

Proposer's Name: Blue Shield of CA

Evaluator Number: 2

Weight: Each evaluation criteria is given a percent weight based on the importance to the Scope of Work.
Score: Scores ranging from 0 "Unacceptable to 5 "Excellent" are given for each criteria as follows:

| CRITERIA | Weight (%) | Score (0-5) | Total (Weight X Score) |
|--|------------|-------------|------------------------|
| PROPOSED COST TO COUNTY (NETWORK DISCOUNTS, ADMINISTRATIVE SERVICES (ASO) FEES) | 25 | 3 | 75 |
| - Claim costs adjusted for network discounts (Provided by Consultant) - Administrative (ASO) fees for status quo plans - Guaranteed in network discounts - Services that require additional cost - Carrier credits offered to County | | | |
| Notes: | | | |
| ABILITY TO DUPLICATE CURRENT/PROPOSED PLAN DESIGN, INCLUDING ABILITY TO AUTO-ADJUDICATE PLAN PROVISIONS | 15 | 5 | 75 |
| - Deviations identified on Tab G Plan Designs - Ability to auto-adjudicate plan provisions as illustrated on Tab G - Minimal plan design changes required to ensure plan provisions can be auto-adjudicated - Ability to automatically process Medicare COB claims with a method that is reasonably close to current - Ability to provide telehealth as part of the plan - Ability to offer a High Performance Network (HPN) - Nonsmoker Incentive Program | | | |
| Notes: | | | |
| NETWORK DISRUPTION FOR WELLWISE AND SHAREWELL PLANS | 15 | 5 | 75 |
| - Offeror network match to County's utilized providers and hospitals - Percentage of employee/retiree zip codes with available providers - Willingness to support County in case targeted recruiting is needed - Overall quality of network and minimal turnover | | | |
| Notes: | | | |
| HIGH PERFORMANCE NETWORKS (HPN) | 5 | 4 | 20 |
| - Breadth of overall network and key markets - Support during Open Enrollment if implemented | | | |
| Notes: | | | |

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|---|-----------|----------|-----------|
| ADMINISTRATIVE CAPABILITIES (IMPLEMENTATION PLAN, CUSTOMER SERVICE, CLAIM SYSTEM CAPABILITIES, FINANCIAL ARRANGEMENTS, & CYBERSECURITY) | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Completeness of staffing plan & staff assigned to County - Quality of the implementation plan provided - Customer service metrics provided (i.e., average speed to answer, call abandonment rate, financial accuracy) - Ability to provide a dedicated team of customer service representatives and tenure of those representatives - Online and mobile capabilities (i.e., ability for members to obtain mobile ID card or to research provider quality on the Offeror's website) - Flexibility in banking and premium payment to work with the County's administrative requirements - Are there any scheduled significant claim system changes in the next 12-24 months? - Extent to which claims processing requirements can be automated - Ability to duplicate required data interfaces - Extent to which safeguards and processes are in place to protect data and maintain compliance with Cybersecurity - Ability to coordinate with third party Pharmacy Benefit Manager (PBM) - Ability to provide ongoing administration and meet requirements - Flexibility with regards to custom EOBs, appeals process in line with County requirements | | | |
| Notes: | | | |
| PERFORMANCE GUARANTEES | 10 | 4 | 40 |
| <ul style="list-style-type: none"> - Ability of Offeror to duplicate or improve upon requested performance guarantees - Dollar amount of fees placed at risk for not meeting performance guarantees | | | |
| Notes: | | | |
| QUALIFICATIONS AND EXPERIENCE | 5 | 5 | 25 |
| <ul style="list-style-type: none"> - References provided are for large government employers - Sufficient number of PPO members in California - Fiscal strength of the Offeror and financial ratings - Experience of staff assigned to the County - Agreement with minimum qualifications outlined | | | |
| Notes: | | | |
| RESPONSIVENESS TO RFP INCLUDING EDITS TO MODEL CONTRACT | 10 | 5 | 50 |
| Amount and extent of redlines to the model contract | | | |
| Notes: | | | |
| | | | |
| Respondent Total | 100 | | 435 |
| Total Weighted Possible Score | | | 500 |
| Converted to 100 point score total | | | 87 |

Proposer's Name: Aetna
Evaluator Number: 3

Weight: Each evaluation criteria is given a percent weight based on the importance to the Scope of Work.

Score: Scores ranging from 0 "Unacceptable to 5 "Excellent" are given for each criteria as follows:
5 = Excellent; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unacceptable

| CRITERIA | Weight (%) | Score (0-5) | Total (Weight X Score) |
|--|------------|-------------|------------------------|
| PROPOSED COST TO COUNTY (NETWORK DISCOUNTS, ADMINISTRATIVE SERVICES (ASO) FEES) | 25 | 3 | 75 |
| <ul style="list-style-type: none"> - Claim costs adjusted for network discounts (Provided by Consultant) - Administrative (ASO) fees for status quo plans - Guaranteed in network discounts - Services that require additional cost - Carrier credits offered to County | | | |
| Notes: | | | |
| ABILITY TO DUPLICATE CURRENT/PROPOSED PLAN DESIGN, INCLUDING ABILITY TO AUTO-ADJUDICATE PLAN PROVISIONS | 15 | 3 | 45 |
| <ul style="list-style-type: none"> - Deviations identified on Tab G Plan Designs - Ability to auto-adjudicate plan provisions as illustrated on Tab G - Minimal plan design changes required to ensure plan provisions can be auto-adjudicated - Ability to automatically process Medicare COB claims with a method that is reasonably close to current - Ability to provide telehealth as part of the plan - Ability to offer a High Performance Network (HPN) - Nonsmoker Incentive Program | | | |
| Notes: | | | |

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|---|-----------|----------|-----------|
| NETWORK DISRUPTION FOR WELLWISE AND SHAREWELL PLANS | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Offeror network match to County's utilized providers and hospitals - Percentage of employee/retiree zip codes with available providers - Willingness to support County in case targeted recruiting is needed - Overall quality of network and minimal turnover | | | |
| Notes: | | | |
| HIGH PERFORMANCE NETWORKS (HPN) | 5 | 3 | 15 |
| <ul style="list-style-type: none"> - Breadth of overall network and key markets - Support during Open Enrollment if implemented | | | |
| Notes: | | | |
| ADMINISTRATIVE CAPABILITIES (IMPLEMENTATION PLAN, CUSTOMER SERVICE, CLAIM SYSTEM CAPABILITIES, FINANCIAL ARRANGEMENTS, & CYBERSECURITY) | 15 | 2 | 30 |
| <ul style="list-style-type: none"> - Completeness of staffing plan & staff assigned to County - Quality of the implementation plan provided - Customer service metrics provided (i.e., average speed to answer, call abandonment rate, financial accuracy) - Ability to provide a dedicated team of customer service representatives and tenure of those representatives - Online and mobile capabilities (i.e., ability for members to obtain mobile ID card or to research provider quality on the Offeror's website) - Flexibility in banking and premium payment to work with the County's administrative requirements - Are there any scheduled significant claim system changes in the next 12-24 months? - Extent to which claims processing requirements can be automated - Ability to duplicate required data interfaces - Extent to which safeguards and processes are in place to protect data and maintain compliance with Cybersecurity - Ability to coordinate with third party Pharmacy Benefit Manager (PBM) - Ability to provide ongoing administration and meet requirements - Flexibility with regards to custom EOBs, appeals process in line with County requirements | | | |
| Notes: | | | |

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| PERFORMANCE GUARANTEES | 10 | 1 | 10 |
| - Ability of Offeror to duplicate or improve upon requested performance guarantees - Dollar amount of fees placed at risk for not meeting performance guarantees | | | |
| Notes: | | | |
| QUALIFICATIONS AND EXPERIENCE | 5 | 3 | 15 |
| - References provided are for large government employers - Sufficient number of PPO members in California - Fiscal strength of the Offeror and financial ratings - Experience of staff assigned to the County - Agreement with minimum qualifications outlined | | | |
| Notes: | | | |
| RESPONSIVENESS TO RFP INCLUDING EDITS TO MODEL CONTRACT | 10 | 2 | 20 |
| Amount and extent of redlines to the model contract | | | |
| Notes: | | | |
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| Respondent Total | 100 | | 270 |
| Total Weighted Possible Score | | | 500 |
| Converted to 100 point score total | | | 54 |

Proposer's Name: Anthem
Evaluator Number: 3

Weight: Each evaluation criteria is given a percent weight based on the importance to the Scope of Work.

Score: Scores ranging from 0 "Unacceptable to 5 "Excellent" are given for each criteria as follows:
5 = Excellent; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unacceptable

| CRITERIA | Weight (%) | Score (0-5) | Total (Weight X Score) |
|--|------------|-------------|------------------------|
| PROPOSED COST TO COUNTY (NETWORK DISCOUNTS, ADMINISTRATIVE SERVICES (ASO) FEES) | 25 | 4 | 100 |
| <ul style="list-style-type: none"> - Claim costs adjusted for network discounts (Provided by Consultant) - Administrative (ASO) fees for status quo plans - Guaranteed in network discounts - Services that require additional cost - Carrier credits offered to County | | | |
| Notes: | | | |
| ABILITY TO DUPLICATE CURRENT/PROPOSED PLAN DESIGN, INCLUDING ABILITY TO AUTO-ADJUDICATE PLAN PROVISIONS | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Deviations identified on Tab G Plan Designs - Ability to auto-adjudicate plan provisions as illustrated on Tab G - Minimal plan design changes required to ensure plan provisions can be auto-adjudicated - Ability to automatically process Medicare COB claims with a method that is reasonably close to current - Ability to provide telehealth as part of the plan - Ability to offer a High Performance Network (HPN) - Nonsmoker Incentive Program | | | |
| Notes: | | | |

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|---|-----------|----------|-----------|
| NETWORK DISRUPTION FOR WELLWISE AND SHAREWELL PLANS | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Offeror network match to County's utilized providers and hospitals - Percentage of employee/retiree zip codes with available providers - Willingness to support County in case targeted recruiting is needed - Overall quality of network and minimal turnover | | | |
| Notes: | | | |
| HIGH PERFORMANCE NETWORKS (HPN) | 5 | 3 | 15 |
| <ul style="list-style-type: none"> - Breadth of overall network and key markets - Support during Open Enrollment if implemented | | | |
| Notes: | | | |
| ADMINISTRATIVE CAPABILITIES (IMPLEMENTATION PLAN, CUSTOMER SERVICE, CLAIM SYSTEM CAPABILITIES, FINANCIAL ARRANGEMENTS, & CYBERSECURITY) | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Completeness of staffing plan & staff assigned to County - Quality of the implementation plan provided - Customer service metrics provided (i.e., average speed to answer, call abandonment rate, financial accuracy) - Ability to provide a dedicated team of customer service representatives and tenure of those representatives - Online and mobile capabilities (i.e., ability for members to obtain mobile ID card or to research provider quality on the Offeror's website) - Flexibility in banking and premium payment to work with the County's administrative requirements - Are there any scheduled significant claim system changes in the next 12-24 months? - Extent to which claims processing requirements can be automated - Ability to duplicate required data interfaces - Extent to which safeguards and processes are in place to protect data and maintain compliance with Cybersecurity - Ability to coordinate with third party Pharmacy Benefit Manager (PBM) - Ability to provide ongoing administration and meet requirements - Flexibility with regards to custom EOBs, appeals process in line with County requirements | | | |
| Notes: | | | |

| PERFORMANCE GUARANTEES | 10 | 2 | 20 |
|--|-----------|----------|-----------|
| - Ability of Offeror to duplicate or improve upon requested performance guarantees - Dollar amount of fees placed at risk for not meeting performance guarantees | | | |
| Notes: | | | |
| QUALIFICATIONS AND EXPERIENCE | 5 | 3 | 15 |
| - References provided are for large government employers - Sufficient number of PPO members in California - Fiscal strength of the Offeror and financial ratings - Experience of staff assigned to the County - Agreement with minimum qualifications outlined | | | |
| Notes: | | | |
| RESPONSIVENESS TO RFP INCLUDING EDITS TO MODEL CONTRACT | 10 | 1 | 10 |
| Amount and extent of redlines to the model contract | | | |
| Notes: | | | |
| | | | |
| Respondent Total | 100 | | 340 |
| Total Weighted Possible Score | | | 500 |
| Converted to 100 point score total | | | 68 |

Proposer's Name: Blue Shield

Evaluator Number: 3

Weight: Each evaluation criteria is given a percent weight based on the importance to the Scope of Work.

Score: Scores ranging from 0 "Unacceptable to 5 "Excellent" are given for each criteria as follows:
5 = Excellent; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unacceptable

| CRITERIA | Weight (%) | Score (0-5) | Total (Weight X Score) |
|--|------------|-------------|------------------------|
| PROPOSED COST TO COUNTY (NETWORK DISCOUNTS, ADMINISTRATIVE SERVICES (ASO) FEES) | 25 | 4 | 100 |
| <ul style="list-style-type: none"> - Claim costs adjusted for network discounts (Provided by Consultant) - Administrative (ASO) fees for status quo plans - Guaranteed in network discounts - Services that require additional cost - Carrier credits offered to County | | | |
| Notes: | | | |
| ABILITY TO DUPLICATE CURRENT/PROPOSED PLAN DESIGN, INCLUDING ABILITY TO AUTO-ADJUDICATE PLAN PROVISIONS | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Deviations identified on Tab G Plan Designs - Ability to auto-adjudicate plan provisions as illustrated on Tab G - Minimal plan design changes required to ensure plan provisions can be auto-adjudicated - Ability to automatically process Medicare COB claims with a method that is reasonably close to current - Ability to provide telehealth as part of the plan - Ability to offer a High Performance Network (HPN) - Nonsmoker Incentive Program | | | |
| Notes: | | | |

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|---|-----------|----------|-----------|
| NETWORK DISRUPTION FOR WELLWISE AND SHAREWELL PLANS | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Offeror network match to County's utilized providers and hospitals - Percentage of employee/retiree zip codes with available providers - Willingness to support County in case targeted recruiting is needed - Overall quality of network and minimal turnover | | | |
| Notes: | | | |
| HIGH PERFORMANCE NETWORKS (HPN) | 5 | 3 | 15 |
| <ul style="list-style-type: none"> - Breadth of overall network and key markets - Support during Open Enrollment if implemented | | | |
| Notes: | | | |
| ADMINISTRATIVE CAPABILITIES (IMPLEMENTATION PLAN, CUSTOMER SERVICE, CLAIM SYSTEM CAPABILITIES, FINANCIAL ARRANGEMENTS, & CYBERSECURITY) | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Completeness of staffing plan & staff assigned to County - Quality of the implementation plan provided - Customer service metrics provided (i.e., average speed to answer, call abandonment rate, financial accuracy) - Ability to provide a dedicated team of customer service representatives and tenure of those representatives - Online and mobile capabilities (i.e., ability for members to obtain mobile ID card or to research provider quality on the Offeror's website) - Flexibility in banking and premium payment to work with the County's administrative requirements - Are there any scheduled significant claim system changes in the next 12-24 months? - Extent to which claims processing requirements can be automated - Ability to duplicate required data interfaces - Extent to which safeguards and processes are in place to protect data and maintain compliance with Cybersecurity - Ability to coordinate with third party Pharmacy Benefit Manager (PBM) - Ability to provide ongoing administration and meet requirements - Flexibility with regards to custom EOBs, appeals process in line with County requirements | | | |
| Notes: | | | |

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|--|-----------|----------|-----------|
| PERFORMANCE GUARANTEES | 10 | 4 | 40 |
| - Ability of Offeror to duplicate or improve upon requested performance guarantees - Dollar amount of fees placed at risk for not meeting performance guarantees | | | |
| Notes: | | | |
| QUALIFICATIONS AND EXPERIENCE | 5 | 5 | 25 |
| - References provided are for large government employers - Sufficient number of PPO members in California - Fiscal strength of the Offeror and financial ratings - Experience of staff assigned to the County - Agreement with minimum qualifications outlined | | | |
| Notes: | | | |
| RESPONSIVENESS TO RFP INCLUDING EDITS TO MODEL CONTRACT | 10 | 4 | 40 |
| Amount and extent of redlines to the model contract | | | |
| Notes: | | | |
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| Respondent Total | 100 | | 415 |
| Total Weighted Possible Score | | | 500 |
| Converted to 100 point score total | | | 83 |

Evaluation Scoring Sheet
RFP # 017-202403-MC

Proposer's Name: Aetna

Evaluator Number: 4

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| Weight: Each evaluation criteria is given a percent weight based on the importance to the Scope of Work. |
| Score: Scores ranging from 0 "Unacceptable to 5 "Excellent" are given for each criteria as follows: 5 = Excellent; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unacceptable |

| CRITERIA | Weight (%) | Score (0-5) | Total (Weight X Score) |
|--|-------------------|--------------------|-------------------------------|
| PROPOSED COST TO COUNTY (NETWORK DISCOUNTS, ADMINISTRATIVE SERVICES (ASO) FEES) | 25 | 4 | 100 |
| <ul style="list-style-type: none"> - Claim costs adjusted for network discounts (Provided by Consultant) - Administrative (ASO) fees for status quo plans - Guaranteed in network discounts - Services that require additional cost - Carrier credits offered to County | | | |
| Notes: | | | |
| ABILITY TO DUPLICATE CURRENT/PROPOSED PLAN DESIGN, INCLUDING ABILITY TO AUTO-ADJUDICATE PLAN PROVISIONS | 15 | 3 | 45 |
| <ul style="list-style-type: none"> - Deviations identified on Tab G Plan Designs - Ability to auto-adjudicate plan provisions as illustrated on Tab G - Minimal plan design changes required to ensure plan provisions can be auto-adjudicated - Ability to automatically process Medicare COB claims with a method that is reasonably close to current - Ability to provide telehealth as part of the plan - Ability to offer a High Performance Network (HPN) - Nonsmoker Incentive Program | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

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|---|-----------|----------|-----------|
| NETWORK DISRUPTION FOR WELLWISE AND SHAREWELL PLANS | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Offeror network match to County's utilized providers and hospitals - Percentage of employee/retiree zip codes with available providers - Willingness to support County in case targeted recruiting is needed - Overall quality of network and minimal turnover | | | |
| Notes: | | | |
| HIGH PERFORMANCE NETWORKS (HPN) | 5 | 3 | 15 |
| <ul style="list-style-type: none"> - Breadth of overall network and key markets - Support during Open Enrollment if implemented | | | |
| Notes: | | | |
| ADMINISTRATIVE CAPABILITIES (IMPLEMENTATION PLAN, CUSTOMER SERVICE, CLAIM SYSTEM CAPABILITIES, FINANCIAL ARRANGEMENTS, & CYBERSECURITY) | 15 | 2 | 30 |
| <ul style="list-style-type: none"> - Completeness of staffing plan & staff assigned to County - Quality of the implementation plan provided - Customer service metrics provided (i.e., average speed to answer, call abandonment rate, financial accuracy) - Ability to provide a dedicated team of customer service representatives and tenure of those representatives - Online and mobile capabilities (i.e., ability for members to obtain mobile ID card or to research provider quality on the Offeror's website) - Flexibility in banking and premium payment to work with the County's administrative requirements - Are there any scheduled significant claim system changes in the next 12-24 months? - Extent to which claims processing requirements can be automated - Ability to duplicate required data interfaces - Extent to which safeguards and processes are in place to protect data and maintain compliance with Cybersecurity - Ability to coordinate with third party Pharmacy Benefit Manager (PBM) - Ability to provide ongoing administration and meet requirements - Flexibility with regards to custom EOBs, appeals process in line with County requirements | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

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|--|-----------|---|-----|
| PERFORMANCE GUARANTEES | 10 | 2 | 20 |
| - Ability of Offeror to duplicate or improve upon requested performance guarantees - Dollar amount of fees placed at risk for not meeting performance guarantees | | | |
| Notes: | | | |
| QUALIFICATIONS AND EXPERIENCE | 5 | 3 | 15 |
| - References provided are for large government employers - Sufficient number of PPO members in California - Fiscal strength of the Offeror and financial ratings - Experience of staff assigned to the County - Agreement with minimum qualifications outlined | | | |
| Notes: | | | |
| RESPONSIVENESS TO RFP INCLUDING EDITS TO MODEL CONTRACT | 10 | 3 | 30 |
| Amount and extent of redlines to the model contract | | | |
| Notes: | | | |
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| Respondent Total | 100 | | 315 |
| Total Weighted Possible Score | | | 500 |
| Converted to 100 point score total | | | 63 |

Evaluation Scoring Sheet Attachment B - Individual Scoring Sheets
RFP # 017-202403-MC

Proposer's Name: Anthem Blue Cross

Evaluator Number: 4

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| Weight: Each evaluation criteria is given a percent weight based on the importance to the Scope of Work. |
| Score: Scores ranging from 0 "Unacceptable to 5 "Excellent" are given for each criteria as follows: 5 = Excellent; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unacceptable |

| CRITERIA | Weight (%) | Score (0-5) | Total (Weight X Score) |
|--|------------|-------------|------------------------|
| PROPOSED COST TO COUNTY (NETWORK DISCOUNTS, ADMINISTRATIVE SERVICES (ASO) FEES) | 25 | 4 | 100 |
| <ul style="list-style-type: none"> - Claim costs adjusted for network discounts (Provided by Consultant) - Administrative (ASO) fees for status quo plans - Guaranteed in network discounts - Services that require additional cost - Carrier credits offered to County | | | |
| Notes: | | | |
| ABILITY TO DUPLICATE CURRENT/PROPOSED PLAN DESIGN, INCLUDING ABILITY TO AUTO-ADJUDICATE PLAN PROVISIONS | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Deviations identified on Tab G Plan Designs - Ability to auto-adjudicate plan provisions as illustrated on Tab G - Minimal plan design changes required to ensure plan provisions can be auto-adjudicated - Ability to automatically process Medicare COB claims with a method that is reasonably close to current - Ability to provide telehealth as part of the plan - Ability to offer a High Performance Network (HPN) - Nonsmoker Incentive Program | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

| | | | |
|---|-----------|---|----|
| NETWORK DISRUPTION FOR WELLWISE AND SHAREWELL PLANS | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Offeror network match to County's utilized providers and hospitals - Percentage of employee/retiree zip codes with available providers - Willingness to support County in case targeted recruiting is needed - Overall quality of network and minimal turnover | | | |
| Notes: | | | |
| HIGH PERFORMANCE NETWORKS (HPN) | 5 | 4 | 20 |
| <ul style="list-style-type: none"> - Breadth of overall network and key markets - Support during Open Enrollment if implemented | | | |
| Notes: | | | |
| ADMINISTRATIVE CAPABILITIES (IMPLEMENTATION PLAN, CUSTOMER SERVICE, CLAIM SYSTEM CAPABILITIES, FINANCIAL ARRANGEMENTS, & CYBERSECURITY) | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Completeness of staffing plan & staff assigned to County - Quality of the implementation plan provided - Customer service metrics provided (i.e., average speed to answer, call abandonment rate, financial accuracy) - Ability to provide a dedicated team of customer service representatives and tenure of those representatives - Online and mobile capabilities (i.e., ability for members to obtain mobile ID card or to research provider quality on the Offeror's website) - Flexibility in banking and premium payment to work with the County's administrative requirements - Are there any scheduled significant claim system changes in the next 12-24 months? - Extent to which claims processing requirements can be automated - Ability to duplicate required data interfaces - Extent to which safeguards and processes are in place to protect data and maintain compliance with Cybersecurity - Ability to coordinate with third party Pharmacy Benefit Manager (PBM) - Ability to provide ongoing administration and meet requirements - Flexibility with regards to custom EOBs, appeals process in line with County requirements | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

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|--|-----------|------------|-------------|
| PERFORMANCE GUARANTEES | 10 | 3 | 30 |
| - Ability of Offeror to duplicate or improve upon requested performance guarantees - Dollar amount of fees placed at risk for not meeting performance guarantees | | | |
| Notes: | | | |
| QUALIFICATIONS AND EXPERIENCE | 5 | 3.5 | 17.5 |
| - References provided are for large government employers - Sufficient number of PPO members in California - Fiscal strength of the Offeror and financial ratings - Experience of staff assigned to the County - Agreement with minimum qualifications outlined | | | |
| Notes: | | | |
| RESPONSIVENESS TO RFP INCLUDING EDITS TO MODEL CONTRACT | 10 | 1 | 10 |
| Amount and extent of redlines to the model contract | | | |
| Notes: | | | |
| | | | |
| | | | |
| Respondent Total | 100 | | 387.5 |
| Total Weighted Possible Score | | | 500 |
| Converted to 100 point score total | | | 77.5 |

Evaluation Scoring Sheet Attachment B - Individual Scoring Sheets
RFP # 017-202403-MC

Proposer's Name: Blue Shield

Evaluator Number: 4

Weight: Each evaluation criteria is given a percent weight based on the importance to the Scope of Work.

Score: Scores ranging from 0 "Unacceptable to 5 "Excellent" are given for each criteria as follows:
5 = Excellent; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unacceptable

| CRITERIA | Weight (%) | Score (0-5) | Total (Weight X Score) |
|--|------------|-------------|------------------------|
| PROPOSED COST TO COUNTY (NETWORK DISCOUNTS, ADMINISTRATIVE SERVICES (ASO) FEES) | 25 | 4 | 100 |
| <ul style="list-style-type: none"> - Claim costs adjusted for network discounts (Provided by Consultant) - Administrative (ASO) fees for status quo plans - Guaranteed in network discounts - Services that require additional cost - Carrier credits offered to County | | | |
| Notes: | | | |
| ABILITY TO DUPLICATE CURRENT/PROPOSED PLAN DESIGN, INCLUDING ABILITY TO AUTO-ADJUDICATE PLAN PROVISIONS | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Deviations identified on Tab G Plan Designs - Ability to auto-adjudicate plan provisions as illustrated on Tab G - Minimal plan design changes required to ensure plan provisions can be auto-adjudicated - Ability to automatically process Medicare COB claims with a method that is reasonably close to current - Ability to provide telehealth as part of the plan - Ability to offer a High Performance Network (HPN) - Nonsmoker Incentive Program | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

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|---|-----------|---|----|
| NETWORK DISRUPTION FOR WELLWISE AND SHAREWELL PLANS | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Offeror network match to County's utilized providers and hospitals - Percentage of employee/retiree zip codes with available providers - Willingness to support County in case targeted recruiting is needed - Overall quality of network and minimal turnover | | | |
| Notes: | | | |
| HIGH PERFORMANCE NETWORKS (HPN) | 5 | 4 | 20 |
| <ul style="list-style-type: none"> - Breadth of overall network and key markets - Support during Open Enrollment if implemented | | | |
| Notes: | | | |
| ADMINISTRATIVE CAPABILITIES (IMPLEMENTATION PLAN, CUSTOMER SERVICE, CLAIM SYSTEM CAPABILITIES, FINANCIAL ARRANGEMENTS, & CYBERSECURITY) | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Completeness of staffing plan & staff assigned to County - Quality of the implementation plan provided - Customer service metrics provided (i.e., average speed to answer, call abandonment rate, financial accuracy) - Ability to provide a dedicated team of customer service representatives and tenure of those representatives - Online and mobile capabilities (i.e., ability for members to obtain mobile ID card or to research provider quality on the Offeror's website) - Flexibility in banking and premium payment to work with the County's administrative requirements - Are there any scheduled significant claim system changes in the next 12-24 months? - Extent to which claims processing requirements can be automated - Ability to duplicate required data interfaces - Extent to which safeguards and processes are in place to protect data and maintain compliance with Cybersecurity - Ability to coordinate with third party Pharmacy Benefit Manager (PBM) - Ability to provide ongoing administration and meet requirements - Flexibility with regards to custom EOBs, appeals process in line with County requirements | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

Attachment B - Individual Scoring Sheets

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|--|-----------|----------|-----------|
| PERFORMANCE GUARANTEES | 10 | 4 | 40 |
| - Ability of Offeror to duplicate or improve upon requested performance guarantees - Dollar amount of fees placed at risk for not meeting performance guarantees | | | |
| Notes: | | | |
| QUALIFICATIONS AND EXPERIENCE | 5 | 5 | 25 |
| - References provided are for large government employers - Sufficient number of PPO members in California - Fiscal strength of the Offeror and financial ratings - Experience of staff assigned to the County - Agreement with minimum qualifications outlined | | | |
| Notes: | | | |
| RESPONSIVENESS TO RFP INCLUDING EDITS TO MODEL CONTRACT | 10 | 4 | 40 |
| Amount and extent of redlines to the model contract | | | |
| Notes: | | | |
| | | | |
| | | | |
| Respondent Total | 100 | | 450 |
| Total Weighted Possible Score | | | 500 |
| Converted to 100 point score total | | | 90 |

Evaluation Scoring Sheet
RFP # 017-202403-MC

Proposer's Name: Aetna

Evaluator Number: 5

Weight: Each evaluation criteria is given a percent weight based on the importance to the Scope of Work.

Score: Scores ranging from 0 "Unacceptable to 5 "Excellent" are given for each criteria as follows:
5 = Excellent; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unacceptable

| CRITERIA | Weight (%) | Score (0-5) | Total (Weight X Score) |
|--|------------|-------------|------------------------|
| PROPOSED COST TO COUNTY (NETWORK DISCOUNTS, ADMINISTRATIVE SERVICES (ASO) FEES) | 25 | 4 | 100 |
| <ul style="list-style-type: none"> - Claim costs adjusted for network discounts (Provided by Consultant) - Administrative (ASO) fees for status quo plans - Guaranteed in network discounts - Services that require additional cost - Carrier credits offered to County | | | |
| Notes: | | | |
| ABILITY TO DUPLICATE CURRENT/PROPOSED PLAN DESIGN, INCLUDING ABILITY TO AUTO-ADJUDICATE PLAN PROVISIONS | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Deviations identified on Tab G Plan Designs - Ability to auto-adjudicate plan provisions as illustrated on Tab G - Minimal plan design changes required to ensure plan provisions can be auto-adjudicated - Ability to automatically process Medicare COB claims with a method that is reasonably close to current - Ability to provide telehealth as part of the plan - Ability to offer a High Performance Network (HPN) - Nonsmoker Incentive Program | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

| | | | |
|---|-----------|------------|-------------|
| NETWORK DISRUPTION FOR WELLWISE AND SHAREWELL PLANS | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Offeror network match to County's utilized providers and hospitals - Percentage of employee/retiree zip codes with available providers - Willingness to support County in case targeted recruiting is needed - Overall quality of network and minimal turnover | | | |
| Notes: | | | |
| HIGH PERFORMANCE NETWORKS (HPN) | 5 | 3 | 15 |
| <ul style="list-style-type: none"> - Breadth of overall network and key markets - Support during Open Enrollment if implemented | | | |
| Notes: | | | |
| ADMINISTRATIVE CAPABILITIES (IMPLEMENTATION PLAN, CUSTOMER SERVICE, CLAIM SYSTEM CAPABILITIES, FINANCIAL ARRANGEMENTS, & CYBERSECURITY) | 15 | 2.5 | 37.5 |
| <ul style="list-style-type: none"> - Completeness of staffing plan & staff assigned to County - Quality of the implementation plan provided - Customer service metrics provided (i.e., average speed to answer, call abandonment rate, financial accuracy) - Ability to provide a dedicated team of customer service representatives and tenure of those representatives - Online and mobile capabilities (i.e., ability for members to obtain mobile ID card or to research provider quality on the Offeror's website) - Flexibility in banking and premium payment to work with the County's administrative requirements - Are there any scheduled significant claim system changes in the next 12-24 months? - Extent to which claims processing requirements can be automated - Ability to duplicate required data interfaces - Extent to which safeguards and processes are in place to protect data and maintain compliance with Cybersecurity - Ability to coordinate with third party Pharmacy Benefit Manager (PBM) - Ability to provide ongoing administration and meet requirements - Flexibility with regards to custom EOBs, appeals process in line with County requirements | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

Attachment B - Individual Scoring Sheets

| | | | |
|--|-----------|---|------|
| PERFORMANCE GUARANTEES | 10 | 2 | 20 |
| - Ability of Offeror to duplicate or improve upon requested performance guarantees - Dollar amount of fees placed at risk for not meeting performance guarantees | | | |
| Notes: | | | |
| QUALIFICATIONS AND EXPERIENCE | 5 | 3 | 15 |
| - References provided are for large government employers - Sufficient number of PPO members in California - Fiscal strength of the Offeror and financial ratings - Experience of staff assigned to the County - Agreement with minimum qualifications outlined | | | |
| Notes: | | | |
| RESPONSIVENESS TO RFP INCLUDING EDITS TO MODEL CONTRACT | 10 | 3 | 30 |
| Amount and extent of redlines to the model contract | | | |
| Notes: | | | |
| | | | |
| | | | |
| Respondent Total | 100 | | 3375 |
| Total Weighted Possible Score | | | 500 |
| Converted to 100 point score total | | | 67.5 |

Evaluation Scoring Sheet
RFP # 017-202403-MC

Proposer's Name: Anthem

Evaluator Number: 5

Weight: Each evaluation criteria is given a percent weight based on the importance to the Scope of Work.

Score: Scores ranging from 0 "Unacceptable to 5 "Excellent" are given for each criteria as follows:
5 = Excellent; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unacceptable

| CRITERIA | Weight (%) | Score (0-5) | Total (Weight X Score) |
|--|------------|-------------|------------------------|
| PROPOSED COST TO COUNTY (NETWORK DISCOUNTS, ADMINISTRATIVE SERVICES (ASO) FEES) | 25 | 4.5 | 112.5 |
| <ul style="list-style-type: none"> - Claim costs adjusted for network discounts (Provided by Consultant) - Administrative (ASO) fees for status quo plans - Guaranteed in network discounts - Services that require additional cost - Carrier credits offered to County | | | |
| Notes: | | | |
| ABILITY TO DUPLICATE CURRENT/PROPOSED PLAN DESIGN, INCLUDING ABILITY TO AUTO-ADJUDICATE PLAN PROVISIONS | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Deviations identified on Tab G Plan Designs - Ability to auto-adjudicate plan provisions as illustrated on Tab G - Minimal plan design changes required to ensure plan provisions can be auto-adjudicated - Ability to automatically process Medicare COB claims with a method that is reasonably close to current - Ability to provide telehealth as part of the plan - Ability to offer a High Performance Network (HPN) - Nonsmoker Incentive Program | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

| | | | |
|---|-----------|---|----|
| NETWORK DISRUPTION FOR WELLWISE AND SHAREWELL PLANS | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Offeror network match to County's utilized providers and hospitals - Percentage of employee/retiree zip codes with available providers - Willingness to support County in case targeted recruiting is needed - Overall quality of network and minimal turnover | | | |
| Notes: | | | |
| HIGH PERFORMANCE NETWORKS (HPN) | 5 | 4 | 20 |
| <ul style="list-style-type: none"> - Breadth of overall network and key markets - Support during Open Enrollment if implemented | | | |
| Notes: | | | |
| ADMINISTRATIVE CAPABILITIES (IMPLEMENTATION PLAN, CUSTOMER SERVICE, CLAIM SYSTEM CAPABILITIES, FINANCIAL ARRANGEMENTS, & CYBERSECURITY) | 15 | 4 | 60 |
| <ul style="list-style-type: none"> - Completeness of staffing plan & staff assigned to County - Quality of the implementation plan provided - Customer service metrics provided (i.e., average speed to answer, call abandonment rate, financial accuracy) - Ability to provide a dedicated team of customer service representatives and tenure of those representatives - Online and mobile capabilities (i.e., ability for members to obtain mobile ID card or to research provider quality on the Offeror's website) - Flexibility in banking and premium payment to work with the County's administrative requirements - Are there any scheduled significant claim system changes in the next 12-24 months? - Extent to which claims processing requirements can be automated - Ability to duplicate required data interfaces - Extent to which safeguards and processes are in place to protect data and maintain compliance with Cybersecurity - Ability to coordinate with third party Pharmacy Benefit Manager (PBM) - Ability to provide ongoing administration and meet requirements - Flexibility with regards to custom EOBs, appeals process in line with County requirements | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

Attachment B - Individual Scoring Sheets

| | | | |
|--|-----------|-----|------|
| PERFORMANCE GUARANTEES | 10 | 3 | 30 |
| - Ability of Offeror to duplicate or improve upon requested performance guarantees - Dollar amount of fees placed at risk for not meeting performance guarantees | | | |
| Notes: | | | |
| QUALIFICATIONS AND EXPERIENCE | 5 | 3.5 | 17.5 |
| - References provided are for large government employers - Sufficient number of PPO members in California - Fiscal strength of the Offeror and financial ratings - Experience of staff assigned to the County - Agreement with minimum qualifications outlined | | | |
| Notes: | | | |
| RESPONSIVENESS TO RFP INCLUDING EDITS TO MODEL CONTRACT | 10 | 1 | 10 |
| Amount and extent of redlines to the model contract | | | |
| Notes: | | | |
| | | | |
| | | | |
| Respondent Total | 100 | | 400 |
| Total Weighted Possible Score | | | 500 |
| Converted to 100 point score total | | | 80 |

Evaluation Scoring Sheet
RFP # 017-202403-MC

Proposer's Name: Blue Shield

Evaluator Number: 5

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|--|
| Weight: Each evaluation criteria is given a percent weight based on the importance to the Scope of Work. |
| Score: Scores ranging from 0 "Unacceptable to 5 "Excellent" are given for each criteria as follows: 5 = Excellent; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unacceptable |

| CRITERIA | Weight (%) | Score (0-5) | Total (Weight X Score) |
|--|------------|-------------|------------------------|
| PROPOSED COST TO COUNTY (NETWORK DISCOUNTS, ADMINISTRATIVE SERVICES (ASO) FEES) | 25 | 3.5 | 87.5 |
| <ul style="list-style-type: none"> - Claim costs adjusted for network discounts (Provided by Consultant) - Administrative (ASO) fees for status quo plans - Guaranteed in network discounts - Services that require additional cost - Carrier credits offered to County | | | |
| Notes: | | | |
| ABILITY TO DUPLICATE CURRENT/PROPOSED PLAN DESIGN, INCLUDING ABILITY TO AUTO-ADJUDICATE PLAN PROVISIONS | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Deviations identified on Tab G Plan Designs - Ability to auto-adjudicate plan provisions as illustrated on Tab G - Minimal plan design changes required to ensure plan provisions can be auto-adjudicated - Ability to automatically process Medicare COB claims with a method that is reasonably close to current - Ability to provide telehealth as part of the plan - Ability to offer a High Performance Network (HPN) - Nonsmoker Incentive Program | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

| | | | |
|---|-----------|----------|-----------|
| NETWORK DISRUPTION FOR WELLWISE AND SHAREWELL PLANS | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Offeror network match to County's utilized providers and hospitals - Percentage of employee/retiree zip codes with available providers - Willingness to support County in case targeted recruiting is needed - Overall quality of network and minimal turnover | | | |
| Notes: | | | |
| HIGH PERFORMANCE NETWORKS (HPN) | 5 | 4 | 20 |
| <ul style="list-style-type: none"> - Breadth of overall network and key markets - Support during Open Enrollment if implemented | | | |
| Notes: | | | |
| ADMINISTRATIVE CAPABILITIES (IMPLEMENTATION PLAN, CUSTOMER SERVICE, CLAIM SYSTEM CAPABILITIES, FINANCIAL ARRANGEMENTS, & CYBERSECURITY) | 15 | 5 | 75 |
| <ul style="list-style-type: none"> - Completeness of staffing plan & staff assigned to County - Quality of the implementation plan provided - Customer service metrics provided (i.e., average speed to answer, call abandonment rate, financial accuracy) - Ability to provide a dedicated team of customer service representatives and tenure of those representatives - Online and mobile capabilities (i.e., ability for members to obtain mobile ID card or to research provider quality on the Offeror's website) - Flexibility in banking and premium payment to work with the County's administrative requirements - Are there any scheduled significant claim system changes in the next 12-24 months? - Extent to which claims processing requirements can be automated - Ability to duplicate required data interfaces - Extent to which safeguards and processes are in place to protect data and maintain compliance with Cybersecurity - Ability to coordinate with third party Pharmacy Benefit Manager (PBM) - Ability to provide ongoing administration and meet requirements - Flexibility with regards to custom EOBs, appeals process in line with County requirements | | | |
| Notes: | | | |

Evaluation Scoring Sheet
RFP # 017-202403-MC

| | | | |
|--|-----------|------------------------------------|-------|
| PERFORMANCE GUARANTEES | 10 | 4 | 40 |
| - Ability of Offeror to duplicate or improve upon requested performance guarantees - Dollar amount of fees placed at risk for not meeting performance guarantees | | | |
| Notes: | | | |
| QUALIFICATIONS AND EXPERIENCE | 5 | 5 | 25 |
| - References provided are for large government employers - Sufficient number of PPO members in California - Fiscal strength of the Offeror and financial ratings - Experience of staff assigned to the County - Agreement with minimum qualifications outlined | | | |
| Notes: | | | |
| . | 10 | 4 | 40 |
| Amount and extent of redlines to the model contract | | | |
| Notes: | | | |
| | | | |
| | | | |
| Respondent Total | 100 | | 437.5 |
| | | Total Weighted Possible Score | 500 |
| | | Converted to 100 point score total | 875 |