3.17.2 Exceptions to the requirements of this Scope of Work must be clearly stated in ***Attachment B – Technical Proposal Certification of Compliance with Terms and Conditions of RFP***, noting a) the RFP section to which vendor is taking exception, and b) future expectations for meeting the requirement, a projected timetable, and detailed plans for meet the requirement, along with the vendor staff and qualifications assigned.

3.17.3 Vendors are encouraged to include any additional information in their proposals that would be considered useful to PEBP.

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:	***Hometown Health Providers, Inc.***
Ownership (sole proprietor, partnership, etc.):	***Not for Profit, owned by parent company, Renown Health.***
State of incorporation:	***Nevada***
Date of incorporation:	***1992***
# of years in business:	***21 Years***
List of top officers:	***Ty Windfeldt, Vice President, Dr. Linda Ash-Jackson, Chief Medical Officer, Teri Howard, Director of Health Services***
Location of company headquarters:	***830 Harvard Way, Reno, NV 89502***
Location(s) of the company offices:	***830 Harvard Way, Reno, NV 89502***
Location(s) of the office that will provide the services described in this RFP:	
Number of employees locally with the expertise to support the requirements identified in this RFP:	***30***
Number of employees nationally with the expertise to support the requirements in this RFP:	***30***
Location(s) from which employees will be assigned for this project:	***830 Harvard Way, Reno, NV 89502***

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 NRS 76. Information regarding the Nevada Business License can be located at http://sos.state.nv.us.

Question	Response
Nevada Business License Number:	***995***
Legal Entity Name:	***Hometown Health Providers, Inc.***

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

Yes		No	***X***

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	***X***	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 of Nevada
State agency contact name:	PEBP, HMO
Dates when services were performed:	????
Type of duties performed:	Managed care
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	***X***

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	***X***

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 3084.*** Does your organization currently have or will your organization be able to provide the insurance requirements as specified in ***Attachment E.***

Yes	***X***	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 3084.***

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.

Hometown Health Plan is northern Nevada's oldest, largest, and most experienced health maintenance organization (HMO). As the only locally owned and operated managed care organization, Hometown Health was established in 1988 and operates as a nonprofit organization. Hometown Health Plan provides comprehensive medical coverage to members solely through employer groups. To ensure that Hometown Health Plan offers peace-of-mind and affordable health care coverage, we apply strict criteria in selecting the highest quality physicians, clinics, and hospitals to join our network of health care service providers in the communities we serve.

Hometown Health Providers is our preferred provider organization company, also more than 20 years old. We offer fully insured and third party administration services through this entity for all administrative services including: utilization management, case management, claims, and network services.

Hometown Health has extensive knowledge and understanding of working with state and local government agencies including the State of Nevada. Other entities Hometown Health currently works with are, the City of Reno, Washoe County, Washoe County School District, Churchill County School District, Lyon County School District, and other municipalities throughout Nevada. No other managed care organized is as qualified to meet the needs of the State of Nevada.

Due to the vast experience in working with large government entities, Hometown Health's local not-for-profit status, and the comprehensive products and service provided to the members, Hometown Health is the right choice for the State of Nevada.

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.

Hometown Health has been providing Utilization Management since 1992.

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors?

Yes		No	***X***

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.

Reference #:	1		
Company Name:	Hometown Health Providers, Inc.		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***		***SUBCONTRACTOR***
Project Name:	Douglas County School District TPA Services		

Primary Contact Information	
Name:	Holly Luna
Street Address:	1638 Mono Avenue
City, State, Zip	Minden, NV 89423
Phone, including area code:	775-782-5131 ext. 1615
Facsimile, including area code:	775-782-8351
Email address:	hluna@dcsd.k12.nv.us
Alternate Contact Information	
Name:	Cori Isherwood
Street Address:	1638 Mono Avenue
City, State, Zip	Minden, NV 89423
Phone, including area code:	775-782-7177 ext.1639
Facsimile, including area code:	775-782-8351
Email address:	cisherwo@dcsd.k12.nv.us
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:	Provide DCSD with full TPA Services and PPO network
Original Project/Contract Start Date:	01/01/2009
Original Project/Contract End Date:	12/31/2014
Original Project/Contract Value:	
Final Project/Contract Date:	
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Reference #:	2		
Company Name:	Hometown Health Providers, Inc.		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***		***SUBCONTRACTOR***
Project Name:	Eldorado Casino TPA Services		

Primary Contact Information	
Name:	Bruce McKay
Street Address:	345 N. Virginia Street
City, State, Zip	Reno, NV 89501
Phone, including area code:	775-348-9280
Facsimile, including area code:	775-348-7513
Email address:	mackayb@eldoradoreno.com
Alternate Contact Information	
Name:	Lola Ortiz
Street Address:	345 N. Virginia Street
City, State, Zip	Reno, NV 89501
Phone, including area code:	775-785-9053
Facsimile, including area code:	775786-2197
Email address:	marshr@eldoradoreno.com
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:	Provide Eldorado with full TPA Services and PPO network
Original Project/Contract Start Date:	01/07/2006
Original Project/Contract End Date:	05/31/2015
Original Project/Contract Value:	
Final Project/Contract Date:	
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Reference #:	3		
Company Name:	Hometown Health Providers, Inc.		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***		***SUBCONTRACTOR***
Project Name:	Washoe County School District TPA Services		

Primary Contact Information	
Name:	Gonzalo Hernandez
Street Address:	425 East Ninth Street
City, State, Zip	Reno, NV 89520
Phone, including area code:	775-348-3853
Facsimile, including area code:	775-348-0280
Email address:	GHernandez@washoeschools.net
Alternate Contact Information	
Name:	Cheri Curtis
Street Address:	425 East Ninth Street
City, State, Zip	Reno, NV 89520
Phone, including area code:	775-348-0313
Facsimile, including area code:	775-348-0280
Email address:	CJCurtis@washoeschools.net
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:	Provide WCSD with full TPA services and EPO network
Original Project/Contract Start Date:	1988
Original Project/Contract End Date:	12/31/2014
Original Project/Contract Value:	
Final Project/Contract Date:	
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes