

REQUEST FOR PROPOSAL (RFP)
FOR THIRD PARTY ADMINISTRATOR
SERVICES FOR HEALTH & BENEFITS



TULE RIVER TRIBAL COUNCIL
&
EAGLE MOUNTAIN CASINO

No. TRTC-12-2019

April 12, 2019

ISSUED BY: INSURANCE COMMITTEE

DUE: BY 5:00 PM ON APRIL 30, 2019

BACKGROUND AND OBJECTIVES:

The purpose of this Request for Proposal (RFP) is to secure a strategic partner for Tule River Tribal Council and Eagle Mountain Casino's (TRTC/EMC) health and benefit Program. TRTC/ EMC requests proposals from qualified licensed Third Party Administrators to provide related consulting services for the current and future employee health benefits, including medical, prescription drugs, dental, vision, life, AD&D and long term disability benefits. Additionally, consulting services are requested for TRTC/EMC's Section 125 flexible spending account benefit.

TRTC/EMC seeks a consultant that is well versed in the benefits market and has experience advising other Native American and gaming operations.

TRTC/EMC is seeking proposals for an agreement from October 1, 2019 through September 30, 2022.

INDIAN PREFERENCE

The Tule River Tribal Council shall, to the greatest extent feasible provide preference to qualified Indian-owned economic enterprises and Indian organizations and shall, to the extent feasible, maintain and/or refer to lists of qualified Indian supply sources. The Tule River Tribal Council must determine qualifications of Indian-owned Economic Enterprise; (a) the Indian Ownership must not be lesser than 51%, (b) the control and interest must be with the Indian owner, (c) the organization structure and financing of the enterprise's management and at least 51% profit sharing resides with the Indian owner. The Tule River Tribal Council shall require a statement from all contractors agreeing to provide Indian preference in subcontracting, training, and employment, and shall specify the method to be used. The Tule River Tribal Council shall document its efforts in providing Indian preference. If no quotations are solicited or received from Indian-owned economic enterprises or Indian organizations the Tule River Tribal Council shall document the procurement file with the reasons for the lack of Indian participation.

SUBMISSION OF PROPOSAL

One (1) paper copy and one (1) USB digital copy of the proposal shall be submitted. Attachment 1 shall be included in the packet regarding suspension and debarment. All proposals must be submitted in a sealed envelope or box. Proposals shall remain confidential until the Committee has reviewed all proposals, finalist's interviews have been scheduled and the intent to award a contract has been made.

Proposals shall be submitted to:

Tule River Tribal Council
Attn: Corina Harris,
Procurement Director
340 N. Reservation Road
Porterville, CA 93257

GENERAL INFORMATION

- 1) Provide history of your firm. Particularly your employee benefits division.
- 2) How many employees are there in your company? Generally, what are their job categories (i.e., management, sales, technical, customer service, etc.)?
- 3) Who would we be working directly with on administrative issues, questions or problem solving? Please provide the roles and qualifications of each person.
- 4) Who will facilitate annual on-site enrollment meetings, as well as ad hoc education meetings?

FEES

- 1) Describe your firm's revenue disclosure policy as well as outline how you anticipate being compensated for our account (commission, consulting fee, etc.). Also outline over rides (including GA compensation) and additional (if applicable) that you would anticipate receiving.
- 2) Describe a proposed form of compensation (i.e., commission, annual retainer, and fee-for-a-Service). If you are proposing a fee, please include your fee schedule/hourly rates.
- 3) If you charge fees for consulting and employee communication, please indicate the basis of your charges (hourly, by project, etc.).

REFERENCES

- 1) Please provide the number of self-insured groups your agency handles with over 500 employees and their respective employee count.
- 2) Please provide the names, number of employees and contact information for at least five self-insured central California clients as well as five Native American/Casino clients for which your agency has or does provide agent/consulting services.

ACCOUNT SERVICES

- 1) Describe your account services department.
- 2) What is your process for ensuring customer satisfaction?
- 3) What kind of training (industry, internal, computer, other) does your staff receive?
- 4) Do you provide employee communication service for your clients employees? If so, please provide a general description of your capabilities. Please provide a sample of employee communication materials that you have distributed to their clients.

- 5) Will you facilitate annual on-site open enrollment meetings and prepare all necessary communication and enrollment materials?
- 6) Will you facilitate quarterly on-site meetings to update the insurance committee and/or company with financial updates, how the plan is running, cost saving measures, and/or new vendors or services?
- 7) Do you assist with eligibility related items?
- 8) Explain how you provide oversight of the plan.
- 9) Outline if any services would come at an additional cost and the associated cost.

DATA ANALYSIS

- 1) What resources do you use to analyze medical and pharmacy claims?
- 2) Do clients have access to the data for ad hoc queries?
- 3) Will your organization provide a wellness and preventative health analysis of our employees and claims experience?
- 4) For any of the above questions that you answered yes, please provide us a sample report that you have prepared for another client.
- 5) What is the cost of customization or ad hoc reports? What is the standard turnaround time, are there limitations on the number of ad hoc reporting requests you will respond to as part of the standard package?
- 6) Please provide the information that is standardly included in your high cost claimant reporting including but not limited to demographic, clinical condition, and place of service information.

STRATEGIC PLANNING VENDOR SELECTION

- 1) What resources do you have available to help us manage our benefits and outline a benefits strategy consistent with current and future business plans?
- 2) How will you help us with the competitive marketing and placement of our plans, including development of marketing specifications, identification of market conditions, and evaluation of proposals, negotiations and placement of insurance contracts for annual renewals?
- 3) How is the “re-bidding” process handled?
- 4) How are plan design changes handled?
- 5) How will you demonstrate the savings?
- 6) How do you review PPO discounts and what is your criteria for recommending changes in network affiliations?
- 7) What sort of bench marking data can you provide? Is there a cost for bench marking data?

COST PROJECTIONS/ON GOING REVIEW

- 1) How can you help us develop cost projection suited to our fiscal goals?
- 2) Who do you use for actuarial services? Please provide credentials.
- 3) How will you help with the management insurance, including: monthly (or quarterly) supervision and/or preparation of claims activity reports from carriers; executive summary reports; underwriting analysis for annual renewals; annual financial projections for budgeting purposes; and alternative funding analyses?

REINSURANCE

- 1) Please provide a written overview and sample of your agency's comparative analyses of stop loss contracts. The analysis would include rates, company strengths, AM Best rating adequacy, claims reimbursement provisions, coverage eligibility and limitation differences, etc.
- 2) Please provide a written explanation of how your agency leverages rates for stop loss coverage.
- 3) Please share the process that your agency follows to secure the most competitive stop loss insurance rate for your clients.
- 4) Please list items that may have a cost reduction impact on our stop loss insurance.
- 5) Please explain the process used to determine the appropriate stop loss deductible amount for our group.
- 6) Please provide an explanation concerning how you leverage rates when our annual stop loss claims paid by the carrier is higher than our annual premium paid for the same period.
- 7) Other services related to Stop Loss or cost containment that your agency may provide.

PLAN ADMINISTRATION AND LEGISLATIVE COMPLIANCE

- 1) Do you have an in-house benefits attorney? If yes, please provide his or her credentials and the number of years he or she has provided counsel on benefit issues. If no, do you use an external benefits attorney? Which firm do you use?
- 2) How does your firm stay current with state regulations that impact multi-state employers?
- 3) Will your firm notify us of changes in federal and/or local laws that would affect us?

WELLNESS PROGRAMS

- 1) What tools can you provide us to help implement a wellness program?
- 2) Can you provide examples of low-cost wellness tools?
- 3) How can you help evaluate and refine our wellness program overtime?
- 4) What is your process for measuring the success or failure of a wellness program?

HR TOOLS

- 1) Describe how you keep your clients abreast of employment laws in a timely manner.
- 2) What resources do you provide to help us remain compliant?
- 3) What types of materials can you provide to communicate pertinent information to our employees?
- 4) Do you have any internet-based employee communication tools?

OTHER

- 1) Describe any other facets of your organizations and your firms' experience that are relevant to this proposal, which have not been previously described, and that you feel warrant consideration.
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2) RFP TIMELINE

- RFP Issue Date: April 12, 2019
- RFP Questions:
 - Questions concerning this RFP may be submitted in writing no later than Tuesday April 23, 2019 by 3:00 p.m. to:
 - Xochitl Ramos, Chief Financial Officer
 - 340 N. Reservation Road
Porterville, CA 93257
Xochitl.Ramos@tulerivertribe-nsn.gov
- Submission Deadline: 5:00 p.m. on April 30, 2019
 - ❖ Finalist Interviews: The Committee reserves the right to conduct finalist interviews if necessary. If so elected, finalist interviews will be held during May 2019.
- Contract Award: It is the intent of the committee to award the contract June 2019, for the beginning date of agreement from October 1, 2019 through September 30, 2022.

Attachment 1

**TULE RIVER TRIBAL COUNCIL
CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND
OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 U.S.C. Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Name of Firm Submitting Bid

Signature and Title of Authorized Official

Date

I am unable to certify to the above statements. Attached is my explanation.

Prime or Subcontractor's Name: _____

Telephone Number: _____

Submit to:
Tule River Tribal Council, PO Box 589, Porterville, Ca. 93258