Contract Renewal Evaluation Form

| Date: | | |
|------------------|--|--|
| Department: | | |
| Contract Number: | ntract Number: 19RFP10172019C-BKJ | |
| Contract Title: | Healthcare Benefit Consulting Services | |

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.

A formal RFP procurement was done effective 2020 to ensure that Fulton partner with the most effective and efficient vendor. Scope of services was amended to include benefit claim audit service is in accordance with the approved specifications.

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 2020 included evaluation of the best vendor at the most effective price. This option exercises the final of the two annual renewal options of this contract.

☐ 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.

| in market survey or 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? | ☐ Yes | □ No | | |
| Are they aware of a reduction in pricing in this industry? | ☐ Yes | □ No | | |
| How does pricing compare to Fulton County's award contract? | 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? \$195,568.00 paid in 2020. | | | | |
| 4. Does the renewal option include an adjustment for inflation? (Information can be obtained from CPI index) | □ Yes | ⊠ No | | |
| Was it part of the initial contract? | ☐ Yes | □ No | | |
| Date of last purchase: | ick here to enter a | date. | | |
| Price paid: | ick here to enter tex | ĸt. | | |
| Inflation rate: | ick here to enter tex | ĸt. | | |
| Adjusted price: | ick here to enter tex | ĸt. | | |
| Percent difference between past purchase price and renewal price: | ick here to enter tex | kt. | | |
| 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 i ⊠ No If yes, attach the analysis. | f this service can be performed in-house? Yes | |
|-----------------|---|---|--|
| | Adequate expertise, staffing levels and resour services. | rces do not exist in-house to handle this type | |
| 7. | What would be the impact on your department if this contract was not approved? | | |
| | Lack of industry expertise needed to evaluate compliance with plan terms, contractual guide requirements. | • | |
| | Melissa Barnett, Benefits Manager | December 7, 2021 | |
| | Prepared by | Date | |
| | Hakeem Oshikoya, Finance Director | December 7, 2021 | |
| Department Head | | Date | |
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