



BOARD OF COUNTY COMMISSIONERS

DATE: June 14, 2011
AGENDA ITEM NO. 28.

Consent Agenda ☒

Regular Agenda ☐

Public Hearing ☐

County Administrator's Signature:

Subject:

Approval of Ranking of Firms - Medical Benefits
Contract No. 101-0224-P (AM)

Department:

Human Resources / Purchasing

Staff Member Responsible:

Peggy Rowe / Joe Lauro

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS (BOARD) APPROVE THE RANKING OF FIRMS AND AUTHORIZE BUCK CONSULTANTS (BUCK) TO NEGOTIATE WITH THE HIGHEST RANKED FIRM, UNITED HEALTHCARE, TAMPA, FLORIDA FOR EMPLOYEE MEDICAL BENEFITS.

Summary Explanation/Background:

On April 5, 2011, Buck, acting on behalf of Pinellas County, let a Request For Proposal (RFP) to medical benefits firms who were deemed qualified by Buck during a pre-qualification process. It was the intent of the RFP to obtain a successful firm to provide medical benefits to Pinellas County's Unified Personnel System which consists of approximately 3,200 employees and 1,500 retirees.

On April 22, 2011, Buck received responses from three (3) pre-qualified firms and performed an independent evaluation on five (5) of the six (6) evaluation criteria contained in the RFP. County staff evaluated the remaining criterion, "project approach".

The evaluation committee, consisting of two (2) representatives from the Human Resources Department, one (1) representative from County Administration, one (1) representative from the Office of the Property Appraiser and one (1) representative from Clerk of the Circuit Court, along with two (2) representatives from the Purchasing Department acting as facilitators, met on May 12, 2011, to evaluate and score the three (3) proposals received based on their submission for "project approach".

The evaluation committee evaluated the firms per the following criterion:

1) Project Approach 150 Points

Buck Consultants initially evaluated the firms per the following criteria:

1) Overall Cost	350 Points
2) Network Adequacy	150 Points
3) Administrative/ Operational Capabilities (Questionnaire)	120 Points
4) Medical Management Capabilities	200 Points
5) Performance Guarantee	30 Points
(Fee Discount Guarantees)	
(Service Guarantees)	

The firms in order of ranking following the evaluation of the proposals and combination of Buck and evaluation committee scores are as follows:

1) United HealthCare	921.98 Points
2) Aetna Health Connections	916.87 Points
3) Humana	740.20 Points

The evaluation committee recommended the two (2) highest ranked proposers to be invited to an oral presentation which was conducted on May 31, 2011.

The final ranking following the oral presentation is as follows:

1. United HealthCare	930.00 Points
2. Aetna Health Connections	750.00 Points

At the direction of the Board, Buck will begin negotiation with the highest ranked firm in order to obtain the best and final offer pertaining to cost and other deliverables. In the near future, after negotiations have been completed, Buck and Human Resource Department staff will make a final recommendation to the Board.

Fiscal Impact/Cost/Revenue Summary:

The projected FY12 annual expenditures are as follow:

Administrative fees	\$1,500,000
Stop Lost Insurance cost	\$880,000
Medical claims is anticipated at	\$28,800,000

Only the administrative fees are governed by this contract. The County purchases a separate stop loss insurance policy for protection against large claims. All other claim expenditures are funded by the County health fund. Actual expenditures are subject to final negotiations and may vary based on fluctuations in the number of enrollees and the amount of actual claims incurred.

Exhibits/Attachments Attached:

1. Evaluation Criteria Tabulations

PINELLAS COUNTY EVALUATION CRITERIA TABULATION SHEET

TITLE: MEDICAL BENEFITS
BID #: 101-0224-P(AM)
 Qualification Ranking

COMPANY NAME	EVALUATOR	EVALUATOR	EVALUATOR	EVALUATOR	EVALUATOR	TOTAL POINTS	TOTAL AVERAGE	RANK
	BUCK +DAVID BATEMAN	BUCK+ DAVE BLASEWITZ	BUCK + MAUREEN FREANEY	BUCK + LISA HAMILTON	BUCK + PEGGY ROWE			
UNITED HEALTH CARE	921.98	921.98	921.98	921.98	921.98	4609.90	921.98	1
AETNA HEALTH CONNECTIONS	916.87	916.87	916.87	916.87	916.87	4584.35	916.87	2
HUMANA	738.70	738.70	738.70	738.70	746.20	3701.00	740.20	3

Date: **May 12, 2011**

PINELLAS COUNTY EVALUATION CRITERIA TABULATION SHEET

TITLE: MEDICAL BENEFITS
 BID #: 101-0224-P(AM)
 Oral Presentation Final Ranking

COMPANY NAME	EVALUATOR	EVALUATOR	EVALUATOR	EVALUATOR	EVALUATOR	TOTAL POINTS	TOTAL AVERAGE	RANK
	DAVID BATEMAN	DAVE BLASEWITZ	MAUREEN FREANEY	LISA HAMILTON	PEGGY ROWE			
UNITED HEALTH CARE	925.00	936.00	930.00	930.00	930.00	4651.00	930.20	1
AETNA HEALTH CONNECTIONS	735.00	790.00	740.00	750.00	765.00	3780.00	756.00	2

Date: May 31, 2011

AGENDA ITEM INFORMATION SHEET

The information requested below is required to be supplied by the Office of the **County Administrator** with all **Board of County Commissioners' (BCC) regular and work session agenda items**. Please **complete** this form with all applicable information and **attach it** to the top of your **original agenda item package** that is being submitted for review, signature, and approval. Your cooperation is helpful and appreciated. Thank you.

1. Target BCC **regular public meeting agenda** or **work session date**: 6/14/11
2. **Department(s)**: Human Resources
3. Do you anticipate a **presentation** for this item? Please check ☐ Yes ☒ No
4. Name(s) of primary **department representative(s)** and other **staff member(s)** who will be in attendance, if requested by Assistant County Administrator: Beggy Rowe
5. Name(s) and number of **non-staff-member presenter(s)**, including outside consultants, state, city, or other representatives, who will be in attendance: _____
6. Provide a **good-faith estimate** of time for your presentation and **anticipated BCC discussion** of issues; for a **public hearing** or **work session** item, include **time** for **anticipated citizens' input**. _____ minute(s) _____ hour(s)
7. Do you or colleagues know of any **citizens** or **representative groups** who want to **speak to** your **work session** or **public hearing item**? Please check ☐ Yes ☒ No
8. If yes, provide those **names** of the group and speakers and a **good-faith estimate** of the number of speakers. _____
9. Do you anticipate a need for **overflow seating**? Please check ☐ Yes ☒ No
10. **Comments**: _____