Contract Renewal Evaluation Form

| Date: | August 3, 2022 |
|------------------|---|
| Department: | FINANCE |
| Contract Number: | RFP 19-RFP060519C-MH |
| Contract Title: | \$237.68 per enrollee per month, Basic Medicare Advantage Plan \$280.34 per enrollee per month, Enhanced Medicare Advantage Plan ((optional buy-up) |

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.

Aetna administers the Basic and Enhanced fully-insured Medicare Advantage Plans on behalf of the County to Medicare eligible retirees, beneficiaries and eligible dependents. All healthcare plans went through a formal procurement in 2019. Due to the nature of this contract and the level of expertise needed, it would not be feasible or cost effective for the Medicare Advantage 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 included no premium rate increase for 2022. The 2023 plan year will exercise the third of four renewal options of the contract cycle. The proposed premium renewal increase for 2023 is 3.7% for the Basic Plan and 4.7% for the Enhanced Plan.

| ☐ Internet search of pricing for same product or service: | | | | |
|---|----------------|---------------------------|--|--|
| Da | ate of search: | RFP Review Process | | |
| | Price found: | Click here to enter text. | | |

| | Different features / Conditions: | Click here to e | filei lext. |
|--|--|-----------------------------|------------------------|
| Percent difference betwee | n internet price and renewal price: | Click here to e | enter text. |
| Explanation / Notes: | | | |
| Click here to enter text. | | | |
| | | | |
| | | | |
| | | | |
| ☐ Market Survey of other jurisdic | tions: | | |
| Date contacted: | | Click here to e | enter a date. |
| Jurisdiction Name / Contact na | urisdiction Name / Contact name: Click here to enter text. | | 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 pa price: | st purchase price and renewal | Click here to enter text. | |
| Are they aware of any new ver | ndors? | ☐ Yes | □ No |
| Are they aware of a reduction i | | ☐ Yes | □ No |
| | Fulton County's award contract? | Click here to enter text. | |
| | | | |
| Explanation / Notes: | | | |
| Explanation / Notes: Click here to enter text. | | | |
| • | | | |
| • | nalysis conducted and the outcom | e): | |
| Click here to enter text. | nalysis conducted and the outcom | e): | |
| Click here to enter text. Other (Describe in detail the an What was the actual expenditure) | | | revious fiscal |
| Click here to enter text. ☐ Other (Describe in detail the an What was the actual expenditure (year? | | | revious fiscal |
| Click here to enter text. Other (Describe in detail the an What was the actual expenditure) | | | revious fiscal |
| Click here to enter text. Click here to enter text. Other (Describe in detail the and what was the actual expenditure expenditure) \$4,856,467.22 | | | revious fiscal |
| Click here to enter text. Click here to enter text. Other (Describe in detail the and What was the actual expenditure expenditure) \$4,856,467.22 | | | revious fiscal ⊠ No |

3.

| Was it part of the initial contract? | ☐ Yes | □ No | | | |
|---|------------------------------------|-------------|--|--|--|
| Date of last purchase: | Click here to enter a | a date. | | | |
| Price paid: | Click here to enter t | ext. | | | |
| Inflation rate: | Click here to enter t | ext. | | | |
| Adjusted price: | Click here to enter t | ext. | | | |
| Percent difference between past purchase price and rer | newal price: Click here to enter t | ext. | | | |
| Explanation / Notes: | · | | | | |
| Click here to enter text. | | | | | |
| 4. Is this a seasonal item or service? ☐ Yes | ⊠ No | | | | |
| 5. Has an analysis been conducted to determine if t☑ No If yes, attach the analysis. | his service can be performed in-h | ouse? □ Yes | | | |
| Adequate staffing levels, expertise and reso type services. | urces do not exist in-house to | handle this | | | |
| 6. What would be the impact on your department if | this contract was not approved? | | | | |
| Inability to administer requirements of the Medicare Advantage Plan as a fully-insured option to eligible retirees, beneficiaries and dependents. | | | | | |
| Melissa Barnett, Benefits Manager | August 3, 2022 | | | | |
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| Prepared by | Date | | | | |
| Hakeem Oshikoya, Finance Director | August 3, 2022 | | | | |
| Department Head | Date | | | | |