HENNEPIN COUNTY
MINNESOTA

Request for Proposals

Health and Pharmacy Benefits

Proposal due date: October 15, 2026 at 3:00 p.m. Central time

Closing date for all questions: September 28, 2026 at 3:00 p.m. Central time

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1 Introduction

1.1 Project overview

The County of Hennepin, State of Minnesota ("Hennepin County" or the "County") and Hennepin Healthcare System, Inc. ("Hennepin Healthcare" or "HHS") are soliciting proposals for health and pharmacy benefits for County and HHS employees, eligible dependents, and retirees. Proposals should match the current level of the benefit plans in place.

The County may choose to add HHS to its vendor contracts for both Medical TPA and PBM effective January 1, 2028. While a contract covering both County and HHS participants is a possibility, both the County and HHS reserve the right to contract directly and separately with the awarded vendor(s) based on the proposals provided in response to this RFP. There is also the possibility that both the County and HHS will select a common vendor and negotiate common contract terms despite having separate plan designs. As a result of these potential variations, vendors should pay close attention to the scope of work and ensure that their proposal has the flexibility required, if awarded. The estimated contract period will be January 1, 2028, through December 31, 2030, with two optional one-year renewal periods.

Proposers are invited to submit an option for each of the scenarios outlined below. Please be aware that the County and HHS may elect to award a vendor for HHS, a vendor for the County or a combined award to a single vendor that would provide services to both entities. All proposals must clearly state the scenario each proposal represents in their response.

These scenarios are:

Hennepin Healthcare System Only

- ASO option with Pharmacy carved in
- ASO option with Pharmacy carved out
- Direct PBM services only

Hennepin County Only

- ASO option with Pharmacy carved in
- ASO option with Pharmacy carved out
- Fully Insured Medical & Pharmacy
- Direct PBM services only

Hennepin Healthcare System & Hennepin County

- ASO option with Pharmacy carved in
- ASO option with Pharmacy carved out
- Direct PBM services only
- This scenario would involve a combined administrative services agreement/term with the flexibility to differentiate plan design, by entity.

Upon receipt of the proposals, the County shall make an initial review and then decide whether to proceed with a Medical TPA or Fully Insured Medical. This decision will be based upon cost and care quality among other factors. Following this determination, the County shall evaluate proposals for either a Medical TPA or Fully Insured Medical plan. HHS shall evaluate proposals for a Medical TPA. Both County and HHS will evaluate proposals for PBM. All evaluations will be based on the evaluation criteria in section 3.4 below.

Hennepin County

Hennepin County is the largest county in Minnesota serving approximately 1.27 million residents, representing approximately 22% of Minnesota's population. The county encompasses urban, suburban, and rural communities and delivers a broad range of public services including healthcare, public health, human services, public safety, transportation, libraries, housing, and corrections. Hennepin County government is one of the largest public-sector employers in Minnesota with 9,400 employees supporting county residents each day.

Hennepin County currently utilizes UMR as its Medical TPA and OptumRx as its Pharmacy Benefit Manager (PBM). Details specific to the plan offering have been provided in the RFP exhibits.

Currently the County utilizes a broad network for its employee plans. Through this RFP the County will be exploring broad network, HMO, and accountable care organization network options. Please propose all network options that you provide in your proposal.

Hennepin Healthcare

Hennepin Healthcare is a leading integrated healthcare system based in Minneapolis, Minnesota, providing comprehensive medical services through its nationally recognized Level I Adult and Pediatric Trauma Center, academic medical center, specialty clinics, and community-based care network. The organization is supported by approximately 7,400 employees and physicians who work collaboratively to deliver high-quality, patient- and family-centered care. Hennepin Healthcare's workforce includes physicians, nurses, allied health professionals, researchers, educators, emergency medical personnel, and support staff dedicated to improving the health and well-being of the communities they serve. Hennepin Healthcare is a wholly owned subsidiary of Hennepin County.

Hennepin Healthcare currently utilizes Medica as its Medical TPA and Express Scripts as its PBM. Medica administers a multi-tier network program that tiers all Hennepin Healthcare providers, pharmacies, and a list of local preferred providers under a tier 1 reduced cost share benefit for employees. Medical TPAs proposing options for Hennepin Healthcare should clearly outline their capabilities to administer this type of arrangement in their proposal response as well as in their responses within the RFP workbook exhibit.

Additionally, Hennepin Healthcare Specialty Pharmacy is the exclusive pharmacy for non-limited distribution specialty drugs.

1.2 Scope of services/Requirements (see also Attachment 1, workbook exhibits)

Hennepin County and Hennepin Healthcare are seeking competitive proposals for health plan administration and pharmacy benefit management. Proposers may submit a response for one, some, or all products/services. It is the intent of the County and Hennepin Healthcare to implement the services selected as a result of this award effective January 1, 2028.

Please refer to the Medical & PBM RFP workbook exhibits for additional detail specific to the service expectations for each product request.

Medical TPA Services - Hennepin County & Hennepin Healthcare

General Administrative Services

- Provide full-service administration of the Employer's self-funded medical plan.
- Administer benefits in accordance with plan documents, summary plan descriptions, amendments, and applicable federal and state regulations.
- Maintain adequate staffing, operational controls, and quality assurance programs.
- Assign a dedicated account management team.
- Conduct regular account reviews and strategic planning meetings.
- Provide monthly claims and utilization reporting.

Eligibility and Enrollment Administration

- Maintain eligibility files and enrollment records.
- Process eligibility additions, terminations, and status changes.
- Support electronic eligibility transmission and data exchange.
- Provide online enrollment and eligibility verification capabilities.
- Reconcile enrollment data with payroll and benefit administration systems.
- Administer COBRA and retiree eligibility, if requested.
- Provide administration of wellness activity and completion files.

Claims Administration

- Adjudicate medical claims accurately and timely.
- Process facility, professional, ancillary, behavioral health, and specialty claims.
- Apply plan provisions, deductibles, copayments, coinsurance, and out-of-pocket maximums.
- Coordinate benefits with other coverage.
- Manage subrogation and recovery activities.
- Process appeals and grievances in accordance with regulatory requirements.
- Provide claim payment funding and disbursement options.
- Maintain documented quality control and claim audit procedures.

Provider Network Services

- Provide access to a broad, high-quality provider network.
- Negotiate and maintain provider contracts and discounts.
- Support national, regional, and local network access.
- Provide network disruption communications and alternatives to Employer and members.
- Monitor provider performance and quality metrics.
- Assist with provider recruitment and network adequacy.

Customer Service:

- Operate a dedicated customer service center for participants and providers.
- Provide toll-free telephone support.
- Offer secure online and mobile access.
- Respond to participant inquiries regarding benefits, claims, eligibility, and provider access.
- Support escalated issue resolution.
- Provide multilingual support capabilities.

Care Management Programs

- Utilization management.
- Prior authorization services.
- Case management.
- Chronic condition and disease management.
- Catastrophic case management.
- Maternity management.
- Specialty care management.
- Behavioral health integration.
- Fertility management program.
- Population health management initiatives.
- Additional care management programs at the group's request.
- Wellness program administration & support.

Pharmacy Coordination

- Integrate with the Employer's PBM.
- Exchange eligibility and claim data.
- Support pharmacy reporting and analytics.
- Coordinate accumulators and member cost-sharing.
- Facilitate clinical and utilization management programs.

Stop-Loss Coordination

- Coordinate with the Employer's stop-loss carrier.
- Submit and track large claim notifications.
- Prepare reimbursement submissions.
- Monitor specific and aggregate claim thresholds.
- Assist with stop-loss renewals and reporting.
- Enrollment reports.
- Financial reports.
- Utilization reports.
- High-cost claimant reporting.
- Network performance reporting.
- Clinical program reporting.

Pharmacy Benefit Management (PBM) Services – Hennepin County & Hennepin Healthcare

General Administrative Services

- Administer the Employer's prescription drug benefit in accordance with plan documents and applicable laws and regulations.
- Provide dedicated account management and implementation resources.
- Coordinate services with the Employer, medical TPA, consultants, stop-loss carrier, and other benefit vendors.
- Maintain all required licenses, certifications, and accreditations.
- Provide strategic pharmacy consulting and market intelligence.
- Participate in regular stewardship and performance review meetings.

Formulary Management

- Provide a comprehensive evidence-based formulary.
- Maintain a Pharmacy and Therapeutics (P&T) Committee comprised of independent clinicians.
- Review formulary changes on a regular basis.
- Implement formulary management strategies designed to balance clinical efficacy and cost-effectiveness.
- Provide advance notice of formulary changes.
- Support custom formulary options upon request.

Retail Pharmacy Network

- Maintain a broad national retail pharmacy network.
- Contract with independent and chain pharmacies.
- Monitor network adequacy and access standards.
- Negotiate competitive pharmacy reimbursement rates.
- Provide network disruption analysis.
- Support member pharmacy choice.

Mail Order and Home Delivery Services

- Mail-order pharmacy services.
- Home delivery options.
- Maintenance medication management.
- Automatic refill programs, where permitted.
- Medication adherence programs.
- Clinical pharmacist support.

Specialty Pharmacy Services

- Comprehensive specialty pharmacy management.
- Specialty medication dispensing.
- Clinical care management.
- Prior authorization review.
- Adherence monitoring.
- Patient education and support.
- Site-of-care optimization strategies.
- Alternative funding and cost containment solutions, where applicable.
- Flexibility to carve-out or direct specialty utilization to Hennepin Healthcare.

Clinical Programs and Utilization Management

- Prior authorization programs.
- Step therapy programs.
- Quantity limits.
- Drug utilization review (DUR).
- Opioid management programs.
- Biosimilar management strategies.
- Specialty medication management.
- Medication adherence initiatives.
- High-cost claimant management.

Rebate Administration and Financial Transparency

- Negotiate and administer manufacturer rebates.
- Provide full rebate accounting and reconciliation.
- Pass through rebates, fees, discounts, and other compensation as proposed.
- Disclose all sources of PBM revenue.
- Identify any retained revenue streams.
- Provide audit rights for rebate verification.
- Identify pharmacies in which PBM has a financial interest.

Member Services

- Toll-free, multi-lingual member service support.
- Clinical pharmacist consultation.
- Secure member portal access.
- Mobile application access.
- Cost comparison tools.
- Prescription pricing transparency tools.
- Medication adherence outreach.

Data Integration and Eligibility Administration

- Receive and process eligibility files.
- Coordinate eligibility data (including wellness point processing) with the medical TPA.
- Support electronic data exchange based on industry standards format and mechanism.
- Provide real-time eligibility verification.
- Facilitate accumulator integration with medical vendors when applicable.
- Prescriber analysis.
- Site-of-care analysis.
- Reports shall be available through a secure online portal and downloadable in standard formats.
- HHS Integration with BSwift.

Pharmacy Cost Management Programs

- Specialty pharmacy optimization.
- Biosimilar conversion programs.
- International sourcing programs, if available.
- Alternative funding programs.
- Copay assistance management.

- Manufacturer assistance programs.
- Gene and cell therapy management.
- High-cost drug management.
- Site-of-care optimization.
- Clinical waste reduction initiatives.
- Additional or new to market cost management programs.

Compliance and Regulatory Support

- HIPAA and Minnesota Health Records Act.
- Medicare Secondary Payer requirements.
- Transparency and reporting requirements.
- State pharmacy benefit regulations.
- 340B prescription program adherence (HHS pharmacy).

Performance Guarantees

The PBM shall provide measurable performance guarantees for:

- Claims processing accuracy.
- Financial accuracy.
- Customer service responsiveness.
- Call center performance.
- Rebate administration accuracy.
- Reporting timeliness.
- Implementation performance.
- Clinical program outcomes.

The proposal shall identify financial remedies for failure to meet performance guarantees.

Audit Rights

- Claims administration.
- Rebate collections and distributions.
- Manufacturer compensation.
- Pharmacy network contracts, as permitted.
- Performance guarantee calculations.
- Financial reconciliations.

<u>Medical/PBM Fully Insured Request - Hennepin County</u>

General Administrative Services

- Provide full-service administration of the Employer's medical and pharmacy plans.
- Administer benefits in accordance with plan documents, summary plan descriptions, amendments, and applicable federal and state regulations.
- Maintain adequate staffing, operational controls, and quality assurance programs.
- Assign a dedicated account management team.
- Conduct regular account reviews and strategic planning meetings.
- Provide monthly claims and utilization reporting.

Eligibility and Enrollment Administration

- Maintain eligibility files and enrollment records.
- Process eligibility additions, terminations, and status changes.
- Support electronic eligibility transmission and data exchange.
- Provide online enrollment and eligibility verification capabilities.
- Reconcile enrollment data with payroll and benefit administration systems.
- Administer COBRA and retiree eligibility, if requested.
- Provide wellness activity and completion files.

Claims Administration

- Adjudicate medical claims accurately and timely.
- Process facility, professional, ancillary, behavioral health, and specialty claims.
- Apply plan provisions, deductibles, copayments, coinsurance, and out-of-pocket maximums.
- Coordinate benefits with other coverage.
- Manage subrogation and recovery activities.
- Process appeals and grievances in accordance with regulatory requirements.
- Provide claim payment funding and disbursement options.
- Maintain documented quality control and claim audit procedures.

Provider Network Services

- Provide access to a broad, high-quality provider network.
- Negotiate and maintain provider contracts and discounts.
- Support national, regional, and local network access.
- Provide network disruption communications and alternatives to Employer and members.
- Monitor provider performance and quality metrics.
- Assist with provider recruitment and network adequacy.

Customer Service:

- Operate a dedicated customer service center for participants and providers.
- Provide toll-free telephone support.
- Offer secure online and mobile access.
- Respond to participant inquiries regarding benefits, claims, eligibility, and provider access.
- Support escalated issue resolution.
- Provide multilingual support capabilities.
- Performance guarantees.

Care Management Programs

- Utilization management.
- Prior authorization services.
- Case management.
- Chronic condition and disease management.
- Catastrophic case management.
- Maternity management.
- Specialty care management.
- Behavioral health programs.
- Fertility management program.

- Additional care management programs at the group's request.
- Wellness program administration & support.

1.3 Proposal format and content (Attachment 2)

When submitting a proposal, Proposers must follow the specific format and contents detailed in Attachment 2. Failure to do so will likely prolong the evaluation process.

1.4 Preproposal conference

The County/HHS will host a virtual preproposal conference on August 18, 2026 from 1-2 PM Central time. The conference will not be recorded. If you have questions you would like addressed at the conference, please submit them in writing following the process in section 2.4 below. All questions, before, during, and after the conference, must be sent via email pursuant to section 2.4. Questions may be addressed by the County/HHS at the conference, but final answers will be in an addendum that the County shall publish in the Supplier Portal. In the event of any inconsistency between responses provided at the conference and the written answer in an addendum, proposers should rely upon the written answers.

Microsoft Teams meeting information:

Join: https://teams.microsoft.com/meet/296421882588465?p=6SfynxVm7vjKV8qC3I

Meeting ID: 296 421 882 588 465

Passcode: 6nM6Sc2T

2 General rules

2.1 RFP overview

This Request for Proposals ("RFP") is an invitation for Proposers to submit a proposal to the County/HHS. It is not to be construed as an official and customary request for bids, but as a means by which the County/HHS can facilitate the acquisition of information related to the purchase of services. Any proposal submitted is a suggestion to negotiate and **NOT A BID**.

2.2 Intentionally Omitted

2.3 Proposal submission

Proposals will be received in the Hennepin County Supplier Portal. To submit a proposal, you must first register with Supplier Portal. For more information on how to register, go to the Supplier Portal help page.

Register early to allow enough time to resolve technical issues which could cause you to miss out on this contract opportunity.

Proposers are strongly encouraged to make their submissions well in advance of the proposal's due date as the process may take some time to complete.

Failure to submit a proposal on time may be grounds for rejection of the proposal; however, the County reserves the right, in its sole and absolute discretion, to accept proposals after the proposal due date.

2.4 Questions and communication restrictions

Questions concerning this RFP should be submitted in writing via e-mail with the subject line: Health and Pharmacy Benefits RFP to the following:

Christine.Longwell@hennepin.us Copy to: Caroline.Brown@hennepin.us; and david.grounds@hcmed.org

Questions must be submitted prior to the questions' deadline on September 28, 2026 at 3:00 Central time. Questions will be answered in an addendum (see section 2.5 below). Proposers shall not communicate, verbally or otherwise, with any Hennepin County personnel or relevant consultant(s) concerning this RFP, except for the persons listed in this section. This restriction may be suspended or removed by the authority and direction of the persons listed above. If any Proposer attempts or completes any unauthorized communication, Hennepin County may, in its sole and absolute discretion, reject the Proposer's proposal.

2.5 Addenda

The County reserves the right to modify the RFP at any time prior to the proposal due date. An addendum will be posted in the Supplier Portal if the RFP is modified. Addenda may be viewed by clicking on the 'View Documents' on the Event Details page. It is the responsibility of each prospective Proposer to assure receipt of all addenda.

The County will modify the RFP only by formal written addenda. Proposer's proposal should be based on this RFP document and any formal written addenda.

2.6 County's right to withdraw, cancel, suspend and/or modify RFP

The County reserves the right to withdraw, cancel, suspend, and/or modify this RFP for any reason and at any time with no liability to any prospective Proposer for any costs or expenses incurred in connection with the RFP or otherwise.

2.7 Proposer's right to edit or cancel proposal

Proposer may edit, submit, resubmit and/or cancel or withdraw its proposal at any time before the proposal due date. For instructions go to the Supplier Portal help page.

2.8 Proposals will not be returned

Upon submission, proposals will not be returned.

2.9 Public disclosure of proposal documents

Under Minnesota law, proposals are private or nonpublic until the proposals are opened on the proposal due date. Once the proposals are opened, the name of the Proposer becomes public. All other data in the proposal is private/nonpublic data until completion of the evaluation process. The evaluation process is completed when the County enters into a contract with a Proposer. At that time, all remaining data submitted by all Proposers is public with the exception of data classified as private/non-public trade secret data under Minn. Stat. § 13.37 of the Minnesota Government Data Practices Act.

Proposers must not submit trade secret material, as defined by Minn. Stat. § 13.37, as part of their proposal. The County does NOT consider cost or prices to be trade secret material, as defined by the statute. Proposers may present and discuss trade secret information during an interview or demonstration, if applicable.

The Proposer agrees, as a condition of submitting its proposal, that the County and/or HHS will not, as between the parties, be liable or accountable for any loss or damage which may result from a breach of confidentiality related to the proposal. The Proposer agrees to indemnify and hold the County and HHS, their officials, agents, and employees harmless from all claims arising out of, resulting from, or in any manner attributable to any violation of any provision of the Minnesota Government Data Practices Act, including legal fees and disbursements paid or incurred to enforce this provision. This indemnification survives the County's award of a contract. In submitting a proposal in response to this RFP, the Proposer agrees that this indemnification survives as long as the Proposal is in the County's possession. The County is required to keep all the basic documents related to its contracts, including RFP proposals, for a minimum of seven years.

2.10 Proposer's costs

The County and/or HHS shall not be responsible for any costs incurred by Proposer in connection with this RFP. Proposer shall bear all costs associated with proposal preparation, submission, and attendance at interviews, or any other activity associated with this RFP or otherwise.

2.11 Proposer's ideas

The County reserves the right to use any or all ideas, concepts, or other information provided in any proposals. Selection or rejection of the proposal does not affect this right.

2.12 Collusion

If the County determines that collusion has occurred among Proposers, none of the proposals of the participants involved in the collusion shall be considered. The County's determination shall be final.

2.13 Conflict of interest

The Proposer affirms that to the best of its knowledge the submission of its proposal, or any resulting contract, does not present an actual or perceived conflict of interest. The Proposer agrees that should any actual or perceived conflict of interest become known, it will immediately notify the County and will advise whether it will or will not avoid, mitigate, or neutralize the conflict of interest.

The County may make reasonable efforts to avoid, mitigate, or neutralize a conflict of interest by a Proposer. To avoid a conflict of interest by a Proposer, the County may utilize methods including disqualifying a Proposer from eligibility for a contract award or cancelling the contract if the conflict is discovered after a contract has been issued. The County may, at its sole and absolute discretion, waive any conflict of interest.

3 Evaluation and selection

3.1 Proposal evaluation and recommendation for selection

This RFP does not commit the County or HHS to award a contract. Submission of a proposal shall neither obligate nor entitle a Proposer to enter into a contract with the County. The County, for itself and/or on behalf of HHS, reserves the following rights, to be exercised in the County's sole and absolute discretion: 1) to determine whether any aspect of a proposal satisfactorily meets the criteria established in this RFP; 2) to seek clarification or additional information from any Proposer; 3) to negotiate, sequentially or simultaneously, pricing and/or terms with any Proposer or vendor; 4) to reject any or all proposals with or without cause; 5) to waive any irregularities or informalities in a proposal; 6) to cancel or amend by addenda this RFP, in part or entirely; 7) to award multiple contracts to Proposers; and/or 8) award a contract to a vendor that did not submit a proposal.

Evaluation of proposals by a selection committee, evaluation panel, County staff, a technical advisory committee, or by another group, individual or entity is advisory only. The County Board or its designee may consider or reject such evaluation(s) for any or all proposals. Such evaluations are for the sole benefit of the County Board or its designee, and as such, they are not binding upon the County, nor may they be relied upon in any way by a Proposer.

3.2 Evaluation of responsiveness

The County will consider all the material submitted by the Proposer to determine whether the Proposer's offer is in compliance with the terms and conditions set forth in this RFP. Proposals that do not comply with the provisions in this RFP may be considered nonresponsive and may be rejected.

3.3 Evaluation of responsibility

To determine whether a Proposer is responsible, the County will consider the Proposer's general qualifications to perform the requested services in a satisfactory manner; financial responsibility; integrity; skill; and ability.

Factors considered by the County may include, but are not limited to, Proposer's past performance on previous projects; the Proposer's technical capabilities; individual qualifications of Proposer's key personnel; and the Proposer's financial ability to perform on the contract. Proposals from Proposers considered non-responsible will be rejected.

3.4 Evaluation panel and evaluation criteria

Upon receipt of the proposals, the County shall make an initial review and then decide whether to proceed with a Medical TPA or Fully Insured Medical. This decision will be based upon cost and care quality among other factors. Following this determination, the County shall evaluate proposals for either a Medical TPA or Fully Insured Medical plan. HHS shall evaluate proposals for a Medical TPA. Both County and HHS will evaluate proposals for a PBM. All evaluations will be based on the evaluation criteria in this section 3.4.

The evaluations may be done jointly or separately by the County and HHS and any of their designated representatives.

After reviewing each responsive proposal, the County and/or HHS may immediately award a contract to a successful Proposer based on the evaluation criteria, or it may establish a short list of Proposers for further consideration. The short list of Proposers may be asked to provide additional information, including but not limited to two years of audited financial statements. The short list of Proposers may also be asked to attend an in-person or telephone interview/presentation, as determined by the County and/or HHS in their sole discretion.

Evaluation criteria for 1) Medical TPA; 2) Medical Fully Insured Plan; and 3) PBM shall include the following:

Medical TPA

1. Customer & Member Services including but not limited to:

    - Wellness Programs
    - Clinical Management/Programs
    - Performance guarantees
    - Experience, particularly with state and local government
    - Client list backed by positive references/reviews
    - Past performance
    - Licensure, regulatory, and compliance requirements met/exceeded
    - Member communications
    - Client support team

- Member services team/resources

2. Network Strength (particularly in Hennepin County)

    - Network provider discounts
    - Discount and Trend guarantee
    - Provider Disruption
    - Provider Geo-Access / Adequacy
    - Key provider contract status
    - High-performance networks
    - Non-network cost containment strategies

3. Claims Processing & Administrative Flexibility, including but not limited to:

    - Implementation and technology compatibility
    - Custom network administration
    - Member steerage
    - Claim payment accuracy commitments
    - Agreement to county's terms and conditions
    - Cost Containment Programs
    - Ability to administer requested plan designs

Medical Fully Insured Plan

Same criteria as Medical TPA.

PBM

Customer & Member Services

- Performance guarantees
- Experience, particularly with state and local government
- Client list backed by positive references/reviews
- Past performance
- Licensure, regulatory, and compliance requirements met/exceeded
- Member communications
- Client support team
- Member services team/resources
- Pharmacy Network access

Formulary Management

- Formulary customization/flexibility
- Member formulary education tools
- Member formulary disruption

- Formulary update process and timing

Cost Containment Programs

- Prior Authorization process
- Step therapy
- SpecialtyRx management
- Clinical management team/resources
- Disease management programs
- Biosimilar strategy
- Point solution strategy

Administrative flexibility including but not limited to:

- SpecialtyRx administration
- Rebate structure
- Transparency and audit provisions
- Implementation and technology compatibility
- Agreement to county's terms and conditions

The County will consider the trade-off between proposal price and the other evaluation criteria in determining the proposal which is most advantageous to the County.

3.5 Interviews/presentations

The County/HHS reserves the right to request additional information from Proposers during any phase of the proposal evaluation process. During the evaluation process, the County/HHS may require the presence of a Proposer to make a presentation and/or answer specific questions regarding their proposal.

3.6 Execution of contract

Before a contract becomes effective between the County and/or HHS any Proposer, the contract award must be ratified and signed by the County Board or its designee. If for any reason the County Board or its designee does not ratify and sign the contract then there are no binding obligations whatsoever between the County and the Proposer relative to the proposed contract.

4 Attachments

4.1 Attachment 1 – Scope of services/Requirements Hennepin County (HC) and Hennepin HealthCare Systems (HHS) Data and Exhibits 1-4 (workbooks)

- Hennepin County Data (Provided to proposers upon request; see section 2.4 above)
  - Census
  - Enrollment History

    - Claim Repricing
    - Pharmacy Claim Detail
    - Provider Disruption

- Hennepin HealthCare Systems Data (Provided to proposers upon request; see section 2.4 above)
    - Census
    - Enrollment History
    - Claim Repricing
    - Pharmacy Claim Detail
    - Provider Disruption

- Attachment 1 Exhibits

1. Exhibit 1 Self-Funded Medical Plan Designs – HC and HHS
2. Exhibit 2 HC - Pharmacy Benefit Management Plan
3. Exhibit 3 HHS Pharmacy Benefit Management Plan
4. Exhibit 4 HC and HHS Pharmacy Benefit Management Plan

4.2 Attachment 2 – Proposal format and content

4.3 Attachment 3 – Hennepin County Terms and Conditions, including HC BAA and HHS BAA

Attachment 1 – Scope of services/Requirements Hennepin County and Hennepin HealthCare Systems Data and Exhibits 1-4 are attachments in the supplier portal.

Attachment 2 – Proposal format and content

Proposals must adhere to the following format:

1. Cover letter

The Proposer must submit a cover letter that includes the following:

a. A statement that confirms the scenario you are proposing. (See section 1.1 above);

b. A statement that the proposal is effective until an agreement(s) is signed with the selected Proposer(s);

c. A statement confirming that the Proposer has reviewed and agrees to be bound by Hennepin County Terms and Conditions (Attachment 3); or, alternatively, a statement confirming that the Proposer has reviewed and agrees to be bound by Hennepin County Terms and Conditions (Attachment 3), excluding only those provisions that have been redlined for negotiation purposes (and are included in their proposal); and

d. A statement that the Proposer does not have an actual or perceived conflict of interest regarding this RFP or in submission of their proposal; or alternatively, a statement explaining any conflict of interest and how to avoid, mitigate or neutralize the conflict.

2. Proposal, including Exhibits

The proposal shall contain the following information and labeled Exhibits (and in the same order):

- Proposal (brief summary/overview, 5 pages maximum)
- Company overview (2 pages maximum)
- 3 References (preferably public entities, include: company name, contract dates, email and phone number of company contact)
- Exhibits:

Exhibit 1: Completed Workbook(s) (found in Attachment 1)

Exhibit 2: Details on all vendor guarantees (can be in proposal)

Exhibit 3: Provider Disruption Report

Exhibit 4: Claims Repricing File

Exhibit 5: GeoAccess Report – Excel Format

Exhibit 6: Sample Reporting & Member Communication Materials