

# Sussex County Government

## REQUEST FOR PROPOSALS

### Medical and Rx Plans Administrative Services Only (ASO) with Stop Loss and Fully Insured



**January 2015**

*Prepared by:*



**Insurance Buyers' Council, Inc.  
9720 Greenside Drive  
Suite 1E  
Cockeysville, MD 21030**

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## BID NOTICE

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The Sussex County Government seeks proposals from qualified Medical and PBM administrator/carriers. The goal of the Request for Proposals (“RFP”) is to offer its employees and the County cost effective, quality coverage with excellence in administration. Proposals will only be accepted from qualified insurance companies/administrators who underwrite and administer medical and prescription plans. Proposals will not be accepted from producers, brokers, or agents.

Criteria for selection of medical and prescription plan services will be based on pricing and length of guarantee, service platform, references, ease of administration, strength of network and provider discounts, implementation timeline and proposal response. The criteria for the medical and prescription plan services shall also be based, in part, on value added/discount programs. The selection process will be conducted in accordance with 29 Del. C. §6924 and the RFP. The selection process will be led by in-house project and evaluation teams in addition to a hired consultant. These criteria shall determine all applicants that meet the minimum qualifications. No other factors or criteria will be used in the evaluation. Demos/finalist presentations (if needed) and reference checks will also be used to select a vendor.

Interested parties may obtain an information package by visiting Sussex County’s website [www.sussexcountycle.gov/e-service/rfp](http://www.sussexcountycle.gov/e-service/rfp) or by contacting Mary Ellen McDonald, Insurance Buyers’ Council at memcdonald@consultibc.com. All questions regarding the solicitation requirements shall be directed to Mary Ellen McDonald at the foregoing email address by no later than January 30, 2015. Interested parties shall submit information as specified in the information package to Sussex County Human Resources Department, Attn: Karen Brewington, 2 The Circle, P.O. Box 589, Georgetown, DE 19947, before 3:30 PM EST on February 12, 2015. Late bids will not be accepted.

Proposals will be publicly opened on the same day in Sussex County Government Chambers at the Sussex County Administration Building. The purpose of the proposal opening is to reveal the names of the proposing vendors. All other information shall be confidential. Sussex County may extend the time and place for opening of bids by providing not less than two (2) calendar days’ notice, by certified delivery, facsimile machine, or other electronic means to those bidders who obtained copies of the specifications or descriptions and provided notice thereof to Mary Ellen McDonald at the email address provided herein.

A determination of the proposal most advantageous to Sussex County will be determined after thorough review of all proposals. Negotiations may be conducted with responsible respondents that submit proposals found to be reasonably likely to be selected for award. Respondents shall be accorded fair treatment with respect to any opportunity for discussion and amending proposals, and such amendments may be permitted after submissions and before 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 respondents. The award shall be made in writing to the respondent determined to be the most advantageous to Sussex County taking into account the evaluation criteria set forth in the RFP.

Sussex County reserves the right to reject any and all bid proposals, to waive any informalities in bids received, except with respect to the date, time, and place where the documents are submitted, to cancel this RFP in whole or in part, to reissue this RFP and/or to accept or reject items of bids received. In the event this RFP is cancelled in whole or in part prior to the opening of proposals, all respondents shall receive a notice of cancellation and all proposals received shall be returned to the respective respondents unopened.

By: Karen Brewington  
Director of Human Resources

## Overview

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This request for proposal (RFP) for a Medical and Rx carrier/administrator is being issued to qualified medical and rx administrators/carriers as a key step in the Sussex County Government's (SCG) process of offering its employees and the County cost effective, quality coverage with excellence in administration, service, medical management, and claim adjudication for their medical and prescription coverage.

## Vendor and Commission Requirement

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Proposals will only be accepted from qualified insurance companies/administrators who underwrite, manage, and administer medical and pharmacy plans. Proposals will not be accepted from producers, brokers, or agents. Administrative Services Only (ASO) Fees and Fully Insured rates are to be net of commission.

## Client Description

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Sussex County is Delaware's largest county. Sussex County, Delaware is bordered on the east by the Atlantic Ocean, on the north by Kent County, Delaware, and on the south and west by the portion of the State of Maryland east of the Chesapeake Bay.

The Town of Georgetown is the county seat. The county is governed by a county council form of government. The County is financially and operationally responsible for sewage collection, paramedic services, planning and zoning, and libraries. The County also owns and maintains the Sussex County Airport (the airport is operated by an independent contractor, Georgetown Air Services, LLC). For more information, please visit:

<http://www.sussexcountyde.gov/>

**Headquarters:** 2 The Circle, P.O. Box 589 Georgetown, DE 19947

**Covered Lives:** 463Actives (1,003 members)  
123 Retirees – Medicare Primary  
56 Pre-Medicare Retirees (93 members)

**Current Vendors:** Integra-Medical TPA/CVS CareMark-PBM/Companion  
Life-Stop Loss/Inetico-DM/UR/Pre-Cert

**Current Networks:** Primary: High performance Network (HPN)-direct  
provider contracting with Integra (local network)  
Secondary: OneNet PPO  
Out of Area: First Health and Devon

**Current Funding Arrangement:** Current Arrangement is Self-Funded. For this RFP, we seek both an Administrative Services Only (ASO) fee and Fully Insured quotes for medical and Rx claims administration.

**Current Fees:**

<b>Monthly Administration Fees</b>	<b>PEPM</b>
Admin fee-EE	\$33.78
Admin fee-family	\$45.74
Retiree Med & Rx Admin	\$17.14
COBRA Administration	Included
One Net and HPN Network	\$16.25
UR & Pre-cert	\$2.00
CM & DM	\$125/hr
Health Advocate & on-line reporting with wellness	\$3.75
FSA administration	\$3.75
<b>Stop Loss Fees</b>	<b>PEPM</b>
Spec Rate-indvl	\$16.36
Spec Rate-family	\$47.72
Agg rate	\$4.51

**Options to Quote:**

**Quote Current Plan Designs:**

- Medical Only
- Medical and Rx \*
- Rx only (if a stand-alone PBM)
- If you are a medical carrier, you are required to provide a SL option with your Administrative Services Only (ASO) option
- Options for retiree carve-out (if it doesn't represent a reduction in benefits)
- FSA Administration
- COBRA Administration
- Any value-added services/discount programs

\*Medical pricing should be independent of Rx

**Effective Date:** 05/01/2015 with standard 12 month option and an option which would renew 07/01/2016

**NOTES:** Multi-Year Rate guarantees are encouraged and will be given priority. **Claim target guarantees and network utilization guarantees are also highly encouraged and will be given priority as well.**

**Commission Requirement:** Quote net of all commission and marketing fees, see vendor and commission requirement above re: eligible RFP participants.

**Attachment List:**

1. **Current Census (2 excel documents)**
2. **Medical Claims Experience Reports**
3. **COBRA Rate Equivalents and Contribution**
4. **Benefit Summaries**
5. **PBM Summary report**
6. **Top 250 Providers Report-for disruption analysis**

**Notes:** If you plan to quote, you will also be asked to **re-price a medical claims file**, please send an email request including your intention to quote and claims re-pricing file will be made available. Also, with your intention to quote, additional rx claim files may be made available.

***Proposals for all or a portion of the services outlined in the RFP will be accepted from qualified providers/vendors (i.e. Pharmacy Benefit Management or Retiree Health)***

## Delivery and Opening of Proposals

It is required that eight (8) complete proposals be received no later than February 12, 2015 at 3:30 PM. Six (6) proposals shall be in writing and two (2) shall be an electronic copy in the form of a CD.

Each written proposal and accompanying CDs must be submitted in a sealed envelope, addressed to Ms. Karen Brewington Director Human Resources, Sussex County Administrative Office building, 2 The Circle, P.O. Box 589, Georgetown, DE 19947. Each sealed envelope containing a bid must be plainly marked on the outside as "Medical and Rx Proposal" and bear the name and address of the bidder. If sent by mail, the sealed envelope should be sent by certified mail and be indicated as received on the certified receipt prior to the Bid Opening. Late bids will not be accepted.

### **Proposal forms and CDs should be delivered to:**

Ms. Karen Brewington  
Director Human Resources  
2 The Circle  
PO Box 589  
Georgetown, DE 19947

Or if mailed:

Ms. Karen Brewington  
Director Human Resources  
2 The Circle  
PO Box 589  
Georgetown, DE 19947

All proposals will be opened at the administration building-Council Chambers located at 2 The Circle Georgetown, DE and only the name of the respondent read aloud and recorded at the time and place set forth in this paragraph.

### **Address All Questions to:**

**Mary Ellen McDonald-Insurance Buyers' Council, Inc.**  
**via email to:** memcdonald@consultibc.com **(all questions are due by January 30, 2015 and all questions must be submitted in writing via email)** All vendors who have elected to participate will get a copy of all questions and answers posed on this RFP.

*Please advise of your intention to quote by January 30<sup>th</sup>, 2015. Should you decline to quote, please send a declination letter (with reason) via email to memcdonald@consultibc.com*

*Please Note: Prospective providers are cautioned against attempting to unduly influence the selection process by contacting representatives of the County, its elected officials, and Insurance Buyers' Council, Inc. Any such effort(s) may be grounds for disqualification.*

*Your proposal should fully address all elements of this RFP. Prospective providers shall bear all cost of proposal preparation. Neither the Sussex County Government nor Insurance Buyers' Council, Inc. will be responsible for any such costs.*

**1. PROPOSALS**

All questions and forms in the RFP must be completed in full in order for a proposal to be considered. All proposals must remain valid for a period of ninety (90) days from the due date for proposals. The respondent is solely responsible for any costs incurred by them in the preparation of a proposal.

All information contained in the proposal shall be confidential during the evaluation process. The contents of any proposal shall not be disclosed to competing vendors prior to contract award. However, vendors are advised that once a decision on contract award is made, the contents of the proposals will become public record and nothing contained in the proposals will be deemed to be confidential except proprietary information.

All proposals must contain a signed transmittal letter summarizing the respondent's understanding of the services to be provided, a commitment to implement the services before May 1, 2015 and a statement of why the respondent believes it to be the best qualified to provide the services. The transmittal letter must include a statement that the proposal is a firm and irrevocable offer for 90 days.

All proposals must be signed by the respondent's authorized representative who has binding authority.

**2. LATE PROPOSALS AND WITHDRAWALS**

A proposal received after the closing date and time for receipt of proposals is late and shall not be considered. A best and final offer received after the closing date and time for receipt of best and final offers is late and shall not be considered. No respondent shall be permitted to make a modification to its original proposal after the date and time for the receipt of proposals and before negotiations start. This does not apply to clarifications of proposal terms. Modification of a proposal resulting from an amendment issued after the closing date and time for receipt of proposals or a withdrawal or modification of a proposal resulting from discussions during negotiations shall be considered if received by the closing date and time set forth in the amendment or addenda or by the closing date and time for submission of best and final offers, whichever is applicable. If such modifications are received after the respective date and time described herein, the modifications are late and shall not be considered by Sussex County.

**3. RIGHT TO ACCEPT, REJECT OR WAIVE**

Notwithstanding any other provision of the RFP, the County reserves the right to: (1) waive any immaterial defect, irregularities, omissions, errors and/or other informalities, except with respect to the date, time and place where the documents are submitted; (2) negotiate with all respondents, in any manner necessary, to serve the best interest of the County; (3) reject any or all proposals or portions thereof; (4) cancel the RFP in whole or in part as further set forth in this RFP and/or (5) reissue the RFP. A proposal may be rejected if the respondent is determined to be nonresponsive or nonresponsible, the proposal is unacceptable, the proposed price is unreasonable, or the proposal is otherwise not advantageous to Sussex County. Respondents whose proposals are rejected shall be notified in writing about the rejection and the respondent shall not be afforded an opportunity to modify its offer. Record of the rejection shall be made part of the procurement file. The reasons for the rejection shall be stated in the determination.

#### **4. RIGHT TO CANCEL REQUEST FOR PROPOSALS**

Sussex County reserves the right to cancel this request for proposals, in whole or in part, prior to the opening of the proposals if it determines that it is in the best interest of Sussex County. In the event this RFP is cancelled prior to the opening of the proposals, Sussex County shall send notice of the cancellation to all of the respondents who submitted proposals and any proposals received shall be returned to the respondents unopened.

#### **5. ADDENDA**

In accordance with 29 Del. C. §6924(c)(5), this RFP may be amended in order to make changes in the RFP, correct defects or ambiguities in the RFP and/or change the date, place or time of the bid opening. In the event it becomes necessary to revise or amend any part of the RFP, addenda will be mailed or emailed to all respondents to whom the County distributed an RFP; however, because the RFP can be obtained from the Sussex County website, respondents must complete and submit a timely Request for Proposal Solicitation Notice Form in order for the County to properly identify respondents. Sussex County shall obtain verification of the respondents' receipt of all amendments it issues and sends to those respondents that provide a Request for Proposal Solicitation Form. However, it is the respondent's responsibility to ensure that it obtains any/all addenda. Any amendments or other additional information related to this solicitation will be posted with the original document on the web site and will be available from the Sussex County Human Resources Department at the County Administration Building, 2 The Circle, Georgetown, Delaware.

#### **6. PROPRIETARY INFORMATION**

Responders shall isolate and identify in writing any portions of their proposals deemed to contain confidential or proprietary information or trade secrets and provide written justification explaining and supporting why such material is considered to be a trade secret or proprietary information and, upon request, should not be disclosed in accordance with 29 Del. C. Section 6924(c).

#### **7. RIGHT TO NEGOTIATE**

Prior to engaging in negotiations, Sussex County shall evaluate the proposals to determine if they are likely to be selected for an award or are unacceptable. If a proposal is determined to be unacceptable, the basis of the determination shall be in writing and retained in the procurement file. The respondent shall then be notified of the determination and that it shall not be afforded an opportunity to modify its proposal.

Sussex County shall have the right to negotiate with responsible respondents that submit proposals found to be reasonably likely to be selected for award. In conducting discussions, disclosure of any information derived from proposals submitted by competing respondents is prohibited.

If negotiations are conducted as set forth above, Sussex County shall issue a written request for best and final offers. The request shall set forth the date, time, and place for the submission of best and final offers. The request for best and final offers shall inform respondents that, if they do not submit a notice of withdrawal or a best and final offer, their immediate previous offer will be construed as their best and final offer. Prior to the date and time set for best and final offers, any respondent with whom negotiations have been held may withdraw the offer or correct any mistake by modifying its proposal. Best and final offers shall be requested only once, unless Sussex County makes a written determination that it is advantageous to the County to conduct further negotiations or change its requirements.

## Introduction

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Through this Request for Proposal (RFP), Sussex County Government seeks to enter into an arrangement with a qualified medical and rx claims administrator/carrier able to provide County employees and staff members with:

1. Medical and Rx claims adjudication
2. Medical plan and PBM administration
3. COBRA and FSA administration
4. Cost avoidance measures
5. Medical Management
6. Superior service to plan participants
7. Superior service to Sussex County staff
8. Claim Reporting

Briefly, the successful firm will quote the requested plan designs, provide multi-year (3 year guarantee requested, 2 years required) Administrative Services Only (ASO) rate guarantees and fully insured rates with second year rate cap, participate in Open Enrollment, and consult with County officials and administrators as needed, provide claim support, and streamlining of processes. In general, the selected firm will partner with the County in an effort to ensure an appropriate medical and rx program is provided to employees with strong plan implementation and on-going support.

## Proposed Evaluation and Selection Schedule

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Release date of RFP	January 21 <sup>st</sup> , 2015
Due date for questions	January 30 <sup>th</sup> , 2015
Receipt of proposal responses	February 12 <sup>th</sup> 2015
Selection of finalists	Late Feb
Finalist presentations (if necessary)	Late Feb
Selection of vendor(s)	March 9, 2015
Plan effective date	<b>05/01/2015</b>

## Current Plan Structure Plan Design

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1. Please quote current plan designs. See attachments for details.
2. Please quote an option with and without rx Administrative Services Only (ASO) and Fully-Insured) Note: Medical pricing should be independent of rx
3. Please quote option(s) for a retiree carve-out (assuming no reduction in current benefits)
4. Medical carriers are to obtain SL for the Administrative Services Only (ASO) Quotes (match current plan design)
  - **Spec deductible** is 285K (incurred in 12 months, paid in 24 months) covers medical and rx
  - **Agg Contract:** (incurred in 24/paid in 12)Medical only
  - **Agg Spec:** 100K
  - Note: Only < 65 retirees are covered under stop loss

## Scope of Services/Evaluation Criteria

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1. Provide administration/coverage at competitive premium rates, guarantees, and renewal terms to the County for the following:
  - a. Medical (including medical management features such as: DM/UM/UR, etc.)
  - b. Network administration
  - c. Stop Loss for Administrative Services Only (ASO)
  - d. RX
  - e. COBRA Administration
  - f. FSA Administration
2. Demonstrate transparency in all pricing
3. Multi Year rate guarantees are encouraged: 3 year guarantee requested, 2 years required. Initial renewal will occur 05/01/2016 with an option to renew 07/01/2016
4. Your proposed Administrative Services Only (ASO) Fees are net of commission
5. Your proposed Fully Insured rates are net of commission
6. Confirm that if Fully Insured is selected, that they have an option to go Administrative Services Only (ASO) in year 2
7. Multi-year rate and fee guarantees are encouraged. Fully Insured rates should have a 2<sup>nd</sup> year rate cap.
8. Demonstrated Strength of Networks-provide Disruption analysis
9. Questionnaire Responses and participation in the RFP process
10. Have a robust, flexible reporting system for tracking and measuring outcomes.
11. Provide annual (and more often as requested) utilization reports
12. The selected vendor(s) will be required to provide superior account service to staff and claimants.
13. Must be willing to attend and support Open Enrollment/Health Fair usually occurring in the month of October
14. Demonstrate the financial strength and contractual arrangements to support a long-term commitment to service.

## Contributions and Rate Equivalentents

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See Attachment 3–COBRA Rate Equivalentents and Contribution Schedule

## Current/Proposed Medical and Rx Plan Designs

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**Instructions:** Please See attachment 4-Benefit Schedules-All Plans. Be sure to quote all current plan designs. If there are any deviations from current plan design, list deviations, highlight them on proposed benefit summaries, and indicate proposed plan design option. Indicate if deviation occurs in the fully insured proposal and why (state filing, etc.). Our assumption will be that Administrative Services Only (ASO) quotes can match current, again address any deviations in your proposal.

Current Rx Financial Terms

<b>Mail</b>	
<b>Brand</b>	<u>Two Tier &amp; Non-Qualifying Three Tier Plan Design</u> AWP- 30% \$0.00 dispensing fee <u>Qualifying Three Tier Plan Design</u> AWP-30.5% + \$0.00 dispensing fee
<b>Generic</b>	AWP- 23% or Caremark MAC +\$0.00 dispensing fee Generic Effective rate guarantee of AWP-71% (MAC and non-MAC combined) + \$0.00 dispensing fee
<b>Electronic Admin fee</b>	\$0.00
<b>Manual Claim Admin Fee</b>	\$1.50 per claim
<b>Retail-National Network</b>	
<b>Brand</b>	<u>Two Tier &amp; Non-Qualifying Three Tier Plan Design</u> AWP- 20% \$1.30 dispensing fee <u>Qualifying Three Tier Plan Design</u> AWP-20.5% + \$1.30 dispensing fee
<b>Generic</b>	AWP- 15% or Caremark MAC +\$1.30 dispensing fee Generic Effective rate guarantee of AWP-69% (MAC and non-MAC combined) + \$1.30 dispensing fee
<b>Electronic Admin fee</b>	\$0.00
<b>Manual Claim Admin Fee</b>	\$1.50 per claim
<b>Rebates</b>	“Reinvested into the brand rates” (TPA receives an average of \$2.50 per retail rx and \$5.00 per mail rx)

The following Core Clinical Services and Programs are included in base service fees:

**Safety Programs**

- Formulary Management
- POS Safety Review
- Retrospective safety review
- Safety and Monitoring Solution

**Savings Programs**

- Comprehensive Generic Solutions
- POS Utilization Management
- POS Preferred Product Messaging
- Physician Profiling Report
- ExtraCare Health Discount Card

**Health Programs**

- Adherence to Drug Therapy
- Gaps in Care Pharmacy
- Evidence-Based Plan Design
- Face-to-Face Physician Consultation

## Evaluation Criteria and Rating

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A proposal may be rejected for one (1) or more of the following reasons:

- (1) The respondent is determined to be nonresponsive or non-responsible;
- (2) The proposal is unacceptable;
- (3) The proposed price is unreasonable; or
- (4) It is otherwise not advantageous to Sussex County Government.

Respondents whose proposals are rejected under this section shall be notified in writing about the rejection. Record of the rejection shall be made part of the procurement file. The reasons for the rejection shall be stated in the determination.

Sussex County shall determine that a respondent is responsible before awarding a contract to that respondent. Factors to be considered in determining if a respondent is responsible include:

- (1) The respondent's financial, physical, personnel or other resources, including subcontracts;
- (2) The respondent's record of performance and integrity;
- (3) Whether the respondent is qualified legally to contract with Sussex County; and
- (4) Whether the respondent supplied all necessary information concerning its responsibility.

If the County determines that a respondent is nonresponsive and/or nonresponsible, it shall make such determination in writing and set forth the basis for the determination. A copy of the determination shall be promptly sent to the affected respondent.

The contract shall be awarded within ninety (90) days of the closing date and time advertised in this RFP and a formal contract executed within twenty (20) days after the award of the contract. The contract shall be awarded to the respondent whose proposal is determined in writing to be most advantageous to Sussex County, based on the factors set forth herein. The determination shall explain the basis of award.

The County reserves the right to reject any or all proposals and to accept the proposal the County considers most advantageous. The County shall notify each unsuccessful respondent in writing of the award. Acceptance of a proposal will be based on the total package of services offered by the respondent. The County reserves the right to select the service/provider which best meets the required needs, budget constraints, quality levels, and administrative expectations.

An in-house project and evaluation team consisting of the Finance Director, Human Resource Director, County Administrator, and Consultant (IBC), will evaluate the proposals. Although the premiums and other costs submitted are an essential part of a proposal and will weigh heavily in deliberations, Sussex County is not obligated to make an award on the sole basis of cost. The committee shall evaluate the proposals using the following criteria:

<b>Criteria and Rating System</b>	
Pricing and length of guarantee(s) (including claim target guarantee and network utilization guarantees)	25 Points
Care Management	15 Points
Service platform	10 Points
References	10 Points
Ease of Administration	10 Points
Strength of Network and provider discounts	20 Points
Implementation Timeline and Proposal Response	10 Points
<b><i>Total Possible Points</i></b>	<b><i>100 Total</i></b>

**Your proposal should assume the following requirements and answers to questions to follow:**

- Assume a May 1, 2015 effective date-provide a detailed implementation schedule.
- Provide bios for assigned account team. Is there a separate implementation team?
- Provide a Disruption analysis detailing providers status with your network solution
- Initial renewal will occur 05/01/2016 – also looking for a 07/01/2016 renewal
- Confirm rates are net of commission
- Quoted rates/fees must be final regardless of actual plan enrollment. This means that we expect you to waive all minimum participation levels, fluctuation levels, etc. for the duration of the rate guarantee period.
- Please state whether or not you are willing to extend performance guarantees to Sussex County Government. If so, please describe them in detail and dollars amounts associated with each guarantee.
- What claim target guarantees can you offer?
- What network utilization/savings guarantees can you offer?
- Provide a sample/specimen Administrative Services Only (ASO) contract
- Confirm carrier/administrator will develop COBRA rates. Comment on rate development methodology.
- **SAMPLES**-Include samples of each of the following materials in your proposal. Also, please include an explanation on your ability to customize each of the materials. Please mark each sample with the designator as indicated below:
  - EOB
  - On-Line Portal materials
  - Member Communication Materials (standard letters generated by customer service and management)
  - Identification Card
  - Eligibility Specifications
  - Standard reporting package for a group size similar to SCG. Do reporting packages differ by funding method? Provide samples and identify report availability specific to SCG.
  - Sample DM/UR reports
- Please provide your current financial ratings:

Rating Agency	Most Recent Rating/Date
Standard & Poor's	
A.M. Best	
Fitch	
Moody's	

*Please include a brief statement in your proposal confirming all of the above requirements and provide responses to questions below re: Medical Management and HIPAA practices.*

*Please be advised that a completion of claims re-pricing file and potentially other requirements may be required of finalists at a later date.*

*Please ensure that your proposal addresses each of the following sections:*

**A. ACCOUNT MANAGEMENT AND SERVICE REQUIREMENTS**

Sussex County Government requires a high level of account manager service and responsiveness. Sussex County Government expects that the account management team described in this section will consist of a senior manager with general project oversight, an account manager and a dedicated group of other experts in key areas. Sussex County Government may require periodic meetings that will address network and provider relations, administration, reporting, complaints, compliance and performance standards. These meetings will address network and provider relations, administration, reporting complaints, compliance, and performance standards.

Sussex County Government may conduct periodic audits of claims administration, provider networks, and any other aspect of the managed care (or other) program it deems appropriate, at its own expense. Sussex County Government intends to hold the selected account manager accountable for the service standards described in this proposal.

Sussex County Government expects that the medical vendor will cooperate with such audits.

If at any time, Sussex County Government conducts an investigation or audit of any managed care network or the vendor's service, as a result of substantial associate or provider complaints, this investigation, and the expenses required to remedy found inadequacies, will be performed at the vendor's expense.

1. Do you agree to each of the account management and service requirements specified above?

If no, explain.

2. Who will be the assigned account manager? Where will this person be located?
3. Will you provide an account management team?

Please identify the structure of the team and included biographies for your team, (e.g., Account Manager, Benefit Representative, Eligibility, Claims, etc.)

Please identify each member's function relative to the account.

4. Where will the team assigned to Sussex County Government be located?
5. Are there multiple individuals/locations to contact for claims, eligibility, service, etc.?

Please explain.

**B. PROVIDER NETWORKS**

Do you currently have your own provider networks?

If no, please answer the following questions:

- Which networks do you contract with?  
Please explain your relationship with each network.
- What level of discounts do you receive with each network that you contract with? Please provide book of business discounts by network, by product type (PPO, POS, HMO), and by line of business as follows:

Hospital Inpatient	_____%
Hospital Outpatient	_____%
Physician	_____%

If you have more than one provider network and/or subcontract with more than one provider network in a Geographical Service Area (GSA), please attach a separate report for each network as an appendix of your proposal.

Included with this RFP, as attachment 5, is data containing the Top 250 Providers currently being utilized by Sussex County Government’s employees. Please provide a match of these top providers to your provider network and/or with those provider networks that you subcontract with – both in and out-of network. Please include as **an appendix** of your proposal. This should be a Disruption Analysis vs. a Geo Access Report. The analysis should *clearly indicate any disruption* to members when utilizing proposed network vs. current network.

Your report should indicate current provider status and participating or non-participating status with your proposed network. If there are national networks or other "network solutions" that alter/change provider status to a participating provider, please indicate and provide a key that clearly describes each type of network. Please note, these are PPO based plans, networks should correspond (i.e. if a provider is par with an HMO and not PPO, this should be counted as a non-par provider).

Please answer the questions in this entire section for each network owned and/or subcontracted with separately. For each subcontracted network, indicate the name of the network.

General

1. Year network organized
2. Your organization’s relationship to the network (e.g., owned, affiliated)
3. NCQA accreditation
4. Current membership (number of covered lives) in PPO
5. Current network size (number of PCPs, Specialists and Hospitals) in PPO network

### **C. QUALITY ASSURANCE/MEMBER SERVICES/MEDICAL MANAGEMENT**

Unless otherwise noted, your responses to this section relate to the medical plans of Sussex County Government's health care benefits. Please answer this section for any networks that you own as well as any network that you subcontract with and indicate the network name for all subcontracted networks.

Quality of care is primary goal of any managed care program. With that in mind, indicate whether you are willing to start collecting and requesting data not currently available.

1. Describe your quality assurance programs. Specifically, address the use of metrics to drive improvement.
2. When selecting physicians to participate in your networks, do you obtain and verify data concerning the following for each physician. Y/N answers please.

Place of education

Years of educational training

Professional license(s)

Malpractice history

Involvement in any formal proceedings

Clinical performance

Do you conduct on-site review and face-to-face interviews for each physician?

3. How frequently do you update credentials for

Physicians

Other (non-physician) health professionals

4. Do you visit the physician's office before contracting?  
How frequently do you visit the physician's office after contracting?
5. Do your networks have written treatment protocols? If yes, describe.
6. How many clinical studies/focused audits did you perform for your XYZ network this past year? Briefly describe the nature of these studies, including any actions taking as a result of your findings.
7. Do you have a quality of assurance or improvement program? If so, please describe what improvements have been implemented in the last two years and how these changes improved the quality of care.
8. Are there quality assurance (QA) committees for each of your networks?  
How many individuals are on the QA committee?  
How many are health care providers?  
Is the QA committee distinct from the Utilization Review function?  
How frequently does the committee meet?  
Does the QA committee evaluate inpatient and outpatient care?
9. Who addresses the complaints from members concerning quality of care issues?  
What is your network's procedure once a complaint is made?

10. Do your networks conduct member satisfaction surveys? If yes, provide a survey questionnaire and the results of your most recent survey for your XYZ network. Please attach as **Appendix** of your proposal.
11. Are your networks accredited by an outside organization? If yes, by whom?

**D. HIPAA/Privacy**

1. Confirm that your company meets all federal requirements and HIPAA regulations on data standards, code sets, and Protected Health Information (PHI) for non-routine disclosures and authorized releases of PHI.
2. Do you have a contingency/disaster plan in place to prevent unauthorized access to Protected Health Information?

**E. Medical Management**

1. Describe your pre-certification process.
2. What clinical protocols (severity of illness/intensity of service, length of stay, etc.) or tools do you use to determine the medical necessity of a proposed hospital admission for in-network, out-of-network and out-of-area? Does this differ by network location?
3. Describe your utilization review (UR) procedures in-network, out-of-network and out-of-area. Does this differ by network location?
4. Describe your process for notifying Sussex County Government of a potentially large claim or extended hospital stay.
5. What Disease Management Programs do you offer? Is there an additional fee? Are they managed internally? If yes, please explain. How are employees informed about these programs? Do you have any results/outcomes for these programs? Please describe the programs and include any materials that you have regarding them in the appendix.
6. Do you offer maternity programs? If yes, please describe and include any materials in the Appendix. If you do offer these programs, is there an additional fee. If yes, what is the fee?
7. Do you have Early Risk Intervention Programs (predictive modeling, etc.)? If yes, please describe.
8. Do you have a 24-hour nurse hot-line? If so, is there an additional fee? If yes, how much?

**F. CLAIMS, ADMINISTRATION AND ELIGIBILITY**

Overall

If more than one location will be providing administration and reporting for Sussex County Government, provide information for each location.

The quality of claim administration performance is critical to the success of any health care program. In addition, detailed utilization information is required to enable proper evaluation of the effectiveness of the overall program and specific networks.

The system used to administer a health care program must be able to produce integrated, comprehensive reporting from a common database. This includes:

- the ability to process in-network, out-of-network and out-of-area claims on a single system
- integrated access to provider-specific data, including various contractual and financial arrangements
- the ability of the eligibility file to carry associate and dependent information
- the ability to identify authorized referrals and admissions in-network
- automatic interface with the utilization management authorization file
- a common database for edits, pricing, production of explanation of benefits (EOBs) and reporting

All claim data and other information are considered proprietary and are the property of Sussex County Government. Any release of such information to any individual or organization other than Sussex County Government requires Sussex County Government's prior written consent.

Do you agree to each of the administration and reporting requirements specified above? If no, please explain.

### Claims Processing

1. Will you provide Sussex County Government a dedicated claim-processing staff? Provide your definition of dedicated.
2. Describe your automatic claims adjudication system capabilities. Do you plan any future enhancements to provide more technology efficient claims processing? If yes, what?
3. What percentage of claims are electronic? What percentage of claims are paper?
4. What percentage of claims are auto-adjudicated without human intervention?
5. Do you have scanning capabilities whereby paper claims are scanned into your claims system rather than entered manually?
6. How soon after a paper claim is received in your mailroom is it entered into your system and able to be seen by your customer service representatives?
7. What is your current claims turnaround time? What is your claims processing accuracy rate? Please provide statistics for the most recent calendar year.
8. Are the above rates the same for claims office, which will process claims for this account? If no, what are the applicable statistics?
9. What percentage of claims do you audit for:
  - turnaround time
  - coding accuracy
  - payment accuracy
10. Does your system have the following editing capabilities?
  - Invalid diagnosis code (ICD-9) or identification of procedure codes (CPT) that do not relate to the ICD-9 code?
  - Unbundling of procedures?

- Upcoding or the ability to detect ICD-9 codes which are inconsistent with the level of CPT code filed?
  - Screening for duplicate claims?
11. What percentile of reasonable and customary (R&C) charges do you use? What is the data source used to establish the R&C level? How often do you update the R&C level? Can the percentile be varied at Sussex County Government's request?

### **G. Communications**

1. Describe standard communication materials and/or services that you can provide to Sussex County Government. Provide samples of your standard communication materials in the **Appendix** including communications related to preventive/wellness promotion.
2. Describe optional communication materials and services that would result in any additional cost. Provide a sample of these optional communication materials in the **Appendix** and include your fees for these materials or services.

### **H. IMPLEMENTATION**

Implementation activities will start as soon as the vendor is selected. These activities include those associated with communications, enrollment and ongoing care transition procedures. Your responses should clearly distinguish the medical program and the prescription drug program.

Do you have a separate implementation team? What support do you provide during enrollment and installation meetings? Provide a detailed work plan you would use to implement your proposal for Sussex County Government. Include all key activities and indicate the person on your team who would be responsible. Attach as **Appendix** of your proposal. Key activities should include but are not limited to the following:

- Identification in advance of implementation issues
- Initial planning meetings
- Coordination with Sussex County Government staff
- Periodic update meetings
- Preparation of vendor claims administration and customer service systems
- Provider education
- Network development (if necessary)
- Enrollment meeting training
- Member services training
- Provider directory production
- Enrollment
- Applicable communications
- ID card production, distribution and timing

## Pharmacy Questionnaire/Proposal Components

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### **A. Retail Pharmacy Network**

1. Are your pharmacy networks owned or leased? If leased, through what organization? Describe Pharmacy network in the Sussex County, DE area. Are there any major chains in the Sussex County area that are not part of your network? Please identify these chains.
2. Describe any specialty pharmacy networks and/or discounts (i.e. how long they have been partners, what the relationship entails, etc.)
3. How will you pursue the solicitation of a pharmacy that is not in the network?
4. Have you ever removed a pharmacy from your network for failure to meet program standards? How many and for what reasons?
5. Describe your ability to offer a smaller “quality” network. What advantages (in terms of fees and discounts) would this afford? Would you recommend this approach for the SCG – why or why not?
6. What is your philosophy regarding smaller/value networks?

### **B. Clinical Approach and Trend Management**

1. Provide details and examples of your ability to integrate medical and pharmacy programs.
2. Describe your approach to total health care management. Highlight areas that differentiate your organization from your competitors.
3. Discuss your recommended approach for using pharmacy benefit design as a tool to improve overall member health while managing to the lowest net cost.
4. How do you manage trend for your clients?
5. Provide your annual drug trend results for your book-of-business.

### **C. MAC (Maximum Allowable Charge) Pricing**

1. Describe your MAC list. Provide the number of drugs (by GPI-Generic Product Indicator), the percent of claims, and the percent of generic dollars covered by your MAC list.
2. Do you offer MAC at mail pricing?
3. All PBM’s have proprietary MAC list(s), and customize them to reimburse pharmacies at different financial levels. Approximately how many different reimbursement lists do you maintain for your current clients?
4. Do you use different MAC lists for the pharmacy vs. the client?

### **D. Rebates**

1. Does your rebate strategy influence your decisions around clinical programs and formulary development? Please explain.
2. Are rebates based on a certain days supply (i.e. 30 for retail and 90 for mail)?
3. Do you support outcomes-based contracting and/or price-protection contracts with manufacturers?

4. Do you receive any money or discounts in purchasing products from Pharma (as a collective or individually) that isn't 100% passed back to clients in a transparent offer?
5. Please provide samples of the supporting documentation provided to plan sponsors detailing how rebates are calculated and the account-specific rebate dollars. Do you accept drug manufacturer funding for clinical programs or sell data to drug manufacturers? If yes, please describe.
6. Do you receive any other payments from manufacturers besides rebates? If yes, please describe.

**E. Pricing and Transparency**

1. Are Utilization Management Programs and other clinical programs included in the Administrative Fee? *Yes No*  
If no, please describe and define charges for these programs.
2. Do you use full 11-digit NDC (National Drug Code) to ensure transparency in packaging sizes and revenue streams in all channels (i.e., retail, mail, and specialty)? *Yes No*  
If no, please describe.
3. How is "lesser of" member payment determined; choose one of the following:
  - a. Members pay the lower of AWP, U&C, or copay
  - b. Members pay the lower of U&C or copay
  - c. Other, please describe.
4. Are there minimum days supply or minimum charge limits that are assumed in your mail pricing? *Yes No*  
If yes, please describe.
5. How do you define AWP and what is your AWP source?
6. Do you utilize the same AWP when calculating prices to plan sponsors and pharmacies?
7. Do you use any other source, committees, or calculation outside of the answer provided above (#5) to determine drug classification for guarantee true-ups?
8. Do you employ "Zero Balance Due" (ZBD) or "Standard Copay Logic" (SCL) for guaranteed true-ups?
9. How are DAW 5 claims adjudicated? Brand or Generic?
10. How are DAW 5 claims classified in the guaranteed true-ups? Brand or Generic?
11. Will you put 50% of the admin fees at risk if the above classifications for DAW5 claims aren't used for any guarantee true-ups?
12. How does your organization determine the number of manufacturers for generic products?
13. Has your organization ever altered the number of manufactures in your claims system for guaranteed true-ups? Explain.
14. Are commercial claims over a certain dollar amount classified as Specialty for either adjudication or true-up purposes?
15. Describe the difference between a "transparent" pricing model and "pass through" pricing. What is the financial impact to SCG County over the course of this contract?

**F. Formulary**

1. Describe your approach to formulary development.
2. Once developed, how is your formulary maintained?

3. How often do you change your formulary? How much advance notification is provided to plan sponsors? Members?
4. With PBM-mandated formulary changes becoming more common practice, the County wants the right to decline any formulary change which will impact 10% or more of the member population without any adverse impact to the contract or loss of pricing/rebate guarantees. Confirm your acceptance of this provision.
5. For any formulary change, or clinical management program, the County insists on a medical review process whereby members can continue to utilize the excluded or more expensive prescription product-if deemed medically necessary. Please describe your firm's review process to determine medical necessity. Please include the average timeframe to notify the member of the determination.
6. How are employees notified of changes to the formulary?
7. How do you achieve formulary compliance, and what results can you report?
8. Describe your capabilities for negotiating manufacturer rebates associated with your formulary program.
9. For each formulary drug with a rebate, list the name of the drug and the manufacturer. (Group by therapeutic class.)
10. Provide a copy of a representative formulary handbook. Attach as **Appendix** of your proposal.
11. What have been the financial results (i.e., savings) of your formulary program?
12. Do you have any guaranteed savings associated with your formulary rebate program? If so, what are those guarantees?
13. Provide your specialty drug list—Attach in **Appendix**
14. How are determinations made regarding which drugs require preauthorization?
15. Describe your formulary options. Explain how your formulary offering drives low net cost utilization.
16. Do you accept manufacturer funding for placement on your formulary? If so, how is that funding reflected in your proposal?
17. Do you ever block drugs on the third tier to contract better rebates on second tier drugs? Why or why not?
18. Do you have a PBM-mandated formulary drug exclusion list?
19. Do you receive any money or discounts in purchasing products from Pharma that isn't 100% passed back to clients in a transparent offer?

**G. Mail Order Operations**

1. Describe your system of providing patient advisory information with prescriptions filled.
2. What percentage of prescriptions receive a patient information supplement?
3. What is your source for this information? Provide examples.
4. What is your policy regarding inclusion of auxiliary labels/stickers on the actual prescription vials?
5. What are the operating hours and location of the mail service facility proposed for the SCG?
6. Describe your process for ordering refills by phone and internet, including zero refill situations. What percentage of your refills are ordered by phone and Internet? Do the phone and Internet refill system operate on a 24-hour basis?
7. How are participants notified of their next refill date?

8. Detail the methodology used to measure turnaround time and track prescriptions through the dispensing process. When is a prescription “logged” into the system, and visible to customer service representatives?
9. Are on-site audits performed at your mail service pharmacies? Describe the frequency and types of audits performed and documented results.
10. Describe your policy regarding overall generic substitution. Are there any products you will not substitute? If yes, please describe or list them. Does this vary from facility location to facility location? Do you include information for the recipient describing the replacement of the brand with a generic? If yes, please include an example of this.
11. When hiring Registered Pharmacists, what are your preferred standards for experience? Do you have any absolute minimum standards for experience? What are the minimum standards? What steps do you take at hire to verify credentials?
12. How are the automated dispensing functions supervised and monitored?
13. What is your minimum “look back” period for auto-fill orders?
14. How do you prevent stockpiling of unnecessary quantities through auto-fill process?
15. What is the in-house turnaround time for prescriptions? What process exists to track problem prescriptions that are not filled within normal turnaround time? How is your turnaround time goal monitored?
16. What were your 2013 claim processing standards versus actual results for 2013 and 2014 for the following? Please complete the following matrix.

<b>Category</b>	<b>Claims Processing Standard-2013</b>	<b>2013 Actual</b>	<b>2014 Actual</b>
Mail service – turnaround time for routine prescriptions			
Mail Service – turnaround time for prescriptions requiring intervention			
Prescriptions accuracy – mail service			

17. What mail order cost containment programs would be available to the SCG?
18. Have any of your pharmacists had their registration suspended, revoked, or otherwise been disciplined while in your employ? If so, give details. How would you learn of such disciplinary action?
19. Describe your disaster recovery program in the event of facility closure.
20. Describe methods and protocols in place to insure proper use of mail service including programs to limit waste and your adherence to “face value” dispensing limits.
21. Report your latest calendar year accuracy or error rate in the facility proposed for the SCG as well as overall. Indicate what constitutes an error and how the error rate is calculated.
22. Discuss any relevant state laws including generic substitution rules, etc., that affect the facility you are proposing for Sussex County Government.

**H. QUALITY ASSURANCE/MEMBER SERVICES/MEDICAL MANAGEMENT**

Concurrent Drug Utilization Review (DUR)

1. Describe your concurrent DUR program within the network-based plan.
2. What specific results can you report for the second and third quarter of 2014 within the network-based plan?

Indicate the staffing levels of your clinical resources (do not include staff model, mail order, or any other staffing to support dispensing activities):

	Number Full-Time	Number Part-Time	Length of Time With Company
Pharmacist (Pharm D's)			
Pharmacist (Masters)			
Pharmacist (R.Ph.)			
Analyst/Clerical			

3. How many accounts are assigned to each clinical pharmacist? Are pharmacists responsible for client contact and regular meetings?
4. Describe your physician profiling capability. What do you do with this information? Do you call physicians? Write? Visit in person?
5. Provide examples of 2-3 DUR reports used to analyze and influence physician-prescribing patterns.
6. Describe your efforts and results in disease management. What clinical protocols do you currently have in place (if any)? Are these programs underwritten by any pharmaceutical manufacturer? If so, how often are protocols developed not involving their products?

Retrospective DUR

1. Describe your system of detecting fraud and abuse. Once detected, how do you intervene? What specific results can you report regarding your system of detecting fraud and abuse on the following levels:
  - a. Participant
  - b. Pharmacy
  - c. Physician
2. Describe your existing programs designed to improve either the quality or the cost-effectiveness of drug therapy. Indicate when each program described became operational. (If not yet operational, describe the current stage of development and when you target operational readiness.) For each operational program, report specific results. For planned programs, what types of results do you expect?
3. Describe the clinical resources that support your DUR and cost-containment efforts. Provide names and resumes of key staff members. Attach as **Appendix** of your proposal.

4. Provide examples of the reports you use to assess the prescribing patterns of network physicians. Please attach as part of **Appendix** of your proposal.
5. Give examples of actual (redacted) physician counseling/sanctions that relate to inappropriate prescribing patterns.

### Disease Management

1. List all of your currently operational or planned disease management programs. Please explain how these programs operate. Is there a cost associated with each of these programs? If so, what is the cost? Are there any guaranteed savings to offset the costs of these programs? If yes, explain.
2. Please describe how your PBM can integrate with Sussex County Government's TPA/medical carrier to improve Disease Management results.
3. Please detail your Best Practices with respect to Disease Management.

### Rate/Fee Guarantees-Medical and Rx

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- Fully-Insured rates – 2015 and 2016 renewals will not exceed 10%
  - Administrative Services Only (ASO) fees are locked for two years at a minimum with a guarantee not to exceed more than 10% on future renewals.
1. Confirm that the above renewal terms are guaranteed. Explain any deviations or circumstances under which the guarantees would not apply. Identify each factor and include your trend formula for each year, if applicable.
  2. Your proposal must include a combination of the following financial performance guarantees:
    - a. Trend-target guarantees
    - b. Provider discount guarantees
    - c. Claim target guarantees
  3. Describe in detail how your risk sharing would operate. Identify the total dollar amount at risk for financial performance.

*Please note: without meaningful financial guarantees with significant fees at risk, any proposed claim savings assumptions will be viewed with less credibility.*

**Additional services Requested**

Please review the list of services below. Complete the grid and list any associated costs for providing such services. Provide additional details regarding these services in **Appendix**

Name/Description of Service	Current Provider of Service	Cost Associated with Service	Additional Notes
COBRA Administration	INTEGRA	No Additional Fees-included in Admin Fee	Initial notices, Payment processing including coupon book.
Enrollment & Eligibility-Billing	INTEGRA	No Additional Fees-included in Admin Fee	Ability to provide total enrollment & billing solution for all lines of coverage including life and disability-if elected.
HIPAA Certs	INTEGRA	No Additional Fees-included in Admin Fee	Provide Cred Cov Notice on employee website and by mail.
Preparation of Plan Documents, Amendments, & Employee Booklets	INTEGRA	Current cost unknown	Employee Plan Document is on line for reference as well as hard copy provided
Claims Assistance/Advocacy	Heath Advocate (provided through INTEGRA)	Cost is \$1.25 per employee per month/External Claims Appeal/IRO \$0.25	Cost of coverage includes all employees, dependents, mothers and fathers of employee and spouse
Pre-Cert/Disease Management/UR	iNetico (provided through INTEGRA)	\$2.00 pepm for Precert. DM,CM is at \$125 per hour Integra \$5 per hour	Provides real-time access to pre-cert, disease management and case management information to IAG for controlling claims costs and managing plan utilization.
Compliance Assistance (including, but not limited to, ACA)	INTEGRA	No Charge: Unlimited phone assistance as well as provision of reports required by AON to comply with FASB	All required mailings for GLB, HIPAA, Newborns and Mothers HPA, Women’s Health and Cancer Rights Act & Mental Health Parity Act are provided.
Medical FSA with Debit Card & Dep Care	Provided through INTEGRA	\$3.75 per participant	

**Important Note:** Be sure to describe your organization’s initiatives for controlling health care costs in light of the ACA and the changing healthcare landscape. Provide this as part of your RFP response under the additional services requested confirmation and description.

## References

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Provide a list of three current client references with business similar to Sussex County Government. Special Consideration will be granted to governmental references that are similar in size and scope as Sussex County Government.

	<b>Reference 1</b>	<b>Reference 2</b>	<b>Reference 3</b>
<b>Client Name</b>			
<b>Contact Name</b>			
<b>Address</b>			
<b>Phone Number</b>			

## Indemnification

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To the fullest extent permitted by law, the respondent shall indemnify, hold harmless and defend Sussex County and its elected and appointed officials, officers, employees and agents from and against any and all claims, damages, injuries and expenses (including related attorney's fees and other defense costs) arising out of or resulting from the respondent's actions or inactions which are in any way related to its role as a respondent hereunder and its duties with respect hereto, whether occurring in Sussex County, DE or elsewhere, including, but not limited to, claims, damages, losses, injuries or expenses attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible and intangible property, including the loss of use resulting there from, asserted by any person, persons or artificial entity, including, but not limited to respondent's employees, servants, representatives, guests, invitees, contractors, licensees, visitors, etc. regardless of whether or not such claims, damages, injuries and expenses are caused in part by a party indemnified hereunder.