

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

James R. Wells, CPA
Director

Greg Smith
Administrator

State of Nevada
Purchasing Division
Request for Proposal: 3202
For
STATEWIDE/REGIONAL

HEALTH MAINTENANCE ORGANIZATION (HMO)

Release Date: September 8, 2015

Deadline for Submission and Opening Date and Time: October 16, 2015 @ 2:00 PM

Refer to Section 8, RFP Timeline for the complete RFP schedule

For additional information, please contact:

Gail Burchett, Purchasing Officer II

State of Nevada, Purchasing Division

515 E. Musser Street, Suite 300

Carson City, NV 89701

Phone: 775-684-0172

Email address: gburchett@admin.nv.gov
(TTY for Deaf and Hard of Hearing: 1-800-326-6868
Ask the relay agent to dial: 1-775-684-0172/V.)

Refer to Section 9 for instructions on submitting proposals

VENDOR INFORMATION SHEET FOR RFP 3202

Vendor Must:

- A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;
- B) Type or print responses; and
- C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	
----	--------------	--

V2	Street Address	
----	----------------	--

V3	City, State, ZIP	
----	------------------	--

V4	Telephone Number	
	Area Code:	Number:

V5	Facsimile Number	
	Area Code:	Number:

V6	Toll Free Number	
	Area Code:	Number:

V7	<i>Contact Person for Questions / Contract Negotiations, including address if different than above</i>	
	Name:	
	Title:	
	Address:	
	Email Address:	

V8	Telephone Number for Contact Person	
	Area Code:	Number:

V9	Facsimile Number for Contact Person	
	Area Code:	Number:

V10	<i>Name of Individual Authorized to Bind the Organization</i>	
	Name:	Title:

V11	<i>Signature (Individual must be legally authorized to bind the vendor per NRS 333.337)</i>	
	Signature:	Date:

TABLE OF CONTENTS

1. PROJECT OVERVIEW	4
2. ACRONYMS/DEFINITIONS	7
3. SCOPE OF WORK	11
4. COMPANY BACKGROUND AND REFERENCES	23
5. COST	29
6. FINANCIAL	29
7. WRITTEN QUESTIONS AND ANSWERS	30
8. RFP TIMELINE.....	30
9. PROPOSAL SUBMISSION REQUIREMENTS, FORMAT AND CONTENT	30
10. PROPOSAL EVALUATION AND AWARD PROCESS	41
11. TERMS AND CONDITIONS	42
12. SUBMISSION CHECKLIST	48
ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION	49
ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE	50
ATTACHMENT C – VENDOR CERTIFICATIONS	51
ATTACHMENT D – CONTRACT FORM	52
ATTACHMENT E – INSURANCE SCHEDULE FOR RFP 3202	53
ATTACHMENT F – REFERENCE QUESTIONNAIRE.....	54
ATTACHMENT G – PROPOSED STAFF RESUME.....	55
ATTACHMENT H – HISTORICAL RATES	56
ATTACHMENT I – PERFORMANCE STANDARDS & GUARANTEES	57
ATTACHMENT J – PEBP ENROLLMENT	58
ATTACHMENT K – SUMMARY OF BENEFITS COVERAGE 2015 - HPN.....	59
ATTACHMENT L – SUMMARY OF NON-COVERED BENEFITS- HPN	60
ATTACHMENT N – COST PROPOSAL CERTIFICATION OF COMPLIANCE	62
ATTACHMENT O – BUSINESS ASSOCIATE AGREEMENT.....	63

A Request for Proposal (RFP) process is different from an Invitation to Bid. The State expects vendors to propose creative, competitive solutions to the agency's stated problem or need, as specified below. Vendors' technical exceptions and/or assumptions should be clearly stated in *Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP*. Vendors' cost exceptions and/or assumptions should be clearly stated in *Attachment N, Cost Proposal Certification of Compliance with Terms and Conditions of RFP*. Exceptions and/or assumptions will be considered during the evaluation process; however, vendors must be specific. Nonspecific exceptions or assumptions may not be considered. The State reserves the right to limit the Scope of Work prior to award, if deemed in the best interest of the State per NRS 333.350(1).

Prospective vendors are advised to review Nevada's ethical standards requirements, including but not limited to, NRS 281A and the Governor's Proclamation, which can be found on the Purchasing Division's website (<http://purchasing.state.nv.us>).

1. PROJECT OVERVIEW

The State of Nevada, Purchasing Division, on behalf of the Public Employees' Benefits Program (PEBP), headquartered in Carson City, Nevada, is soliciting proposals for fully insured Health Maintenance Organization (HMO) services. PEBP's preference is to be able to contract for HMO services on at least a statewide (Nevada) basis however regional proposals will be considered.

The proposals may include one Nevada statewide vendor or separate vendor proposals covering specific Nevada geographical areas or a joint venture between multiple HMO vendors.

PEBP currently contracts with two (2) HMO companies.

- Hometown Health Plan in northern Nevada; and
- Health Plan of Nevada in southern Nevada.

Dental benefits are offered through PEBP's self-funded PPO dental plan.

Please refer to *Attachment K, Summary of Benefits and Coverage*, for copies of the current plans' summaries of benefits descriptions. Additional plan specific information can be found on the PEBP website under Forms and Publications.

PEBP is committed to providing the highest quality health benefits with an emphasis on customer service, preventive and wellness benefits, utilization management and promoting informed health care utilization while preserving individual choices and options. PEBP is soliciting proposals from vendors who will work in partnership with PEBP, provide exemplary services and make the desires and goals of this agency a priority.

For the purposes of this RFP, PEBP requires HMO participants to have access to a comprehensive choice of providers within the covered service area as well as outside of Nevada for emergency and specialized care. The plan(s) should include a full complement of reputable, qualified professionals, a variety of specialists and include centers of excellence. All plans shall include, but not be limited to, the following services and plan provisions:

- Customer Service
- Utilization review
- Concurrent review

- Disease management
- Large case management
- Wellness and preventive services benefits
- Vision benefits
- Mandated health benefits

PEBP does not require vendors to duplicate the current HMO benefits. Vendors are encouraged to submit creative solutions regarding plan design to complement to PEBP and state of Nevada's current budget constraints. Specifics on the current HMO plan can be found on the PEBP website at www.pebp.state.nv.us.

The Affordable Care Act (ACA) currently has provisions that charge health plans a 40% tax on all plan costs (premiums) that exceed a specific threshold beginning in 2018 regardless of who pays/subsidizes the total premium. The state is looking for creative ways to reduce overall plan costs to ensure participants are not liable for the 40% tax. Information on the Excise Tax can be found at: <http://www.irs.gov/pub/irs-drop/n-15-16.pdf>.

The effective date of the contract resulting from this RFP will most likely be July 1, 2016; however, PEBP reserves the right to initiate service at an earlier date dependent upon proposal responses. The length of the contract will be five (5) years. The contract termination date, pursuant to this RFP, will be June 30, 2021. PEBP reserves the right to renegotiate price terms as market conditions warrant. Possible term extensions may be entertained depending upon the successful vendor's performance. No contract is deemed effective unless and until approved by the Nevada State Board of Examiners (NRS 284.173).

1.1 BACKGROUND

The Public Employees' Benefits Program (PEBP) oversees the administration of the health insurance programs offered to eligible individuals. Eligible individuals include full-time state employees, certain non-state local government agencies, full-time employees of the Nevada System of Higher Education, and members of the Nevada Senate and Assembly. Dependents of the above-mentioned groups may also be covered. Retirees who are eligible for premium free Medicare Part A and Medicare Part B and are transitioned to an Individual Medicare Exchange and are not a part of this RFP. Benefits under PEBP are extended to retirees who are not Medicare age or who are not eligible for premium free Medicare Part A and their surviving spouses/ domestic partners and/or eligible dependent children.

- 1.1.1 A copy of the July 2015 PEBP headcount report is provided as *Attachment J, PEBP Enrollment*.

1.2 CURRENT RATES

The current rates for participants for the HMO plans are available on the PEBP website at www.pebp.state.nv.us under the link Plan Year 2016 Rates. The HMO rates charged to participants are blended between northern and southern Nevada and are then subsidized at the following rates:

- 1.2.1 For Plan Year 2016, State of Nevada active employees receive a subsidy amount equal to 78% of the employee's cost and 58% of their dependents cost while

retirees receive a subsidy amount equal to 49% of the employee's cost and 29% of their dependents cost. These subsidy percentages may change depending on subsidy dollars available from the state. The rates posted on the PEBP website are total participant costs and include costs recovered by PEBP for administrative functions.

- 1.2.2 Pursuant to NRS 287.043(2), rates for state employees and retirees are commingled in a single rating pool and rates for local government (non-state) employees and retirees are commingled in a separate rating pool.
- 1.2.3 Premiums for domestic partners are the same the premiums for spouses. However, domestic partners do not receive a subsidy as discussed in the previous paragraph.
- 1.2.4 As of May 1, 2015, HPN covered 84 primary insured retirees with Medicare Part B only and 60 primary insured retirees with Medicare Part A. HHP covered 61 primary insured retirees with Medicare Part B only and 60 primaries insured with Medicare Part A only. These retirees are included in the rates in the attachment listed below.
 - 1.2.4.1 PEPB self-administers COBRA; therefore the rates below include COBRA participants.
 - 1.2.4.2 A table detailing the rate history of PEBP's HMO plans is provided as *Attachment H, Historical Rates*.

1.3 CURRENT PEBP VENDORS

- 1.3.1 HealthSCOPE Benefits - Third Party Claims Administrator, HSA and HRA Administrator (CDHP), FSA Administrator, National Medical PPO Network;
- 1.3.2 Catamaran Rx - Pharmacy Benefits Manager (CDHP);
- 1.3.3 Briova Specialty Pharmacy – Subcontractor of Catamaran Rx for mail order and specialty drug services;
- 1.3.4 Sierra Healthcare Options and Hometown Health Providers – Nevada Statewide Medical PPO Network (CDHP Plan);
- 1.3.5 Diversified Dental Services - Dental PPO Network (HMO and CDHP);
- 1.3.6 Health Claim Auditors - Health Plan Auditor services (Excludes HMO vendors);
- 1.3.7 Aon Hewitt - Actuary/ Consultants;
- 1.3.8 Hometown Health Plans – Northern Nevada HMO, CDHP Utilization Management and Large Case Management, Disease Management (Diabetes Only);

1.3.9 Health Plan of Nevada- Southern Nevada HMO; and

1.3.10 Towers Watson/One Exchange- Individual Medicare Exchange and HRA Administrator.

2. ACRONYMS/DEFINITIONS

For the purposes of this RFP, the following acronyms/definitions will be used:

Acronym	Description
ACA	Affordable Care Act
Assumption	An idea or belief that something will happen or occur without proof. An idea or belief taken for granted without proof of occurrence.
Awarded Vendor	The organization/individual that is awarded and has an approved contract with the State of Nevada for the services identified in this RFP.
BAA	Business Associate Agreement
BOE	State of Nevada Board of Examiners
CDHP	Consumer Driven Health Plan
COBRA	Consolidated Omnibus Budget Reconciliation Act
Confidential Information	Any information relating to the amount or source of any income, profits, losses or expenditures of a person, including data relating to cost or price submitted in support of a bid or proposal. The term does not include the amount of a bid or proposal. Refer NRS 333.020(5) (b).
Contract Approval Date	The date the State of Nevada Board of Examiners officially approves and accepts all contract language, terms and conditions as negotiated between the State and the successful vendor.
Contract Award Date	The date when vendors are notified that a contract has been successfully negotiated, executed and is awaiting approval of the Board of Examiners.
Contractor	The company or organization that has an approved contract with the State of Nevada for services identified in this RFP. The contractor has full responsibility for coordinating and controlling all aspects of the contract, including support to be provided by any subcontractor(s). The contractor will be the sole point of contact with the State relative to contract performance.
Cross Reference	A reference from one document/section to another document/section containing related material.

Acronym	Description
CSR/MSR	Member/Customer Service Representative (interchangeable)
Customer	Department, Division or Agency of the State of Nevada.
Dependent	An individual who meets PEBP's eligibility requirements and is a child, spouse, or domestic partner of the eligible participant.
Division/Agency	The Division/Agency requesting services as identified in this RFP.
EDI	Electronic Data Exchange
EOB	Explanation of Benefits
EOC	Evidence of Coverage
Evaluation Committee	An independent committee comprised of a majority of State officers or employees established to evaluate and score proposals submitted in response to the RFP pursuant to NRS 333.335.
Exception	A formal objection taken to any statement/requirement identified within the RFP.
FTP	File Transfer Protocol
Goods	The term "goods" as used in this RFP has the meaning ascribed to it in NRS §104.2105(1) and includes, without limitation, "supplies", "materials", "equipment", and "commodities", as those terms are used in NRS Chapter 333.
HHP	Hometown Health Plan
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HPN	Health Plan of Nevada
ID	Identification
IT	Information Technology Officer
Key Personnel	Vendor staff responsible for oversight of work during the life of the project and for deliverables.
LCB	Legislative Counsel Bureau
LOI	Letter of Intent - notification of the State's intent to award a contract to a vendor, pending successful negotiations; all information remains confidential

Acronym	Description
	until the issuance of the formal notice of award.
May	Indicates something that is recommended but not mandatory. If the vendor fails to provide recommended information, the State may, at its sole option, ask the vendor to provide the information or evaluate the proposal without the information.
MPD	Master Plan Document
MSR/CSR	Member/Customer Service Representative (interchangeable)
Must	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of a proposal as non-responsive.
NAC	Nevada Administrative Code –All applicable NAC documentation may be reviewed via the internet at: www.leg.state.nv.us .
NOA	Notice of Award – formal notification of the State’s decision to award a contract, pending Board of Examiners’ approval of said contract, any non-confidential information becomes available upon written request.
Non-State	A local (Nevada) governmental entity that has opted group health coverage under PEBP in accordance with NRS 287.025.
NRS	Nevada Revised Statutes – All applicable NRS documentation may be reviewed via the internet at: www.leg.state.nv.us .
Pacific Time (PT)	Unless otherwise stated, all references to time in this RFP and any subsequent contract are understood to be Pacific Time.
Pay Center	Entity established for managing payroll and human resource records, e.g., Department of Personnel, Central Payroll, Department of Transportation, Nevada System of Higher Education, Legislative Counsel Bureau, State Board, Public Employees’ Retirement System (actives), or other local governmental groups (for example, Southern Nevada Health District).
PA	Prior Authorization
PCP	Primary Care Physician
PEBP	Public Employees’ Benefits Program
PPPM	Per Participant Per Month
Proprietary Information	Any trade secret or confidential business information that is contained in a bid or proposal submitted on a particular contract. (Refer to NRS 333.020 (5) (a).

Acronym	Description
<i>Public Record</i>	All books and public records of a governmental entity, the contents of which are not otherwise declared by law to be confidential must be open to inspection by any person and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. (Refer to NRS 333.333 and NRS 600A.030 [5]).
<i>Redacted</i>	The process of removing confidential or proprietary information from a document prior to release of information to others.
<i>RFP</i>	Request for Proposal - a written statement which sets forth the requirements and specifications of a contract to be awarded by competitive selection as defined in NRS 333.020(8).
<i>Shall</i>	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of a proposal as non-responsive.
<i>Should</i>	Indicates something that is recommended but not mandatory. If the vendor fails to provide recommended information, the State may, at its sole option, ask the vendor to provide the information or evaluate the proposal without the information.
<i>SPD</i>	Summary Plan Description
<i>State</i>	The State of Nevada and any agency identified herein.
<i>Subcontractor</i>	Third party, not directly employed by the contractor, who will provide services identified in this RFP. This does not include third parties who provide support or incidental services to the contractor.
<i>Trade Secret</i>	Information, including, without limitation, a formula, pattern, compilation, program, device, method, technique, product, system, process, design, prototype, procedure, computer programming instruction or code that: derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by the public or any other person who can obtain commercial or economic value from its disclosure or use; and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.
<i>URAC</i>	Utilization Review Accreditation Commission
<i>User</i>	Department, Division, Agency or County of the State of Nevada.
<i>Vendor</i>	Organization/individual submitting a proposal in response to this RFP.
<i>Will</i>	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of a proposal as non-responsive.

2.1 STATE OBSERVED HOLIDAYS

The State observes the holidays noted in the following table. When January 1st, July 4th, November 11th or December 25th falls on Saturday, the preceding Friday is observed as the legal holiday. If these days fall on Sunday, the following Monday is the observed holiday.

Holiday	Day Observed
New Year's Day	January 1
Martin Luther King Jr.'s Birthday	Third Monday in January
Presidents' Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Nevada Day	Last Friday in October
Veterans' Day	November 11
Thanksgiving Day	Fourth Thursday in November
Family Day	Friday following the Fourth Thursday in November
Christmas Day	December 25

3. SCOPE OF WORK

In order for your proposal to be considered and accepted, your organization must provide answers to the questions presented in this section. Each question must be answered specifically, in detail and in the same order as presented in the RFP. Reference should not be made to a prior response, or to your contract, unless the question involved specifically provides such an option.

Please refer to the Overview and Scope of Work section of this request for proposal (RFP) before responding to any of the questions, so that you have a complete understanding of all of PEBP's requirements with respect to the proposal.

If your proposal is different in any way (whether more or less favorable) from that indicated in this request for proposal, clearly indicate where. If you do not indicate any of the differences, the submission of your proposal will be deemed a certification that you will comply in every respect (including, but not limited to, coverage provided, funding method requested, benefit exclusions and limitations, underwriting provisions, contract language, etc.) with the requirements set forth in this RFP.

If you are unable to perform any required service indicate clearly:

- What you are currently unable to do; and
- What steps will be taken (if any) to meet the requirement, the timetable for that process and who will be responsible for the implementation, along with that person's qualifications.

Include any additional information in your proposal that you consider useful to PEBP. Direct responses to all of the questions set forth will be looked upon favorably.

3.1 PROVIDER ACCESS AND PROVIDER CONTRACTING

3.1.1 Provider Access

3.1.1.1 What is your organization’s total number of participating Nevada physicians? Please list by specialty. This information should be provided as an attachment to your proposal and in the format provided below. PLEASE NOTE: If a participating physician has multiple office locations, please count only one location. Do not use multiple locations to increase the number of participating physicians.

Specialty ▶	Family Practice	OB/GYN	GYN only	Internal Medicine	Pediatrics	Cardiology	Orthopedics
Nevada County ▼							
Churchill County							
Clark County							
Douglas County							
Elko County							
Esmeralda County							
Eureka County							
Humboldt County							
Lander County							
Lincoln County							
Lyon County							
Mineral County							
Nye County							
Pershing County							
Storey County							
Washoe County							
White Pine County							
Carson City							

3.1.1.2 As of September 1, 2015, what percentage of your organization’s network PCP’s are accepting new patients?

3.1.1.3 How many network physicians terminated their contracts with your organization during plan year 7/1/14 – 6/30/15? Please explain why? Use the format provided below.

Reason for termination ▶	Moved to different location	Retired	Contract Dispute	Other
Specialty ▼				
Family Practice				
Internal Medicine				
Pediatrics				
OB/GYN				
Behavioral Health				

- 3.1.1.4 How often does your organization update the provider directory?
- 3.1.1.5 How will your organization communicate network directory additions and deletions to PEBP HMO members?
- 3.1.1.6 Please explain in detail how plan participants access care while traveling outside the HMO network.
- 3.1.1.7 Please explain how dependent children attending school outside of the network service area access medical care.
- 3.1.1.8 Please explain in detail how PEBP participants who work within, but reside outside the HMO service area will access care.
- 3.1.1.9 Does your organization's network directory list providers who are no longer accepting new patients?
- 3.1.1.10 Can PEBP and/or plan participants request additions to the provider network?
- 3.1.1.11 Describe your organization's specialist physician referral process.
- 3.1.1.12 On average, how long does a patient wait to see a specialist?
- 3.1.1.13 Can a physician work with patients before his/her credentials check has been completed by your organization?
- 3.1.1.14 Please describe your organization's process should a PEBP HMO member want to change their PCP?
- 3.1.1.15 Please explain your network provider-credentialing process (out sourced, in-house, etc.). Provide the credentials of the person(s) or organization(s) providing this service.

3.1.1.16 What is your organization's total number of participating Nevada acute care hospital facilities by Nevada county? This information should be provided as an attachment to your proposal and in the format provided below.

Nevada County	Number of Acute Care Facilities
Churchill County	
Clark County	
Douglas County	
Elko County	
Esmeralda County	
Eureka County	
Humboldt County	
Lander County	
Lincoln County	
Lyon County	
Mineral County	
Nye County	
Pershing County	
Storey County	
Washoe County	
White Pine County	
Carson City	
Churchill County	
Clark County	

3.1.1.17 Please list your organization's current Nevada service areas using the format below. Please provide this information as an attachment to your proposal.

Nevada County	Current Service Area YES	Current Service Area NO
Churchill County		
Clark County		
Douglas County		
Elko County		
Esmeralda County		
Eureka County		
Humboldt County		
Lander County		
Lincoln County		
Lyon County		
Mineral County		
Nye County		
Pershing County		
Storey County		

Washoe County		
White Pine County		
Carson City		

3.1.2 Provider Contracting

- 3.1.2.1 Please provide a copy of your organization’s standard network provider contract for hospitals and physicians.
- 3.1.2.2 What type of education does your organization provide to network providers in regards to the HMO plan requirements and provisions?
- 3.1.2.3 What is the frequency of the participating provider education? Please describe the methods used to provide education to the providers, e.g. one on one, seminars, mailings, etc.
- 3.1.2.4 Among the methods used to control costs, does your organization directly or indirectly provide any type of financial and/or job security incentives (negative or positive) to any contracted physicians to limit diagnostic tests and referrals?
- 3.1.2.5 What percent of your organization’s HMO revenue is applied to?
- Patient Care;
 - Admission and Overhead; and
 - Payments to Stockholders.
- 3.1.2.6 Does your organization give financial bonuses to providers based on treated patient satisfaction?

3.2 PRE-AUTHORIZATION PROCESS

- 3.2.1 Please explain the Pre-authorization process for services and list when Pre-Authorization is required.
- 3.2.2 What is the required timeline to obtain a pre-authorization for?
- 3.2.2.1 Non-emergency/elective procedures
- 3.2.2.2 Emergency hospital admission/procedures
- 3.2.3 Please provide the process and criteria used to distinguish emergency and non-emergency cases, both in-patient and outpatient.
- 3.2.4 Please describe the criteria used in initial case management assessment and referral (including level of care indicators).
- 3.2.5 Please explain in detail your organization’s concurrent review process.
- 3.2.6 What is the average length of time to receive pre-authorization?

- 3.2.7 What percentage of pre-authorizations has been denied by your organization from July 1, 2014 – June 30, 2015?

3.3 COMPANY ACCREDITATION

- 3.3.1 Is your organization accredited by any National Accreditation Organization? If yes, please list the organizations you are accredited with.
- 3.3.2 Is your organization in the process of obtaining a National Accreditation? If yes, please describe.

3.4 MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

- 3.4.1 Does your organization contract separately with a network of mental health and substance abuse providers?
- 3.4.2 Please provide an overview of your organization's process of managing individual members. Indicate how each case is managed, including frequency of follow-up review, and provide specifics on participant, clinician and PEBP responsibilities.
- 3.4.3 What protocols are in place for handling members who exhibit both medical and psychiatric conditions (i.e. coordination with medical/surgical review)?

3.5 PLAN PROVISIONS

- 3.5.1 Please provide a statement that addresses your organization's managed healthcare philosophy.
- 3.5.2 Please provide a list of your organization's standard plan exclusions.
- 3.5.3 Please explain in detail the benefits that will be offered for durable medical equipment.
- 3.5.4 Please describe your organization's definition of Home Health Care and explain in detail the process for determining whether or not a participant is eligible.
- 3.5.5 Please define what services are included and which are excluded under this plan provision?
- 3.5.6 Are PCP referrals limited only to providers in their own medical group?

3.6 CUSTOMER SERVICE

- 3.6.1 Toll-Free Assistance Line:
- 3.6.1.1 Does your organization maintain a toll-free line for HMO members?

- 3.6.1.2 Will your organization assign a toll free number specific for PEBP HMO members?
- 3.6.1.3 What are the hours of operation?
- 3.6.1.4 Is 24-hour assistance available?
- 3.6.1.5 Please describe how calls are managed after business hours.
- 3.6.2 Please describe your organization's customer service philosophy. This information should be provided as an attachment to your proposal.
- 3.6.3 Please describe your organization's complaint escalation process. This information should be provided as an attachment to your proposal.
- 3.6.4 Please confirm that your organization will provide quarterly and annual reports to PEBP in a format approved by PEBP, summarizing the appeals and complaints submitted to you by PEBP HMO members and providers on behalf of PEBP HMO members. Please confirm that this information will be provided to PEBP at no additional cost. Copies of previous vendor's reports to the PEBP Board are provided as **Attachment J, PEBP Enrollment**.
- 3.6.5 Does your organization perform annual customer satisfaction surveys? If so, please provide an example of your most recent survey form. If not, are you willing to perform them on an annual basis and share the results with PEBP? Please confirm that there will not be an additional cost to PEBP for this service.
- 3.6.6 Will your organization agree to provide representatives at annual PEBP open enrollment meetings, monthly PEBP Board meetings and if requested at semi-annual health fairs? If there is an additional cost to PEBP for this service please provide details in **Section 6, Cost Schedule**.
- 3.6.7 Please provide a copy of your organization's standard ID card issued to your HMO members?
- 3.6.8 Will your organization allow PEBP to modify the ID card and include information regarding who to call and where to send dental claims? Please confirm that this service will be provided to PEBP at no additional cost.

3.7 ACCOUNT MANAGEMENT

- 3.7.1 PEBP requires that your organization assign a dedicated account manager to meet with PEBP on a regular basis to discuss performance, address administration issues and review reports?
- 3.7.2 Please confirm that your organization agrees to this requirement at no additional cost to PEBP.
- 3.7.3 From what location will the account manager be servicing PEBP?
- 3.7.4 Will your organization agree to work in partnership with PEBP and PEBP's actuary/consultant by providing claims experience, claims data and any other relevant reports requested by PEBP and/or PEBP's actuary/consultant?
- 3.7.5 Claims experience and claims data will be transferred via electronic medium in a format to be provided by PEBP. Please confirm that there will not be an additional cost to PEBP or PEBP's actuary/consultant for providing this service.
- 3.7.6 Please provide examples of your organization's standard reports? This information should be provided as an attachment to your proposal.

3.8 HEALTH FAIRS AND WELLNESS SERVICES

PEBP considers Health Fairs to be onsite events where blood draws, biometric screenings or other wellness related screenings are made available. Wellness Services would refer to participants of the HMO plans only as a part of their health plan.

- 3.8.1 If your organization is able to offer onsite wellness fairs or other wellness related events, would PEBP participants on the CDHP be able to participate? Use **Section 6, Cost Schedule** to provide additional pricing for this service if available.
- 3.8.2 Please provide a statement that addresses your organization's wellness philosophy.
- 3.8.3 Please describe the programs available to PEBP HMO members for preventative/wellness services (i.e. smoking cessation, weight loss, stress management, etc.).

3.9 VENDOR CONTRACT COMPLIANCE

PEBP does not currently audit its HMO vendors. However, PEBP reserves the right to do so, based on vendor performance, market conditions or Board direction. The questions below are to provide vendors with the expectations of PEBP and its Health Plan Auditor in the event an audit is necessary or requested.

- 3.9.1 PEBP maintains the system of record for participant eligibility, which means that PEBP has the responsibility of eligibility final determination, maintenance of eligibility records, and reporting of eligibility for its participants and their

dependents. Please confirm your organization's willingness to accept these terms. For information on PEBP's eligibility requirements, please refer to the Master Plan Document at www.pebp.state.nv.us/.

- 3.9.2 PEBP contracts with a health plan auditor to perform routine audits on behalf of PEBP. PEBP and its health plan auditor will comply with all applicable confidentiality laws and will not reveal any confidential information acquired as a result of the audit. PEBP has the right to review/audit records for the entire term of the contract without limitation. Any information, documents, etc., which the vendor may deem as "proprietary" or containing "trade secrets" will not preclude an examination of such items through the audit process. The vendor will cooperate with PEBP and PEBP's health plan auditor. Please indicate that your organization would agree to this condition.
- 3.9.3 The vendor will cooperate with PEBP and PEBP's health plan auditor in the audit reviews by providing access to all PEBP information including, but not limited to, eligibility processing records, individual participant diary notes, access to support staff to assist with system training or questions from the health plan auditor, and any other information relevant to PEBP as determined by PEBP and PEBP's health plan auditor at no cost to PEBP or PEBP's health plan auditor. Please indicate that your organization would agree to this condition.
- 3.9.4 The vendor will not delay the audit process by limiting access to the information requested by PEBP's health plan auditor. The vendor will make reasonable accommodations for PEBP's health plan auditor to allow the auditor to proceed with audits in the time frame established by the health plan auditor, which typically takes four (4) to five (5) working days. PEBP reserves the right to audit any vendor at its discretion based on audit results, vendor reporting, or concerns from the public or the PEBP Board. Please indicate that your organization would agree to this condition.
- 3.9.5 PEBP's health plan auditor will perform these audits on-site at the physical location where the staff servicing the PEBP account is located, as well as the physical location of all PEBP data. To clarify further: PEBP's health plan auditor will be granted access to the vendor's system, any files, logs, or other materials as required to perform a thorough audit of the vendor. Please indicate that your organization would agree to this condition.
- 3.9.6 PEBP is responsible for all fees charged by the health plan auditor.
- 3.9.7 Please confirm your organization will cooperate with PEBP internal and/or external auditors to conduct system, security, and/or administrative audits or reviews, and will provide transaction details for auditors upon request.
- 3.9.8 The vendor is responsible for responding in writing to the health plan auditor regarding the issues identified in the audit no later than ten (10) days after receiving the draft copy of the audit report. The format for responding will be determined by the health plan auditor.

- 3.9.9 Upon PEBP approval of the draft audit report, a separate, formal written response to the issues identified by the health plan auditor must be submitted to PEBP's Quality Control Officer within forty-eight (48) hours of receiving a copy of the final audit report.
- 3.9.10 The formal response must be written on the vendor's letterhead and must clearly identify each of the issues by their respective numbers in the audit report (e.g. Issue #1) with the vendor's plan for corrective action.
- 3.9.11 The formal response must be signed by an individual who has the authority to follow through with the stated corrective actions.
- 3.9.12 The final audit report and the vendor's formal written response will be presented to the PEBP Board for approval during a subsequent Board Meeting. Please confirm your organization agrees to these requirements.
- 3.9.13 Please confirm your organization will agree to the performance standards, performance guarantees, performance measures, and financial penalties described in *Attachment I, Performance Standards and Guarantees*. Any exceptions to this document may be considered during the contract negotiation phase with the winning vendor and will be incorporated into the final contract. The vendor may propose alternate guarantees, measures, and penalties in its submission, and should be clearly identified in the response.
- 3.9.14 Please confirm your organization will agree to adhere to the performance standards and guarantees determined when the contract is finalized. As a part of their quarterly reports to the PEBP Board, PEBP's current HMO vendors self-report their performance and any penalties are agreed upon by PEBP and the vendor.
- 3.9.15 Please identify and provide a list of performance standards and guarantees your organization uses to measure the performance of currently operational systems for other clients. Are these performance standards system-specific or industry standards?

3.10 COMMUNICATION MATERIALS/ FORMS

The HMO vendor, at its own cost, is responsible for designing, printing and distributing brochures, preferred drug lists, direct member and participant communication material, updating the vendor's website as necessary and required. All communication material relevant to PEBP and its participants must be pre-approved by PEBP. All materials must be co-branded. Communication materials/forms will be mailed to all Plan participants with copies forwarded to PEBP. The websites for PEBP HMO members can be linked from the PEBP homepage at www.pebp.state.nv.us.

Please confirm your organization agrees and understands these requirements.

3.11 IMPLEMENTATION AND VENDOR TRANSITION REQUIREMENTS

- 3.11.1 Describe your organization's implementation plan to meet a network start date of July 1, 2016. Provide a document detailing the implementation process and proposed timeline for all program requirements, including steps required to implement the program, which should include notification to PEBP members, eligibility feed and design, and production and distribution of ID cards.
- 3.11.2 Is your organization prepared to assign an exclusive team to assist with the implementation process?
- 3.11.3 Would your organization be willing to support PEBP with employee meetings and open enrollment meetings at various State agencies and other employee locations?
- 3.11.4 Open Enrollment is typically held in May. How many exclusive service representatives would be assigned for the initial implementation?
- 3.11.5 Describe the most frequent problems your organization has encountered during previous transitions for plans of this size. How were these resolved?
- 3.11.6 Provide copies of any standard forms that are used during the transition period.
- 3.11.7 Please confirm that your organization's cost proposal includes all costs associated with implementation services.
- 3.11.8 Describe how your organization will communicate the network to employees. Please attach sample communication materials you have produced for your clients.
 - 3.11.8.1 Are the costs of these communication materials included in the regular fee for the use of the network?
 - 3.11.8.2 If not, specify additional cost in your cost proposal.
- 3.11.9 What is the minimum amount of time recommended to ensure a clean transition into the proposed program?
- 3.11.10 Please describe your organization's transition plan in detail should your contract expire or terminate.
 - 3.11.10.1 Please include a transition schedule, examples of written communications, and a flow chart summarizing the process.
 - 3.11.10.2 The schedule should address participants, state pay centers, PEBP, and other PEBP vendors.

3.11.11 Is your organization willing to work in partnership with PEBP to ensure a smooth and effective transition from one vendor to another, should the contract expire and/or terminate?

3.11.11.1 What guarantees are your organization willing to provide to ensure this?

3.11.12 What does your organization view as the most important issue during this type of transition?

3.12 DISASTER RECOVERY PLAN

3.12.1 Your organization is required to submit with its proposal a disaster recovery plan in the event of a major disaster that disables most or all of your processing capabilities for PEBP. A major disaster includes, but is not limited to:

3.12.1.1 A hardware system failure/collapse;

3.12.1.2 A software system failure/collapse;

3.12.1.3 Any natural disaster; and/or

3.12.1.4 The total loss of electrical/backup power.

3.12.2 Please explain the anticipated timeframes to restore normal operations once the disaster situation has been resolved.

3.12.3 How often is your disaster recovery plan reviewed and/or updated?

3.12.4 Please provide with your proposal your plan for regularly scheduled backups for PEBP data for day-to-day computer-related processing operations and where those backups will be stored.

3.13 PRIVACY and SECURITY

3.13.1 Does your organization certify that it is in full compliance with HIPAA's administrative simplification standards relating to electronic data interchange (EDI)?

3.13.2 If applicable, does your organization certify that it reports to the national Healthcare Integrity and Protection Databank (HIPDB) as required and, as may be necessary, submits inquiries to the HIPBD to determine whether any final adverse legal actions have been taken against its member providers?

3.13.3 Does your organization certify that it will not require that enrollment and eligibility information and eligibility information electronically transmitted by Client to Vendor comply with EDI?

3.13.4 Does your organization certify that it is in full compliance with HIPAA's regulation protecting the privacy of individually identifiable health information (the Privacy Rule)?

- 3.13.5 Please provide a copy of your organization’s HIPAA privacy procedures and any certification you have with respect to HIPAA compliance.
- 3.13.6 Does your organization agree to provide PEBP’s Actuary/Consultant access to protected health information under the employer's health plan (PEBP) if the Consultant/Actuary executes a Business Associate Agreement with PEBP?
- 3.13.7 PEBP requires all its vendors to sign an ***Attachment O, Business Associates Agreement***.
 - 3.13.7.1 Please confirm that your organization agrees to the provisions in PEBP’s Business Associates Agreement and will return the executed document to PEBP within the stated timelines upon issuance.

3.14 ELECTRONIC DATA INTERCHANGE (EDI)

- 3.14.1 All exchange of PEBP electronic formatted data and data exchange between PEBP and vendors shall be approved in advance by PEBP’s Information Technology Officer (IT). Please confirm your ability to comply with this requirement.
- 3.14.2 The file format for eligibility data exchange is fixed field, flat file. Exact file specifications will be determined between the selected vendor and PEBP. All EDI will require file level encryption. All files exchanged between PEBP and vendor’s is accomplished via File Transfer Protocol (FTP). Please confirm your ability to comply with this requirement.
- 3.14.3 All data is the property of PEBP. Data cannot be shared, distributed, or used outside contract specification without permission from PEBP. All data must be made available upon PEBP’s request. Please confirm your ability to comply with this requirement.

4. COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

Question	Response
Company name:	
Ownership (sole proprietor, partnership, etc.):	
State of incorporation:	
Date of incorporation:	
# of years in business:	
List of top officers:	
Location of company headquarters:	
Location(s) of the company offices:	
Location(s) of the office that will provide the services described in this RFP:	
Number of employees locally with the	

Question	Response
expertise to support the requirements identified in this RFP:	
Number of employees nationally with the expertise to support the requirements in this RFP:	
Location(s) from which employees will be assigned for this project:	

4.1.2 **Please be advised**, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State’s Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State’s Office pursuant to NRS76. Information regarding the Nevada Business License can be located at <http://sos.state.nv.us>.

Question	Response
Nevada Business License Number:	
Legal Entity Name:	

Is “Legal Entity Name” the same name as vendor is doing business as?

Yes		No	
-----	--	----	--

If “No”, provide explanation.

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	
-----	--	----	--

If “Yes”, complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	
-----	--	----	--

If “Yes”, please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

4.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor’s ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	
-----	--	----	--

If “Yes”, please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

4.1.8 Vendors must review the insurance requirements specified in **Attachment E, Insurance Schedule for RFP 3202**. Does your organization currently have or

will your organization be able to provide the insurance requirements as specified in **Attachment E**.

Yes		No	
-----	--	----	--

Any exceptions and/or assumptions to the insurance requirements **must** be identified on **Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP**. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor **must** provide the Certificate of Insurance identifying the coverages as specified in **Attachment E, Insurance Schedule for RFP 3202**.

- 4.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.
- 4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.
- 4.1.11 Financial information and documentation to be included in **Part III, Confidential Financial Information** of vendor's response in accordance with **Section 9.5, Part III – Confidential Financial Information**.
 - 4.1.11.1 Dun and Bradstreet Number
 - 4.1.11.2 Federal Tax Identification Number
 - 4.1.11.3 The last two (2) years and current year interim:
 - A. Profit and Loss Statement
 - B. Balance Statement

4.2 SUBCONTRACTOR INFORMATION

- 4.2.1 Does this proposal include the use of subcontractors?

Yes		No	
-----	--	----	--

If "Yes", vendor must:

- 4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.
- 4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

- A. Describe the relevant contractual arrangements;
 - B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and
 - C. Describe your previous experience with subcontractor(s).
- 4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:
- A. Selecting and qualifying appropriate subcontractors for the project/contract;
 - B. Ensuring subcontractor compliance with the overall performance objectives for the project;
 - C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and
 - D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.
- 4.2.1.4 Provide the same information for any proposed subcontractors as requested in **Section 4.1, Vendor Information**.
- 4.2.1.5 Business references as specified in **Section 4.3, Business References** must be provided for any proposed subcontractors.
- 4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.
- 4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in **Section 4.2, Subcontractor Information**. The vendor must receive agency approval prior to subcontractor commencing work.

4.3 BUSINESS REFERENCES

- 4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years.
- 4.3.2 Vendors must provide the following information for **every** business reference provided by the vendor and/or subcontractor:

The “Company Name” must be the name of the proposing vendor or the vendor’s proposed subcontractor.

Reference #:			
Company Name:			
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
	VENDOR		SUBCONTRACTOR
Project Name:			
Primary Contact Information			
Name:			
Street Address:			
City, State, Zip:			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip:			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:			
Original Project/Contract Start Date:			
Original Project/Contract End Date:			
Original Project/Contract Value:			
Final Project/Contract Date:			
Was project/contract completed in time originally allotted, and if not, why not?			
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?			

- 4.3.3 Vendors must also submit *Attachment F, Reference Questionnaire* to the business references that are identified in *Section 4.3.2*.
- 4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

- 4.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in **Section 8, RFP Timeline** for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.
- 4.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

4.4 VENDOR STAFF RESUMES

A resume must be completed for each proposed key personnel responsible for performance under any contract resulting from this RFP per **Attachment G, Proposed Staff Resume**.

5. COST

Cost information **must not** be included with the vendor's Technical Proposal, please refer to **Section 9, Proposal Submission Requirements, Format and Content**.

Vendors must provide detailed fixed prices for all costs associated with the responsibilities and related services. Clearly specify the nature of all expenses anticipated (refer to **Attachment M, Cost Schedule**).

6. FINANCIAL

6.1 PAYMENT

- 6.1.1 Upon review and acceptance by the State, payments for invoices are normally made within 15-30 days of receipt, providing all required information, documents and/or attachments have been received.
- 6.1.2 Pursuant to NRS 227.185 and NRS 333.450, the State shall pay claims for supplies, materials, equipment and services purchased under the provisions of this RFP electronically, unless determined by the State Controller that the electronic payment would cause the payee to suffer undue hardship or extreme inconvenience.

6.2 BILLING

- 6.2.1 The State does not issue payment prior to receipt of goods or services.
- 6.2.2 The vendor must bill the State as outlined in the approved contract and/or payment schedule.
- 6.2.3 Vendors may propose an alternative payment option. Alternative payment options must be listed on **Attachment N, Cost Proposal Certification of Compliance with Terms and Conditions of the RFP**. Alternative payment options will be considered if deemed in the best interest of the State, project or service solicited herein.

7. WRITTEN QUESTIONS AND ANSWERS

In lieu of a pre-proposal conference, the Purchasing Division will accept questions and/or comments in writing, received by email regarding this RFP.

7.1 QUESTIONS AND ANSWERS

7.1.1 The RFP Question Submittal Form is located on the Services RFP/RFQ Opportunities webpage at <http://purchasing.state.nv.us/services/sdocs.htm>. Select this RFP number and the “Question” link.

7.1.2 The deadline for submitting questions is as specified in *Section 8, RFP Timeline*.

7.1.3 All questions and/or comments will be addressed in writing. An email notification that the amendment has been posted to the Purchasing website will be issued on or about the date specified in *Section 8, RFP Timeline*.

8. RFP TIMELINE

The following represents the proposed timeline for this project. All times stated are Pacific Time (PT). These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time. The State also reserves the right to forego vendor presentations and select vendor(s) based on the written proposals submitted.

Task	Date/Time
Deadline for submitting questions	09/22/2015@ 2:00 PM
Answers posted to website	On or about 09/30/2015
Deadline for submittal of Reference Questionnaires	No later than 4:30 PM on 10/14/2015
Deadline for submission and opening of proposals	No later than 2:00 PM on 10/16/2015
Evaluation period (approximate time frame)	10/19/20015-11/03/2015
Finalists Selected for PEBP Board Review	11/05/2015
PEBP Board Evaluation of Finalist Vendor Proposals	11/10/2015-12/09/2015
Vendor Presentations (approximate time frame)	12/10/2015
Selection of vendor	On or about 12/10/2015
Anticipated BOE approval	03/08/2016
Contract start date (contingent upon BOE approval)	07/01/2016

9. PROPOSAL SUBMISSION REQUIREMENTS, FORMAT AND CONTENT

9.1 GENERAL SUBMISSION REQUIREMENTS

Vendors' proposals must be packaged and submitted in counterparts; therefore, vendors must pay close attention to the submission requirements. Proposals will have a technical response, which may be composed of two (2) parts in the event a vendor determines that a portion of their technical response qualifies as "confidential" as defined within *Section 2, Acronyms/Definitions*.

If complete responses cannot be provided without referencing confidential information, such confidential information must be provided in accordance with *Section 9.3, Part I B – Confidential Technical and Section 9.5, Part III Confidential Financial Information*. Specific references made to the tab, page, section and/or paragraph where the confidential information can be located must be identified on *Attachment A, Confidentiality and Certification of Indemnification* and comply with the requirements stated in *Section 9.6, Confidentiality of Proposals*.

The remaining section is the Cost Proposal. Vendors may submit their proposal broken out into the three (3) sections required, or four (4) sections if confidential technical information is included, in a single box or package for shipping purposes.

The required CDs must contain information as specified in *Section 9.6.4*.

Detailed instructions on proposal submission and packaging follows and vendors must submit their proposals as identified in the following sections. Proposals and CDs that do not comply with the following requirements may be deemed non-responsive and rejected at the State's discretion.

- 9.1.1 All information is to be completed as requested.
- 9.1.2 Each section within the technical proposal and cost proposal must be separated by clearly marked tabs with the appropriate section number and title as specified.
- 9.1.3 Although it is a public opening, only the names of the vendors submitting proposals will be announced per NRS 333.335(6). Technical and cost details about proposals submitted will not be disclosed. Assistance for handicapped, blind or hearing-impaired persons who wish to attend the RFP opening is available. If special arrangements are necessary, please notify the Purchasing Division designee as soon as possible and at least two (2) days in advance of the opening.
- 9.1.4 If discrepancies are found between two (2) or more copies of the proposal, the master copy will provide the basis for resolving such discrepancies. If one (1) copy of the proposal is not clearly marked "MASTER," the State may reject the proposal. However, the State may at its sole option, select one (1) copy to be used as the master.
- 9.1.5 For ease of evaluation, the proposal must be presented in a format that corresponds to and references sections outlined within this RFP and must be presented in the same order. Written responses must be in *bold/italics* and placed immediately following the applicable RFP question, statement and/or section. Exceptions/assumptions to this may be considered during the evaluation process.

- 9.1.6 Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this RFP. Expensive bindings, colored displays, promotional materials, etc., are not necessary or desired. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness and clarity of content.

Unnecessarily elaborate responses beyond what is sufficient to present a complete and effective response to this RFP are not desired and may be construed as an indication of the proposer's lack of environmental and cost consciousness. Unless specifically requested in this RFP, elaborate artwork, corporate brochures, lengthy narratives, expensive paper, specialized binding, and other extraneous presentation materials are neither necessary nor desired.

The State of Nevada, in its continuing efforts to reduce solid waste and to further recycling efforts requests that proposals, to the extent possible and practical:

- 9.1.6.1 Be submitted on recycled paper;
- 9.1.6.2 Not include pages of unnecessary advertising;
- 9.1.6.3 Be printed on both sides of each sheet of paper; and
- 9.1.6.4 Be contained in re-usable binders or binder clips as opposed to spiral or glued bindings.

- 9.1.7 For purposes of addressing questions concerning this RFP, the sole contact will be the Purchasing Division as specified on Page 1 of this RFP. Upon issuance of this RFP, other employees and representatives of the agencies identified in the RFP will not answer questions or otherwise discuss the contents of this RFP with any prospective vendors or their representatives. Failure to observe this restriction may result in disqualification of any subsequent proposal per NAC 333.155(3). This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this procurement.

- 9.1.8 Any vendor who believes proposal requirements or specifications are unnecessarily restrictive or limit competition may submit a request for administrative review, in writing, to the Purchasing Division. To be considered, a request for review must be received no later than the deadline for submission of questions.

The Purchasing Division shall promptly respond in writing to each written review request, and where appropriate, issue all revisions, substitutions or clarifications through a written amendment to the RFP.

Administrative review of technical or contractual requirements shall include the reason for the request, supported by factual information, and any proposed changes to the requirements.

9.1.9 If a vendor changes any material RFP language, vendor’s response may be deemed non-responsive per NRS 333.311.

9.2 PART I A – TECHNICAL PROPOSAL

9.2.1 The technical proposal must include:

9.2.1.1 One (1) original marked “MASTER”; and

9.2.1.2 Six (6) identical copies.

9.2.2 The technical proposal **must not include** confidential technical information (refer to **Section 9.3, Part I B, Confidential Technical**) or cost and/or pricing information. Cost and/or pricing information contained in the technical proposal may cause the proposal to be rejected.

9.2.3 Format and Content

9.2.3.1 Tab I – Title Page

The title page must include the following:

Part I A – Technical Proposal	
RFP Title:	Statewide/Regional Health Maintenance Organization (HMO)
RFP:	3202
Vendor Name:	
Address:	
Opening Date:	October 16, 2015
Opening Time:	2:00 PM

9.2.3.2 Tab II – Table of Contents

An accurate and updated table of contents must be provided.

9.2.3.3 Tab III – Vendor Information Sheet

The vendor information sheet completed with an original signature by an individual authorized to bind the organization must be included in this tab.

9.2.3.4 Tab IV – State Documents

The State documents tab must include the following:

A. The signature page from all amendments with an original signature by an individual authorized to bind the organization.

- B. Attachment A – Confidentiality and Certification of Indemnification with an original signature by an individual authorized to bind the organization.
- C. Attachment C – Vendor Certifications with an original signature by an individual authorized to bind the organization.
- D. Copies of any vendor licensing agreements and/or hardware and software maintenance agreements.
- E. Copies of applicable certifications and/or licenses.

9.2.3.5 Tab V - Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP

- A. **Attachment B** with an original signature by an individual authorized to bind the organization must be included in this tab.
- B. If the exception and/or assumption require a change in the terms or wording of any section of the RFP, the contract, or any incorporated documents, vendors **must** provide the specific language that is being proposed on **Attachment B**.
- C. Only technical exceptions and/or assumptions should be identified on **Attachment B**.
- D. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. If vendors do not specify any exceptions and/or assumptions in detail at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

9.2.3.6 Tab VI – Section 3 – Scope of Work

Vendors must place their written response(s) in **bold/italics** immediately following the applicable RFP question, statement and/or section.

9.2.3.7 Tab VII– Section 4 – Company Background and References

Vendors must place their written response(s) in **bold/italics** immediately following the applicable RFP question, statement and/or section. This section must also include the requested information in **Section 4.2, Subcontractor Information**, if applicable.

9.2.3.8 Tab VIII – Attachment G – Proposed Staff Resume

- A. Vendors must include all proposed staff resumes per **Section 4.4, Vendor Staff Resumes** in this section.
- B. This section should also include any subcontractor proposed staff resumes, if applicable.

9.2.3.9 Tab IX – Other Informational Material

Vendors must include any other applicable reference material in this section clearly cross referenced with the proposal.

9.3 PART I B – CONFIDENTIAL TECHNICAL PROPOSAL

9.3.1 Vendors only need to submit Part I B if the proposal includes any confidential technical information (*Refer to Attachment A, Confidentiality and Certification of Indemnification*).

9.3.2 The confidential technical proposal must include:

- 9.3.2.1 One (1) original marked “MASTER”; and
- 9.3.2.2 Six (6) identical copies.

9.3.3 Format and Content

9.3.3.1 Tab I – Title Page

The title page must include the following:

Part I B – Confidential Technical Proposal	
RFP Title:	Statewide/Regional Health Maintenance Organization (HMO)
RFP:	3202
Vendor Name:	
Address:	
Opening Date:	October 16, 2015
Opening Time:	2:00 PM

9.3.3.2 Tabs – Confidential Technical

Vendors must have tabs in the confidential technical information that cross reference back to the technical proposal, as applicable.

9.4 PART II – COST PROPOSAL

9.4.1 The cost proposal must include:

- 9.4.1.1 One (1) original marked “MASTER”; and
- 9.4.1.2 Six (6) identical copies.

9.4.2 The cost proposal must not be marked “confidential”. Only information that is deemed proprietary per NRS 333.020(5)(a) may be marked as “confidential”.

9.4.3 Format and Content

9.4.3.1 Tab I – Title Page

The title page must include the following:

Part II – Cost Proposal	
RFP Title:	Statewide/Regional Health Maintenance Organization (HMO)
RFP:	3202
Vendor Name:	
Address:	
Opening Date:	October 16, 2015
Opening Time:	2:00 PM

9.4.3.2 Tab II – Cost Proposal

Vendor’s response for the cost proposal must be included in this tab.

9.4.3.3 Tab III – *Attachment N, Cost Schedule Certification of Compliance with Terms and Conditions of RFP.*

- A. *Attachment N* with an original signature by an individual authorized to bind the organization must be included in this tab.
- B. In order for any cost exceptions and/or assumptions to be considered, vendors **must** provide the specific language that is being proposed in *Attachment N*.
- C. Only cost exceptions and/or assumptions should be identified on *Attachment N*.
- D. **Do not restate** the technical exceptions and/or assumptions on this form.
- E. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. If vendors do not specify any exceptions and/or assumptions in detail at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

9.5 PART III – CONFIDENTIAL FINANCIAL INFORMATION

9.5.1 The confidential financial information part must include:

- 9.5.1.1 One (1) original marked “MASTER”; and
- 9.5.1.2 One (1) identical copy.

9.5.2 Format and Content

9.5.2.1 Tab I – Title Page

The title page must include the following:

Part III – Confidential Financial Information	
RFP Title:	Statewide/Regional Health Maintenance Organization (HMO)
RFP:	3202
Vendor Name:	
Address:	
Opening Date:	October 16, 2016
Opening Time:	2:00 PM

9.5.2.2 Tab II – Financial Information and Documentation

Vendors must place the information required per *Section 4.1.11* in this tab.

9.6 CONFIDENTIALITY OF PROPOSALS

9.6.1 As a potential contractor of a public entity, vendors are advised that full disclosure is required by law.

9.6.2 Vendors are required to submit written documentation in accordance with *Attachment A, Confidentiality and Certification of Indemnification* demonstrating the material within the proposal marked “confidential” conforms to NRS §333.333, which states “Only specific parts of the proposal may be labeled a “trade secret” as defined in NRS §600A.030(5)”. Not conforming to these requirements will cause your proposal to be deemed non-compliant and will not be accepted by the State of Nevada.

9.6.3 Vendors acknowledge that material not marked as “confidential” will become public record upon contract award.

9.6.4 The required CDs must contain the following:

9.6.4.1 One (1) “**Master**” CD with an exact duplicate of the technical and cost proposal contents only.

A. The electronic files must follow the format and content section for the technical and cost proposal.

B. The CD must be packaged in a case and clearly labeled as follows:

Master CD	
RFP No:	3202
Vendor Name:	
Contents:	Part IA – Technical Proposal Part IB – Confidential Technical Proposal Part II – Cost Proposal

9.6.4.2 One (1) **“Public Records CD”** which must include the technical and cost proposal contents to be used for public records requests.

- A. This CD **must not** contain any confidential or proprietary information.
- B. The electronic files must follow the format and content section for the redacted versions of the technical and cost proposal.
- C. All electronic files ***must*** be saved in “PDF” format, with one file named Part IA – Technical Proposal and one (1) file named part II – Cost Proposal.
- D. The CD must be packaged in a case and clearly labeled as follows:

Public Records CD	
RFP No:	3202
Vendor Name:	
Contents:	Part IA – Technical Proposal for Public Records Request Part II – Cost Proposal for Public Records Request

9.6.5 The Public Records submitted on the CD will be posted to the Purchasing Website upon the Notice of Award.

9.6.6 It is the vendor’s responsibility to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation.

9.6.7 Failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by release of said information.

9.7 PROPOSAL PACKAGING

9.7.1 If the separately sealed technical and cost proposals as well as confidential technical information and financial documentation, marked as required, are enclosed in another container for mailing purposes, the outermost container must fully describe the contents of the package and be clearly marked as follows.

- 9.7.2 Vendors are encouraged to utilize the copy/paste feature of word processing software to replicate these labels for ease and accuracy of proposal packaging.

Gail Burchett State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3202
OPENING DATE:	October 16, 2015
OPENING TIME:	2:00 PM
FOR:	Statewide/Regional Health Maintenance Organization (HMO)
VENDOR'S NAME:	

- 9.7.3 Proposals *must be received at the address referenced below no later than the date and time specified in Section 8, RFP Timeline*. Proposals that do not arrive by proposal opening time and date *will not be accepted*. Vendors may submit their proposal any time prior to the above stated deadline.

- 9.7.4 The State will not be held responsible for proposal envelopes mishandled as a result of the envelope not being properly prepared.

- 9.7.5 Email, facsimile, or telephone proposals will NOT be considered; however, at the State's discretion, the proposal may be submitted all or in part on electronic media, as requested within the RFP document. Proposal may be modified by email, facsimile, or written notice provided such notice is received prior to the opening of the proposals.

- 9.7.6 The technical proposal shall be submitted to the State in a sealed package and be clearly marked as follows:

Gail Burchett State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3202
COMPONENT:	PART I A – TECHNICAL PROPOSAL
OPENING DATE:	October 16, 2015
OPENING TIME:	2:00 PM
FOR:	Statewide/Regional Health Maintenance Organization (HMO)
VENDOR'S NAME:	

- 9.7.7 If applicable, confidential technical information shall be submitted to the State in a sealed package and be clearly marked as follows:

Gail Burchett State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
---	--

RFP:	3202
COMPONENT:	PART I B – CONFIDENTIAL TECHNICAL PROPOSAL
OPENING DATE:	October 16, 2015
OPENING TIME:	2:00 PM
FOR:	Statewide/Regional Health Maintenance Organization (HMO)
VENDOR’S NAME:	

9.7.8 The cost proposal shall be submitted to the State in a sealed package and be clearly marked as follows:

Gail Burchett State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3202
COMPONENT:	PART II – COST PROPOSAL
OPENING DATE:	October 16, 2015
OPENING TIME:	2:00 PM
FOR:	Statewide/Regional Health Maintenance Organization (HMO)
VENDOR’S NAME:	

9.7.9 Confidential financial information shall be submitted to the State in a sealed package and be clearly marked as follows:

Gail Burchett State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3202
COMPONENT:	PART III - CONFIDENTIAL FINANCIAL INFORMATION
OPENING DATE:	October 16, 2015
OPENING TIME:	2:00 PM
FOR:	Statewide/Regional Health Maintenance Organization (HMO)

VENDOR'S NAME:	
-----------------------	--

9.7.10 The CDs shall be submitted to the State in a sealed package and be clearly marked as follows:

Gail Burchett State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3202
COMPONENT:	CDs
OPENING DATE:	October 16, 2015
OPENING TIME:	2:00 PM
FOR:	Statewide/Regional Health Maintenance Organization (HMO)
VENDOR'S NAME:	

10. PROPOSAL EVALUATION AND AWARD PROCESS

The information in this section does not need to be returned with the vendor's proposal.

10.1 Proposals shall be consistently evaluated and scored in accordance with NRS 333.335(3) based upon the following criteria:

- 10.1.1 Demonstrated competence
- 10.1.2 Experience in performance of comparable engagements
- 10.1.3 Conformance with the terms of this RFP
- 10.1.4 Expertise and availability of key personnel
- 10.1.5 Cost
- 10.1.6 Presentations
 - 10.1.6.1 Following the evaluation and scoring process specified above, the State may require vendors to make a presentation of their proposal to the evaluation committee or other State staff, as applicable.
 - 10.1.6.2 The State, at its option, may limit participation in vendor presentations to up to the four (4) highest ranking vendors.
 - 10.1.6.3 The State reserves the right to forego vendor presentations and select vendor(s) based on the written proposals submitted.

Note: Financial stability will be scored on a pass/fail basis.

Proposals shall be kept confidential until a contract is awarded.

- 10.2** The evaluation committee may also contact the references provided in response to the Section identified as Company Background and References; contact any vendor to clarify any response; contact any current users of a vendor's services; solicit information from any available source concerning any aspect of a proposal; and seek and review any other information deemed pertinent to the evaluation process. The evaluation committee shall not be obligated to accept the lowest priced proposal, but shall make an award in the best interests of the State of Nevada per NRS 333.335(5).
- 10.3** Each vendor must include in its proposal a complete disclosure of any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation or investigations pending which involves the vendor or in which the vendor has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify any proposal. The State reserves the right to reject any proposal based upon the vendor's prior history with the State or with any other party, which documents, without limitation, unsatisfactory performance, adversarial or contentious demeanor, significant failure(s) to meet contract milestones or other contractual failures. See generally, NRS 333.335.
- 10.4** Clarification discussions may, at the State's sole option, be conducted with vendors who submit proposals determined to be acceptable and competitive per NAC 333.165. Vendors shall be accorded fair and equal treatment with respect to any opportunity for discussion and/or written revisions of proposals. Such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing vendors. Any modifications made to the original proposal during the best and final negotiations will be included as part of the contract.
- 10.5** A Notification of Intent to Award shall be issued in accordance with NAC 333.170. Any award is contingent upon the successful negotiation of final contract terms and upon approval of the Board of Examiners, when required. Negotiations shall be confidential and not subject to disclosure to competing vendors unless and until an agreement is reached. If contract negotiations cannot be concluded successfully, the State upon written notice to all vendors may negotiate a contract with the next highest scoring vendor or withdraw the RFP.
- 10.6** Any contract resulting from this RFP shall not be effective unless and until approved by the Nevada State Board of Examiners (NRS 333.700).

11. TERMS AND CONDITIONS

11.1 PROCUREMENT AND PROPOSAL TERMS AND CONDITIONS

*The information in this section does not need to be returned with the vendor's proposal. However, if vendors have any exceptions and/or assumptions to any of the terms and conditions in this section, they MUST identify in detail their exceptions and/or assumptions on **Attachment B, Technical Proposal Certification of Compliance**. In order for any exceptions and/or assumptions to be considered they MUST be documented in **Attachment B**. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline.*

- 11.1.1 This procurement is being conducted in accordance with NRS Chapter 333 and NAC Chapter 333.
- 11.1.2 The State reserves the right to alter, amend, or modify any provisions of this RFP, or to withdraw this RFP, at any time prior to the award of a contract pursuant hereto, if it is in the best interest of the State to do so.
- 11.1.3 The State reserves the right to waive informalities and minor irregularities in proposals received.
- 11.1.4 For ease of responding to the RFP, vendors are encouraged to download the RFP from the Purchasing Division's website at <http://purchasing.state.nv.us>.
- 11.1.5 The failure to separately package and clearly mark **Part I B and Part III** – which contains confidential information, trade secrets and/or proprietary information, shall constitute a complete waiver of any and all claims for damages caused by release of the information by the State.
- 11.1.6 Proposals must include any and all proposed terms and conditions, including, without limitation, written warranties, maintenance/service agreements, license agreements and lease purchase agreements. The omission of these documents renders a proposal non-responsive.
- 11.1.7 The State reserves the right to reject any or all proposals received prior to contract award (NRS 333.350).
- 11.1.8 The State shall not be obligated to accept the lowest priced proposal, but will make an award in the best interests of the State of Nevada after all factors have been evaluated (NRS 333.335).
- 11.1.9 Any irregularities or lack of clarity in the RFP should be brought to the Purchasing Division designee's attention as soon as possible so that corrective addenda may be furnished to prospective vendors.
- 11.1.10 A description of how any and all services and/or equipment will be used to meet the requirements of this RFP shall be given, in detail, along with any additional informational documents that are appropriately marked.
- 11.1.11 Alterations, modifications or variations to a proposal may not be considered unless authorized by the RFP or by addendum or amendment.
- 11.1.12 Proposals which appear unrealistic in the terms of technical commitments, lack of technical competence, or are indicative of failure to comprehend the complexity and risk of this contract, may be rejected.
- 11.1.13 Proposals from employees of the State of Nevada will be considered in as much as they do not conflict with the State Administrative Manual, NRS Chapter 281 and NRS Chapter 284.

- 11.1.14 Proposals may be withdrawn by written or facsimile notice received prior to the proposal opening time. Withdrawals received after the proposal opening time will not be considered except as authorized by NRS 333.350(3).
- 11.1.15 Prices offered by vendors in their proposals are an irrevocable offer for the term of the contract and any contract extensions. The awarded vendor agrees to provide the purchased services at the costs, rates and fees as set forth in their proposal in response to this RFP. No other costs, rates or fees shall be payable to the awarded vendor for implementation of their proposal.
- 11.1.16 The State is not liable for any costs incurred by vendors prior to entering into a formal contract. Costs of developing the proposal or any other such expenses incurred by the vendor in responding to the RFP, are entirely the responsibility of the vendor, and shall not be reimbursed in any manner by the State.
- 11.1.17 Proposals submitted per proposal submission requirements become the property of the State, selection or rejection does not affect this right; proposals will be returned only at the State's option and at the vendor's request and expense. The masters of the technical proposal, confidential technical proposal, cost proposal and confidential financial information of each response shall be retained for official files.
- 11.1.18 The Nevada Attorney General will not render any type of legal opinion regarding this transaction.
- 11.1.19 Any unsuccessful vendor may file an appeal in strict compliance with NRS 333.370 and Chapter 333 of the Nevada Administrative Code.

11.2 CONTRACT TERMS AND CONDITIONS

*The information in this section does not need to be returned with the vendor's proposal. However, if vendors have any exceptions and/or assumptions to any of the terms and conditions in this section, they MUST identify in detail their exceptions and/or assumptions on **Attachment B, Technical Proposal Certification of Compliance**. In order for any exceptions and/or assumptions to be considered they MUST be documented in **Attachment B**. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline.*

- 11.2.1 The awarded vendor will be the sole point of contract responsibility. The State will look solely to the awarded vendor for the performance of all contractual obligations which may result from an award based on this RFP, and the awarded vendor shall not be relieved for the non-performance of any or all subcontractors.
- 11.2.2 The awarded vendor must maintain, for the duration of its contract, insurance coverages as set forth in the Insurance Schedule of the contract form appended to this RFP. Work on the contract shall not begin until after the awarded vendor has submitted acceptable evidence of the required insurance coverages. Failure to maintain any required insurance coverage or acceptable alternative method of insurance will be deemed a breach of contract.

- 11.2.3 The State will not be liable for Federal, State, or Local excise taxes per NRS 372.325.
- 11.2.4 **Attachment B and Attachment N** of this RFP shall constitute an agreement to *all* terms and conditions specified in the RFP, except such terms and conditions that the vendor expressly excludes. Exceptions and assumptions will be taken into consideration as part of the evaluation process; however, vendors *must* be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.
- 11.2.5 The State reserves the right to negotiate final contract terms with any vendor selected per NAC 333.170. The contract between the parties will consist of the RFP together with any modifications thereto, and the awarded vendor's proposal, together with any modifications and clarifications thereto that are submitted at the request of the State during the evaluation and negotiation process. In the event of any conflict or contradiction between or among these documents, the documents shall control in the following order of precedence: the final executed contract, any modifications and clarifications to the awarded vendor's proposal, the RFP, and the awarded vendor's proposal. Specific exceptions to this general rule may be noted in the final executed contract.
- 11.2.6 Local governments (as defined in NRS 332.015) are intended third party beneficiaries of any contract resulting from this RFP and any local government may join or use any contract resulting from this RFP subject to all terms and conditions thereof pursuant to NRS 332.195. The State is not liable for the obligations of any local government which joins or uses any contract resulting from this RFP.
- 11.2.7 Any person who requests or receives a Federal contract, grant, loan or cooperative agreement shall file with the using agency a certification that the person making the declaration has not made, and will not make, any payment prohibited by subsection (a) of 31 U.S.C. 1352.
- 11.2.8 Pursuant to NRS Chapter 613 in connection with the performance of work under this contract, the contractor agrees not to unlawfully discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, sexual orientation or age, including, without limitation, with regard to employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including, without limitation apprenticeship.

The contractor further agrees to insert this provision in all subcontracts, hereunder, except subcontracts for standard commercial supplies or raw materials.

11.3 PROJECT TERMS AND CONDITIONS

The information in this section does not need to be returned with the vendor's proposal. However, if vendors have any exceptions and/or assumptions to any of the terms and

conditions in this section, they **MUST** identify in detail their exceptions and/or assumptions on **Attachment B, Technical Proposal Certification of Compliance**. In order for any exceptions and/or assumptions to be considered they **MUST** be documented in **Attachment B**. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline.

11.3.1 Award of Related Contracts

11.3.1.1 The State may undertake or award supplemental contracts for work related to this project or any portion thereof. The contractor shall be bound to cooperate fully with such other contractors and the State in all cases.

11.3.1.2 All subcontractors shall be required to abide by this provision as a condition of the contract between the subcontractor and the prime contractor.

11.3.2 Products and/or Alternatives

11.3.2.1 The vendor shall not propose an alternative that would require the State to acquire hardware or software or change processes in order to function properly on the vendor's system unless vendor included a clear description of such proposed alternatives and clearly mark any descriptive material to show the proposed alternative.

11.3.2.2 An acceptable alternative is one the State considers satisfactory in meeting the requirements of this RFP.

11.3.2.3 The State, at its sole discretion, will determine if the proposed alternative meets the intent of the original RFP requirement.

11.3.3 State Owned Property

The awarded vendor shall be responsible for the proper custody and care of any State owned property furnished by the State for use in connection with the performance of the contract and will reimburse the State for any loss or damage.

11.3.4 Travel

If travel is required, the following processes must be followed:

11.3.4.1 All travel must be approved in writing in advance by the Department.

11.3.4.2 Requests for reimbursement of travel expenses must be submitted on the State Claim for Travel Expense Form with original receipts for all expenses.

- 11.3.4.3 The travel expense form, with original signatures, must be submitted with the vendor's invoice.
- 11.3.4.4 Vendor will be reimbursed travel expenses and per diem at the rates allowed for State employees at the time travel occurs.
- 11.3.4.5 The State is not responsible for payment of any premium, deductible or assessments on insurance policies purchased by vendor for a rental vehicle.

11.3.5 Right to Publish

- 11.3.5.1 All requests for the publication or release of any information pertaining to this RFP and any subsequent contract must be in writing and sent to the Director of Public Employees' Benefits Program or designee.
- 11.3.5.2 No announcement concerning the award of a contract as a result of this RFP can be made without prior written approval of the Director of Public Employees' Benefits Program or designee.
- 11.3.5.3 As a result of the selection of the contractor to supply the requested services, the State is neither endorsing nor suggesting the contractor is the best or only solution.
- 11.3.5.4 The contractor shall not use, in its external advertising, marketing programs, or other promotional efforts, any data, pictures or other representation of any State facility, except with the specific advance written authorization of the Director of Public Employees' Benefits Program or designee.
- 11.3.5.5 Throughout the term of the contract, the contractor must secure the written approval of the State per **Section 11.3.5.2** prior to the release of any information pertaining to work or activities covered by the contract.

11.3.6 Protection of Sensitive Information

Protection of sensitive information will include the following:

- 11.3.6.1 Sensitive information in existing legacy applications will encrypt data as is practical.
- 11.3.6.2 Confidential Personal Data will be encrypted whenever possible.
- 11.3.6.3 Sensitive Data will be encrypted in all newly developed applications.

12. SUBMISSION CHECKLIST

This checklist is provided for vendor's convenience only and identifies documents that must be submitted with each package in order to be considered responsive. Any proposals received without these requisite documents may be deemed non-responsive and not considered for contract award.

Part I A– Technical Proposal Submission Requirements		Completed
Required number of Technical Proposals per submission requirements		
Tab I	Title Page	
Tab II	Table of Contents	
Tab III	Vendor Information Sheet	
Tab IV	State Documents	
Tab V	Attachment B – Technical Proposal Certification of Compliance with Terms and Conditions of RFP	
Tab VI	Section 3 – Scope of Work	
Tab VII	Section 4 – Company Background and References	
Tab VIII	Attachment G – Proposed Staff Resume(s)	
Tab IX	Other Information Material	
Part I B – Confidential Technical Submission Requirements		
Required number of Confidential Technical Proposals per submission requirements		
Tab I	Title Page	
Tabs	Appropriate tabs and information that cross reference back to the technical proposal	
Part II – Cost Proposal Submission Requirements		
Required number of Cost Proposals per submission requirements		
Tab I	Title Page	
Tab II	Cost Proposal	
Tab III	Attachment I - Cost Proposal Certification of Compliance with Terms and Conditions of RFP	
Part III – Confidential Financial Information Submission Requirements		
Required number of Confidential Financial Proposals per submission requirements		
Tab I	Title Page	
Tab II	Financial Information and Documentation	
CDs Required		
One (1)	Master CD with the technical and cost proposal contents only	
One (1)	Public Records CD with the technical and cost proposal contents only	
Reference Questionnaire Reminders		
Send out Reference Forms for Vendor (with Part A completed)		
Send out Reference Forms for proposed Subcontractors (with Part A and Part B completed, if applicable)		

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked “confidential” in their entirety, or those in which a significant portion of the submitted proposal is marked “confidential” **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a “trade secret” as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors’ technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked “**Part I B Confidential Technical**” and “**Part III Confidential Financial**”.

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in *Section 2 “ACRONYMS/DEFINITIONS.”*

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES		NO	
Justification for Confidential Status			

A Public Records CD has been included for the Technical and Cost Proposal			
YES		NO (See note below)	
<i>Note: By marking “NO” for Public Record CD included, you are authorizing the State to use the “Master CD” for Public Records requests.</i>			

Part III – Confidential Financial Information			
YES		NO	
Justification for Confidential Status			

Company Name

Signature

Print Name

Date

This document must be submitted in Tab IV of vendor’s technical proposal

ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with *all* the terms and conditions specified in this Request for Proposal.

YES _____ I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors *must* provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Company Name

Signature

Print Name

Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab V of vendor’s technical proposal

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

- (1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.
- (2) All proposed capabilities can be demonstrated by the vendor.
- (3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.
- (4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.
- (5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.
- (6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.
- (7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.
- (8) All employees assigned to the project are authorized to work in this country.
- (9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.
- (10) The company has a written policy regarding compliance for maintaining a drug-free workplace.
- (11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.
- (12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.
- (13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Vendor Company Name

Vendor Signature

Print Name

Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT D – CONTRACT FORM

The following State Contract Form is provided as a courtesy to vendors interested in responding to this RFP. Please review the terms and conditions in this form, as this is the standard contract used by the State for all services of independent contractors. It is not necessary for vendors to complete the Contract Form with their proposal.

If exceptions and/or assumptions require a change to the Contract Form, vendors *must* provide the specific language that is being proposed on *Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP*.

Please pay particular attention to the insurance requirements, as specified in *Paragraph 16 of the embedded contract* and *Attachment E, Insurance Schedule for RFP 3202*.



Contract Form.doc

To open the document, double click on the icon.

If you are unable to access the above inserted file once you have doubled clicked on the icon, please contact Nevada State Purchasing at srvpurch@admin.nv.gov for an emailed copy.

ATTACHMENT E – INSURANCE SCHEDULE FOR RFP 3202

The following Insurance Schedule is provided as a courtesy to vendors interested in responding to this RFP. Please review the terms and conditions in the Insurance Schedule, as this is the standard insurance schedule used by the State for all services of independent contractors.

If exceptions and/or assumptions require a change to the Insurance Schedule, vendors **must** provide the specific language that is being proposed on ***Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP.***



Attachment
Insurance.doc

To open the document, double click on the icon.

*If you are unable to access the above inserted file
once you have doubled clicked on the icon,
please contact Nevada State Purchasing at
srvpurch@admin.nv.gov for an emailed copy.*

ATTACHMENT F – REFERENCE QUESTIONNAIRE

The State of Nevada, as a part of the RFP process, requires proposing vendors to submit business references as required within this document. The purpose of these references is to document the experience relevant to the scope of work and provide assistance in the evaluation process.

INSTRUCTIONS TO PROPOSING VENDOR	
1.	Proposing vendor or vendor’s proposed subcontractor MUST complete Part A and/or Part B of the Reference Questionnaire.
2.	Proposing vendor MUST send the Reference Questionnaire to EACH business reference listed for completion of Part D, Part E and Part F.
3.	Business reference is requested to submit the completed Reference Questionnaire via email or facsimile to: <div style="text-align: center;"> <p>State of Nevada, Purchasing Division Subject: <i>RFP 3202</i> Attention: <i>Purchasing Division</i> Email: rfpdocs@admin.nv.gov Fax: 775-684-0188</p> </div> <p>Please reference the RFP number in the subject line of the email or on the fax.</p>
4.	The completed Reference Questionnaire MUST be received <i>no later than 4:30 PM PT 10/14/15</i>
5.	Business references are NOT to return the Reference Questionnaire to the Proposer (Vendor).
6.	In addition to the Reference Questionnaire, the State may contact any and all business references by phone for further clarification, if necessary.
7.	Questions regarding the Reference Questionnaire or process should be directed to the individual identified on the RFP cover page.
8.	Reference Questionnaires not received, or not complete, may adversely affect the vendor’s score in the evaluation process.



Reference
Questionnaire.doc

To open the document, double click on the icon.

If you are unable to access the above inserted file once you have doubled clicked on the icon, please contact Nevada State Purchasing at srvpurch@admin.nv.gov for an emailed copy.

ATTACHMENT G – PROPOSED STAFF RESUME

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff using the State format.



Proposed Staff
Resume - 09-25-13.doc

To open the document, double click on the icon.

*If you are unable to access the above inserted file
once you have doubled clicked on the icon,
please contact Nevada State Purchasing at
srvpurch@admin.nv.gov for an emailed copy.*

ATTACHMENT H – HISTORICAL RATES



Attachment H HMO
Rate History.xlsx

To open the document, double click on the icon.

*If you are unable to access the above inserted file
once you have doubled clicked on the icon,
please contact Nevada State Purchasing at
srvpurch@admin.nv.gov for an emailed copy.*

ATTACHMENT I – PERFORMANCE STANDARDS & GUARANTEES



Attachment I
Performance Guarant

To open the document, double click on the icon.

*If you are unable to access the above inserted file
once you have doubled clicked on the icon,
please contact Nevada State Purchasing at
srvpurch@admin.nv.gov for an emailed copy.*

ATTACHMENT J – PEBP ENROLLMENT



Attachment J
PEBP_Enrollment_07.

To open the document, double click on the icon.

*If you are unable to access the above inserted file
once you have doubled clicked on the icon,
please contact Nevada State Purchasing at
srypurch@admin.nv.gov for an emailed copy.*

ATTACHMENT K – SUMMARY OF BENEFITS COVERAGE 2015 - HHP



Attachment K
HHP_PY16_SBC.pdf

To open the document, double click on the icon.

*If you are unable to access the above inserted file
once you have doubled clicked on the icon,
please contact Nevada State Purchasing at
srypurch@admin.nv.gov for an emailed copy.*

ATTACHMENT L – SUMMARY OF NON-COVERED BENEFITS- HPN



Attachmnt L
HPN.SBC.pdf

To open the document, double click on the icon.

*If you are unable to access the above inserted file
once you have doubled clicked on the icon,
please contact Nevada State Purchasing at
srvpurch@admin.nv.gov for an emailed copy.*

ATTACHMENT M – COST SCHEDULE



Attachment M HMO
Services Cost Schedul

To open the document, double click on the icon.

*If you are unable to access the above inserted file
once you have doubled clicked on the icon,
please contact Nevada State Purchasing at
srvpurch@admin.nv.gov for an emailed copy.*

**ATTACHMENT N – COST PROPOSAL CERTIFICATION OF COMPLIANCE
WITH TERMS AND CONDITIONS OF RFP**

I have read, understand and agree to comply with *all* the terms and conditions specified in this Request for Proposal.

YES _____ I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors *must* provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Note: Only cost exceptions and/or assumptions should be identified on this attachment. Do not restate the technical exceptions and/or assumptions on this attachment.

Company Name

Signature

Print Name

Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

**This document must be submitted in Tab III of vendor's cost proposal.
This form MUST NOT be included in the technical proposal.**

ATTACHMENT O – BUSINESS ASSOCIATE AGREEMENT



Attachment O Blank
BAA 2010 Post HITEC

To open the document, double click on the icon.

*If you are unable to access the above inserted file
once you have doubled clicked on the icon,
please contact Nevada State Purchasing at
srvpurch@admin.nv.gov for an emailed copy.*