

Town of Thompson
815 Riverside Drive
North Grosvenordale, CT 06255

Thompson Public Schools
785 Riverside Drive
North Grosvenordale, CT 06255
(860) 923-9581 Fax (860) 923-9638
www.thompsonk12.org

Town of Thompson & Thompson Public Schools
SPECIFICATIONS
HEALTH INSURANCE BROKER / CONSULTANT

Proposals should be submitted to:

**Office of the Superintendent
Thompson Public Schools
785 Riverside Drive
North Grosvenordale, CT 06255**

Submission Deadline:

June 2, 2017

10:00 A.M.

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I. Invitation for Proposal

The Town of Thompson and the Thompson Board of Education request proposals to provide broker/consulting services for our medical health insurance program. We are looking to contract with an agency that will perform an extensive review of our current plan and to make recommendations on how to minimize our overall costs while meeting our required contractual obligations. Additionally, we seek a firm that can work with us in the future to continually monitor the health industry and recommend alternatives to the current system which will help to limit our financial exposure.

Four (4) copies of the proposal shall be placed in sealed envelope(s) marked “**INSURANCE BROKER/CONSULTANT**” and delivered to the Office of the Superintendent of Schools on or before 10:00 A.M. on June 2, 2017.

The Town of Thompson and the Thompson Board of Education jointly, or separately as the awarding authority, reserves the right to reject any proposals in full and/or in part and to waive any informalities in bidding. In determining the appropriate broker/consultant, the Town of Thompson and the Thompson Board of Education reserves the right to consider, in addition to price, the compatibility, quality, experience of the broker/consultant, sufficiency of resources of the broker/consultant as relates to the offering as well as the ability of the Bidder to provide future service. The decision of the Town of Thompson and the Thompson Board of Education is final.

Both the Town of Thompson and the Thompson Board of Education are equal opportunity employers and do not discriminate based on race, gender, age, sexual orientation and/or handicap.

II. General Conditions & Specifications

To be considered all bidders must answer the following:

Contacts

Firm Organizational Name

Street Address, City, State, Zip

Telephone Number, Fax Number, Web Address

Primary RFP contact

- Name & Title
- Address and telephone number (if different from above)
- E-mail address

General Vendor Information

1. Number of years your firm has been in business?
2. Corporate Tax Status?
3. Firm Ownership/Controlling Interests?

Firm's Background

1. What background and experience qualifies your Firm to perform this work?

Vendor relationships

1. List the names of up to five (5) PPO Networks with whom you have a working relationship.
2. Please provide a breakout by carrier of the dollar volume of your current health insurance business.
3. Are there any carriers with whom you are prohibited from doing business?
4. List the clients for which you are providing similar services as of January 1, 2017

Experience with Municipalities / Boards of Education

1. With how many municipalities and school districts do you currently work?
2. What schools and municipalities have you worked with in the past five years not listed above and state the reasons you are no longer have an agreement with them.
3. Familiarity with municipal and school labor unions, contracts and how they impact health insurance programs.

Change of Carriers

Please indicate your company's willingness to provide the following services:

1. Draft, revise and finalize the contract and benefit summaries and the Specific Plan Design Booklets for employees.
2. Develop a detailed installation plan for our review and approval.
3. Representatives will conduct on-site new member orientations.

Privacy & Confidentiality

1. What steps have you instituted to insure privacy and confidentiality of protected data?
2. What steps do you take for HIPAA compliance?

Member Complaints

1. To what degree do you become involved with participant complaints?

Additional Services

What additional services can we expect?

III. Scope of Services

The successful proposer will have experience with employee health care benefits consulting services, and will perform the following core services, in addition to other related services, as part of the total employee health care benefits consulting services to the Town and/or BOE (these are not necessarily listed in order of importance):

Employee Health Care Benefit Consulting and Monitoring

- Ensure accurate follow through on all negotiated contractual arrangements made between the Town and/or BOE and any administrators or insurance carriers utilized by the Town and/or BOE.
- Ensure that all arrangements with any administrator and/or insurance carriers are strictly adhered to. Monitor stop-loss thresholds and ensure compliance when thresholds are met. Advise as to recommended stop-loss attachment points, as appropriate.
- Provide current information on managed care delivery systems, including PPO, HSA's and other current and emerging systems and any other general health care consulting advice.
- Perform a rate analysis, evaluate and negotiate all renewals for each fiscal year.
- Monitor and maximize management information available through all providers.
- Intervene and resolve claim issues. Assist with billing issues and other vendor problems.
- Monitor claim performance according to any performance standards contracts the Town and/or BOE may have with any provider. Recommend the establishment of additional performance standard agreements with vendors if there are service problems.
- Monitor and coordinate services including claim processing, trend analysis, booklet, identification cards and administrative/premium payments.
- Provide consulting advice for collective bargaining before, during and after the negotiations to include the impact of changing health care benefit levels, premium cost shares and advice on implementing the new changes.
- Assist and provide recommendations to fulfill compliance requirements of State and Federal regulations, statutes and mandates. (COBRA, HIPAA, Healthcare Reform, Affordable Care Act, etc.)
- Prepare and manage "RFP's" for employee health care benefits and/or incentive programs, pharmacy programs and stop-loss as desired by the Town and/or BOE.
- Provide routine group benefit and general health care consulting advice. Assist the Town and/or BOE in establishing a strategic plan for employee health care benefits. Provide ongoing analysis and planning of new approaches to employee health care benefits. Take the initiative to bring new ideas to the Town and/or BOE. Work with the Town and/or BOE team to develop and provide policy direction.

- Provide ongoing analysis of plan designs, cost containment strategies and cost sharing alternatives available to the Town and/or BOE while maintaining integrity of union contracts.
- Develop strategies for implementation of new health care benefit programs to employees through two-way communication and educational programs. Assist employees in decisions related to their employee health care benefits during open enrollment. Coordinate employee communication and conduct employee information meetings to discuss existing benefits and how to use them properly, as well as the implementation of new programs. Vendor should plan on attending health fairs and assisting with organization of such fairs.
- Inform the Town and/or BOE of changing legislation and legal decisions affecting employee health care benefits. Advise and discuss methods to comply with these changes.
- Assist Town and/or BOE with implementation of wellness programs. Provide assistance, materials and resources for wellness programs, employee education materials for healthy lifestyles and participation in health fairs.
- Provide advice on data practices, records retention and privacy issues.
- Assist the Town and/or BOE with its budget planning for employee health care benefit costs by providing renewal estimates not later than mid-December for Health Insurance with monthly updates from January to at least April.
- Meet with the Town and BOE at least annually to present analysis of experience and budget projections for upcoming year. Attend public meetings with the applicable City Boards and/or Board of Education, as needed.
- Provide a team of servicing representatives available to the Town and/or BOE on an on-going basis. One member of the Team should be a Certified Insurance Consultant (CIC).
- Prompt response to questions and requests is an absolute requirement. It is expected that there will be more than one individual within the firm capable of addressing possible concerns of the Town and/or BOE.
- Analyze and report utilization trends and costs with recommendations. Perform medical claims audits and conduct periodic utilization reviews.
- Prepare an Annual Stewardship Report for the Town and/or BOE including complete accounting of fees and/or commissions earned on the account, observations on relevant changes in the health care insurance market, view on loss exposures facing the Town and/or BOE, loss control activities and insurance health care policy summaries.
- Monitor standard ratings of suppliers/carriers. As needed review of HMO, PPO Provider Database Analysis to assess market potential and to estimate cost savings potential with alternative plans and delivery systems.
- Develop alternative employee contribution strategies and formulas, as needed.
- Negotiate/re-negotiate performance standards for carriers/suppliers annually, as applicable.

- Conduct quarterly meetings with carriers/suppliers to identify issues/problems and monitor performance against performance standards.
- Review programs to determine if competitive - on regional, industry, and size basis using an effective database for plan design. Review cost per member against normative data from an effective database.

IV. Compensation Schedule

Please set forth your annual Fees to perform all consulting services indicated in the Scope of Services. Pricing should be all-inclusive for any and all services provided.

Town of Thompson:

Year 1 7/1/17 – 6/30/18 _____

Year 2 7/1/18 – 6/30/19 _____

Year 3 7/1/19 – 6/30/20 _____

Thompson Board of Education:

Year 1 7/1/17 – 6/30/18 _____

Year 2 7/1/18 – 6/30/19 _____

Year 3 7/1/19 – 6/30/20 _____

V. BID FORM - INSURANCE BROKER/CONSULTANT

The undersigned proposes to furnish all services, for insurance broker/consultant for the amount specified on the Compensation Schedule, in accordance with the terms of a negotiated contract with the Town of Thompson and the Thompson Board of Education for the period beginning July 1, 2017 through June 30, 2020.

FIRM AND SIGNATURES

Firm Name

Signature of Authorized Agent

Address

Printed / Typewritten Name of Agent

City, State, Zip

Telephone Number

Date

VI. Non-Collusive Bid Statement

The undersigned bidder, having fully informed himself regarding the accuracy of the statements made herein, certifies that:

1. The proposal has been arrived at by the bidder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with any other vendor of materials, supplies, equipment or services described in the invitation to bid, designed to limit independent bidding or competition, and
2. The contents of the proposal have not been communicated by the bidder or its employees or agents to any person not an employee or agent of the bidder or its surety on any bond furnished with the bid and will not be communicated to any such person prior to the official opening of the bid.

The undersigned bidder further certifies that this statement is executed for the purpose of inducing the Town of Thompson and the Thompson Board of Education to consider the bid and make an award in accordance therewith.

Legal Name of Business

Street

City

State

ZIP

Phone

Person authorized to sign for company (Print/type)

Title of authorized person

Signature

Date