



TULE RIVER TRIBAL COUNCIL

TULE RIVER INDIAN RESERVATION

REQUEST FOR PROPOSALS

Third Party Administrator Services for Health Benefits

TRTC-13-2025

The Tule River Tribal Council hereby requests qualifications and proposals from qualified firms for a Third-Party Administrator for Health Benefits. This request is only open to those qualified firms who satisfy the requirements stated herein and who are licensed and available to do business in the State of California and on the Tule River Indian Reservation.

DATE OF ADVERTISEMENT: *April 14, 2025*

DEADLINE FOR SUBMITTAL: *May 2, 2025 no later than 5PM*

PROJECT INFORMATION

The Tribal Council and Eagle Mountain Casino seeks a consultant that is well versed in the benefits market and has experience advising other Native Americans and Gaming Operations. The site(s) are all located *in Porterville, Tulare County, California.*

Services are to be performed *on and off* Tule River Indian Reservation located in Tulare County, California, approximately 15 miles southeast of the City of Porterville. The area is easily accessed by way of paved road taking *Highway 190 E, at the traffic circle turn on to Rd 284, take a slight right onto Reservation Rd and then on to N Reservation Rd.*

One (1) original and One (1) digital USB copy of the proposals shall be submitted.

Questions pertaining to this RFP may be submitted in writing to corina.harris@tulerivertribe-nsn.gov and froilan.sarmiento@tulerivertribe-nsn.gov no later than April 25, 2025 by 3PM. All questions will be answered in an addendum to the RFP and posted to the Tule River Tribes website.

PROJECT BACKGROUND

The purpose of this Request for Proposal (RFP) is to secure a strategic partner for Tule River Tribal Council and Eagle Mountain Casino's 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.

CONSIDERATION FOR SELECTION:

The proposal shall address all of the following items, in the order set forth and shall not exceed 12 pages:

1. Applicant or Firm Name.

2. Applicant or Firm Qualifications:

- a. Type of Organization, size (local office and total firm size), professional registrations and affiliations, number of years as a firm.
- b. Names and qualifications of personnel assigned to Project. Include principal-in-charge, project manager, and all professional staff expected to take responsible roles.
- c. Outline of recent projects completed that are similar to this project and that are local to the Tribe (*and/or familiarity in performing these types of request/project/activity*) with local Indian Tribes.
- d. Client references from recent projects, including name, address and telephone of individuals to contact.

3. Consultant is required to demonstrate specific expertise relating to the requirements of the Project Scope including (*professional registrations and/or licenses*) obtained for performance of work within the State of California.

4. Consultant to note whether it is a subsidiary of a larger corporation or firm and if so, list the name of the parent organization.

5. List any subcontractors who will perform work on this project and provide information in compliance with items 2 and 3 above.

PROJECT UNDERSTANDING AND APPROACH

1. Summary of approach to be taken for the project. Proposer shall identify the following:

Competitive Advantage

- Please describe what specifically gives your organization competitive advantage in the marketplace as a **BEST IN CLASS TPA** and **WHY** you are the best TPA choice for a growing employer looking to provide a **WOW** experience to members and control healthcare costs/outcomes at the same time.

Point Solutions

- We understand you work with numerous point solution vendors that aim to reduce cost and/or improve member experience:
 - Please describe which vendors have added the most value **and** specifically can you share outcomes achieved;
 - Please described which have not been successful and/or you will not work with going forward.
 - Please describe your ability to integrate with a near site/onsite clinic. How many existing clients integrate with near site/onsite clinic **now** and could you please provide at least two references.
 - Please describe your ability to direct contract with a provider (hospital, ASC etc.):
 - Please describe your ability to offer reference based pricing solutions as well as number of clients using this methodology.

CAA

- Please provide any details of how your organization plans to support clients regarding CAA requirements including fiduciary oversight.

Stop-Loss

- Has any stop loss carrier or MGU terminated their relationship with you in the last 5 years?
- If so, please describe when and why the carrier or MGU terminated their relationship with you.
- Please list the excess/stop loss insurers (carriers) with which you have the majority of your business:
- Do you allow advisors to market stop loss for their clients?
- Do you receive commission/overrides on SL policies placed through you?
- Will you quote SL rates net of any commissions?

Claims Review-Audit

- Do you have a doctor on staff (employee of TPA) to provide clinical reviews of claims?
- Please describe your process for adjudicating claims:
 - What processes, technology, and/or tools do you have in place for accurate claims review and timely claims payment?
 - In the last two years, how often have claims been erroneously paid?
- Is all claims processing work performed at your headquarters location? If not, please describe where else claims processing work is performed. Please describe gatekeepers in place to ensure accuracy and timeliness.
- Do you use clinical editing software in the claims adjudication process?
 - If so, what clinical editing software is used?
 - What types of edits are in place to catch unbundling, upcoding, duplicate claims etc?
 - For your book-of-business, what's the average savings generated from your clinical editing software?
- What is your typical annual turnover rate for claims processing employees?
- What is your default auto adjudication threshold?
- Do you allow clients to set different auto-adjudication thresholds?
- What % of all claims are auto-adjudicated?
- How do you manage claims to catch exclusions, upcoding, duplicate claims etc?
 - How many did you catch in the past year?
 - What was done to rectify these?
- What conditions trigger manual claim reviews other than claims with dollar amounts above your auto-adjudication threshold?
- Describe your claims audit processes, including selecting which claims to audit.
 - Please describe who reviews the claim when a manual review is triggered? Is it a dedicated team?
- Please provide claims processing statistics for the past 12 months, including number of claims, average processing time, and payment accuracy rate.
- For the most recent 12 months, what percentage of claims were completed (resulting in a denial or payment) within 5 days, 10 days and 30 days?
- What third parties do you rely on for medical bill review/audits?
- What processes do you have in place to help members with balance bills?
- Please describe your process for reversing a claim.
- Please describe your process for reprocessing claims.
- Please describe your process for dealing with over-payments to providers.
- Please describe your process for dealing with under-payments to providers.
- What procedures do you have in place to detect and enforce reimbursement for subrogation, COB or workers' compensation?
- If applicable, please provide any claim account flowcharts or descriptions you have.

- What third parties do you rely on for out-of-network claims management?
- Please describe how you review your claims system against plan documents to ensure payment consistency.
- What third parties do you rely on for medical bill review/audits?

Performance Guarantee

- Please describe your standard performance guarantees and SLAs you provide clients:
- Is this performance analysis a self-reporting process?
- What is the timing of reporting back to the plan sponsor on performance metrics?
- Will The client receive an invoice reduction in the case of the exclusion that was erroneously added to the claims report and paid by the plan?
- Provide data on your performance measurements as a TPA on book of business:
- How would a Plan Sponsor measure your value and performance?
 - i.e., what metrics do you measure?
 - How do you determine what metrics to use?
 - How frequently do you measure these metrics?
 - Per agreement it says monthly
 - Please provide this monthly data
 - What actions are taken when metrics are missed?
 - What value do your metrics measure?

Administrative Services

- What claims administration platform do you use?
- When did you begin using it?
 - Can your claims platform technologically identify and carve out pharmacy claims from medical plans?
- Are all components of your claims administration system completely integrated (i.e., eligibility, provider demographics, provider pricing, medical management, claims adjudication, check/EOB/EOP production)?
 - How many dependent records can be attached to an employee/subscriber?

Member Support

- Describe member tools to access information and level of integration w/ TPA (smart phone apps etc.); Will a dedicated 800# be established for our members?
- Do you offer an option for members to leave a message if call wait-times are long?
 - How do you handle call-backs when members leave a message?
 - What is the return call timeline?
- Do you have a way to track on-hold times?
 - Do you have the ability to report on this?
- Please describe up to 3 specific examples of how you've provided proactive operational or service excellence for members in the last 12 months.
- Describe your process for identifying problem trends and escalation path to clients.
 - How do you track incoming inquiries?
 - Do you share this information with clients?
- Do you have standard member communication, FAQs, and/or education materials you provide members:
 - What creative solutions have you implemented in the last 12 months that enhanced member support and communication?
- Do your systems automatically remove duplicate EOBs once the first one has been resolved?
- Show us examples of what your member portal looks like: please see attached:

- Provide examples of unique plan designs you've been able to incorporate in the member portal:
- How do you measure member portal utilization and engagement?
- What reporting do you provide to plan sponsors on member portal utilization and engagement?

Problem Identification & Resolution

- How are member concerns reported to the Advisor / Plan Sponsor?
 - Provide several examples of when it has done so?
- Describe examples of any client- issue response and resolution you've provided.
- Provide examples of proactive solutions you've provided the Plan Sponsor in order to address ongoing issues.

Reporting and Analytics

- What standard reports do you offer plan-sponsors? Samples available?
- Do you have the ability to do custom reports?
- Do you provide clients access to claims, eligibility, and other data in standard data formats?
- Explain specifically how your tools create actionable insights and WHO from you team will provide/review the analysis?

Billing/Claims funding

- Please provide a sample invoice:
- For a 1200-member group what is your recommended billing cycle for claims and administration?
- What are your standard payment terms?
- Please describe how you provide reporting for bill auditing purposes?

Implementation

- Will you provide mental health parity analysis of Plan at no additional cost at implementation?
- Please provide any implementation guides, timelines, or other implementation Materials that could be helpful to review;
- Do you require/prefer any changes to stop loss contract terms to increase your effectiveness?
 - Please describe any REQUIRED changes.
 - Please describe any PREFERRED changes.
- What is the preferred number of weeks you need to deploy?
- What is the minimum number of weeks you need to deploy?
- Please describe anything else you need during implementation from other plan stakeholders to best deliver for clients and describe the ideal way for you to work with others?

General Integration

- Please provide integration technical requirements for eligibility management
- Describe the integration process.
 - What is the typical timeline of building an integration for each vendor?
 - Do you have a dedicated integration team?
- Will it be possible for our integration team to interview yours?
- Describe the Open Enrollment integration process
 - How do you ensure you are getting the correct data?
 - How to you ensure all changes are updated in your systems in time for the new plan-year?

Telemedicine

- Who is your preferred Telemedicine vendor? Fee schedule options?
- If not already partnered with Teladoc, is that an option?

FSA

- Do you require submission of receipts for purchases outside of copays?
- Do you shut off debit cards if receipts not submitted?
 - If yes, what type of warning process do you have in place prior to shut-off? (Cards shutting off without warning leaving members confused at the point of purchase/service.)
- Are members informed each enrollment period of the process of shutting off cards?
- Can we disable the card shutoff?
 - Can a new receipt be accepted in the place of missing receipts?

2. A definitive work program and schedule, including schedule for completion of the SOW

Note: Identify and include all tasks not under Consultant's control, and provide estimated times based upon prior experience.

3. List any information and tasks expected from the Tule River Tribe. Any information or tasks needed but not listed is the responsibility of the proposer.

4. Proposals are to be concise and include only those items that are relevant to the Project Scope.

5. The fee proposal shall be inclusive of all activities proposed to be undertaken.

FEES AND INSURANCE

Proposals shall include estimated fees to complete the project as described under Project Scope:

1. Estimated fees must include all labor, materials, equipment, professional services, insurance, travel, profit, and all other costs and expenses for the proposed project.

2. Submit an itemized fee schedule as a basis for all proposed services and any extra services not included in item (a) above, if applicable.

3. Provide proof of insurance coverage for proposed services shall include general liability and property damage insurance that shall include automobile liability insurance in a combined single limit of not less than \$1 million dollars. Professional Liability Insurance (E&O) coverage of \$1 million is also required.

4. Provide proof of Workers Compensation coverage.

5. The selected firm shall provide, within ten (10) calendar days after the notice of award is issued, a copy of their existing liability insurance certificate with an Accord policy rider naming the Tule River Indian Tribe and its officers, employees and agents as an additionally named insured on said policies. Such insurance coverage shall be maintained in full force and effect for the duration of the Contract and must be in a form satisfactory to the Tribal Council.

PROPOSAL SUBMITTAL AND SELECTION

1. All proposals must be delivered in a sealed envelope with the words "**Attn: Corina Harris - Proposal to the Tule River Tribal Council for (Third Party Administrator Services for Health Benefits)**" clearly written in bold type and received not later than:

May 2, 2025 no later than 5PM

Late proposals will not be considered.

2. All proposal submissions shall be delivered to:

a) Via Mail

Attn: *Corina Harris*
Tule River Indian Tribe of California
P.O. Box 589
Porterville, CA 93258
(559) 781-4271 phone
(559) 781-4610 fax

b) Hand Delivered or by Courier

Tribal Administration Office
340 North Reservation Road
Porterville, CA 93257

3. All correspondence or inquiries should be directed to:

Corina Harris, Procurement Director, 681 S Reservation Rd, 559-781-4271 x1042

4. All costs for preparation of proposals shall be borne by the proposer.

5. Tribal staff and its designated agents or representatives will review the proposals and select the one that they believe is most advantageous to the Tribe.

6. The Tule River Tribal Council will make the final selection and award. The Tribal Council may or may not choose to interview the recommended Consultant prior to award.

7. This request does not constitute an offer of employment or to contract for services.

8. The Tribe reserves the option to reject any or all proposals received in response to this request for Proposals, wholly or in part.

9. The Tribe reserves the right to retain all proposals, whether selected or rejected.

10. All proposals shall remain firm for sixty (60) working days following the closing date for receipt of proposals.

11. The successful Consultant will be expected to enter into a contract of substantially the same format as the attached sample form in Exhibit B.

12. The Tribe reserves the right to award the Consultant services contract to the firm that, in the sole judgment of the Tribe, can best accomplish the desired results. Selection criteria include, but are not limited to, consideration of the Consultant's qualifications and experience, the Consultant's understanding of and approach to the project, and the proposed fee for services.

13. Preference in the award of a Contract shall be given to Indian and Alaskan Native organizations and economical enterprises. The Owner may give preference to a 51 percent Indian-owned economic enterprise so long as the bid by this enterprise does not exceed the lowest bid submitted by more than five (5) percent.

14. The Tule River Tribal Council reserves the right to waive any informality in any submission, to reject any and/or all submissions, and to accept proposal(s) that in its judgement is in its best interest. Each proposal shall contain one(1) original and one(1) digital USB copy, and shall be in a sealed envelope or package clearly labeled as **“Attn: Corina Harris - Proposal to the Tule River Tribal Council for Third Party Administrator Services for Health Benefits”** and delivered to the address noted above.

PROJECT SCOPE

The scope of Consultant's services shall include at least the following items described below. Consultants should include additional tasks they deem appropriate. Include written reasons why a task should be included, and the fee required to complete the task.

The Tribe's intent is to be able to agree upon a scope of work that will meet the needs of the Tribe with a fee package providing fair compensation to the Consultant.

The following scope of work outlines the required elements of the Consultant:

1. The work to be done under this requested proposal consists of providing operational services such as claims processing and employee benefits management under contract to the Tule River Tribe of CA.
2. Prepare a report diagrams and pictures, where applicable, of findings from above investigations and a list of recommendations.
3. Tribe shall issue a right of entry for Consultant to perform their surveys and investigations.
4. Consultant shall be responsible for contacting or preparing any reports or complying with the requirements of Federal or State Agencies having jurisdiction over the subject property and coordinating any survey and investigation work with same.
5. Conduct at least 1 *quarterly site meeting with the Tule River Tribal Council and 1 monthly site meeting with the insurance committee*, and as applicable, any representatives of any Federal or State Agency having jurisdiction over the property.
6. Conduct one presentation meeting with Tribe (*staff or Council*) to review findings and recommendations.

Please include the following tribally required clause in the proposal: (*Note that this only applies to work on the Reservation or trust lands*)

“SOVEREIGN IMMUNITY: Nothing herein is intended to convey any rights to individuals or entities that are not parties to this Agreement. Further, nothing herein shall be construed to waive the Tribe’s sovereign immunity from unconsented suit against any claims by third parties.”

INDIAN AND OTHER FEDERAL PREFERENCE APPLICABLE

All Tule River Tribal Councils Request for Proposals are subject to Section 7(b) of the Indian Self Determination & Education Act (25 USC 450e(b)) which provides to the greatest extent feasible, preference and opportunities be given to American Indians and American Indian owned business enterprises and OMB Circular A-102 (45 C.F.R Part 92.36(e)) requiring Tule River Tribal Council to take all necessary affirmative steps to assure minority firms, women’s business enterprises and labor surplus area firms are used when possible. For Indian Preference to be applied to American Indian owned and controlled businesses, proof of American Indian business ownership with more than 50% control must be submitted with the proposal.

INDIAN EMPLOYMENT OF SUBCONTRACTS -INDIAN PREFERENCE

Pursuant to Section 7(b) of the Indian Self-Determination and Assistance Act, as amended, to the greatest extent feasible, this RFP and any subcontracts awarded shall require Indian preferences and opportunities for training and employment in connection with the administration of such contract/subcontracts.

In addition, preference in the award of subcontracts shall be given to Indian organizations and to Indian-owned economic enterprises. Pursuant to Section 7(c) of the Indian Self-Determination and Assistance Act, as amended, the tribal employment or contract preference laws adopted by such Tribe shall govern with respect to the administration of the contract or portions of the contract.

For additional information, please see the following attachments:

EXHIBIT A: *Suspension and Debarment*



TULE RIVER TRIBAL COUNCIL

TULE RIVER INDIAN RESERVATION

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:

**Phone (559) 781-4271 Fax (559) 781-4610
P.O. Box 589 Porterville, California 93258**