
REQUEST FOR PROPOSAL

EMPLOYEE HEALTH BENEFITS BROKER

RFP 04142022-01



April 14, 2022
CITY OF ANTHONY NM
820 HWY 478 ANTHONY NM 88021

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I. INTRODUCTION

A. Purpose

The City of Anthony, New Mexico is seeking written proposals for insurance brokerage firms to provide Employee Benefit Brokerage and Consulting services

Qualified firms will have extensive experience in performing insurance analysis, working with other benefit vendors, and assistance with plan recommendations for a City plan.

The City expects to enter into a Professional Services Agreement (Agreement) with the awarded Service Provider

B. Background

City employees approximately 35 employees with 10 of those employees being police officers. City of Anthony currently offers health insurance medical plans; that include dental plan; a Vision Service Plan; and basic life/voluntary life and accidental death and dismemberment (AD&D) term insurance plan. All the plans, are based on a fiscal year.

Approximately 14 full-time employees and their dependents are enrolled in one or more City sponsored benefit plans. The City has contribution limits for all medical, dental, and vision plans. Basic life for \$50,000 of coverage and EAP premiums are 100% City-paid for full-time benefited employees.

Industry: Municipal, City Government

Current Carrier: United Healthcare, United Concordia, Reliance Standard, and VSP.

Employee Census: See Appendixes

II. SCOPE OF SERVICES

1. Offerors shall restate and specifically address each provision of the Statement of Needs in their proposal response.
 - A. Rate Guarantees: All rates and/or fees must be guaranteed for at least one year. Multi-year rate guarantees are an important component to The City's decision-making process and are preferable.
 - B. Proposal should include illustrative FOUR and FIVE tier rate structures on Medical and Pharmacy to include: FOUR: Employee, Employee and child, Employee and spouse, and Family based on

the current tier factors as provided in this RFP on 12 month rates FIVE: Employee, Employee and Child, Employee and Children, Employee and Spouse, and Family.

- C. Offerors are invited to propose HMO, POS, PPO, AGO networks
- D. The City requires all vendors who submit a proposal to ensure compliance with all federal and state regulatory laws; including but not limited to all laws pertaining to the Affordable Care Act
- E. Offeror shall confirm the organization is currently compliant with HIPAA HITECH legislation as it pertains to Private Health Information and EDI Standards
- F. The City requires a dedicated billing and eligibility representative and a dedicated account management team.
- G. Carrier/Administrator is expected to provide an electronic version of all summary plan descriptions and Summary of Benefits Coverage documents

2. The offeror shall provide all resources as may be required to administer its group health program to The City employees, their dependents. The administration of the program requires the offeror to, at a minimum:

1) Provide high quality, efficient program administration and services, including, but not limited to:

- A. Maintain central claims and membership files for each covered member that include identification numbers, dates of coverage, tier level of coverage, plan option elected, etc.
- B. Maintain payment records.
- C. Provide state-of-the-art data tracking and claims payment services.
- D. Each year, no later than July 1 (or the first business day after) after the contract effective date, provide the City a complete detailed renewal underwriting analysis (or earlier at the City's request).

2) Ensure that the individual responsible for managing the account has a working knowledge of its organization's eligibility, billing, and other systems allowing him/her to address issues with the City in a timely and efficient manner.

3) Provide a single point of contact responsible for quality control, resolving problems, and expediting services related to the overall performance of the contract.

4) Maintain a local or toll-free customer service number for employees and dependents.

5) Furnish sufficient copies of a detailed summary of benefits, Summary of Benefits

Coverage (SBCs), limitations and exclusions for each eligible employee and retiree during open enrollment periods.

6) Provide open enrollment materials in hard copy and PDF format for Internet and intranet posting.

7) Commit to providing staff to participate in annual open enrollment meetings; includes vendors located out of the area.

8) Commit to accept the 834 HIPAA 5010 compliant file for medical enrollment & changes. Currently, the City uses employee self-service for active employees and paper applications for pre-65 retirees and COBRA.

9) Provide an organizational chart and list of contacts (with phone numbers, email addresses, departments, and titles) in relevant functional areas. Provide updates as changes occur.

10) Provide an administrative procedures manual to the City to be used to administer the program, including necessary forms and instructions.

III. RFP SCHEDULE OF EVENTS AND SCORE SUMMARY

A. Schedule of Events

City will make every effort to adhere to the procurement schedule stated below.

Published RFP and website advertisement	Thursday, April 14, 2022
RFP documents will be available Tuesday	Tuesday, April 19, 2022
Written questions submittal deadline	Friday, May, 13 2022 at 5pm
RFP proposal evaluation	Wednesday, May 18, 2022
Preliminary award notice	Monday May 23 2022
Final award notice	Friday, June 3 2022

The Preliminary and Final Award notices will be sent via email and posted on Cities website.

B. RFP Technical and Scoring Criteria

City of Anthony has assigned 300 points to the Technical Proposal which consists of mandatory answers to questions and documents that are part of your response.

Point Value	Evaluation Items from Mandatory Required Response
50	Company Profile – Organization
100	Experience and Past Performance
50	Key Personnel and Experience
100	Services Offered and Quality Assurance
300	Total Possible Points

The following is a proposed timetable developed for this ITB and may be subject to change.

IV. SUBMITTAL REQUIREMENTS

The following documents must be included in the bid.

The City reserves the right to reject any proposal exceeding these limits or omitting any submittal requirement.

1. Completed Vendor Statement, attached and incorporated herein.
2. Submit a copy of your responses to the attached Vendor Questionnaire, incorporated herein.
Responses to the Vendor Questionnaire must be arranged and numbered in the same order.

V. PROPOSAL GUIDELINES

1. The City assumes no responsibility for liability for any costs firms may incur in responding to this RFP; including attending meetings, interview sessions and/or contract negotiations.
2. This RFP may be amended and/or revoked at any time prior to final execution of an Agreement with the City. In evaluating the bids, the City may seek information from a bidder to clarify their proposal.
3. In that event, Proposer must submit written and signed clarifications and such clarifications shall become part of the proposal. All proposals shall remain subject to initial acceptance ninety (90) days after the day of submittal.

VI. RULES GOVERNING PROPOSALS

1. Confidentiality

The content of all proposals will be kept confidential throughout the selection process and afterward. Copies of any proposal will not be shared with other respondents.

2. Disposition of Proposals

All materials submitted in response to the RFP shall become the property of City of Anthony.

3. Modification of Proposals

Modifications to proposals will not be accepted by City of Anthony.

4. Late Submissions

Proposals not received prior to the date and time specified will not be considered and will be returned to the proposer unopened.

5. Acceptance/Rejection of Submittal

City of Anthony reserves the right to reject any or all responses to this RFP, to waive minor irregularities in any proposal or in the RFP procedures, and to accept any proposal presented which meets or exceeds these specifications and which is deemed to be in the best interests of the City. However, the requirements for timelines shall not be waived.

6. Proposal Evaluation

A committee of individuals representing City of Anthony will perform the evaluation of all proposals. Following this evaluation process, the committee may elect to ask certain respondents to complete an oral interview before the committee. The purpose of the interview is to allow those further selected firms expansion and discussion of their written responses.

APPENDIX A

VENDOR STATEMENT

I have read and understand the specifications and requirements for ITB No. 20/21-05-01 and I agree to comply with such specifications and requirements. I further agree that the method of award is acceptable to my company. I also agree to complete a Professional Services Agreement. I understand that if the contract is not completed and signed within 3 days, the City reserves the right to cancel and award to the next highest ranked firm.

FIRM NAME:

ADDRESS:

CITY, STATE, ZIP:

EMAIL ADDRESS: PHONE:

CONTACT'S NAME:

SIGNATURE:

TELEPHONE: CELL:

APPENDIX B

MANDATORY – OFFEROR QUALIFICATIONS AND REQUIRED WRITTEN RESPONSE

INSTRUCTIONS:

This form is being provided in 'WORD' format. Please fill in your answers to the questions on this form or on a separate page. It is recommended that you use a different colored font, such as red or blue, for ease of reading your responses by procurement manager. Please save the final document in PDF format, and email to bhidalgo@cityofanthonym.org.

The Offeror must respond to each of the items listed below by providing succinct written narratives to clearly demonstrate your ability to provide/perform services proposed, identify the level of services and the product type(s) that you are proposing to provide a City of Anthony, NM employees under this solicitation. Failure to respond and comply with any requirement below may result in the Offeror's response being considered non-responsive.

A. COMPANY PROFILE - ORGANIZATION (50 Points)

Company Name

Address

City/State/Zip Code

Principal Office Location if different that stated above

1. Physical location, address, city, state and zip code of the company headquarters if different that above.
2. How long has your company resided at this location?

Please put an X in the space that identifies your type of organization, fill in the appropriate subparagraph (a. b. c. or d.) information and delete the paragraphs that do not apply.

1. Corporation Partnership Sole Proprietorship Joint Venture

B. Experience and Past Performance (100 points)

1. Provide an overview of your firm's capabilities and office structure regarding information and transaction capabilities available to participants through customer service representatives, call centers and the internet.
2. List the products and services that your company provides including a copy of the third-party administrator (TPA) license for each of the products proposed in this solicitation.
3. Clearly identify the areas of expertise, and the types, kinds and levels of consulting and support services being proposed for each product offered.
4. Describe the company's guidelines and the process relating to receiving and processing claims to include the average turn-around time for client claims.
5. Provide and describe the level of security utilized by your organization, including how the systems are monitored for intrusion.
6. Describe the controls used to ensure transactional integrity.
7. Describe the support and assistance your firm will provide City of Anthony, its employees and Participating Entities in the event of an audit.
8. Describe and/or provide samples of Plan Documentation, forms, materials etc., employer implementation guides and/or administration manual.
9. Should City of Anthony contract with a new Plan provider, provide an outline of your transition plan. Include a timeline that describes the necessary actions, responsible parties, target

completion dates, communication of the transition plan to participants, blackout period and what participants can and cannot do during this period.

C. KEY PERSONNEL AND EXPERIENCE (50 points)

1. Provide a listing of all consultants and service providers, with a brief description of their areas of expertise, qualifications and experience that will be utilized to offer and provide the services offered.

Attach – TPA License and/or other Licensure Documents

D. Services and Quality Assurance (100 points)

The Offeror must provide the following information:

1. Provide proposed renewal rates and plan highlights.
2. Describe your firms' guidelines, timelines and the process relating to receiving and processing claims, to include the average turn-around time for client claims.
4. Describe your firm's quality control methodologies utilized as a third-party administrator to provide support to City, City employees to ensure that services and products delivered are of the highest quality, timely, meet or exceed industry standards, customer expectations and requirements.
5. Provide written documentation to describe the process utilized to:
 - a. Providing plan enrollment information to City and its employees, describe the process used to ensure new hires are contacted timely and enrolled.
 - b. Setting up, coordinating and conducting open enrollment meetings.

APPDENIX C

EMPLOYEE CENSUS

First Name	Address	Employee (EE)/ Spouse (ES)/ Dependent	Gender	Date of Birth	Status (FT 32+, PT)	Work Location
xxxx	CHAPARRAL NM 88081	EO	F	1995	FT	ANTHONY NM
xxxx	EL PASO TX 79927	EO	M	1994	FT	ANTHONY NM
xxxx	SUNLAND PARK NM 88063	EO	M	1993	FT	ANTHONY NM
xxxx	EL PASO TX 79912	ES	M	1973	FT	ANTHONY NM
xxxx	ANTHONY NM 88021	EO	M	1981	FT	ANTHONY NM
xxxx	EL PASO TX 79902	EC	M	1983	FT	ANTHONY NM
xxxx	ANTHONY NM 88021	EO	M	1977	FT	ANTHONY NM
xxxx	SUNLAND PARK DR 88063	ES	M	1983	FT	ANTHONY NM
xxxx	EL PASO TX 79912	EO	M	1990	FT	ANTHONY NM
xxxx	SUNLAND PARK NM 88008	ES	F	1986	FT	ANTHONY NM
xxxx	LAS CRUCES NM 88011	ES	F	1983	FT	ANTHONY NM
xxxx	ANTHONY NM 88021	Family	F	1991	FT	ANTHONY NM
xxxx	SUNLAND PARK NM 88063	EO	M	1968	FT	ANTHONY NM
xxxx	EL PASO TX 79932	Family	M	1975	FT	ANTHONY NM
xxxx	LAS CRUCES NM 88012	EO	M	1992	FT	ANTHONY NM
xxxx	LAS CRUCES NM 88007	EO	M	1997	FT	ANTHONY NM
xxxx	LAS CRUCES NM 88001	EO	M	1997	FT	ANTHONY NM
Business Address			820 Highway 478, Anthony, NM 88021			
Mailing Address						
Tax ID Number			80-0611389			
Business Phone #			575-822-2983			
SIC Code						
# of Full Time Employees			31			
# of Part Time Employees			1			