

Evaluation Scoring Sheet
RFP # 017-202403-MC

Attachment B - Individual Scoring Sheets

Proposer's Name: Aetna			
Evaluator Number: 1			
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	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:			
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	2	10
<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	1.5	22.5
<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:			
PERFORMANCE GUARANTEES	10	2	20
<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	2	10
<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	2	20
Amount and extent of redlines to the model contract			
Notes:			
Respondent Total	100		275
Total Weighted Possible Score			500
Converted to 100 point score total			55

Proposer's Name: Anthem Blue Cross			
Evaluator Number: 1			
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:			
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	3	45
<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	3	30
<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	3	15
<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	1	10
Amount and extent of redlines to the model contract			
Notes:			
Respondent Total	100		350
Total Weighted Possible Score			500
Converted to 100 point score total			70

Evaluation Scoring Sheet
RFP # 017-202403-MC

Attachment B - Individual Scoring Sheets

Proposer's Name: Blue Shield of California			
Evaluator Number: 1			
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:			
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	3.5	17.5
<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	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	4	20
<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	4	40
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

Proposer's Name: Aetna

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:
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:			
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:			
PERFORMANCE GUARANTEES	10	2	20
<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	3	15
<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	2	20
Amount and extent of redlines to the model contract			
Notes:			
Respondent Total	100		312.5
Total Weighted Possible Score			500
Converted to 100 point score total			62.5

Proposer's Name: Anthem Blue Cross

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:
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	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:			
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	3	45
<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	3	30
<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	3	15
<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	1	10
Amount and extent of redlines to the model contract			
Notes:			
Respondent Total	100		367.5
Total Weighted Possible Score			500
Converted to 100 point score total			73.5

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
<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:			
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:			
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:			

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:			

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:			
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:			

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:			

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	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		415
Total Weighted Possible Score			500
Converted to 100 point score total			83

Evaluation Scoring Sheet
RFP # 017-202403-MC

Attachment B - Individual Scoring Sheets

Proposer's Name: Aetna

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	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:			

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

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		315
Total Weighted Possible Score			500
Converted to 100 point score total			63

Evaluation Scoring Sheet
RFP # 017-202403-MC

Attachment B - Individual Scoring Sheets

Proposer's Name: Anthem Blue Cross

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:			

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		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:			

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

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

Attachment B - Individual Scoring Sheets

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:			

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

Attachment B - Individual Scoring Sheets

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:			

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

Attachment B - Individual Scoring Sheets

Proposer's Name: Blue Shield

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	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:			

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

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