The information provided in Attachment B(1) with the RFP is all that will be released and is sufficient for pricing.**

16. Page 120 of the RFP notes that bidders should complete and return Attachment H. However, we did not receive attachment H. Please provide.

**This RFP only has 31 pages and Attachment H is the census.**

17. Can the City please provide details of any medical plan changes that have occurred 1/1/18 and later?

**No benefit changes have been made.**

18. To confirm, should we be following the layout prescribed on Page 16?

**Please follow the layout in Section IV. Section I, #5.**

19. Please confirm the format of the proposal and how tabs should be labeled. There are different and conflicting instructions for this throughout the proposal on page 10 and on page 16 in two different paragraphs in section M.

**Please follow the layout in Section IV. Section I, #5.**

20. The questionnaire (Attachment C) has mentions to which tab items should be included, but these are different and conflicting than all previous mentions. Please clarify.

**The Tab references in Attachment C align with Section IV., Section I, #5.**

21. What sections should we respond to? Page 10 lists the Statement of Needs and the Questionnaire, but page 16 section M has a 5-section list of requirements and items to address. Should all three be completed (i.e., Statement of Needs, Questionnaire, and Section M on page 16)?

**Yes. Include Section M on page 16 in Tab 1.**

22. Attachment F, Formulary Disruption, is not listed in the format described on page 10. Where should this be included in the format?

**Include in Tab 5.**

23. Attachment E, Specialty Pricing, is not mentioned in the RFP. Should this be filled out and included in our response, and if so where should it be placed?

**Attachment E is described in Attachment G, Section XIX, L.**

24. Relative to the “Facilities” tab of Attachment D, can you please provide the paid amount per facility for the most recent 12-month experience period?

**The paid amount per facility will not be provided.**

25. Can you please advise where we should show an independent pricing factor for the alternative plans requested in section J (d) of the RFP?

**Please include in Attachment F (4), Underwriting Assumptions.**

26. In order to provide the required Generic Unit Cost Guarantee, we will need a Pharmacy utilization file. Can you please provide the Pharmacy utilization file with the below data elements for the most recent 12 months?:

- o Drug NDC
- o Pharmacy NABP or NPI number
- o Retail/MOD Indicator
- o Dispense Date
- o Quantity Dispensed
- o Days Supply

**See Attachment B(1) included with the original RFP.**

## **DOCUMENT NAME: RFP014-0-2019LCMEDICALRX**

General Questions:

- Due to the size of the retiree population often the administrative burden and expense outweighs the benefit of an EGWP. Would NNPS consider an RDS proposal for their retiree population?

**No.**

Pg. 10:

- Tab 1 references a Notice of Proprietary Information form. Is this a form provided by NNPS or is this to be drafted by the vendor?

**See Attached.**

- Tab 2 references Performance Guarantees (Attachment F). Is this supposed to reference Attachment E? Should vendors bidding only on PBM services submit Attachment E as well completing Appendix C located in Attachment G?

**Vendors bidding only PBM services should submit Appendix C in Attachment G.**

- Tab 2 states references should be provided here. Should the Medicare references requested in Attachment G, Section VI, #2-3 be provided in this location as well as those requested on pg. 16 of this document?

**Include the Medicare references as requested in Attachment G.**

- Tab 4 Please confirm that Price Quotation Exhibits refers to Attachment H and that this attachment is not applicable to PBM only bids. Please describe the format requested for PBM only quotes.

**Attachment H is not applicable to PBM only bids. Provide pricing as requested in Attachment G.**

Pg. 16:

- M. Preparation of Proposals: Under which tab should vendors place Items 1-5 detailed in this section? Many of these questions appear to duplicate those in Attachment C and Attachment G.

**Vendors submitting only PBM proposals should rely on Attachment G.**

Pg. 29:

- Under which tab should vendors place the signed attestation requested for G. Certification Regarding Debarment? Under Tab 1 with Agreement/Exceptions to General Terms and Conditions and Special Terms and Conditions Notice?

**Yes, include in Tab 1.**

## **DOCUMENT NAME: ATTACHMENT C**

Pg. 4

- Please confirm that Networks #2 reference to Attachment E should be Appendix F. Also confirm the disruption requested is a duplication of the disruption requested on Attachment G, Section XIII, B. Please provide the NDC and incumbent formulary tier for Appendix F.

**Yes, Attachment E is really Appendix E and is a duplicate of the disruption requested on Attachment G, Section XIII, B. The NDC an incumbent formulary tier for Appendix F is not available.**

## Attachment 2

### PROPRIETARY INFORMATION FORM

Ownership of all data, materials, and documentation originated and prepared for Newport News Public Schools pursuant to the REQUEST FOR PROPOSAL shall belong exclusively to Newport News Public Schools and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act, however, the Offeror must invoke the protections of Section 2.2-4342F of the Code of Virginia, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information.

### NOTICE OF PROPRIETARY INFORMATION

#### Confidentiality References Protection in Accordance with the Code of Virginia, Section 2.2-4342F

| Section Title | Page Number | Reason(s) for Withholding from Disclosure |
|---------------|-------------|---|
|               |             |   |
|               |             |   |
|               |             |   |
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|               |             |   |
|               |             |   |

**INSTRUCTIONS:** Identify the data or other materials to be protected and state the reasons by using the codes listed below. Indicate die specific words, figures, or paragraphs that constitute trade secrets or proprietary materials.

- A- This page contains information relating to "trade secrets", and "proprietary information" including processes. Operations, style of work, or apparatus, identify confidential statistical data, amount or source of any income... of any person (or) partnership. "See Virginia Public Procurement Act. Section 2.2-4342F. Unauthorized disclosure of such information would violate the Trade Secrets Act 18 U.S.C. 1905.
- B- This page contains proprietary information including confidential, commercial or financial information which was provided to the Government on a voluntary basis and is of the type that would not customarily be released to the public. See Virginia Public Procurement Act, Section 2.2-4342F; 5 U.S.C. 552 (b)(4); 12 C.F.R. 309.5(c)(4).
- C- This page contains proprietary information including confidential, commercial or financial information. This disclosure of such information would cause substantial harm to competitive position and impair the Government's ability to obtain necessary information from contractors in die future. 5 U.S.C. See Virginia Public Procurement Act. Section 2.2-4342F; 552 (b)(4); 12 C. F. R 309.5(c)(4)



**Utilization by Setting - Paid View**

|  |                  |            |                | Current Period |
|--|------------------|------------|----------------|----------------|
| <b>Membership</b>                          |                  |            |                |                |
| Average Subscribers                        |                  |            |                | 3,222          |
| Average Members                            |                  |            |                | 5,318          |
|  | Unique Claimants | In Network | Out of Network | Current Period |
| <b>Paid Amount PMPM Summary</b>            |                  |            |                |                |
| Inpatient Paid Amount PMPM                 |                  | \$80.53    | \$2.78         | \$83.31        |
| ER Paid Amount PMPM                        |                  | \$19.18    | \$4.86         | \$24.04        |
| Other Outpatient Paid Amount PMPM          |                  | \$104.28   | \$0.37         | \$104.65       |
| Total Outpatient Facility Paid Amount PMPM |                  | \$123.46   | \$5.24         | \$128.69       |



High Cost Claimant Detail with Paid Amounts > \$75,000

| Rank  | Scrambled Claimant ID | Active (Yes/No) | Relationship          | Age Range  | Primary Health Condition Category | Primary Medical Diagnosis Contributing to High Cost | Secondary Medical Diagnosis Contributing to High Cost | Paid Amount By Setting |                    |                     |                           |                             |                             |                           |                            |  |
|---|-----------------------|-----------------|-----------------------|------------|-----------------------------------|---|---|------------------------|--------------------|---------------------|---------------------------|-----------------------------|-----------------------------|---------------------------|----------------------------|--|
|   |                       |                 |                       |            |                                   |   |   | Medical                | Pharmacy           | Total               | Primary Medical Diagnosis | Secondary Medical Diagnosis | All Other Medical Diagnosis | Most Recent Month Medical | Most Recent Month Pharmacy |  |
| 1   | 91038801              | Yes             | Employee/Self         | Ages 60-64 | Aftercare                         | ENCOUNTER FOR OTHER AFTERCARE                       | MALIGNANT NEOPLASM OF BREAST                          | \$697,036              | \$104              | \$697,140           | \$649,693                 | \$44,622                    | \$2,721                     | \$45,751                  | \$8                        |  |
| 2   | 352879255             | Yes             | Child/Other Dependent | Ages 1-4   | Newborn                           | RESPIRATORY DISTRESS OF NEWBORN                     | D/O NB REL SHRT GEST LW BRTH WT NEC                   | \$505,864              | \$19,939           | \$525,802           | \$471,343                 | \$19,756                    | \$14,765                    | \$84                      | \$4,391                    |  |
| 3   | 92279489              | Yes             | Spouse/Partner        | Ages 60-64 | Respiratory System                | RESPIRATORY FAILURE NEC                             | OTHER COPD  | \$386,150              | \$14,357           | \$400,507           | \$323,723                 | \$41,607                    | \$20,820                    | \$2,016                   | \$2,299                    |  |
| 4   | 390981733             | Yes             | Child/Other Dependent | Ages < 1   | Newborn                           | D/O NB REL SHRT GEST LW BRTH WT NEC                 | OTHER RETINAL DISORDERS                               | \$324,872              | \$0                | \$324,872           | \$317,385                 | \$3,952                     | \$3,536                     | \$680                     | \$0                        |  |
| 5   | 92282933              | Yes             | Employee/Self         | Ages 55-59 | Infectious/Parasitic              | CHRONIC VIRAL HEPATITIS                             | ENC SCREENING MALIGNANT NEOPLASMS                     | \$1,507                | \$306,620          | \$308,127           | \$600                     | \$253                       | \$654                       | \$271                     | \$48                       |  |
| 6   | 91820024              | Yes             | Employee/Self         | Ages 55-59 | Circulatory System                | CARDIOMYOPATHY                                      | MAL NEOPLASM LIVR NTRAHEP BILE DUCT                   | \$40,351               | \$191,750          | \$232,101           | \$14,936                  | \$11,478                    | \$13,938                    | \$8,834                   | \$8                        |  |
| 6   | 91820024              | Yes             | Spouse/Partner        | Ages 55-59 |                                   |   |   | \$2,550                | \$95               | \$2,645             | \$0                       | \$0                         | \$2,550                     | \$0                       | \$0                        |  |
| 7   | 89398856              | Yes             | Employee/Self         | Ages 50-54 | Neoplasms - Malignant             | MALIGNANT NEOPLASM BRONCHUS & LUNG                  | SEC & UNS MAL NEOPLASM LYMPH NODES                    | \$222,741              | \$3,617            | \$226,357           | \$135,984                 | \$86,362                    | \$394                       | \$43,510                  | \$450                      |  |
| 8   | 171988197             | Yes             | Employee/Self         | Ages 60-64 | Aftercare                         | ENCOUNTER FOR OTHER AFTERCARE                       | MALIGNANT NEOPLASM OF PROSTATE                        | \$221,621              | \$1,182            | \$222,803           | \$139,954                 | \$77,645                    | \$4,023                     | \$184                     | \$50                       |  |
| 9   | 89672859              | Yes             | Child/Other Dependent | Ages 20-24 | Circulatory System                | CEREBRAL INFARCTION                                 | OTHER SEPSIS  | \$177,027              | \$482              | \$177,509           | \$126,798                 | \$22,050                    | \$28,179                    | \$1,409                   | \$0                        |  |
| 10  | 89602622              | No              | Employee/Self         | Ages 65-74 | Aftercare                         | ENCOUNTER FOR OTHER AFTERCARE                       | MALIGNANT NEOPLASM OF CORPUS UTERI                    | \$166,009              | \$7,175            | \$173,183           | \$70,251                  | \$63,697                    | \$32,060                    | \$21,478                  | \$0                        |  |
| 11  | 89451015              | Yes             | Employee/Self         | Ages 50-54 | Neoplasms - Malignant             | MALIGNANT NEOPLASM OF PANCREAS                      | MALIGNANT NEOPLASM OF RECTUM                          | \$168,114              | \$4,882            | \$172,996           | \$147,071                 | \$7,136                     | \$13,907                    | \$44,417                  | \$34                       |  |
| 12  | 23727326              | Yes             | Spouse/Partner        | Ages 60-64 | Musculoskeletal System            | OSTEOMYELITIS                                       | TYPE 1 DIABETES MELLITUS                              | \$156,459              | \$14,987           | \$171,446           | \$120,213                 | \$9,792                     | \$26,454                    | \$2,336                   | \$2,449                    |  |
| 13  | 91804524              | No              | Spouse/Partner        | Ages 55-59 | Respiratory System                | OTHER COPD  | NEUTROPENIA   | \$151,038              | \$3,815            | \$154,852           | \$48,987                  | \$43,016                    | \$59,035                    | \$0                       | \$0                        |  |
| 14  | 89387899              | Yes             | Employee/Self         | Ages 60-64 | Neoplasms - Malignant             | MALIGNANT NEOPLASM OF COLON                         | ENC ADJ & MANAGEMENT IMPLANTED DEVC                   | \$153,024              | \$212              | \$153,235           | \$140,087                 | \$5,249                     | \$7,687                     | \$27,823                  | \$66                       |  |
| 15  | 91534380              | No              | Employee/Self         | Ages 60-64 | Neoplasms - Malignant             | MX MYELOMA & MALIG PLASMA CELL NEO                  | FOLLICULAR LYMPHOMA                                   | \$14,525               | \$138,410          | \$152,935           | \$5,296                   | \$2,356                     | \$6,873                     | \$1,738                   | \$11,766                   |  |
| 16  | 89300302              | Yes             | Employee/Self         | Ages 55-59 | Diseases of the Blood             | IMMUNODEF PREDOMNTLY ANTIBDY DEFECT                 | AGE-RELATED CATARACT                                  | \$79,758               | \$70,410           | \$150,169           | \$42,936                  | \$11,080                    | \$25,742                    | \$622                     | \$133                      |  |
| 17  | 89157622              | Yes             | Spouse/Partner        | Ages 60-64 | Diseases of the Eye               | AGE-RELATED CATARACT                                | PAIN IN THROAT AND CHEST                              | \$12,925               | \$126,892          | \$139,817           | \$7,331                   | \$3,222                     | \$2,372                     | \$4,447                   | \$5                        |  |
| 18  | 89485523              | Yes             | Spouse/Partner        | Ages 55-59 | Genitourinary System              | CHRONIC KIDNEY DISEASE                              | COMP CARD VASC PROSTH DEVC IMPL GFT                   | \$128,842              | \$10,672           | \$139,513           | \$121,787                 | \$5,836                     | \$1,219                     | \$16,137                  | \$1,209                    |  |
| 19  | 93216300              | Yes             | Spouse/Partner        | Ages 60-64 | Circulatory System                | ATHEROSCLEROSIS                                     | ORTHOPEDIC AFTERCARE                                  | \$131,511              | \$5,209            | \$136,720           | \$49,715                  | \$31,131                    | \$50,666                    | \$1,551                   | \$56                       |  |
| 20  | 90944781              | Yes             | Employee/Self         | Ages 55-59 | Neoplasms - Malignant             | MALIGNANT NEOPLASM OF BREAST                        | OPEN WOUND OF HEAD                                    | \$125,913              | \$2,919            | \$128,832           | \$123,311                 | \$578                       | \$2,024                     | \$632                     | \$268                      |  |
| 21  | 89387779              | Yes             | Employee/Self         | Ages 60-64 | Neoplasms - Malignant             | SEC MAL NEOP RESP & DIGESTV ORGANS                  | ABNORMAL FINDINGS DX IMAGING LUNG                     | \$122,059              | \$6,299            | \$128,358           | \$117,890                 | \$3,658                     | \$511                       | \$0                       | \$429                      |  |
| 22  | 89205195              | Yes             | Spouse/Partner        | Ages 55-59 | Circulatory System                | HEART FAILURE                                       | ACUTE MYOCARDIAL INFARCTION                           | \$110,837              | \$7,047            | \$117,883           | \$84,834                  | \$19,849                    | \$6,153                     | \$311                     | \$914                      |  |
| 23  | 89203450              | Yes             | Employee/Self         | Ages 55-59 | Neoplasms - Malignant             | MALIGNANT NEOPLASM OF BREAST                        | ENC GEN EXAM NO COMPLAINT SUSPCT DX                   | \$117,076              | \$126              | \$117,202           | \$116,573                 | \$195                       | \$309                       | \$217                     | \$0                        |  |
| 24  | 89337225              | Yes             | Employee/Self         | Ages 65-74 | Health Status                     | ENC SCREENING MALIGNANT NEOPLASMS                   | OTHER PULMONARY HEART DISEASES                        | \$3,759                | \$112,187          | \$115,946           | \$2,045                   | \$882                       | \$832                       | \$943                     | \$9,890                    |  |
| 25  | 89352421              | Yes             | Employee/Self         | Ages 40-44 | Circulatory System                | CEREBRAL INFARCTION                                 | ESSENTIAL PRIMARY HYPERTENSION                        | \$113,760              | \$1,600            | \$115,361           | \$113,640                 | \$99                        | \$21                        | \$113,457                 | \$0                        |  |
| 26  | 204835310             | Yes             | Employee/Self         | Ages 55-59 | Neoplasms - Uncertain/Unspecified | MYELODYPLASTIC SYNDROMES                            | OTHER NUTRITIONAL ANEMIAS                             | \$5,652                | \$109,036          | \$114,688           | \$1,909                   | \$1,610                     | \$2,133                     | \$358                     | \$15,638                   |  |
| 27  | 305286608             | Yes             | Spouse/Partner        | Ages 60-64 | Circulatory System                | CARDIOMYOPATHY                                      | HEART FAILURE   | \$97,329               | \$16,081           | \$113,410           | \$92,708                  | \$3,932                     | \$689                       | \$77                      | \$1,311                    |  |
| 28  | 228151499             | Yes             | Employee/Self         | Ages 30-34 | Health Status                     | ENC OTH SPCL EX NO COMPLNT SUSP DX                  | MAJ DEPRESS D/O SINGLE EPISODE                        | \$295                  | \$112,626          | \$112,920           | \$210                     | \$52                        | \$32                        | \$0                       | \$8,072                    |  |
| 29  | 228608372             | Yes             | Employee/Self         | Ages 45-49 | Circulatory System                | HYPERTENSIVE CHRONIC KIDNEY DISEASE                 | CHRONIC KIDNEY DISEASE                                | \$109,592              | \$962              | \$110,554           | \$57,587                  | \$46,610                    | \$5,395                     | \$8,217                   | \$340                      |  |
| 30  | 91311067              | Yes             | Spouse/Partner        | Ages 50-54 | Neoplasms - Malignant             | MALIGNANT NEOPLASM OF PROSTATE                      | ENCOUNTER FOR OTHER AFTERCARE                         | \$106,718              | \$253              | \$106,971           | \$56,123                  | \$49,515                    | \$1,079                     | \$12,674                  | \$22                       |  |
| 30  | 91311067              | Yes             | Employee/Self         | Ages 50-54 |                                   |   |   | \$2,785                | \$0                | \$2,785             | \$0                       | \$0                         | \$2,785                     | \$0                       | \$0                        |  |
| 31  | 228128485             | Yes             | Spouse/Partner        | Ages 45-49 | Digestive System                  | ULCERATIVE COLITIS                                  | VOLUME DEPLETION                                      | \$101,644              | \$7,353            | \$108,996           | \$68,972                  | \$7,257                     | \$25,415                    | \$748                     | \$1,281                    |  |
| 32  | 91106548              | Yes             | Employee/Self         | Ages 45-49 | Musculoskeletal System            | OSTEOARTHRITIS OF KNEE                              | PAIN NOT ELSEWHERE CLASSIFIED                         | \$36,100               | \$72,253           | \$108,353           | \$32,496                  | \$1,669                     | \$1,935                     | \$1,135                   | \$0                        |  |
| 33  | 91937556              | Yes             | Employee/Self         | Ages 50-54 | Circulatory System                | CHRONIC ISCHEMIC HEART DISEASE                      | PRESENCE CARD&VASCULAR IMPLANTS&GFT                   | \$101,971              | \$4,580            | \$106,551           | \$93,683                  | \$4,121                     | \$4,167                     | \$143                     | \$1,030                    |  |
| 34  | 89616188              | No              | Employee/Self         | Ages 55-59 | Genitourinary System              | CHRONIC KIDNEY DISEASE                              | PNEUMONIA UNSPECIFIED ORGANISM                        | \$102,076              | \$22               | \$102,098           | \$68,758                  | \$12,837                    | \$20,481                    | \$0                       | \$0                        |  |
| 35  | 208614250             | Yes             | Employee/Self         | Ages 65-74 | Musculoskeletal System            | ACQUIRED DEFORMITIES FINGERS & TOES                 | CHRONIC VIRAL HEPATITIS                               | \$3,246                | \$95,023           | \$98,269            | \$2,323                   | \$319                       | \$604                       | \$520                     | \$0                        |  |
| 36  | 93294685              | Yes             | Employee/Self         | Ages 40-44 | Musculoskeletal System            | OSTEOARTHRITIS OF KNEE                              | ABDOMINAL AND PELVIC PAIN                             | \$32,351               | \$65,698           | \$98,050            | \$6,458                   | \$4,019                     | \$21,875                    | \$1,831                   | \$5,841                    |  |
| 37  | 89238995              | No              | Employee/Self         | Ages 65-74 | Neoplasms - Malignant             | CARCINOMA IN SITU OF BREAST                         | CHRONIC VIRAL HEPATITIS                               | \$1,587                | \$94,881           | \$96,468            | \$456                     | \$294                       | \$838                       | \$0                       | \$0                        |  |
| 38  | 226262577             | Yes             | Spouse/Partner        | Ages 55-59 | Musculoskeletal System            | THORACIC TL & LS INTERVERT DISC D/O                 | DORSALGIA   | \$91,660               | \$4,175            | \$95,835            | \$73,528                  | \$4,347                     | \$13,785                    | \$343                     | \$387                      |  |
| 39  | 89570723              | No              | Employee/Self         | Ages 65-74 | Musculoskeletal System            | OTHER SPONDYLOPATHIES                               | SPONDYLOSIS   | \$90,065               | \$5,350            | \$95,415            | \$74,573                  | \$5,333                     | \$10,159                    | \$459                     | \$377                      |  |
| 40  | 249568274             | Yes             | Spouse/Partner        | Ages 55-59 | Circulatory System                | HEART FAILURE                                       | CARDIOMYOPATHY  | \$86,370               | \$3,497            | \$89,866            | \$83,539                  | \$1,504                     | \$1,326                     | \$287                     | \$132                      |  |
| 41  | 89493592              | Yes             | Employee/Self         | Ages 50-54 | Musculoskeletal System            | OTHER DEFORMING DORSOPATHIES                        | DORSALGIA   | \$89,779               | \$32               | \$89,811            | \$82,911                  | \$3,769                     | \$3,099                     | \$83,169                  | \$19                       |  |
| 42  | 89337932              | No              | Employee/Self         | Ages 60-64 | Neoplasms - Malignant             | MALIGNANT NEOPLASM OF BREAST                        | AGE-RELATED CATARACT                                  | \$88,386               | \$1,315            | \$89,702            | \$78,173                  | \$5,653                     | \$4,560                     | \$0                       | \$0                        |  |
| 43  | 226164107             | Yes             | Employee/Self         | Ages 55-59 | Neoplasms - Malignant             | MALIGNANT NEOPLASM OF COLON                         | COMP CARD VASC PROSTH DEVC IMPL GFT                   | \$86,564               | \$1,357            | \$87,921            | \$70,617                  | \$7,351                     | \$8,595                     | \$21,874                  | \$13                       |  |
| 44  | 92910796              | Yes             | Spouse/Partner        | Ages 55-59 | Respiratory System                | CHRONIC SINUSITIS                                   | OTHER INFLAMMATORY LIVER DISEASES                     | \$12,330               | \$47,465           | \$59,796            | \$5,885                   | \$2,284                     | \$4,162                     | \$0                       | \$0                        |  |
| 44  | 92910796              | Yes             | Employee/Self         | Ages 55-59 |                                   |   |   | \$1,055                | \$26,040           | \$27,095            | \$0                       | \$0                         | \$1,055                     | \$655                     | \$163                      |  |
| 45  | 26359170              | Yes             | Employee/Self         | Ages 60-64 | Musculoskeletal System            | OTHER SPONDYLOPATHIES                               | OTHER DEFORMING DORSOPATHIES                          | \$83,861               | \$2,158            | \$86,018            | \$75,612                  | \$4,174                     | \$4,075                     | \$81,255                  | \$26                       |  |
| 46  | 90059037              | Yes             | Employee/Self         | Ages 35-39 | Musculoskeletal System            | SHOULDER LESIONS                                    | MULTIPLE SCLEROSIS                                    | \$15,396               | \$69,659           | \$85,055            | \$8,583                   | \$3,745                     | \$3,068                     | \$90                      | \$25                       |  |
| 47  | 89380109              | Yes             | Employee/Self         | Ages 65-74 | Respiratory System                | ASTHMA  | HEART FAILURE   | \$71,668               | \$11,239           | \$82,907            | \$49,926                  | \$2,407                     | \$19,335                    | -\$5,572                  | \$1,208                    |  |
| 48  | 226164106             | Yes             | Spouse/Partner        | Ages 55-59 | Aftercare                         | ENCOUNTER FOR OTHER AFTERCARE                       | MALIGNANT NEOPLASM OF CORPUS UTERI                    | \$76,429               | \$1,795            | \$78,225            | \$60,363                  | \$13,648                    | \$2,418                     | \$6,005                   | \$355                      |  |
| 49  | 91915749              | Yes             | Spouse/Partner        | Ages 60-64 | Musculoskeletal System            | OTHER & UNSPECIFIED OSTEOARTHRITIS                  | OTHER JOINT DISORDER NEC                              | \$78,041               | \$46               | \$78,088            | \$66,996                  | \$8,602                     | \$2,443                     | \$147                     | \$0                        |  |
| 50  | 228508801             | No              | Spouse/Partner        | Ages 50-54 | Musculoskeletal System            | OTHER DEFORMING DORSOPATHIES                        | THORACIC TL & LS INTERVERT DISC D/O                   | \$77,295               | \$0                | \$77,295            | \$75,118                  | \$1,787                     | \$391                       | \$0                       | \$0                        |  |
| 51  | 89540443              | Yes             | Employee/Self         | Ages 40-44 | Infectious/Parasitic              | OTHER SEPSIS  | INFLAMMATORY DISEASES OF PROSTATE                     | \$41,125               | \$35,538           | \$76,663            | \$24,380                  | \$4,976                     | \$11,769                    | \$218                     | \$2,707                    |  |
| 52  | 89460553              | Yes             | Spouse/Partner        | Ages 45-49 | Musculoskeletal System            | SPONDYLOSIS   | FRACTURE LOWER LEG INCLUDING ANKLE                    | \$68,927               | \$7,661            | \$76,588            | \$28,860                  | \$22,302                    | \$17,765                    | \$4,418                   | \$368                      |  |
| <b>High Dollar Claimant Paid Amount</b>                                   |                       |                 |                       |            |                                   |   |   | <b>\$6,095,626</b>     | <b>\$1,847,081</b> | <b>\$7,942,707</b>  | <b>\$4,833,128</b>        | <b>\$739,619</b>            | <b>\$522,880</b>            | <b>\$557,301</b>          | <b>\$73,790</b>            |  |
| <b>High Dollar Claimant Paid Amount PMPM - \$126.20</b>                   |                       |                 |                       |            |                                   |   |   |                        |                    |                     |                           |                             |                             |                           |                            |  |
| <b>All Other Claimants Paid Amount</b>                                    |                       |                 |                       |            |                                   |   |   | <b>\$13,287,925</b>    | <b>\$5,296,922</b> | <b>\$18,584,846</b> |                           |                             |                             |                           |                            |  |
| <b>All Other Claimants Paid Amount PMPM - \$295.29</b>                    |                       |                 |                       |            |                                   |   |   |                        |                    |                     |                           |                             |                             |                           |                            |  |
| <b>Total Paid Amount</b>  |                       |                 |                       |            |                                   |   |   | <b>\$19,383,550</b>    | <b>\$7,144,002</b> | <b>\$26,527,553</b> |                           |                             |                             |                           |                            |  |
| <b>Large Claimants &gt; \$75,000 Percent of Total Paid Amount - 29.9%</b> |                       |                 |                       |            |                                   |   |   |                        |                    |                     |                           |                             |                             |                           |                            |  |
| <b>Large Claimants &gt; \$75,000 Percent of all Members - 1.0%</b>        |                       |                 |                       |            |                                   |   |   |                        |                    |                     |                           |                             |                             |                           |                            |  |

The information in this report may vary from the final data used for stop loss settlements as final adjustments or corrections are not included. These reports include sensitive data such as summary health information. Recipient has certified that no attempt will be made to re-identify the individuals that are the subjects of the data provided pursuant to this request. Sharing of the data provided to Recipient pursuant to this request is not permitted except where the secondary recipient agrees that they will not attempt to re-identify any of the subjects of the data. Any attempt by Recipient or secondary recipient to re-identify the data could constitute the use, disclosure or maintenance of protected health information under HIPAA which would require Recipient to meet all requirements for safeguarding protected health information and/or personal information set out in federal or state law.

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Audit Parameters Trail

| Parameter Name                              | Parameter Value                   |
|---|-----------------------------------|
| Anthem Account Control ID                   | W0009700                          |
| Anthem Account Control Name                 | NEWPORT NEWS PUBLIC SCHOOLS 00032 |
| Master Segmentation ID                      | W0009700-00001                    |
| Master Segmentation Name                    | Total Account                     |
| Group ID(s)                                 | 000032 ;00032 ;V00032             |
| Subgroup ID(s)                              |                                   |
| Plan Code(s)                                |                                   |
| Plan Type Code(s)                           |                                   |
| Benefit Package ID(s)                       |                                   |
| Claim Code ID(s)                            |                                   |
| Group Status                                | NA                                |
| Rating Relation Code                        |                                   |
| Department Number                           |                                   |
| Clock Number                                |                                   |
| Association                                 |                                   |
| Client ID                                   |                                   |
| Claim Reporting Code ID 1                   |                                   |
| Claim Reporting Code ID 2                   |                                   |
| Claim Reporting Code ID 3                   |                                   |
| Employer Group Reporting Code ID 1          |                                   |
| Employer Group Reporting Code ID 2          |                                   |
| Employer Group Reporting Code ID 3          |                                   |
| Fully Insured Indicator                     |                                   |
| Member Network ID                           |                                   |
| Package Number                              |                                   |
| Medicare Indicator (Medicare Primary)       |                                   |
| Par Plan ID/Participating Plan Code         |                                   |
| Plan Group Code                             |                                   |
| Primary Coverage Indicator (Anthem Primary) |                                   |
| Time Period                                 | CUS                               |
| High Cost Claimant Threshold                | \$75,000                          |
| Paid Amount Type                            | Standard Reporting Paid Amount    |

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