REQUEST FOR PROPOSALS
(RFP) # FY 2016-2017-003

FULLY INSURED GROUP MEDICAL AND PRESCRIPTION BENEFITS

EXHIBIT I - SCOPE OF WORK

PREPARED BY:
CITY OF HALLANDALE BEACH
HUMAN RESOURCES DEPARTMENT
PROCUREMENT DEPARTMENT

INTRODUCTION / INFORMATION

PURPOSE AND PROJECT SCOPE

The City of Hallandale Beach (the City) is requesting qualified proposers to submit proposals for the following coverages/services as further described in this Request for Proposals (RFP):

Fully Insured Medical and Prescription Coverage. Consortiums and/or pools will be considered. Self-insurance will not be considered.

City Hired Consultant

The City has retained the services of the Siver Insurance Consultants as independent risk and insurance management consultants to assist in the RFP production, RFP evaluation and carrier selection. Siver Insurance Consultants will also be responsible for evaluating the Minimum Qualifications of the Proposers and will be responsible for deeming a proposer as responsive or non-responsive. Siver acts solely in its capacity as consultant. The consultant does not participate in commissions from any insurance company, agent or broker, nor does it accept any income from other than its clients.

Health Reimbursement Account (HRA) Administration – For the requested High Deductible Health Plan (HDHP) option discussed further in the RFP, it is requested that a Health Reimbursement Account (HRA) be considered with the HDHP. Proposals are only being solicited in conjunction with medical proposals. Stand-alone HRA proposals will not be considered. The City will only consider one (1) HRA provider option with each proposed insurer. Please provide one (1) HRA proposal in conjunction with the HDHP medical proposal(s).

Online Electronic Enrollment System – Proposals should include an online electronic enrollment system to assist the City both from the administrative side for billings, enrollment, etc. and the employee side to make elections. The enrollment system should be able to encompass all benefits offered by the City including medical, dental, life, disability, etc. Stand-alone enrollment systems will not be considered. The City will only consider one (1) electronic enrollment system option with each proposed insurer.

CURRENT MEDICAL AND RX PLAN

Approximately 1,100 employees, COBRA and retirees and their additional eligible dependents participate in one (1) Cigna HMO health plan which includes prescription drugs.

- The City's HMO plan utilizes the Cigna Nationwide Open Access medical network.

- The City currently utilizes an online enrollment system called Choicelinx Benefit Administration provided through Cigna.

- Consortiums and/or pools will be considered.

- All proposals are expected to comply with a plan year of October 1, 2017 through September 30, 2018.

The following Exhibits are included as part of this RFP, and are obtainable at the City's website at www.cohb.org/solicitations :

Exhibit A – Proposal Forms

Exhibit B.1 and B.2 – Benefits Match-Up – A & B

Exhibit C – Most Utilized Provider Comparison Match-Up

Exhibit D – Medical Census Form

Exhibit E – Medical Rates, Monthly Contributions and Cigna Healthcare Plan Information for 2015-2017

Exhibit F – Medical and Prescription Experience Reports

Minimum Qualification Requirements – MQRs:

This RFP contains Minimum Qualification Requirements (MQRs) which the proposing firm must meet in order for the firm's response to be considered and to be evaluated.

Please read the MQRs to ensure your firm meets these requirements and thus is able to provide a response to this RFP. Firm(s) that do not meet all the MQRs stated will be determined non-responsive and disqualified from the evaluation process and will not be considered. The MQRs should be submitted in your firm's proposal in accordance with the proposal format starting on page 16. The firm awarded the Contract will be required to maintain the Minimum Qualification Requirements during the term of the Contract and any contract renewals. Firms meeting the Minimum Qualification Requirements criteria will have their proposal evaluated and scored according to the evaluation criteria set forth.

Non-Mandatory Pre-Proposal Conference:

For this Contract the City is holding a non-mandatory pre-proposal conference. The Pre-Proposal Conference is held to explain in detail Exhibits I-III, which make up the RFP for this project. It is strongly encouraged that firms interested in proposing to this RFP attend the Pre-Proposal Conference. The Conference will explain the scope of work, Local Vendor Preference and documentation. The Pre-Proposal Conference presents the opportunity for firms to clarify anything within the RFP and to ask questions directly to City Staff. The Procurement Department recommends that firms attend the Pre-Proposal Conference as a tool to be successful in responding to the City's projects.

AGENT/BROKER SERVICES

Proposals are requested, but not required, to be submitted net of any agent or broker commissions. The City does not currently have an agent of record on the medical insurance. Proposals will be evaluated as a whole, whether agent/broker services are submitted or not.

Agents/Brokers shall recognize that the City will be scrutinizing the amount of remuneration in relation to the expected level of service to be received. The City wants to avoid payment of remuneration that may appear to be excessive. The City may be interested in negotiating such remuneration, especially when two or more agents have similar or identical lowest cost proposals. Proposing agents/brokers shall state if they are willing to negotiate such remuneration.

Please note that such agents making proposals must be designated by their choice of insurer(s) in their proposal. Whether an insurer is proposing with one such agent or multiple agents, all must be shown in the proposal submitted by such insurer, as these are the only agents that will be considered.

All proposals must identify any agents or other intermediaries who are not employees of the insurers being proposed, and who will be receiving remuneration for the City's plan(s). Any proposal must disclose the remuneration basis and estimated annual amounts. Any such agents that will be receiving remuneration in connection with proposals submitted in response to this RFP should complete their portion as required in this RFP.

The proposal must include details of the service to be provided by these agents who will be receiving remuneration.

Also, if an agent who is not an employee of the insurer is chosen, the City reserves the right, based on its evaluation of the value of the service received, to continue such agent upon each renewal or to alternatively consider the direct services of the insurer through its employee agent.

AGENT OF RECORD

The City reserves the right at any time to require replacement of the Agent of Record (if there is one) with another agent of the same company, if, in the opinion of the City, such Agent of Record is not rendering or is incapable or rendering the quality of service and cooperation required.

Please note that agents submitting proposals included or not included with an insurer must be designated in the proposal. If an insurer is proposing with multiple agents, all agents must be shown in the proposal, as these are the only agents that will be considered.

SCOPE OF SERVICES:

MODEL PROGRAM FOR FULLY INSURED GROUP MEDICAL AND PRESCRIPTION BENEFITS

CONTRACT PERIOD

Medical - An initial 12-month contract, from October 1, 2017 through and including September 30, 2018, is required. Further, it shall be the option of the City to renew the program for additional plan years thereafter, as agreeable by both parties.

HRA Administration Services - An initial 12-month contract, from October 1, 2017 through and including September 30, 2018, is required with the option of the City to renew for additional plan years after, as agreeable by both parties.

Online Electronic Enrollment System - An initial 12 month contract, from October 1, 2017 through and including September 30, 2018, is required with the option of the City to renew for additional plan years after, as agreeable by both parties. For all three (3) requested services, renewal guarantees are encouraged and will be considered favorably.

RATE GUARANTEE PERIOD

Regardless of actual enrollment, the initial rates shall be guaranteed for twelve (12) or twenty-four (24) months. Changes after the initial twelve (12) or twenty-four (24) month period shall be subject to the Rerating Endorsement.

REMUNERATION

Any remunerations or other similar compensation included must be shown separately. Remuneration arrangements, if any, will be between the City, the successful proposer and any agent, broker or other intermediary representing the successful proposer.

ACCESS TO CLAIM FILES

The proposer agrees that the City shall have reasonable access to all claim files created as a result of the claims services to be provided by the successful proposer. For the purpose of this provision, reasonable access shall include making available, upon receipt of five (5) business days advance written notice, all claim files for review by the City. Further, upon written request of the City, the successful Proposer shall make available to the City at the City's offices and within ten (10) business days after the written request, a complete copy of selected files identified by the City.

OWNERSHIP OF CLAIM DATA

The City shall have all right, title, interest and ownership to all loss statistics created as a result of the services to be provided by the successful Proposer. Further, at the sole option of the City, and upon fourteen (10) business days' written notice, the successful Proposer shall provide such data to the City.

At the termination of the contract, the successful Proposer shall provide the City with computer tapes or other computer media containing all of the data required to facilitate a smooth transition. Such data shall be made available within 30 days of written request, in a format generally importable into a commonly recognized database for loss statistics.

AUDIT REQUIREMENT

Proposers shall state to what extent they will allow the City to audit or, to permit designees on behalf of the City, to audit the proposer's files and procedures as they relate to the City.

ELIGIBILITY & ENROLLMENT

Coverage must match the City's current eligibility requirements, including for retirees, as outlined in the City's current plan documents, found in the Exhibits of this RFP and applicable employee handbooks and manuals.

Employees are eligible for medical coverage on the first of the month after 30 days of employment.

The City anticipates that they will complete their open enrollment during July/August of 2017. Discuss within your proposal the ability to provide on-site meetings (where and when will be determined at a later date) and any other additional resources for the City in their open enrollment process, for example, online or telephonic resources.

CONTINUITY OF COVERAGE (NO LOSS/NO GAIN PROVISION)

Notwithstanding any actively at work, waiting period, pre-existing condition, or other provision or limitation in the proposed plan to the contrary, if, but for the replacement of the current plan with the proposed plan, an insured would have been covered by the current plan, the insured shall be entitled to the lesser of:

1. the benefits which would have been payable had the current plan been continued; or

2. the benefits which would be payable under the proposed plan without the application of any actively at work, waiting period, pre-existing condition, or other provision or limitation in the proposed plan.

CONTRACT

All proposals must include a copy of any contract which the City will be required to execute.

SCOPE OF COVERAGE

Medical and Prescription

The City would like a plan design that can deliver cost effective medical and prescription benefits to City participants through an extensive National medical and pharmacy network, and for prescriptions, supplemented by a mail order service and specialty pharmacy services.

COBRA and HIPAA services must be included as well. If there is a separate proposal or service provider for either service, please note that any sub-contracted services to be provided must be identified in the proposal.

It is the City's intent for this RFP to review two (2) plan option offerings. The City may consider offering a secondary High Deductible Health Plan (HDHP) plan as requested in Option 2 below:

Option 1

For Option 1, the City is interested in proposals for plan a design that most closely matches the City's current Cigna HMO Open Access plan for medical and prescription coverage.

Option 2

For Option 2, the City is interested in proposals for an HDHP with a Health Reimbursement Account (HRA). Proposers are asked to specify the parameters of the HDHP/HRA plan (deductible, out-of-pocket, etc.) in Exhibit B, Benefits Match-Up B. Proposers should fill in the blanks of that Exhibit as directed.

The City will only offer one (1) plan and will choose between either the HMO or HDHP/HRA plan.

Option 1 and Option 2 Prescription Benefits

The prescription benefit should be proposed as similar as possible to the current plan, shown in the plan documents relevant to this RFP. Proposers are asked to specify the parameters of the HDHP/HRA plan in Exhibit B, Benefits Match-Up B. Proposers should fill in the blanks of that Exhibit as directed.

Consortiums and Pools

The City is open to in fully insured proposals or their equivalent through consortiums and/or pools.

Deviations for any of the above benefits should be noted. The City reserves the right to negotiate with proposer finalist(s) on alternative plan designs.

HRA Administration - The City does not currently offer an HRA; however, the City would like to review HRA administration services being proposed with the HDHP plan, Option 2. The City expects proposers for medical coverage to either provide HRA services or to coordinate these services through another vendor. This plan is on a calendar year of October 1. HRA proposals are only being solicited in conjunction with medical proposals. Stand-alone HRA proposals will not be considered.

Online Electronic Enrollment System - Stand-alone online electronic enrollment system proposals will not be considered. The City will only consider one (1) online system option with each proposed insurer. Please provide one (1) online system proposal in conjunction with the medical proposal. This system should have the following minimum requirements:

- System should have log-on capabilities by employees with secure access 24/7.
- System should have online enrollment capabilities for both administrator and employee.
- System should give step by step guidance for individual benefit information for employees showing current benefits with current cost being paid by employee and the available benefits with associated costs.
- System should be open for benefit management by City assigned staff to update, revise, or delete benefits and associated costs, including new hires, family status changes, terminations, for retirees and COBRA notification.
- System should allow the City to run reports and have the options to run ad-hoc reports based on their criteria needed.
- System should be able to interface/be compatible with payroll systems. Proposers are asked to explain which payroll systems they can support.
- System should interface with Insurance Carriers & Third Party Administrators to keep data up to date from new hires, terminations, retirements, address changes, etc.
- System Provider should offer online and telephone support to City assigned staff during City Business Hours (8:00am – 6:00pm eastern time)

Please provide a complete proposal for your online benefits enrollment system including all options available, system capabilities, all costs and any additional relevant information. The City would like these costs to be separate from the medical and prescription rates.

MEDICAL BENEFITS MATCH-UP EXHIBIT

This RFP includes a Medical Benefits Match-Up (a and b) in Exhibit B outlining the current benefits and asking proposers to respond "Match" or provide details regarding the benefits offered for both requested plan options.

POOLING POINT

Proposers are requested to provide details regarding the pooling point and pooling charges included in premium calculations. Current pooling is at $175,000.

PLAN CONTRIBUTIONS

Please refer to the plan contribution information provided in the Exhibits section of the RFP.

Retirees and COBRA will pay the full cost of benefits for themselves and their dependents.

SCOPE OF SERVICES

The successful Proposer shall perform all services indicated below, including:

- Managed Care Services,
- Administrative Services,
- Healthcare Reform Services,
- Prescription Benefit Services,
- Health Reimbursement Account (HRA) Administration Services,
- Online Electronic Enrollment Services,
- Reporting and Data Services, and
- Wellness Program and Disease Management Services.

Proposals must include claims administration, network access and utilization review services. Any sub-contracted services (such as an HRA administrator) to be provided in connection with these requirements must be identified in the proposal.

The City desires to continue a prescription drug plan similar to the current plan design that can deliver cost effective prescription benefits to the City's medical benefits plan participants through an extensive pharmacy network, supplemented by a mail order service and specialty pharmacy services.

STANDARD COMMUNICATION MATERIALS

All proposals should include copies of standard communication materials that are sent to members, such as explanation of benefit (EOB) type forms, disease management letters, prescription reminder letters and Health Risk Assessment correspondence, etc.

MANAGED CARE SERVICES

Proposer should maintain a provider managed care network consisting of hospitals, physicians, allied and ancillary services, and durable medical equipment. This arrangement should:

1. Provide services with reasonable promptness with respect to geographical location, hours of operation, and after hours care; including emergency care available 24 hours a day, 7 days a week.

2. Contract with network physicians that:

a. Hold appropriate occupational and professional licenses;
b. Hold active and unrestricted privileges in their specialty;
c. Have a valid Drug Enforcement and Administration (DEA) number and hold unrestricted prescribing privileges (except chiropractors);
d. Have hospital privileges at participating hospitals;
e. Have not been convicted of a felony;
f. Are specialty board certified (80% or greater); and
g. Have not been suspended, placed on probation or limited from any hospital privileges or restricted from receiving payments from Medicare, Medicaid, or other third party programs during the last five years.

3. Contract with network hospitals that:
   a. Hold current Joint Commission on Accreditation of Hospitals (JCAH) accreditation without conditions and licensure;
   b. Have at least 80% of staff physicians with full admitting privileges board certified;
   c. Are free from disciplinary action for the last five years;
   d. Are Medicare certified; and
   e. Hold current accreditation with one of the following (in lieu of JCAH), if the hospital is primarily of a rehabilitative nature and lacks surgical facilities:
      (1) American Osteopathic Hospital Association; or
      (2) Commission on the Accreditation of Rehabilitative Facilities.

4. Provide a network(s) consisting of providers that have the capacity to provide treatment throughout the State of Florida and nationwide.

   Accordingly, this RFP includes Exhibit C – Most Utilized Provider Comparison Match-Up, in Excel, listing the top providers and asking proposers to respond (yes or no) regarding whether the providers and hospitals are included or not in the network for each plan proposed.

   a. Proposers should include a detailed list that includes all participating hospitals in the following counties: Broward, Palm-Beach and Miami-Dade.
   b. The City desires that the hospitals in the network(s), collectively, should offer the following services:
      (1) Anesthesia
      (2) Audiology
      (3) Day Surgery
      (4) Diagnostic, X-Ray, and Laboratory Services
      (5) Emergency Services
      (6) Medical/Surgical Intensive and Acute Care

(7) Neo-natal Care
(8) Neurology Services
(9) Obstetrical Care and High-Risk Obstetrical Care
(10) Pediatric Care
(11) Psychiatric Care
(12) Respiratory Care
(13) Social Service & Discharge Planning
(14) Speech Pathology
(15) Substance Abuse Treatment
(16) Therapies - Physical, Respiratory, Occupational
(17) Trauma Care

c. The City desires that the network(s) include the following providers:
(1) Primary care physicians who include physicians practicing in the field of General Practice, Family Practice, Internal Medicine, OB/GYN, and Pediatrics.
(2) Specialty physicians in the network(s), collectively, should provide the following medical practice areas:
- Allergy/Immunology
- Anesthesiology
- Cardiology
- Chiropractic Medicine
- Endocrinology
- Dermatology
- Gastroenterology
- Internal Medicine
- Neurology
- Obstetrics/Gynecology
- Oncology
- Ophthalmology
- Orthopedic Medicine
- Otolaryngology
- Pediatrics
- Physical and Occupational Therapy
- Podiatry
- Pulmonary Medicine
- Radiology
- Rheumatology
- Speech Pathology and Audiology
- Urology

5. The City's HMO plan does not currently offer out-of-network benefits. However, proposers must provide benefits to employees/dependents that are referred to an out-of-network specialist due to the lack of in-network providers in that specialty, at the in-network benefit level. In addition, when there is a limitation on ancillary provider services for Radiologists, Anesthesiologists and Pathologists, if these providers are out-of-network, if the service was performed at an in-network facility, then in-network benefits must apply. Please address this in the Proposal Forms where requested.

6. Include ancillary providers in the network(s) that are properly licensed and credentialed, and provide the following services: imaging centers, diagnostic x-ray and laboratory facilities, durable medical goods, home health care, skilled nursing facility, birth centers, and hospices.

7. Provide employees with current directories on an annual basis with quarterly updates, and/or provide on-line access to current directory information.

8. Require that network providers hold the employees/dependents and the City harmless from any fees for services which are rendered that are plan eligible charges (except deductibles, co-payments and coinsurance), regardless of the reason for non-payment.

9. Prohibit network providers from balance billing the patient for any excess of contracted amount, except for deductibles, co-payments and coinsurance.

10. Provide Medical Case Management that:
    a. Uses Florida Registered Nurses, Physician Assistants and vocational counselors to provide all the services described below. Refer more complicated cases and/or disputes with providers to physician consultants who are licensed and are board certified in their specialty.
    b. Performs specific services that coordinate the provision of care and the management of benefits in cases of catastrophic illness or injury. Such a program should strive to ensure that patients receive the most appropriate, cost-effective care and derive maximum advantage from available plan benefits. It may require covering expenses not normally covered by the plan (e.g., air conditioners, wheelchair ramps, etc.) in exceptional situations, to return a patient to a productive life.
    c. Follows specific medical/disability criteria to determine which claims may need medical/disability management intervention to include, but not be limited to, the following:
        (1) Spinal cord injury
        (2) Burns (third and fourth degree)
        (3) Amputations
        (4) Traumatic brain injury

(5) Renal failure
(6) Neo-natal single or multiple births
(7) Neoplasm of brain, bone, pancreas, liver
(8) At risk pregnancy
(9) Accidents involving multiple family members with multiple injuries
(10) All claims exceeding a $50,000 threshold
(11) Organ transplants

d. Coordinates with Utilization Review and claims processing for effectiveness and efficiency.
e. Provides quarterly medical case management reports on all claims expected to exceed $50,000 or otherwise identified as being the type of claim which will benefit from medical case management, in addition to reports that identify current and past case loads, prognoses and savings realized through case management.

11. Provide Utilization Review that:
a. Uses Florida licensed Registered Nurses to provide all the services described below. Refer more complicated cases and/or disputes with providers to physician consultants who are licensed and are board certified in their specialty.
b. Includes the following specific services:
(1) Pre-admission certification for medical admissions, and determination of medical necessity

(2) Continued stay review by telephone of all hospitalizations. Certification of the need for additional days beyond the initial pre-certification. Medical necessity of treatment and length of stay to be strictly observed. No benefits are to be payable if the treatment is not medically necessary;
(3) Concurrent Review of selected hospitalizations via personal visit by a Registered Nurse (RN) where conditions indicate a need for such;
(4) Retrospective Utilization Review (after delivery of service, but prior to payment) of all unusual claims plus all claims over $50,000; and
(5) Discharge planning for medical/surgical patients.

c. Provides quarterly statistics on the effectiveness of Utilization Review.
d. Coordinates with Medical Case Management for effectiveness and efficiency.

ADMINISTRATIVE SERVICES

Except for the collection of premium to the successful Proposer and, as except otherwise noted in this RFP, the successful Proposer shall be totally responsible for the administration of the plan. These activities should include, but are not limited to, the following:

1. Subject to the exercise of professional judgment, the winning Proposer shall accept and settle or deny all reported claims.

2. Design, print, and furnish descriptive literature and enrollment material in a sufficient quantity. Additionally, certificates/booklets are to be provided as needed. These certificates must have a readability level acceptable to the City. In addition, furnish an electronic version of the certificates/booklets for the City to use on their website. These documents must be provided at no additional cost to the City.

3. Mail/deliver booklets, ID cards, or certificates directly to the City, after the City has reviewed a draft and approved it. This review and approval by the City is to be completed prior to printing by the successful Proposer.

4. Issue ID cards within three (3) calendar weeks (plus four (4) days' mailing time) after completion of open enrollment periods or after enrollment papers are received for new hires.

5. Establish claims reporting procedures that are compatible with the needs and organizational structure of the City.

6. Provide enrollment assistance, including educational materials pre-approved by the City in advance of distribution, to the City during open enrollment period on an annual basis. These tasks should include, but not be limited to, providing sufficient and properly trained enrollers employed by successful Proposer, and requiring that they attend all scheduled enrollment meetings as requested.

7. Assign a staff person as the City's account representative in each of the respective areas, including medical claims, medical eligibility and reporting and data services.

8. Meet with the City, at a minimum, quarterly, to discuss the status of the plan, performance, audits, reports, and planning.

9. Attend meetings, if requested by the City.

10. Verify claimant's eligibility for benefits based on eligibility requirements furnished by the City.

11. Maintain covered dependent information, including domestic partners, by dependent's name, date of birth, gender, and relationship to insured and social security number.

12. Use a fully automated online clinically-oriented claims adjudication and auditing system that analyzes coded claims data to ensure correct identification.

13. Screen for and deny workers' compensation claims.

14. Target (flag) the following types of claims for supervisory review*:

    a. Service required precertification, but certification not obtained;
    b. Actual length of stay or level of service does not match the approved length of stay or level of service;
    c. Dollar amount or diagnoses warrants potential referral to medical case management; or
    d. Any one bill that exceeds $50,000.

    *Supervisory review shall include, as appropriate, at a minimum, a review of itemization of invoices exceeding $50,000 and review of case management notes.

15. Identify and maintain separate Coordination of Benefits (COB) information for each applicable claimant, as well as distinguish between the various types of COB.

16. Maintain the confidentiality requirements of Federal and Florida law by having adequate systems security features.

17. Turnaround 95% of all "clean" claims within ten (10) working days and 100% of all claims within thirty (30) working days. A "clean" claim is a claim submitted with all needed information for proper processing and adjudication.

18. Issue EOBs to the claimant within five (5) working days of processing claims.

19. Provide an Explanation of Benefits (EOB) that uses a format and terminology such that a person not of a medical or insurance background can easily understand the content. This EOB must also comply with Health Care Reform requirements (example: Claims and Appeal procedure requirements).

20. Cooperate with the managed care organizations and the Utilization Review (UR) firm in resolving discrepancies for proper payment of benefits when compliance dictates the use of one or both of these programs.

21. Conduct semi-annual internal audits for claim accuracy and occurrence of mispayments. Report results to the City within ten (10) working days from the end of the reporting period.

22. Provide COBRA and HIPAA administration and pay COBRA beneficiary claims.

23. Establish and maintain a toll-free line for employees. This line should be operational from at least 8 a.m. to 6 p.m. (Eastern Standard Time). A voice mail system or equivalent system should be available to take off-hour or weekend calls, with call backs to occur within 24 hours of the next business day.

24. Maintain access to a Medical Director to evaluate appealed claims.

25. Coordinating with the City to confirm enrollment/eligibility on a monthly basis by comparing the insurer's eligibility record to the City's eligibility record in Excel format.

26. Administer the plan on a detail billing remittance basis by division, separated by active employee, retiree and COBRA beneficiary.

27. Conform accounting procedures and practices to generally accepted accounting principles.

28. Maintain proper records for tax reporting purposes; e.g., 1099s.
29. Retain claims history online for minimum of 24 months from the last date of any claim activity pertaining to services rendered. All prior claims history incurred during the course of this contract must be captured in such a manner compatible for media storage and delivered to the City at their request. This data must be maintained for the full duration of the contract period, and must also be available for transfer to the subsequent vendor, should the City elect to change vendors in the future.

30. Prepare, maintain, and file with any applicable federal, state or local governmental agencies, any forms or reports as may be required from time to time by law; e.g., New York Public Goods Pool, COBRA, CMS obligations, etc.

31. Provide assistance with regard to: (1) problems arising in connection with insurance laws, (2) tax aspects of the Plan, (3) litigation arising out of the administration of the Plan, and (4) any other legal matters that may arise in the course of the operation of the Plan.

32. Provide assistance with any regulatory employee notifications, both for Healthcare Reform and on an ongoing basis.

33. Establish claim denial and grievance procedures which are clearly communicated to members. Grievance procedures should be consistent with all applicable federal and state laws, rules and regulations, including but not limited to Healthcare Reform.

34. Supply all postage required to service the City's account.

35. Send correspondence using City approved pre-formatted letters to the claimant or provider. The content of these letters must be easily understandable by a person not of a medical or insurance background.

36. The City will have first review and pre-approval of any correspondence that will be sent to claimants or providers that includes changes/amendments to the plan.

HEALTHCARE REFORM SERVICES (AS APPLICABLE)

1. Provide ongoing Patient Protection and Affordable Care Act (PPACA) (Healthcare Reform) guidance, updates and resources.

2. The City expects the same level of cooperation and assistance if the PPACA or any of its provisions are repealed and/or replaced.

3. As the effective and/or implementation dates of the PPACA become applicable to the City, assist the City in a timely manner in staying in compliance with the PPACA for the City's health plans (and if applicable, the City's prescription plan) by (at a minimum):
    a. Reviewing the language in the City's plans in regards to the Guaranteed Availability of Coverage.
    b. Providing plan testing, of each plan offered, of the Essential Health Benefits as defined by the PPACA.
    c. Providing plan testing, of each plan offered, of the actuarial value of benefits (minimum value) as defined by the PPACA.
4. Provide the City a Summary of Benefits and Coverage (SBC).

5. Assist the City with understanding the fees assessed by the PPACA. In addition, assist the City in the assessment, cost and payment of any PPACA fees, including the Patient Centered Outcomes Research (PCOR) fee and the Transitional Reinsurance Program fee.

6. Assist the City with reporting as needed to assist with the filing and payment of PPACA fees.

PRESCRIPTION BENEFIT SERVICES

These activities should include, but are not limited to, the following:

1. Subject to the exercise of medically appropriate judgment, the winning Proposer shall accept and settle or deny all reported prescription claims.

2. Provide appropriate literature to describe the benefits offered by the City to its employees and appropriate educational materials regarding use of generics versus brand names, the advantages of mail order service where it is the most cost efficient approach, and formulary information.

3. Use a fully automated online clinically-oriented claims adjudication/auditing system that analyzes coded claims data to ensure correct identification.

4. Screen for and deny workers' compensation claims.

5. Maintain the confidentiality requirements of Florida and Federal law by having adequate systems security features.

6. Establish and maintain a toll-free customer service line for employees. This line should be operational from at least 8 a.m. to 6 p.m. (Eastern Standard Time). A voice mail system or equivalent system should be available to take off-hour or weekend calls, with call backs to occur within 24 hours of the next business day.
7. Retain claims history online for minimum of 24 months from the last date of any claim activity pertaining to services rendered. All prior claims history incurred during the course of this contract must be captured in such a manner compatible for media storage and delivered to the City at their request. This data must be maintained for the full duration of the contract period, and must also be available for transfer to the subsequent vendor, should the City elect to change vendors in the future.

8. Provide a comprehensive drug utilization review program (DUR).

9. Provide cost effective intervention programs, such as prior authorizations, step therapy, etc.

HEALTH REIMBURSEMENT ACCOUNT ADMINISTRATION

The administrator is expected to provide the City with at least the following professional services:

1. Assure compliance with applicable law, regulations, etc.

2. Assure proper HRA substantiation procedures.

3. Assist with employee group seminars and individual enrollments.

4. Establish billing procedures that are compatible with the needs and organizational structure of the City.

5. Establish claims reporting procedures that are compatible with the needs and organizational structure of the City.

6. Preparation of enrollment communications materials, including a letter explaining the program, HRA question/answers, examples of the benefits of HRAs, a worksheet for employees to determine amounts to place in their HRAs and an enrollment form.

7. Establish and maintain a toll-free customer service line for employees for counseling, information or service regarding the HRA benefit plan(s). This line should be operational from at least 8 a.m. to 6 p.m. (Eastern Standard Time). A voice mail system or equivalent system should be available to take off-hour or weekend calls, with call backs to occur within 24 hours of the next business day.

8. Establish all records necessary for maintaining account balances.

9. Provide forms for reimbursement of claims, change of status, direct deposit, disbursement statements, etc.

10. The administrator shall be responsible for ongoing enrollment and for producing reports to the City as needed and to individual employees.
11. Payment of claims.

12. Provide quarterly individual account status reports to participants.

13. Provide a summary Annual Report for employees.

14. Provide an annual forfeiture report to the City.

15. Provide federal report filing requirements, including issuing 1099s to providers.

16. The administrator is required to maintain books, records, documents and any evidence on costs and expenses for services provided. Records must be maintained for three full years after this contract ends and records should be open to City audit upon request.

ONLINE ELECTRONIC ENROLLMENT SERVICES

The online electronic enrollment program is expected to provide the City with at least the following professional services:

a. System should have log-on capabilities by employees with secure access 24/7.

b. System should have online enrollment capabilities for both administrator and employee.

c. System should give step by step guidance for individual benefit information for employees showing current benefits with current cost being paid by employee and the available benefits with associated costs.

d. System should be open for benefit management by City assigned staff to update, revise, or delete benefits and associated costs, including new hires, family status changes, terminations, for retirees and COBRA notification.

e. System should allow the City to run reports and have the options to run ad-hoc reporting based on their criteria needed.

f. System should have the ability to interface/be compatible with payroll systems.

g. System should interface with Insurance Carriers & Third Party Administrators to keep data up to date from new hires, terminations, retirements, address changes, etc.

h. System Provider should offer online and telephone support to City assigned staff during City Business Hours (8:00am – 6:00pm eastern time). Establish and maintain a toll-free customer service line for employees for counseling, information or service regarding the HRA benefit plan(s). This line should be operational from at least 8 a.m. to 6 p.m. (Eastern Standard Time). A voice mail system or equivalent system should be available to take off-hour or weekend calls, with call backs to occur within 24 hours of the next business day.

MEDICAL & PRESCRIPTION REPORTING & DATA SERVICES

1. Establish claims reporting procedures that are compatible with the needs and organizational structure of the City.

2. Provide the City's designees direct access to claims data and reporting capabilities.

3. Provide the City with aggregated data reporting capabilities.

4. Prepare and furnish the City with monthly exposure and loss data statistics. Exposure data should include census data, such as name of employee, zip code and date of birth and employment status. Loss data reports should include, but not be limited to, the following information: (Data subject to compliance with HIPAA privacy guidelines.)

    a. Claims data should be provided monthly (within fifteen (15) days after the end of the month) with cumulative totals for the plan year, separately for participants in each category of plan offered (e.g. HMO/HDHP), preferably in a format that will provide data separately for employees and their dependents, retirees and their dependents and COBRA and their dependents, and total for all participants and all dependents. The desire for separate premium/claims experience for employees, retirees, COBRA and dependents is to permit the City to determine if the rates being charged are equitable. Claim reports should be provided additionally for 12 months after plan termination, or until there are no runout and/or extension of benefits claims.
    b. Claims data should be provided monthly detailing all claims where more than $25,000 has been paid in the current plan year. Data should include amount paid, type of plan participant (employee, dependent, retiree, etc.), diagnosis, prognosis and status of the claim (active, expired, etc.).

5. Provide reports inclusive of data elements specified by the City, and in mutually agreed upon formats. The required standard reports include, but are not limited to, the following:

    a. Monthly reports are due on the 15th workday following the end of the "report" month. These reports should include paid claims summaries (separated by employee, dependent, retiree, and COBRA beneficiary).
    b. Quarterly and Year-to-Date Reports are due on the 15th working day following the "report" quarter. These reports should include: benefit payment summaries, inpatient (utilization) reports, paid claims by coverage and diagnosis types, COB savings, and service inquiries.

6. Provide prescription data reports inclusive of data elements specified by the City, and in mutually agreed upon formats. The required standard reports will include, but are not limited to: monthly reports of claims versus premium are due by the 15th business day following the end of the "report" month. These reports should include: paid claims summaries versus premiums (separated by employee, dependent, retiree, and COBRA beneficiary).

7. Prepare and furnish the City with periodic prescription reports included in the medical benefits reports that provide claims data. Reports on drug benefit costs should include appropriate data on utilization by category (such as retail and mail order, for generic, preferred brand, non-preferred brand, etc.).

8. Provide access to archived data within ten (10) working days of a request by the City.

WELLNESS PROGRAM AND DISEASE MANAGEMENT PROGRAM

Currently, the City's insurer, Cigna, provides a $65,000 annual wellness incentive fund. This fund can be used for wellness related activities for the City. The City would like proposers to state if they can at least match and/or increase the wellness fund and how the City can use the fund specifically.

The City has a wellness program in place and would like to build a more comprehensive and robust wellness program.

In addition to the above, the City is interested in proactive wellness and disease management initiatives, including participation incentives, onsite wellness administration, including but not limited to health screenings, flu shot programs and health fairs. The City is interested in proposers stating if they can assist with any of these services and costs.

If there are any additional offerings to those stated above, please provide details in your proposal about these program offerings and list out the pricing. Proposals should detail the support staff and any other assistance that will be provided. Additionally, please outline any wellness services that you think would be advantageous to the City and why.

PERFORMANCE GUARANTEES

Proposers should confirm that they are willing to offer performance guarantees and that they are willing to permit the City access to claims offices, personnel and files to conduct audits necessary to verification of performance standards. Performance may be evaluated on a variety of issues, such as:

- If applicable, timely implementation of the City's account.
- Timely delivery of finalized contracts for the selected program.
- Timely delivery of identification cards, at and subsequent to initial enrollment.
- For provider directories, timely updates either online or if a significant change that will affect a large portion of members, timely communication notices (s) (either verbal or via mail).
- Timely delivery of monthly reporting.
- Timely delivery of plan documents and HCR summaries (as applicable).
- Wellness program health guarantees.
- Claims turnaround time.
- Accuracy of claims coding and payments.
- Telephone response time, and abandonments.
- Quality of service to plan participants, as measured by periodic surveys.
- Quality and timeliness of claims experience reports.
- Network provider participation, with penalties for drops below pre-specified levels.
- Rate of provider turnovers.
- Access to standards of care.
- Collection or other threats to participants by providers not paid by the insurer.

State the extent to which these measurements will be applied specifically to the City's account (account specific) versus your "book of business".

Suggestions on criteria for measuring performance and indications of how the organization is set-up to facilitate auditing of performance should be submitted. If the proposer has a performance guarantee agreement, provide a sample for review.

Please confirm your firm's willingness to enter into such an agreement and to negotiate appropriate terms, and recommend appropriate incentives or disincentives (meaningful penalties) to make the performance guarantee practical.

EVALUATION PROCESS:

The Evaluation Committee may select proposers to conduct oral presentations.

Oral interviews may be scheduled with the firm(s) as requested by the Evaluation Committee. The oral presentations are exempted from the public meeting requirements of s. 286.011 F.S., however will be recorded for public record purposes in accordance with sec. 119.07(1) F.S. as amended.

Oral presentations are to support what has been provided in the proposals by each firm and to exhibit and otherwise demonstrate and clarify and expand on the information contained therein. The City reserves the right, where it may serve the City of Hallandale Beach's best interest, to request additional information and clarification from Proposers. Sufficient time will be provided to submit this information.

After oral presentations, proposals will be evaluated and ranked by the Evaluation Committee to obtain the results for recommendation to award the Contract.

- **All firms that are submitting a response to this RFP, either through Joint Venture, a Joint Collaborative Proposal, etc., must submit a single response proposal. If the Proposal/Response is from more than one (1) firm, firms responding must meet all requirements as detailed in the RFP.**

All proposals must be submitted in accordance with the Request for Proposals (RFP) document which may be obtained online at www.cohb.org/solicitations.

MINIMUM QUALIFICATION REQUIREMENTS:

This RFP contains Minimum Qualification Requirements (MQRs) which proposing firm(s) **must** meet in order for the firm's response to be considered and to be evaluated.

Read the MQRs first to ensure your firm meets these requirements and thus is able to provide a response to this RFP.

Firms that do not meet all the MQRs stated will be determined non-responsive and disqualified from the evaluation process and will not be considered.

The firm awarded the Contract will be required to maintain the Minimum Qualification Requirements during the term of the Contract and any contract renewals. Firms meeting the Minimum Qualification Requirements criteria will have their proposal evaluated and scored according to the evaluation criteria set forth on page 36.

The City's Consultant hired to review responses, Siver Insurance Consultants, will be responsible in evaluating the Minimum Qualifications of the Proposers and will be responsible for deeming a proposer as responsive or non-responsive.

Minimum Qualification Requirements (MQR):

No proposal will be accepted by the City where insurance coverage is proposed by a person or organization which is not rated at least a B+ by A.M. Best. Siver will also be reviewing the financial strength and financial outlook of each proposer.

Rating Firm	Minimum Rating
A. M. Best	B+

If a proposal is made by an organization not rated by A.M. Best, it will only be considered if the organization:

1. Provides proof of successful operations for a minimum of five (5) consecutive years prior to the proposal due date specified in the RFP.
2. Submits with Firm's proposal, the last audited financial statement issued by a certified public accountant, dated no earlier than 18 months prior to the proposal due date specified in this RFP.

REFERENCES:

References are required as a component of due diligence to determine the capability of firms to be able to perform the requirements of the project. Your firm must send the Reference Check Form provided on pages 22-26 of Exhibit II to the number of references requested and submit with your firm's response.

Each firm responding to this RFP must provide four (4) verifiable references of current clients with similar size and/or industry as the City. Your firm must send and obtain a completed Reference Check Form as found on pages 22-26 of Exhibit II for each of your firm's four (4) references. Your firm must include the completed four (4) Reference Check Forms within your firm's thumb drive.

Do not provide more or less than four (4) references.

The City will send the references provided a request for verification via email within no later than two (2) business days from receipt of proposal. If verification of references is not available or unable to respond within two (2) business days from email request, the reference shall not be considered valid.

Please make sure that the references listed in your firm's response are aware they will be receiving a verification of reference email from the City of Hallandale Beach to confirm the references which were submitted with the firm's response.

Each firm must also list the following information for each of the references provided.

- Client Name
- Contact Name and Title
- Address
- Phone and Fax
- Email Address
- Length of Client Relationship
- State if a current or past client
- Insurance Services Provided
- Number of Employees

DEFINITIONS

"Award" means the acceptance of a bid, offer or proposal by the proper authorized designee. The City Commission must approve all awards over the purchasing authority dollar amount of the City Manager, with the exception of emergency purchases.

"City" the City of Hallandale Beach or the City Commission, a municipal corporation of the State of Florida.

"City's Contract Administrator" means the City's representative duly authorized by the City Manager, to provide direction to the Consultant regarding services provided pursuant to this RFP and the Contract.

"Contract" and "Contract Documents" means the Agreement for this Project to be entered into between the City and the Successful Proposer/Contractor.

"Consultant or Auditor" the individual(s) or firm(s) to whom the award is made and who executes the Contract Documents.

"Minority Business Enterprise" as defined by the Florida Small and Minority Business Assistance Act.

"Notice to Proceed" means the written notice given by the City to the Consultant of the date and time for work to start.

"Project Manager" means the Consultant's representative authorized to make and execute decisions on behalf of the Consultant.

"Proposal" means the proposal or submission submitted by a Proposer. The terms "Proposal" and "Bid" are used interchangeably and have the same meaning.

"Proposer" means one who submits a Proposal in response to a solicitation. The terms "Proposer" and "Bidder" are used interchangeably and have the same meaning.

"Proposal Documents" the Request for Proposals, Instructions to Proposers, Technical Specifications, Plans and Attachments and the proposed Contract Documents (including all Addenda issued prior to the opening of Proposals).

CONTRACT TERMS

Medical - An initial 12-month contract, from October 1, 2017 through and including September 30, 2018, is required. Further, it shall be the option of the City to renew the program for additional plan years thereafter, as agreeable by both parties.

HRA Administration Services - An initial 12-month contract, from October 1, 2017 through and including September 30, 2018, is required with the option of the City to renew for additional plan years after, as agreeable by both parties.

Online Electronic Enrollment System - An initial 12-month contract, from October 1, 2017 through and including September 30, 2018, is required with the option of the City to renew for additional plan years after, as agreeable by both parties.

For all three (3) requested services, renewal guarantees are encouraged and will be considered favorably.

The Consultant shall not assign, transfer or sub-contract any work either in whole or in part, without prior written approval of the City.

The submittal responses shall be valid until such time as City Commission awards a contract as a result of this RFP.

City reserves the right, where it may serve the City of Hallandale Beach's best interest, to request additional information or clarification from Proposers.

Notwithstanding anything to the contrary contained herein, the City of Hallandale Beach reserves the right to waive formalities in any proposal and further reserves the right to take any other action that may be necessary in the best interest of the City. The City further reserves the right to reject any or all proposals, with or without cause, to waive technical errors and informalities or to accept the proposal which in its judgment, best serves the City of Hallandale Beach.

CONFLICT OF INTEREST

If you are an employee, board member, elected official(s) or an immediate family member of any such person, please indicate the relationship in the form provided in the Form's Section, Exhibit II. Pursuant to the City of Hallandale Beach Standards of Ethics, any potential conflict of interest must be disclosed and if requested, obtain a conflict of interest opinion or waiver from the City Commission prior to entering into a contract with the City of Hallandale Beach.

INSTRUCTIONS FOR SUBMITTAL OF RESPONSES

Firms are to submit responses only on a thumb drive.

Firms must submit one (1) complete proposal in Adobe PDF format.

In addition to the one (1) complete proposal, the following files that have been provided in Word or Excel format must a be returned in Word of Excel format:

Exhibit A – Proposal Forms

Exhibit B.1 and B.2 – Benefits Match-Up – A & B

Exhibit C – Most Utilized Provider Comparison Match-Up

All proposals must include draft copies of any contract and subcontract(s) which the City will be required to execute. The City reserves the right to reasonably negotiate the terms of said contracts.

No hardcopy (paper) submittals nor CDs will be accepted. In order to ascertain that the RFP information provided on the thumb drive contains data that allows the reviewer to perform an "edit" "find" search function, your firm must ensure your files are enabled with this function. **Firms must make sure that the thumb drives are tested for this function before submission.** Do not place a password on the thumb drives. Provide one (1) thumb drive with your firm's submittal.

Section below, Proposal Format, outlines the format to be followed for responses to this RFP.

PROPOSAL FORMAT: The following format must be followed by firms submitting responses to the RFP.

The following criteria stated below is what the Evaluation Committee will utilize to rate your firm's response. Your firm's response must provide all information requested below items # 1 through # 12. Firm's non-compliance to the outline below will hinder the Evaluation Committee's ability to find the responses to the RFP and could cost your firm points for information that is not easily found. The information must be included in the thumb drives that are searchable as seen in the Instructions above. No hardcopy paper submittals or CDs will be accepted.

Your firm must utilize Exhibits I-III and A-F provided as part of this RFP to provide your response.

The purpose of the proposal is to demonstrate the qualifications, competence, and capacity of the firms seeking to undertake the work for the City in conformity with the requirements of the specifications in the RFP. As such, the substance of the proposals will carry more weight than their form or manner of presentation.

The proposal should address all points outlined in the specifications of this RFP. The proposal should be prepared simply and economically, providing straightforward, concise description of the proposer's capability to satisfy the requirements of the RFP.

In order to be eligible for evaluation, all firm(s) responses to this RFP must demonstrate and submit with firm's response all of the Minimum Qualification Requirements (MQRs) stated below. Proposing firm(s) must meet the MQRs stated below in order to be eligible for evaluation of their response/submittal. If firm is proposing work to be provided by more than one (1) firm, **all proposed firms** must meet and provide the MQRs with the response/submittal.

While additional data may be presented, the information requested in items 1 through 12, must be included. Items 1-12 represent the criteria against which proposals will be evaluated.

1. Title Page

Provide the RFP # and title, the firm's name; the name, address, telephone number and email of the contact person; and the date of the proposal. Only one (1) contact person is to be provided as the contact and will be contacted by the City. If the proposed submittal is made up of more than one (1) firm, provide only one (1) contact person for the entire response.

2. Table of Contents

Include clear identification of the material by section and by page number.

3. Transmittal Letter

A transmittal letter must be provided briefly stating the proposers' understanding of the work to be done, the commitment to perform the work within the time period, a statement why the firm believes they are the best qualified to perform the work and a statement that the proposal is a firm and irrevocable offer until such time as City Commission awards a contract as a result of this RFP.

The transmittal letter must be signed by duly authorized officers of your firm, as registered with the Florida Secretary of State through the Division of Corporations website at: www.sunbiz.org. Your firm must provide a copy your firm's Sunbiz following the transmittal letter in order to verify the duly authorized officers. If such officer is not listed in the Sunbiz for your firm, your firm must provide a legal document, such a Certificate of Resolution, naming the officer as authorized to execute on behalf of the firm.

Provide the names of the person who will be authorized to make representation for the Proposer, their titles, addresses, telephone numbers and email addresses.

4. Minimum Qualification Requirements

This RFP contains Minimum Qualification Requirements (MQRs) which proposing firm(s) must meet in order for the firm's response to be considered and to be evaluated.

Read the MQRs first to ensure your firm meets these requirements and thus is able to provide a response to this RFP.

Firms that do not meet all the MQRs stated will be determined non-responsive and disqualified from the evaluation process and will not be considered.

The firm awarded the Contract will be required to maintain the Minimum Qualification Requirements during the term of the Contract and any contract renewals. Firms meeting the Minimum Qualification Requirements criteria will have their proposal evaluated and scored according to the evaluation criteria set forth on page 36.

Siver Insurance Consultants will be responsible in evaluating the Minimum Qualifications of the Proposers and will be responsible for deeming a proposer as responsive or non-responsive.

Minimum Qualification Requirements (MQR):

No proposal will be accepted by the City where insurance coverage is proposed by a person or organization which is not rated at least a B+ by A.M. Best. We will also be reviewing the financial strength and financial outlook of each proposer.

Rating Firm	Minimum Rating
A. M. Best	B+

If a proposal is made by an organization not rated by A.M. Best, it will only be considered if the organization:

1. Provides proof of successful operations for a minimum of five (5) consecutive years prior to the proposal due date specified in the RFP.

2. Submits with Firm's proposal, the last audited financial statement issued by a certified public accountant, dated no earlier than 18 months prior to the proposal due date specified in this RFP.

5. Exhibit II – Required Forms – Pages 13-21:

a. Variance Form
b. Proposal Submitted by Form
c. Payment Terms
d. Public Entity Crime Form
e. Domestic Partnership Certification Form
f. Conflict Of Interest Notification Requirement Questionnaire
g. Drug Free Workplace Form

6. Cost

Cost must include (but not be limited to) disclosure of rates/premiums, service costs (including HRA administrative services), provider discounts, retention and claims cost, pooling costs, any cost guarantees (if applicable) and other cost components.

Please see Exhibit A – Proposal Forms, to provide requested information under this criteria.

7. Coverage

Proposers must provide their ability to administer the benefits as is, or as close as practical. The amounts and breadth of coverage and extent of deductibles, co-payments, coinsurance, restrictions or exclusions. For prescription benefits, this will also include the formulary list.

Please see Exhibit A – Proposal Forms, to provide requested information under this criteria.

Please see Exhibit B – Benefits Match-Up – A & B to provide requested information under this criteria.

8. Providers

Proposers must provide the number and types of providers. For medical benefits, the hospitals and number of physicians under contract and the number of contracted physicians who will accept new patients, and the match-up between current top providers and the network providers proposed. For pharmacies, the extensiveness of the pharmacy network.

Please see Exhibit A – Proposal Forms, to provide requested information under this criteria.

Please see Exhibit C – Most Utilized Provider Comparison Match-Up to provide requested information under this criteria.

9. Customer Service

Proposers must present their administration capabilities and experience (including HSA administration). This includes such items as enrollment assistance, service responsiveness, communication with City staff on program administration, quality of billings, Internet website, attendance at City meetings/events, willingness to engage in at-risk performance guarantees, practices dealing with complaints, grievances and satisfaction, etc.

Please see Exhibit A – Proposal Forms, to provide requested information under this criteria.

10. Reporting and Data

Monthly and annual reports of paid claims, quality of experience reports, developing adhoc reports, extent and quality of reports on wellness/disease management, etc.

Please see Exhibit A – Proposal Forms, to provide requested information under this criteria.

11. Wellness and Disease Management Programs

This includes such items as breadth of wellness and disease management program and predictive modeling capabilities, health risk assessment and self-help tools, health coaching, Internet website, attendance at wellness meetings/events. Experience in developing and administering programs, including use of incentives and other methods to encourage participation.

Please see Exhibit A – Proposal Forms, to provide requested information under this criteria.

12. Past Performance (References)

Reference Check Forms from Exhibit II page 22-26 - four (4) references

The City will send the references your firm provided a request for verification via email within no later than two (2) business days from receipt of proposal. If verification of references is not available or unable to respond within two (2) business days from email request, the reference shall not be considered valid and the points for references will be affected.

Please make sure that the references listed in your firm's response are aware they will be receiving a verification of reference email from the City of Hallandale Beach to confirm the reference which was submitted with the firm's proposal.

Each firm must also list the following information for each of the references provided.

- Client Name
- Contact Name and Title
- Address
- Phone and Fax
- Email Address
- Length of Client Relationship
- State if a current or past client
- Insurance Services Provided
- Number of Employees

PROPOSAL EVALUATIONS:

Criteria. Proposal packages will be evaluated as stated below.

The recommendation(s) for award shall be made to the City Commission, by the City Manager, to the responsible Proposer(s) whose proposal is highest ranked by the Evaluation Committee.

NUMBER	criteria listed	MAXIMUM Potential Points
1.	MINIMUM QUALIFICATION REQUIREMENTS (MQRs) – this criteria has no points. If your firm does not provide all the required MQRs information, your firm's proposal will not be reviewed/evaluated and your firm's submission will be disqualified.	Ensure your firm provides all the MQRs within your firm's submittal
2.	Cost	30
3.	Coverage	15
4.	Providers	20
5.	Service/Customer Service	15
6.	Reporting and Data Services	10
7.	Wellness and Disease Management Programs	5
9.	Past Performance (References)	5
	TOTAL POINTS	100

The criteria stated above will be utilized to rank proposer(s).

Oral interviews may be scheduled with the firms the Evaluation Committee determines be invited to this process. The oral presentations are exempted from the public meeting requirements of s. 286.011 F.S., however will be recorded for public record purposes in accordance with sec. 119.07(1) F.S. as amended.

SUBMITTAL DUE DATE:

RESPONSES ARE DUE: MAY 18, 2017 NO LATER THAN 11:00AM.

RESPONSES MUST BE SUBMITTED IN A SEALED ENVELOPE AND MUST BE MAILED OR HAND DELIVERED TO THE ADDRESS IN THE BOX BELOW. SEALED ENVELOPES MUST BE LABELED AS FOLLOWS:

CITY OF HALLANDALE BEACH
CITY CLERK'S DEPARTMENT – EXECUTIVE OFFICES
PLACE THE NAME OF YOUR FIRM HERE
400 SOUTH FEDERAL HIGHWAY – 2ND FLOOR
HALLANDALE BEACH, FL 33009
TITLED: RFP # FY 2016-2017-003
FULLY INSURED GROUP MEDICAL AND PRESCRIPTION BENEFITS

LATE PROPOSALS WILL NOT BE ACCEPTED

NON-MANDATORY PRE-PROPOSAL CONFERENCE:

The Pre-Proposal Conference is held to explain in detail All Exhibits which make up the RFP for this project. It is strongly encouraged that firms interested in proposing to this RFP attend the Pre-Proposal Conference. The Conference will explain the scope of work, and the City's Local Vendor Preference. The Pre-Proposal Conference presents the opportunity for firms to clarify anything within the RFP and to ask questions directly to City Staff. The Procurement Department recommends that firms attend the Pre-Proposal Conference as a tool to be successful in responding to the City's projects.

Non-Mandatory Pre-Proposal Conference is being held **April 26, 2017 at 11:00 am**, City Hall, City Commission Chambers, 400 S. Federal Highway, Hallandale Beach, FL 33009.

This meeting will be recorded and available as a public record if requested.

LAST DAY FOR QUESTIONS:

Any questions are to be submitted via email to tcamaj@cohb.org no later than **April 28, 2017 no later than 11:00 A.M.** Answers to questions received before the deadline will be released via addendum.

REQUEST FOR PROPOSALS (RFP) TENTATIVE SCHEDULE

THE DATES SHOWN BELOW ARE TENTATIVE AND ARE NOT BINDING AND MAY BE SUBJECT TO CHANGE.

RFP DOCUMENT RELEASED	APRIL 20, 2017
NON-MANDATORY PRE-PROPOSAL CONFERENCE	APRIL 26, 11 AM COMMISSION CHAMBERS
QUESTIONS	ALL QUESTIONS MUST BE EMAILED BY NO LATER THAN APRIL 28, 2017 BY NO LATER THAN 11 AM
RFP DEADLINE FOR RECEIPT OF PROPOSALS	MAY 18, 2017 BY NO LATER THAN 11 AM
EVALUATION OF PROPOSAL/SELECTION OF FIRMS	MAY/JUNE 2017
ORAL INTERVIEWS – (IF REQUIRED)	MAY/JUNE , 2017
CONTRACT AWARD BY CITY COMMISSION – ESTIMATED	TO BE DETERMINED
OPEN ENROLLEMENT	AUGUST 2017

INSURANCE REQUIREMENTS:

The awarded firm(s) will be required to obtain and maintain the insurance requirements as set forth in the attached agreement, for the life of the contract. The Certificate of Insurance will be required to be provided within the time specified in the notification provided by the Procurement Department after award of contract by the Commission.

The awarded firm shall furnish the required Certificate(s) of Insurance within the time specified in the Notification provided by the Procurement Department. The requirements for insurance are stated in Exhibit II, Article 5 of the form contract.

QUESTIONS REGARDING RFP:

For information pertaining to this Request for Proposals (RFP), contact Tom Camaj at the Procurement Department, (954) 457-1333. Such contact shall be for clarification purposes only. Changes, if any, to the scope of the services or proposal procedures will be transmitted only by written Addendum.