



### Notice of Intent to Award

Solicitation Number	126220	Award Date	1/21/2022   3:24 PM CST
Solicitation Title	Group Medical Insurance		
Buyer Name	Scott Ferguson	Buyer Email	scott.ferguson@nashville.gov
BAO Rep	Jeremy Frye	BAO Email	jeremy.frye@nashville.gov

### Awarded Supplier(s)

In reference to the above solicitation and contingent upon successful contract negotiation, it is the intent of the Metropolitan Government of Nashville and Davidson County to award to the following supplier(s):

Company Name	CIGNA Health & Life Insurance Co	Company Contact	Paul Huffman	
Street Address	900 Cottage Grove Road			
City	Bloomfield	State	CT	Zipcode 06002

Company Name	Humana Insurance Company	Company Contact	Tracey Garrison	
Street Address	500 West Main Street			
City	Louisville	State	KY	Zipcode 40202

Company Name		Company Contact		
Street Address				
City		State		Zipcode

### Certificate of Insurance

The awarded supplier(s) must submit a certificate of insurance (COI) indicating all applicable coverage required by the referenced solicitation. The COI should be emailed to the referenced buyer no more than 15 days after the referenced award date.

### Equal Business Opportunity Program

Where applicable, the awarded supplier(s) must submit a signed copy of the letter of intent to perform for any and all minority-owned (MBE) or woman-owned (WBE) subcontractors included in the solicitation response. The letter(s) should be emailed to the referenced business assistance office (BAO) rep no more than two business days after the referenced award date.

Yes, the EBO Program is applicable.

No, the EBO Program is not applicable.

### Monthly Reporting

Where applicable, the awarded supplier(s) will be required monthly to submit evidence of participation and payment to all small (SBE), minority-owned (MBE), women-owned (WBE), LGBT-owned (LGBTBE), and service disabled veteran owned (SDV) subcontractors. Sufficient evidence may include, but is not necessarily limited to copies of subcontracts, purchase orders, applications for payment, invoices, and cancelled checks.

Questions related to contract compliance may be directed to the referenced BAO rep.

Yes, monthly reporting is applicable.

No, monthly reporting is not applicable.

### Public Information and Records Retention

Solicitation and award documentation are available upon request. Please email the referenced buyer to arrange.

A copy of this notice will be placed in the solicitation file and sent to all offerors.

### Right to Protest

Per MCL 4.36.010 – any actual or prospective bidder, offeror, or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the purchasing agent. The protest shall be submitted in writing within ten (10) days after such aggrieved person knows or should have known of the facts giving rise thereto.

\_\_\_\_ Supervisor (Initial)

*Michelle A. Hernandez Lane*  
 Michelle A. Hernandez Lane  
 Purchasing Agent & Chief Procurement Officer

RFQ# 126220 Group Medical Insurance					
Evaluation Criteria	Aetna Life Insurance Company	BLUE CROSS BLUE SHIELD OF TN	Cigna Health & Life Insurance Co	Humana Insurance Company	United Healthcare Services
<b>PPO Plan</b>					
<b>Licensing Requirements</b>	Yes	Yes	Yes	Yes	Yes
<b>Background Check Acceptance</b>	Yes	Yes	Yes	Yes	Yes
<b>Solicitation Acceptance</b>	Yes	Yes	Yes	Yes	Yes
<b>Contract Acceptance</b>	Yes	Yes	Yes	Yes	Yes
<b>ISA Questionnaire Completed and Terms Accepted</b>	Yes	Yes	Yes	Yes	Yes
<b>Experience, Account Management and Account Administration (30 Points)</b>	22	23	30	12	16
<b>Provider Network Access (19 Points)</b>	19	18	18	16	15
<b>Pharmacy (9 Points)</b>	7	7	7	7	7
<b>Tools, Communications, Health Management, Reporting and Performance (7 Points)</b>	6	6	7	6	6
<b>Diversity Survey (5 Points)</b>	5.00	4.50	4.00	5.00	5.00
<b>Pricing (30 Points)</b>	29.15	29.59	28.63	26.94	30.00
<b>Totals</b>	<b>88.15</b>	<b>88.09</b>	<b>94.63</b>	<b>72.94</b>	<b>79.00</b>

#### Strengths & Weaknesses

##### Aetna Life Insurance Company

**Strengths:** *Questionnaire 1:* Account Management - Question 16 - Firm will allow access to system to make eligibility updates and access to view claims information. *Questionnaire 2:* Provider Network - Question 56 - Firm will notify Metro in advance with a letter. The firm's Diversity Practices fully met expectations.

**Weaknesses:** *Questionnaire 1:* Requirements - Question 7(d) - Firm's answer not definitive regarding secure access to view transactions. Experience - Question 2 - Half of clients were non-medical and no names for references. Account Management - Question 12 - Firm's proposal could cause Metro to lose Grandfather status. Question 19 - Firm's ID replacement cards are only digital. Question 25 - Firm limits claim reviews to one year of data. Question 27 - Firm's answer lacked details. Question 38 - Firm's answer vague and didn't directly answer question or timing. Question 39 - Firm scrubs transcripts of customer calls. HRA Product - Question 49 - Firm does not prohibit providers from collecting payment at time of service which could result in member overpayment or incorrect payments. Reporting - Question 51 - Firm requires confidentiality agreement to provide requested reports and adjudication reports not tracked by customer. *Questionnaire 3:* Pharmacy Organization - Question 67 - Firm provided vague answer. Pharmacy Formulary - Question 96 - Firm can Grandfather for only specialty drugs. Pharmacy Transition - Question 103 - Firm will not agree to provide 24 months of claims data without charging Metro an additional fee. *Questionnaire 4:* Interactive Tools & Resources - Question 104 - Firm does not have interactive online tools. Question 105(d) - Firm's online tool is not customized enough to meet Metro's needs.

##### BLUE CROSS AND BLUE SHIELD OF TN

**Strengths:** *Questionnaire 1:* Account Management - Question 16 - Firm will allow access to system to make eligibility updates and access to view claims information. The firm's Diversity Practices met expectations.

**Weaknesses:** *Questionnaire 1:* Account Management - Question 9 - Firm can not administer Metro's HRA plan as it currently operates and is required. Question 16 - Firm will not allow Metro to access its system to update eligibility for our members. Question 24 - Firm does not agree to an onsite pre-effective date claims audit. Questions 31, 32,33 - Firm does not offer to provide summary of benefits and changes to plans, will only assist Metro. Question 36(c) - Firm does not provide telehealth with additional cost to Metro's fee. Question 39(c) - Firm's customer average hold time was high. HRA Product - Question 44 - HRA debit card is not acceptable to Metro as it is not a fully integrated process. 48(c) Firm will charge members \$1.00 per paper statement. Question 49 - Firm doesn't prohibit providers from collecting at time of service but do have real time adjudication. *Questionnaire 2:* Provider Network - Question 56 - Firm requires a minimum of 50 providers being eliminated before members are notified in advance. *Questionnaire 3:* - Pharmacy Formulary - Question 95 - Firm does not have outcome based contracts with manufacturers. Firm did not provide and information on how they would grandfather existing members. Question 96 - No details on options for transitioning/Grandfather. Pharmacy Audit - Question 99 - Firm did not provide a complete answer. Question 103 - Firm would charge Metro for claims data. *Questionnaire 4:* Interactive Tools & Resources - Question 105(d) - Firm tools and resources not be customized to include all Metro plan design options. Integrated Health Management - Question 108 - Firm did not select 3-5 methods.

**Cigna Health & Life Insurance Co**

**Strengths:** *Questionnaire 1:* - Experience Question 2 - Firm provided a robust list of clients with large number of employees. Account Management - Question 9 - Firm has a low number of subcontractors. Question 20 - Firm has a low ratio of processors shared among clients. Question 31 - Firm will agree to provide draft language at no charge. Question 32(a,b) - Firm will create the annual SBC and will notify all plan participants of significant changes. Question 36 - Firm provides telehealth services at no cost. Question 39(a) - Firm's call center is always available. Question 40(e) - Firm will provide an international Customer Service phone number. Question 43 - Firm provided a thorough answer. HRA Product - Question 49 - Firm permits contracted providers to require members to make payments at of service. *Questionnaire 3: Pharmacy Clinical & Utilization Management* - Question 70 - Firm provided a complete answer on measuring adherence. *Questionnaire 4: Interactive Tools & Resources* - Question 104 - Firm's tools check all the boxes. Question 105(g) - Firm's cost calculator and Easy Choice tool does include employee payroll contributions. The firm's Diversity Practices met expectations.

**Weaknesses:** *Questionnaire 1:* Account Management - Question 16 - Firm will not allow Metro to access systems to view claims information. *Questionnaire 2:* Provider Network - Question 56 - Firm does not notify Metro if individual providers are eliminated. *Questionnaire 3:* Pharmacy Organization - Question 67 - Firm not forthcoming with data breach information. Pharmacy Network Question 81(f) - Firm has national pharmacy chains that are excluded from 90 refill. Pharmacy Formulary - Question 96 - Firm does not offer grandfathering. Pharmacy Transition - Question 103 - Firm does not agree to provide claims data. *Questionnaire 4:* Interactive Tools & Resources - Question 105(g) - Firm's cost calculator does not include employee payroll contributions.

**Humana Insurance Company**

**Strengths:** *Questionnaire 3:* Pharmacy Clinical and Utilization Management - Question 69 - Firm provided a complete opioid utilization management plan. The firm's Diversity Practices fully met expectations.

**Weaknesses:** *Questionnaire 1:* Requirements - Question 9 - Firm did not confirm their ability to meet this requirement. Experience - Question 1 - Firm does not have the experience to manage plans the size of Metro, they only have three (3) PPO clients with 5,000+ subscribers and zero (0) ABP client with 5,000+ subscribers. Question 2 - Firm's examples have low number of employees and only four (4) with medical. Account Administration - Question 25(a) - Firm puts restriction of 150 records on claim reviews. Question 26(c) Firm excludes state of Wisconsin for out of network services. Question 26(g) Firm did not answer. Question 36(b,c) - Firm charges member and Metro for telehealth services. Question 39(e) - Firm's call resolution percentage low. Question 40(f) - Firm does not have ability for CSR to co-browse with participant. Question 43 - Firm does not have a dedicated call center unit. Question 49 - Firm did not answer this question, will provide debit card solution. Question 51 - Firm can not provide all reports required by Metro. *Questionnaire 2:* Provider Network - Question 56(a,b) - Firm has caveats to notifications and does define how members are notified. *Questionnaire 3:* Pharmacy Network - Question 84 - Firm holds prescriptions until ready to fill all before mailing. Pharmacy Transition - Question 101 - Firm would charge Metro for prior pharmacy claims history to avoid member disruption. *Questionnaire 4:* Interactive Tools & Resources - Question 105(f) - no cost calculator tool offered.

**United Healthcare Services**

**Strengths:** The firm's Diversity Practices fully met expectations.

**Weaknesses:** *Questionnaire 1:* Requirements - Question 8(c) - Firm did not answer. Question 10 - This does not meet Metro's service requirements, Metro requires the provider to determine dependent child incapacitation eligibility. Experience - Question 1 - Firm's total number of clients has been dropping. Question 2 - Firms do not provide specifics requested. Account Management - Question 8 - Firm did not answer. Question 16 - Firm provided vague answer. Question 19 - Firm requires too long of a lead time of 40 days for production of ID cards, Metro can only accommodate 20-30 days for production. Question 24 - Firm did not answer. Question 27 - Firm has a low percentage of claims auto-adjudicated. Question 36(b,c) - Not clear on pricing for use of telehealth services. Question 39(f,g) - Firm does not record 100% of customer calls, Metro can not listen to call recordings. Call center over seas not acceptable. Question 46 - Firm requires use of debit card to handle reimbursement. Reporting - Question 51 - Firm can not provide all reports Metro requires. *Questionnaire 2:* Provider Network - Question 56 - Firm does not define how and when members would be notified if providers are eliminated. *Questionnaire 3:* Pharmacy Formulary - Question 96 - Firm would limit grandfathering by category. Question 98 - Firm did not provide specifics. Pharmacy Audit - Question 99 - Firm restricts audits to 1 year. Pharmacy Transition - Question 100 - Firm would charge Metro for providing special layouts. Question 105(d) - Additional cost for pre-enrollment tool.

RFQ# 126220 Group Medical Insurance					
Evaluation Criteria	Aetna Life Insurance Company	BLUE CROSS BLUE SHIELD OF TN	Cigna Health & Life Insurance Co	Humana Insurance Company	United Healthcare Services
<b>Account Based Plan</b>					
<b>Licensing Requirements</b>	Yes	Yes	Yes	Yes	Yes
<b>Background Check Acceptance</b>	Yes	Yes	Yes	Yes	Yes
<b>Solicitation Acceptance</b>	Yes	Yes	Yes	Yes	Yes
<b>Contract Acceptance</b>	Yes	Yes	Yes	Yes	Yes
<b>ISA Questionnaire Completed and Terms Accepted</b>	Yes	Yes	Yes	Yes	Yes
<b>Experience, Account Management and Account Administration (30 Points)</b>	22	8	30	12	16
<b>Provider Network Access (19 Points)</b>	19	18	18	16	15
<b>Pharmacy (9 Points)</b>	7	7	7	6	7
<b>Tools, Communications, Health Management, Reporting and Performance (7 Points)</b>	6	6	7	6	6
<b>Diversity Survey (5 Points)</b>	5.00	4.50	4.00	5.00	5.00
<b>Pricing (30 Points)</b>	29.39	29.66	29.07	26.49	30.00
<b>Totals</b>	<b>88.39</b>	<b>73.16</b>	<b>95.07</b>	<b>71.49</b>	<b>79.00</b>

### Strengths & Weaknesses

#### Aetna Life Insurance Company

**Strengths:** *Questionnaire 1:* Account Management - Question 16 - Firm will allow access to system to make eligibility updates and access to view claims information. *Questionnaire 2:* Provider Network - Question 56 - Firm will notify Metro in advance with a letter. The firm's Diversity Practices fully met expectations.

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#### BLUE CROSS AND BLUE SHIELD OF TN

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**Cigna Health & Life Insurance Co**

**Strengths:** *Questionnaire 1:* - Experience Question 2 - Firm provided a robust list of clients with large number of employees. Account Management - Question 9 - Firm has a low number of subcontractors. Question 20 - Firm has a low ratio of processors shared among clients. Question 31 - Firm will agree to provide draft language at no charge. Question 32(a,b) - Firm will create the annual SBC and will notify all plan participants of significant changes. Question 36 - Firm provides telehealth services at no cost. Question 39(a) - Firm's call center is always available. Question 40(e) - Firm will provide an international Customer Service phone number. Question 43 - Firm provided a thorough answer. HRA Product - Question 49 - Firm permits contracted providers to require members to make payments at of service. *Questionnaire 3: Pharmacy Clinical & Utilization Management* - Question 70 - Firm provided a complete answer on measuring adherence. *Questionnaire 4: Interactive Tools & Resources* - Question 104 - Firm's tools check all the boxes. Question 105(g) - Firm's cost calculator and Easy Choice tool does include employee payroll contributions. The firm's Diversity Practices met expectations.

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**Humana Insurance Company**

**Strengths:** *Questionnaire 3: Pharmacy Clinical and Utilization Management* - Question 69 - Firm provided a complete opioid utilization management plan. The firm's Diversity Practices fully met expectations.

**Weaknesses:** *Questionnaire 1: Requirements* - Question 9 - Firm did not confirm their ability to meet this requirement. Experience - Question 1 - Firm does not have the experience to manage plans the size of Metro, they only have three (3) PPO clients with 5,000+ subscribers and zero (0) ABP client with 5,000+ subscribers. Question 2 - Firm's examples have low number of employees and only four (4) with medical. Account Administration - Question 25(a) - Firm puts restriction of 150 records on claim reviews. Question 26(c) Firm excludes state of Wisconsin for out of network services. Question 26(g) Firm did not answer. Question 36(b,c) - Firm charges member and Metro for telehealth services. Question 39(e) - Firm's call resolution percentage low. Question 40(f) - Firm does not have ability for CSR to co-browse with participant. Question 43 - Firm does not have a dedicated call center unit. Question 49 - Firm did not answer this question, will provide debit card solution. Question 51 - Firm can not provide all reports required by Metro. *Questionnaire 2: Provider Network* - Question 56(a,b) - Firm has caveats to notifications and does define how members are notified. *Questionnaire 3: Pharmacy Network* - Question 84 - Firm holds prescriptions until ready to fill all before mailing. Pharmacy Transition - Question 101 - Firm would charge Metro for prior pharmacy claims history to avoid member disruption. *Questionnaire 4: Interactive Tools & Resources* - Question 105(f) - no cost calculator tool offered.

**United Healthcare Services**

**Strengths:** The firm's Diversity Practices fully met expectations.

**Weaknesses:** *Questionnaire 1: Requirements* - Question 8(c) - Firm did not answer. Question 10 - This does not meet Metro's service requirements, Metro requires the provider to determine dependent child incapacitation eligibility. Experience - Question 1 - Firm's total number of clients has been dropping. Question 2 - Firms do not provide specifics requested. Account Management - Question 8 - Firm did not answer. Question 16 - Firm provided vague answer. Question 19 - Firm requires too long of a lead time of 40 days for production of ID cards, Metro can only accommodate 20-30 days for production. Question 24 - Firm did not answer. Question 27 - Firm has a low percentage of claims auto-adjudicated. Question 36(b,c) - Not clear on pricing for use of telehealth services. Question 39(f,g) - Firm does not record 100% of customer calls, Metro can not listen to call recordings. Call center over seas not acceptable. Question 46 - Firm requires use of debit card to handle reimbursement. Reporting - Question 51 - Firm can not provide all reports Metro requires. *Questionnaire 2: Provider Network* - Question 56 - Firm does not define how and when members would be notified if providers are eliminated. *Questionnaire 3: Pharmacy Formulary* - Question 96 - Firm would limit grandfathering by category. Question 98 - Firm did not provide specifics. Pharmacy Audit - Question 99 - Firm restricts audits to 1 year. Pharmacy Transition - Question 100 - Firm would charge Metro for providing special layouts. Question 105(d) - Additional cost for pre-enrollment tool.

RFQ# 126220 Group Medical Insurance					
Evaluation Criteria	Aetna Life Insurance Company	BLUE CROSS BLUE SHIELD OF TN	Cigna Health & Life Insurance Co	Humana Insurance Company	Sierra Health and Life Insurance - A United Healthcare entity
<b>Medicare Advantage Plan</b>					
<b>Licensing Requirements</b>	Yes	Yes	Yes	Yes	Yes
<b>Background Check Acceptance</b>	Yes	Yes	Yes	Yes	Yes
<b>Solicitation Acceptance</b>	Yes	Yes	Yes	Yes	Yes
<b>Contract Acceptance</b>	Yes	Yes	Yes	Yes	Yes
<b>ISA Questionnaire Completed and Terms Accepted</b>	Yes	Yes	Yes	Yes	Yes
<b>Experience, Account Management and Account Administration (30 Points)</b>	21	9	7	30	24
<b>Provider Network Access (19 Points)</b>	19	11	5	18	15
<b>Pharmacy (9 Points)</b>	7	5	5	9	6
<b>Tools, Communications, Health Management, Reporting and Performance (7 Points)</b>	5	3	4	5	5
<b>Diversity Survey (5 Points)</b>	5.00	4.50	4.00	5.00	5.00
<b>Pricing (30 Points)</b>	30.00	17.54	23.14	25.69	15.27
<b>Totals</b>	<b>87.00</b>	<b>50.04</b>	<b>48.14</b>	<b>92.69</b>	<b>70.27</b>

**Strengths & Weaknesses**

**Aetna Life Insurance Company**

**Strengths:** *Questionnaire 2: Network and Geographic Coverage - Question 35 - Great employee training for senior sensitivity. Question 43 - Firm has best network coverage. Question 45 - Firm's turnover percentages have been trending down. Questionnaire 4: Clinical Care and Management Programs - Question 87 - Firm did not demonstrate tools that could educate members and assist them. Member Communications - Question 90 - Firm described their willingness to and flexibility to modify the language in the welcome kit. The firm's Diversity Practices fully met expectations.*

**Weaknesses:** *Questionnaire 1: - Requirements - Description of Requirements were not specific enough. Account Management - Question 12 - Number of subcontractors that are connecting with members in key areas. Account Administration - Question 19 showing Five Star rating trending down over past three years. Question 20(b) Did not answer question correctly, no explanation of 3 star ratings. Question 22 - Did not provide enough details in answer. Member Services - Question 38 (g) Can not provide Metro representative call recordings and transcripts if requested. Questionnaire 3: Pharmacy & Clinical Utilization Management - Question 51 - Firm's program did not address opiate management. Pharmacy Formulary - Question 71 - Firm will not grandfather existing members. Questionnaire 4: Member Tools and Programs - Question 80,81 - Firm will not provide health fairs for seniors and dental benefit not clear and do not meet existing. Dental benefit did not agree to match Metro's current plan design without incorporating additional cost. Did not agree to match Metro's current plan design for acupuncture services without incorporating additional cost.*

**BLUE CROSS AND BLUE SHIELD OF TN**

**Strengths:** The firm's Diversity Practices met expectations.

**Weaknesses:** *Questionnaire 1: Experience - Questions 1 and 2 - Firm does not have experience managing large plans and firm did not provide examples of providing MA plans to large groups. Question 3 - Firm not showing large percentage of renewals. Question 4 - Firm's answer does not demonstrate growth in this sector. Question 5 - Book of business shows limited experience in sector. Question 6 - Proposed staffing information is vague. Question 11 - Answer lacked details. Question 16 - Answer does not align with Metro's requirements. Account Administration - Question 19 - Overall Five Star Quality Ratings were lower than expected. Question 30 - Answer not acceptable to Metro current processes, Metro's expectations are for provider to resolve and Metro assist if needed. Question 34 - no dedicated Medicare Advantage experience Metro Account team. Questionnaire 2: Network and Geographic Coverage - Question 44(e) - Firm not expanding their network. Question 45 - Firm's turnover percentages trending down. Question 46 - Firm's answer not thorough. Question 47 - Firm did not provide any details. Questionnaire 3: Pharmacy Organization - Question 50 - Firm has had Data Breach in last 3 years. Pharmacy Transition - Question 73 - Not clear on process to transition prior authorizations. Question 74 - Answer not acceptable to Metro. Question 75 - Firm would charge Metro for claims data. Questionnaire 4: Member Tools and Programs - Question 78 - Firm did not provide a website. Question 79(d) - Firm does not offer pricing comparison tools. Question 80 - Firm not offering at least matches to exiting benefits. Question 81(a,b,c,d) Firm did not provide details Clinical Care and Management Programs - Question 87 - Firm did not provide details on tools. Member Communications - Question 90 and 91 - Firm non-committal on willingness to modify welcome kit language.*

**Cigna Health & Life Insurance Co**

**Strengths:** *Questionnaire 4: Member Tools and Programs - Question 78 - Firm offers a website for prospective members and provided a link to it. The firm's Diversity Practices met expectations.*

**Weaknesses:** *Questionnaire 1: Experience - Question 3 - Firm's renewal rate lowest of all firms. Question 5 - Book of business lacks complete geographical coverages required by Metro and lacked details. Account Management - Question 7 - Firm did not answer. Account Administration - Question 19 - Firm did not provide data for this answer. Question 28 - Turnaround time for resolution to issues is unacceptable to Metro. Question 31 - Firm does not accept retroactive enrollments and disenrollments. Question 35 - Description of training program lacked detail. Member Services - Questionnaire 2: Network and Geographic Coverage - Question 44(d) Firm's answer is vague. Question 44(e) - Firm's answer not specific. Question 45 - Firm did not provide any data. Question 46 - Firm's answer not thorough. Question 47 - Firm did not provide any details, no mention of physician contracts. Questionnaire 3: Pharmacy Clinical & Utilization Management - Question 58 - Firm did not provide information on specialty assistance programs. Pharmacy Formulary - Question 67 - Firm's formulary showing increase in prices. Pharmacy Transition - Question 73 - No process for prior authorizations and no process to transfer previous vendor. Question 74 - Not clear on process to transition prior authorizations. Questionnaire 4: Member Tools and Programs - Question 77 - Firm did not provide a link. Question 80 - Firm not offering at least matches to exiting benefits. Question 81(a,b,c,d) Firm did not provide details. Member Communications - Question 90 - Firm did not demonstrate willingness to modify language in the welcome kit.*

**Humana Insurance Company**

**Strengths:** *Questionnaire 1: Experience - Question 5 - Firm's Book of Business is robust and covers all 50 states. Account Management - Question 11 - Firm commits to assigning no more than two (2) implementations at one time to one implementation manager. Question 15 - Firm can set up customer call center by August 2022. Account Administration - Question 19 - Fire Start Quality scores trending up. Question 22 - Answer was thorough and data driven. Question 34 - Firm will provide a dedicate claim representative. Member Services - dQuestion 37 - Firm will provide a holistic approach to customer service and infrastructure. Question 39 - Firm has low turnover rate of call center representatives. Questionnaire 2: Network and Geographic Coverage - Question 43 - Firm's network coverage is good. Question 44 - Firm's approach is customer centric. Questionnaire 3: Pharmacy Organization - Question 48 - Firm would provide an on call pharmacist. Pharmacy Formulary - Question 71 - Firm would grandfather existing members. Pharmacy Transition - Question 74 - Firm would provide temporary transitional drugs. Question 75 - Firm agrees to provide 24 months of complete claims data. Questionnaire 4: Member Tools and Programs - Question 78 - Firm offers a website for prospective members and provided a link to it. Member Communications - Question 90 and 91 - Firm described their willingness to and flexibility to modify the language in the welcome kit. The firm's Diversity Practices fully met expectations.*

**Weaknesses:** *Questionnaire 2: Geographic Coverage - Question 45 - Firm's turnover percentages not trending improvement.*

**Sierra Health and Life Insurance - A United Healthcare entity**

**Strengths:** *Questionnaire 1: Account Administration - Question 19 - In 2022, Firm's Five Star Rating was a five (5). Questionnaire #3: - Pharmacy Network - Question 59 - Firm has a large pharmacy network. Questionnaire 4: Member Tools and Programs - Question 80 - Firm is offering transportation assistance for health related needs. The firm's Diversity Practices fully met expectations.*

**Weaknesses:** *Questionnaire 1: Account Management - Question 6 - Firm's staffing plan did not identify dedicated leads. Question 9 - Firm's answer lacked detail. Question 16 - Firm did not agree to Metro's current requirement for auditing. Question 17 - Answer lacked details. Account Administration - Question 26 - Answer lacked detail. Question 29 - Firm's answer not clear. Question 35 - Firm's training program does not seem adequate. Member Services - Question 40 - Firm's answer does not provide complete answer. Question 41 - Firm will not arrange to provide drugs to be administered in members homes. Questionnaire 2: Network and Geographic Coverage - Question 43 - Firm's provider network not strong. Question 44(e) - Firm's not expanding network. Question 45 - Firm's turnover percentages not trending improvement. Question 46 - Firm's answer lacked detail. Questionnaire 3: Pharmacy Clinical & Utilization Management - Question 21 - Majority of PAs will transfer except for high risk meds. Question 51 - Answer lacked details. Questionnaire 4: Member Communications - Question 80 - Dental Program is at an added cost, does not meet Metro's existing plan design. Question 90 and 91 - Firm non-committal on willingness to modify welcome kit language.*

Solicitation Title & Number			RFP Cost Points
Group Medical Insurance; RFQ# 126220			30
Offeror's Name	Total Bid Amount	SBE/SDV Participation Amount	RFP Cost Points
Aetna Life Insurance Company	\$625,806,000.00	\$0.00	29.15
BLUE CROSS BLUE SHIELD OF TN	\$616,469,000.00	\$0.00	29.59
Cigna Health & Life Insurance Co	\$637,239,000.00	\$0.00	28.63
Humana Insurance Company	\$677,212,000.00	\$0.00	26.94
Unit Heathcare Services	\$608,074,667.00	\$0.00	30.00
* Cost Proposals for PPO			



Solicitation Title & Number			RFP Cost Points
Group Medical Insurance; RFQ# 126220			30
Offeror's Name	Total Bid Amount	SBE/SDV Participation Amount	RFP Cost Points
Aetna Life Insurance Company	\$628,137,000.00	\$0.00	29.39
BLUE CROSS BLUE SHIELD OF TN	\$622,525,000.00	\$0.00	29.66
Cigna Health & Life Insurance Co	\$635,114,000.00	\$0.00	29.07
Humana Insurance Company	\$696,990,000.00	\$0.00	26.49
Unit Heathcare Services	\$615,424,000.00	\$0.00	30.00
* Cost Proposals for ABP			

Solicitation Title & Number			RFP Cost Points
Group Medical Insurance; RFQ# 126220			30
Offeror's Name	Total Bid Amount	SBE/SDV Participation Amount	RFP Cost Points
Aetna Life Insurance Company	\$9,801,000.00	\$0.00	30.00
BLUE CROSS BLUE SHIELD OF TN	\$16,762,000.00	\$0.00	17.54
Cigna Health & Life Insurance Co	\$12,707,000.00	\$0.00	23.14
Humana Insurance Company	\$11,445,000.00	\$0.00	25.69
Sierra Health and Life Insurance - A United Healthcare entity	\$19,362,000.00	\$0.00	15.19
* Cost Proposals for Medicare Advantage			