

# Contract Renewal Evaluation Form

<b>Date:</b>	August 23, 2020
<b>Department:</b>	FINANCE
<b>Contract Number:</b>	19-RFP060519C-MH
<b>Contract Title:</b>	Employee Healthcare Benefit Plan with (A) Blue Cross Blue Shield of Georgia (Atlanta, GA) 'Self- insured POS and HSA" and (B) Kaiser Permanente (Atlanta, GA) "Fully Insured HMO" to provide Medical and Pharmacy benefits to Fulton County eligible active employees, retirees and beneficiaries.

Instructions:

It is extremely important that every contract be rigidly scrutinized to determine if the contract provides the County with value. Each renewal shall be reviewed and answers provided to determine whether services should be maintained, services/scope reduced, services brought in-house or if the contract should be terminated. Please submit a completed copy of this form with all renewal requests.

**1. Describe what efforts were made to reduce the scope and cost of this contract.**

All healthcare contracts went through a formal RFP procurement for plan year beginning 1/1/2020, with four annual renewal options to ensure that Fulton was partnering with the quality and effective vendor partners. Due to the nature of this contract and the level of expertise needed, it would not be feasible or cost effective for the medical plan administrative services to be brought in-house.

**2. Describe the analysis you made to determine if the current prices for this good or service is reflective of the current market. Check all applicable statements and provide documentation:**

The competitive bid process during the last procurement that was effective 1/1/2020 included negotiations for value added services. The 2022 plan year will exercise the second of four renewal option of the contract cycle.

**Internet search of pricing for same product or service:**

Date of search: RFP Review Process

Price found: [Click here to enter text.](#)

Different features / Conditions: [Click here to enter text.](#)

Percent difference between internet price and renewal price: [Click here to enter text.](#)

**Explanation / Notes:**

[Click here to enter text.](#)

**Market Survey of other jurisdictions:**

Date contacted:	Click here to enter a date.
Jurisdiction Name / Contact name:	Click here to enter text.
Date of last purchase:	Click here to enter a date.
Price paid:	Click here to enter text.
Inflation rate:	Click here to enter text.
Adjusted price:	Click here to enter text.
Percent difference between past purchase price and renewal price:	Click here to enter text.
Are they aware of any new vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they aware of a reduction in pricing in this industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How does pricing compare to Fulton County's award contract?	Click here to enter text.

**Explanation / Notes:**

Click here to enter text.

**Other (Describe in detail the analysis conducted and the outcome):**

3. **What was the actual expenditure (from the AMS system) spent for this contract for previous fiscal year?**

Anthem - \$57,364,306.06

Kaiser - \$27,040,000.98

4. **Does the renewal option include an adjustment for inflation?**       Yes       No  
(Information can be obtained from CPI index)

**Was it part of the initial contract?**       Yes       No

Date of last purchase:	Click here to enter a date.
Price paid:	Click here to enter text.
Inflation rate:	Click here to enter text.
Adjusted price:	Click here to enter text.

Percent difference between past purchase price and renewal price: [Click here to enter text.](#)

**Explanation / Notes:**

[Click here to enter text.](#)

**5. Is this a seasonal item or service?**  Yes  No

**6. Has an analysis been conducted to determine if this service can be performed in-house?**  Yes  
 No **If yes, attach the analysis.**

Adequate expertise, staffing levels and resources do not exist in-house to administer the types of services required.

**7. What would be the impact on your department if this contract was not approved?**

Inability to administer plan designs and other contract requirements for medical and pharmacy benefits to eligible employees, retirees, beneficiaries and covered dependents.

Melissa Barnett, Benefits Manager

August 23, 2021

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**Prepared by**

Hakeem Oshikoya, Finance Director

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**Date**

August 23, 2021

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**Department Head**

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**Date**