

**REQUEST FOR PROPOSAL**  
**FOR**  
**INSURANCE BROKER/CONSULTANT SERVICES**  
**RELATING TO THE EMPLOYEE**  
**HEALTH AND BENEFIT PLANS**

REQUEST MADE BY: **Pulaski County Commissioners**

REQUEST MADE: **May 06, 2019**

RESPONSE DEADLINE: **June 7, 2019**

DELIVER PROPOSAL (ORIGINAL PLUS 7 COPIES) plus email one pdf format to:  
**[pulaskiauditor@pulaskicounty.in.gov](mailto:pulaskiauditor@pulaskicounty.in.gov)**

## **NOTICE REGARDING PROPOSAL REVIEW AND ACCEPTANCE:**

This Request for Proposal (RFP) does not commit the County to award a contract or to pay any costs incurred for any services. The County, at its sole discretion, reserves the right to accept or reject any or all proposals received as a result of this RFP, to negotiate with any qualified source(s), or to cancel this RFP in part or in its entirety.

The County may waive any irregularity in any proposal. All proposals will become the property of the County.

Any proposal will become a part of a public record subject to Indiana's Open Door Law. Financial information submitted by any offeror will be considered confidential and not subject to public disclosure. **PLEASE NOTE: ANY PROPRIETARY INFORMATION INCLUDED WITH AN OFFER OTHER THAN FINANCIAL INFORMATION MUST BE MARKED AS SUCH OR IT WILL BE SUBJECT TO PUBLIC DISCLOSURE.** Labeling all materials submitted as proprietary will cause the Proposal to be rejected.

In addition to review of information and material submitted in response to this RFP, the County reserves the right to consult with an independent and disinterested professional in reviewing proposals. Proposals will be evaluated in terms of compliance and responsiveness to items identified in the RFP, relevant experience and proven successes, ability to perform the scope of services, communicate and report, and fit, without prejudice to consideration of other factors implicit in the RFP.

While price is an important consideration, it will not necessarily outweigh the consideration of other factors.

Proposals submitted in response to the RFP do not need to be accompanied by a certified check, but should include information relating to financial responsibility of the Proposer as part of the company profile submission identified in the RFP.

The County reserves the right to conduct discussions with responsible offerors determined to be reasonably susceptible of being selected, with the objective of obtaining best and final offers.

## **NON-DISCRIMINATION**

The Provider shall not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin. The Provider shall take affirmative action to insure that applicants are employed, and that employees are treated during their employment, without regard for their race, religion, color, sex, or national origin or any other protected class. Such actions shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff, or termination; rates of pay, or other forms of compensation; and selection for training including apprenticeship.

## Title VI, Civil Rights Act of 1964, and Americans with Disabilities Act Compliance

During the performance of this contract, the Provider, for itself, its assignees and successors in interest agrees as follows:

**Compliance with Regulations:** The Provider shall comply with the regulations relative to non-discrimination in federal and state programs, which are incorporated by reference and made a part of this RFP and any contract.

**Non-Discrimination:** The Provider, with regard to work performed by it during the contract, shall not discriminate on the grounds of race, color, sex, disability, national origin, or any other protected class in the selection and retention of subcontractors, including procurement of materials and leases of equipment. The Provider shall not participate either directly or indirectly in the discrimination prohibited by any Federal, State or Local law.

**Solicitations for Subcontracts, Including Procurement of Materials and Equipment:** In all solicitations either by competitive bidding or negotiation made by the Provider for the work to be performed under a subcontract, including procurement of materials or leases of equipment, each potential subcontractor or supplier shall be notified by the Provider of the Provider's obligations under this contract and the Regulations relative to non-discrimination on the grounds of race, color, sex, disability, national origin or any other protected class.

**Information and Reports:** The Provider shall provide all information and reports required by any Federal, State or local directives issued pursuant thereto, and shall permit access to its books, records, accounts, and other sources of information and its facilities as may be determined by the County to be pertinent to ascertain compliance with any Federal, State or Local law.

**Sanctions for Non-Compliance:** In the event of the Provider's non-compliance with the non-discrimination provisions of this RFP or contract, the County shall impose appropriate sanctions, including, but not limited to the following:

- a. Withholding of payments to the Provider under the contract until the Provider complies, and/or,
- b. Cancellation, termination, or suspension of the contract, in whole or in part at the sole discretion of the County.

**E-Verify Certification:** The Provider, and all subcontractors acting on behalf of the Provider, shall submit E-Verify Certifications to the County as part of any contract.

## **I. SCOPE OF SERVICES**

County Board of Commissioners hires an insurance broker/consultant to provide services to the County in connection with the County's Health Plan and other employee benefits. The selected broker/consultant will perform a full range of services related to the acquisition of stop loss coverage, selection and monitoring of pre-certification and third party administration of claims, implementation, enrollment, maintenance, communication and improvement of our employee health plan and employee benefits. In addition, the broker/consultant will be active in selection of a provider and evaluation and monitoring of the County's health clinic.

The selected broker shall provide services, including, but not limited to, the following:

### **A. Analysis and Reporting**

1. Analyze existing coverage and identify or develop cost/saving alternative benefit strategies and plans.
2. Assist in the development of long/range goals and strategies, including making projections of potential savings.
3. Assist in monitoring and analyzing experience trends and providing timely alerts on changing patterns and appropriate recommendations.
4. Provide, maintain and update comparison reports of other public and private companies/benefit plan offerings and costs to determine their competitiveness with programs.
5. Provide COBRA administration.
6. Provide financial and/or performance reviews of self/funded plans and programs.
7. Prepare, provide, and present various types of reports as needed. Including but not limited to: cost analysis for benefit changes; statistical, financial, forecasting, trend, or experience reports; new products and claim audit reports.
8. Regularly monitor & evaluate performance & guarantees for providers, as frequently as on a monthly basis.

## B. Problem solving

1. Act as liaison between plan providers and us (stop-loss, TPA, pre-cert, etc.).
2. Provide day-to-day consultation on plan interpretation and problem resolution, including, but not limited to, explanation of plans, and assisting employees with selecting plans that meet their needs and responding to questions regarding claim status.
3. Provide timely customer service and assistance to staff, employees and retirees with issues involving provider billing, claims, vendor service issues/problems, advocacy for services, disputes, interpretation of contracts and services, changes and general troubleshooting.
4. Participate and assist as necessary in appeal, arbitration or court process between ourselves and employees and providers on unresolved issues if needed and provide advice when needed to enforce entity, employee, retiree or their dependents' rights.
5. Assist in proactive mitigation of negative impacts or disruption of services to employees and retirees from benefit and/or provider network changes.

## C. Compliance

1. Assist with ongoing plan administration and ensure that programs are in compliance with Local, State, and Federal legislation, including but not limited to the Affordable Care Act as it pertains to the County's benefit program(s).
2. Provide on/site training to staff, as needed, regarding regulatory updates and/or Best Practice seminars for the effective administration of benefits plan.
3. Review and disseminate information to staff on new or revised State and Federal legislation that affects benefits programs.
4. Assist staff with annual audit to ensure compliance with all mandated reporting and posting/notice requirements for benefit plans.
5. Develop and/or assist in developing communication materials and tools for conducting dependent verification audits.
6. Coordinate with actuary to achieve compliance with GASB.

#### D. Annual Renewal Process and Evaluation

PARTICIPATION IN THE ACTIVITIES LISTED BELOW SHALL OCCUR AT INTERVALS IDENTIFIED BY THE COUNTY TO BEST SUIT ITS PREPARATION AND ADOPTION OF AN ANNUAL BUDGET, AND MAY REQUIRE ATTENDANCE AT MEETINGS FOR THAT PURPOSE, IN ADDITION TO OTHER MEETINGS OUTLINED BELOW.

1. Establish a strategy for benefits, both annually and three to five years in the future. Consider trends, prospective legislation, new delivery systems and geographic healthcare practices to make long/term projections.
2. Review and make cost-saving recommendations regarding the modification of plan design, benefit levels, premiums, communications and quality of current employee benefit plans.
3. Recommend appropriate contribution rates and reserves to maintain the viability of the plans to ensure that quality and cost-effective benefits are provided by the plans.
4. Provide annual estimates of renewal rates and cost trends to assist County in preparation of budget figures.
5. Conduct thorough and applicable market research in preparation for contract renewals with respect to all contractors providing services in connection with health plan and employee benefits.
6. Represent in all negotiations with providers on various topics, including, but not limited to, premiums, benefit levels and plan design, performance measures and guarantees, contractual terms and conditions, and quality assurance standards.
7. Make recommendations for items of negotiation with providers, including, but not limited to, benefit levels and plan design, premiums, quality of service, performance measures and guarantees, and return on investment, where applicable.
8. Prepare specifications and compile data, obtain quotes and proposals, negotiate rates and analyze and compare proposals.
9. Review rate proposals to ensure underlying assumptions are appropriate and accurate.
10. Attend and coordinate Open Enrollment proceedings. Provide communication development and support for the annual open enrollment period, new benefit offerings and/or changes to the existing benefits offerings.
11. Promote health assessments and wellness clinics.

12. Identify and recommend service providers who will provide superior service and savings to the County and its employees with respect to medical and Rx coverage, where applicable.

E. Other Service Requirements

1. Assist in the improvement and implementation of employee wellness program to improve employee health and reduce employee and retiree health care costs, both in the short-term and in the long-term.
2. Recommend and help develop enhancements and improvements for communications specific to the needs of employees and retirees, including, but not limited to, brochures, pamphlets, matrices, comparison charts, summaries, electronic communications, forms, and employee orientation materials.
3. Develop and/or assist in developing and evaluating employee/retiree needs and satisfaction surveys.
4. Review and evaluate current administrative processes related to enrollment and billing. Recommend and assist with implementation of administrative process enhancements.
5. Provide services listed on Schedule A to the extent such services have not been identified above.

## **INSTRUCTIONS TO PROPOSERS**

### **A. Examination of Proposal Documents**

By submitting a proposal, the proposer represents that it has thoroughly examined and become familiar with the work required under this RFP and that it is capable of performing quality work to achieve objectives.

### **B. Submission of Proposals**

Licensed insurance brokers are invited to submit proposals outlining their qualifications, competence and capability to provide access to group health insurance products and related services for the account. The purpose of this process is to choose a Broker of Record to represent the County in matters concerning medical (including RX coverage), dental, vision, life, accidental death and dismemberment plans for a period as long as three (3) years, which an option by County, in its discretion, to extend for at least two (2) additional one year periods.

The proposer shall submit one (1) original and (7) copies of its proposal in a sealed container, addressed as noted above, bearing the proposer's name and address and clearly marked as a proposal in response to the County's request.

### **C. Access to Background Information**

To assist Proposers in responding to the RFP, the County has created a link for online access to information and materials, located at [gov.pulaskionline.org](http://gov.pulaskionline.org)

### **D. Questions**

There will be a window starting on **May 7, 2019** and ending **June 7, 2019**, during which questions regarding this RFP may be submitted. All questions submitted and responses will be uploaded and accessible via the link set forth above.

## **II. PROPOSERS' MINIMUM QUALIFICATIONS**

1. The proposer shall have experience in Indiana providing brokerage and benefits consulting services to public entities. The firm shall have provided such services to jurisdictions whose service populations are similar in size and complexity.
2. The proposer must be legally authorized to do business in the State of Indiana and shall meet all licensing and other requirements imposed by State and Federal laws and regulations.



3. The proposer shall have experienced management staff, possessing comprehensive knowledge of benefit administration pertaining to public employers.
4. The proposer shall possess knowledge of applicable laws, regulations and codes and shall be familiar with local conditions and trends relating to group insurance in Indiana.
5. The proposer's office must provide assurance of reasonable staffing continuity over the contract period.
6. Must provide name, position, and cell phone number and email of representative available on a 24/7 emergency basis should the need arise for such contact.
7. Submit a one-sentence statement that summarizes why your firm should be the best choice for selection by the County. (Remember, run-on sentences will not be favored; try to limit to 50 words. ("We provide honest, straightforward advice, and competent, professional services, with cost-effective results."))
8. A statement that the proposal shall remain valid for a period of not fewer than ninety (90) days from the due date for proposals.
9. For each public entity, which you are currently serving, state the "all-in" cost per employee for 2019-2020 for that entity's health plan. "All-in" means all amounts paid in connection with the health plan, including, but not limited to all claims paid, administrative expenses, network fees, employee clinic costs, etc.
10. Provide examples of technology solutions proposer has provided to clients to ease the administrative burden to the County for the administration of all employee benefit plans.

## **IV. PROPOSAL FORMAT AND CONTENT**

### **A. Format**

Proposals shall be made in the official name of the firm or individual under which the vendor's business is conducted (including the official business address). Proposals shall be typed and be as brief as possible and not include any unnecessary promotional materials. Seven (7) copies of the proposal are required.

### **B. Content (use tabs to separate items 1 -12)**

1. **General Information:** Complete the attached General Information Form (Schedule B) and place the form in the front of all proposal submission. This form should be signed by a person duly authorized to bind the firm and proposed account team to submit a response to this RFP solicitation.
2. **Submit evidence showing compliance with the Minimum Qualification Requirements set forth above.**
3. **Consultant Questionnaire (Schedule C) and include with proposal submission.**
4. **Profile of Firm:** This section shall include the firm name, date established and the address of the office that would be assigned the account. Include a brief description of the firm's history, size, growth, philosophy and culture, number of employees and number of years in business under the same name, including specific experience with the public sector. Include a discussion on the firm's financial stability, capacity and resources. Additionally, this section shall include a listing of any lawsuit or litigation and the result of that action resulting from: (a) any project undertaken by the proposer or by its subcontractors or affiliates where litigation is still pending or has occurred within the last ten (10) years; or (b) any type of project where claims or settlements were paid by the proposer or its insurers within the last ten (10) years.
5. **Qualifications of the Firm:** This section shall include a brief description of the proposer's and any sub consultant's qualifications and summary of previous experience on similar or related projects. Provide a firm and an account team client list from the past five (5) years, including any and all public entity client accounts, and a description of pertinent insurance programs

negotiated for those entities; the number of covered employees/retirees for each client; the period services have been provided to each account; the total project cost; and a brief statement of the firm's adherence to the schedule and budget for each project. Include as account contacts individuals who may be contacted for references (use Schedule D format). Be sure to list contact name, organization, title, e-mail address and telephone number for each account.

To the extent the firm may be required to receive, hold, or pay any County funds, the Firm may be required to be bonded or insured. Please confirm that the Firm has appropriate coverage or bonding ability for handling money belonging to the County

6. Project Staffing: The proposer is required to list the key individuals who will be assigned to the account, their qualifications and disciplines. The proposer's staff member who will be handling the account will be an important factor considered by the Review Board. This section shall discuss how the proposer would propose to staff this project. The proposer shall include the following:
  - a. Identify the names and office locations of the Account Manager and key personnel who will be assigned to the account. Describe their areas of responsibility and their education, experience and professional qualifications in those areas with emphasis on public sector organizations.
  - b. List the experience and education requirements and standards for Account Manager.
  - c. Provide a complete description of the organizational structure of the company and the method by which work is accomplished. Include an organizational work flow chart with description of duties of the proposed account team members, as well as the size or total number of accounts or clients each individual handles.
7. Services: Describe the following:
  - a. A complete description of services to be provided. Include both services outlined in this written

request, as well as additional recommended services, including a description of any and all unique consulting or brokerage services the firm will offer, please specify if these services are to be provided by the firm's staff or through an affiliate of the firm.

- b. A description of the group medical, dental, vision, life, accidental death and dismemberment, short and long-term disability premium volume handled by the firm and by the specific office to which the account would be assigned.
  - c. A list of the principal insurance markets utilized by the firm in the order of premium volume placed with each market. This listing should be categorized by line of coverage: medical, dental, vision, life, accidental death and dismemberment.
  - d. A description of technical or professional support available at no extra cost through the firm, such as legal counsel, communications, technology support or others.
  - e. A sample work plan for insurance renewal and negotiations.
8. Client Communication: Describe the following:
- a. Proposal to maintain open and prompt communication with County Human Resources, employees, retirees and staff seeking assistance from the selected broker.
  - b. Proposal to maintain open and prompt communication with all staff involved in benefit issues.
9. Provide information regarding company's financial status and stability.
10. Provide evidence of proposer's professional liability coverage.

## 11. Cost/Pricing Information:

This section shall include the proposer's price for performing the services discussed in the scope of work. Proposers are encouraged, but not required, to quote an annual total fixed flat fee for completing all requirements outlined in the Scope of Work. For all fees requested above, quote for first year and for each of the additional two years that may follow. The annual total fixed fees shall be inclusive of all expenses and costs, including direct labor, indirect costs and profit.

Include a comprehensive specific description indicating how the firm would price the account and the estimated annual cost of the services. Indicate whether pricing is based on an annual fee, fee for service, commission or a combination of two or more. Include any and all commissions and fees that the firm would expect to receive from the existing programs for services requested herein, as well as additional services that are being recommended. Identify any split commission or joint marketing arrangements with other agents, brokers, firms or associations. With this description, please include an explanation as to how the firm would provide the best price at the time of negotiations.

State your preference for how payments should be made (e.g., monthly, quarterly, semiannually).

The County reserves the right to review and/or audit any records of the selected broker related to commissions, fees, etc. related to the account.

## 12. OTHER. Proposals shall also include:

- a. Descriptions of any affiliations or business relationships with any employee, officer, contractor or official of the entity.
- b. The selected broker's office hours (all locations) and availability of all staff members assigned to the account, including a list of dates the office is closed and/or staff is unavailable due to holidays, vacations and other reasons.
- c. Details of any changes in ownership that have occurred in the last three (3) years. Details of any anticipated mergers, transfers of organization or ownership, management or departure of key staff members within the next twelve (12) months.
- d. Identify and describe any parent or affiliated companies and /or joint ventures. Please discuss any potential conflict of interest with consulting/management that may occur as a result of your firm's relationship with such affiliates and/or joint venture.
- e. Complete schedule E showing work plan.

## SCHEDULE A (List of services required)

### **RENEWAL SERVICES**

- Underwriting analysis of renewal
- Interpretation of claims analysis
- Claims analysis to isolate problematic areas
- Midyear renewal and Stop loss insurance carrier contract renewal
- Carrier evaluation
- Voluntary needs analysis and market study
- RFP creation (Stop Loss/Clinic/TPA, etc)
- Plan design modeling
- Ancillary lines of coverage renewal

### **STRATEGIC SERVICES**

- Employee questionnaires
- Creation of employee benefits strategic plan
- Health plan benchmark report for comparison
- New employee administration
- Ongoing service with carrier

### **ENROLLMENT**

- Employee enrollment meetings/Employee plan selector education
- Enrollment communication campaign
- Collection and review of enrollment materials (videos, posters, etc.)
- Enrollment communication to carrier
- Retirement plan administration

### **EMPLOYEE COMMUNICATIONS**

- Daily accessibility to County Employees
- Benefits Education campaign
- Total compensation statements
- Wellness clinic campaign

### **LEGISLATIVE COMPLIANCE**

- Health Care Reform and Penalty Modeling
- Section 6055 and 6055 Reporting
- Cadillac Tax Calculator
- Customized Plan Documents and SPDs
- Summary Plan Description audit
- COBRA, HIPAA, FMLA
- Section 125
- Medicare Part D
- Additional Employment law compliance

### **MISCELLANEOUS**

- Assisting with Subrogation matters
- Direct Facility Contract Negotiation
- Managing the Medical Appeal Process
- Drafting Interlocal Contracts

**SCHEDULE B**

**GENERAL INFORMATION FORM**

(To be completed by the proposer and placed at the front of your proposal)

Legal Name of Firm

Firm's Telephone Number

Street Address

Firm's Fax Number

City/State/Zip

Firm's Web Site Address

Type of Organization (Corporation, Sole Proprietorship, Partnership, etc.)

Business License (documented)

Taxpayer ID Number (Federal)

Name and Title of Project Manager

Name, Title and Phone Number of Person Project Correspondence Should be directed to

E-mail Address

Listing of Major Subcontractors Proposed and Areas of Responsibility/Phone Number

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name and Title of Person Signing Completion of General Information Form

**SCHEDULE C**  
**CONSULTANT QUESTIONNAIRE**

Please submit answers to ALL questions.

1. What is your client to consultant ratio?
2. Does your firm have any conflict of interest policy? If so, please provide a copy.
3. What are three to four key things we should look for when hiring a consultant?
4. What is your firm's policy/standard for returning: Phone calls? E-mails or written questions?
5. If you are the successful new consultant, outline your transition plan with dates, tasks and responsible parties.
6. How many days of advance notice would your company require in order to attend meetings?
7. How do you track and communicate legislative updates to your clients?
8. How do you track and communicate industry trends to your clients?
9. Describe how your firm would handle ad-hoc projects that arise due to changes in legislation or other events, which create additional service needs for us.
10. Provide an example that demonstrates your firm's ability to be proactive in finding opportunities to enhance benefits and services.
11. Should your firm engage the service of a sub consultant for the account, provide the firm's name/names, relevant experience and contact information for the persons who would be the primary and secondary contacts for this engagement, and copies of their biographies/resumes.
12. Would the sub consultant's primary and secondary contacts for this engagement make decisions on behalf of your firm?
13. Tell us how you monitor and report on provider performance.
14. Please provide a description of the services you can provide for COBRA administration, if any, and/or assistance with determining if outsourcing is the best option and the corresponding cost for these services.



15. Please provide a description of the services you can provide for Section 125 Cafeteria Plan administration, if any, and/or assistance with determining if outsourcing is the best option and the corresponding cost for these services.
16. Do you have access to a benefits attorney who could render opinions to us? If so, please provide the cost for this service.
17. For benefits plans (such as Life, Short-/Long-Term Disability and Accidental Death and Dismemberment Insurance) that require completion of claim forms to obtain benefits, what services does your firm provide for assisting eligible participants in filing for and obtaining plan benefits? Please provide the cost for this service.
18. What services does your firm provide for developing Open Enrollment and New Employee Orientation materials? Please provide a separate cost for each program (open enrollment and new employee orientations) if not included in your fee.
19. Describe in detail consumer-driven health products and other health insurance options, as well as all other qualified benefits that could be offered through the Respondent.
20. What service does your firm provide for developing, expanding and improving a Wellness Program? Please provide the cost for this service if not included in fee.
21. Identify and describe how the Respondent can provide or offer incentives for healthy behaviors. The respondent should indicate if their healthy behaviors program conforms to industry trends or if they provide for innovation.
22. Identify and describe how the Respondent can provide for the management of chronic diseases and conditions.
23. Are there any other relevant consulting services that are not listed that you will provide as part of your consulting services to us? Please provide the cost for these service
24. Describe your firm's most noteworthy qualifications for providing the required services. Specifically highlight those qualifications that distinguish you from your competitors
25. List all public agencies to which your firm has provided employee benefits/insurance broker and consulting services.
26. Describe your firm's policy on accepting contingent commissions, or any other sources of income, revenue, consideration, compensation or overrides, in connection with services provided to your clients. Describe your firm's disclosure policy.

27. What internal resources do you use for conducting clinical audits of disease management, wellness, or other health care vendors?
28. What actuarial resources do you have available as a firm? Is access to these personnel included in your core services?
29. Please describe in detail the reports provided to clients on a monthly basis.
30. How do you keep client data secure? Any experience with breaches? How would you handle a breach situation?
31. Do you offer any performance guaranty? What benchmarks would you suggest for measuring performance?

## **SCHEDULE D**

### **CLIENT REFERENCES**

Instructions: Provide at least three current and two past clients. At least two of these clients should be public entities. Copy this form as appropriate.

Name of Client:

Client Address

Client Contact Name(s)  
and Title(s)

Client Contact  
Phone Number(s)

Brief description of work performed for this client (use additional sheets if necessary):

## **SCHEDULE E**

### **WORK PLAN**

1. Overview: This section should establish the Proposer's understanding of the objectives and requirements, demonstrate the Proposer's ability to meet those requirements and outline clearly and concisely the plan for accomplishing the specified work.
2. Describe succinctly how your firm would accomplish the work and satisfy the objectives described in this RFP. If appropriate, divide the work into segments or tasks to represent milestones for measuring progress.
3. Attach as an appendix a sample stop-loss insurance renewal proposal your firm prepared for a client of the size and complexity of the entity. You may redact the client and otherwise exclude information deemed proprietary to the client.