



INVITATION TO BID
REQUEST FOR PROPOSAL FOR GROUP HEALTH INSURANCE

HAMILTON County requests proposals for the provision of group health insurance program, which includes:

Employer Paid – major medical (Health Insurance Only). The employer shall contribute 100% of single coverage per employee in twelve monthly installments toward the cost of this program.

It is the intent of the Board to provide optimum benefits to meet the specific needs of its employee group by the most economical means possible. The group contains approximately 160 active employees and retirees.

VENDOR PRESENTATION. All responding vendors will be required to present their proposal to the Hamilton County insurance committee. Each vendor will be notified by the Board of County Commissioners as to the date and time of their presentation.

A. GENERAL INFORMATION

1. Telephoned, telegraphed or faxed proposals will not be accepted.
2. **RFP DELIVERY**. Sealed bids must be in writing and delivered by hand or US Mail to the Hamilton County Board of County Commissioners, 207 NE First Street Room 106, Jasper Florida 32052, and must be received by July 7th , 2023 at 3:00 p.m.

RFP CONTACT

Sheri Davis, Director of Finance
daviss@hamiltoncountyfl.com
207 NE First Street Room 106,
Jasper Florida 32052
(386) 792-0850

Schedule/Project Timeline

June 13, 2023	RFP# 23- 101 Published
June 21, 2023 3:00pm EST	Last Day to Request Additional Information or Clarification
July 7, 2023 3:00pm EST	Response Due Date
July 12, 2023	Committee meeting to review plan designs and proposals.
July 18, 2023 6:00pm EST	Board meeting to approve committee’s recommendation.

3. Friday July 7, 2023 @ 3:00 p.m. EST. Proposals received after specified date and time will not be considered. Proposals shall be in a sealed envelope, clearly marked “Proposal for Group Health Insurance.” Proposals shall be a firm offer through December 31, 2023. Proposals will be opened **only** (no decision to be made on this date) on Friday July 7, 2023 at 3:00 p.m. After review by the insurance committee a decision may be made by the Board of County Commissioners on July 18, 2023, or soon thereafter as practical.

4. Attachments:

- Census – Please request via email to Sheri Davis daviss@hamiltoncountyfl.com (A Census will be provided in excel format and will be sent via secure email).
- Paid Claims Most Recent 24 months,
- Large Claims Most Recent 24 Months,
- Benefit Summaries

5. **NUMBER OF PROPOSALS**. Each vendor must provide five (5) complete copies of their proposal. One proposal should be labeled **original** with an original signature of an officer of the company authorized to bind this proposal.
6. **MODIFICATIONS/ADDENDUMS TO REQUEST FOR PROPOSAL**. Hamilton County reserves the right to revise or amend the Request for Proposal prior to the proposal due date, and such revisions and amendments will be provided by written addendum to all potential proposers.

If it is in Hamilton County’s judgement that an extension of the proposal due date is necessary, the due date may be postponed by as many days as in the opinion of the Risk Manager are necessary to enable proposers to revise their proposals. Addendum’s will state the new proposal due date.

7. **WAIVER/REJECTION OF PROPOSALS.** All proposals will be considered. However, Hamilton County reserves the right to waive formalities, to reject any or all proposals deemed to be in the Hamilton County best interest, or to negotiate or not to negotiate with individual proposers, and the decision of the Board will be final. Failure to adequately complete the Proposal Summary Forms will be grounds for Hamilton County to consider a proposal non-responsive.
8. **ACCOMMODATION TO HAMILTON COUNTY GUIDELINES.** Hamilton County prefers that proposals respond to the guidelines stated herein, with no major variation. Where alternatives are proposed, proposers are expected to be specific about how the alternatives deviate from what was requested, with special emphasis on cost, coverage and service differentials. Proposals should clearly identify deviations from the current plan.
9. **CONTRACT EFFECTIVE DATE/TERM.** Coverage/contracts shall be proposed for a term beginning October 1st, 2023 and ending September 30, 2024. Upon mutual agreement of the Board and Service Provider(s), coverage/contracts may be extended for additional one-year periods.

The Hamilton County renewal for subsequent annual contract terms will, in part, be dependent upon acceptability of cost, coverage, service and provider stability.

10. **INFORMATION PROVIDED/ADDITIONAL INFORMATION.** This information is provided to facilitate proposals. Much effort was made to provide necessary and accurate information when this request was prepared, but Hamilton County is not to be penalized for any lack of completeness. Accuracy of this data is not guaranteed. It is the sole responsibility of proposers to assure that they have all information necessary for submission of their proposals.
11. **TERMINATION/RENEWAL/INCREASE NOTICES.** Hamilton County will require at least 120 days notice of non-renewal of contracts and at least 120 days notice of any increase in rates/premiums.

If Hamilton County shall be required to provide advance notice to the proposer of cancellation or non-renewal, the required notice should not exceed 60 days.

Changes in cost shall occur no more frequently than on an annual basis, unless directly related to changes in benefits requested by Hamilton County.

12. **REQUIRED TIMELINE.** Dates for open enrollment, issuance of I.D. cards, etc..., will be as determined by Hamilton County Board of County Commissioners.
13. **INSURER QUALIFICATIONS.** Proposals will only be accepted from financially sound insurers, authorized to do business in Florida. Best's rating of "A-" or better is required for each insurer being proposed. Please, provide a copy of your most recent

Best's rating. Insurers should explain the full range of their services available to Hamilton County and should state their experience, expertise and data processing capability. Background information should be furnished on personnel that will service the group. Please, provide a list of other political subdivisions, i.e., county, city, or school boards to which you are currently providing benefits. Include the contact person and phone number for these accounts.

14. **HMO/PPO QUALIFICATIONS**. Proposals are expected from pure HMO's and PPO's authorized to do business in Florida and with acceptable financial strength. Area provider lists must accompany your HMO, and PPO proposal. All HMO and PPO networks must be organized and in place.

HMO's and PPO's should explain the full range of their services available. Background information should be furnished on HMO, and PPO personnel that will service the group. All HMO's must be accredited by the N.C.Q.A.

15. **SUBCONTRACTING**. Where proposers do not have "in-house" capability to perform work desired in the Request for Proposal. Subcontracting will be permitted only with prior knowledge and approval of Hamilton County. Hamilton County must be assured and agree that any proposed subcontractor(s) can perform the work to the desired quality and in a timely manner. Therefore, the name of any intended subcontractor(s) should be identified in the proposal.

16. **INSURER/PPO/HMO AGENT REFERENCES**. The Hamilton County Board of County Commissioners' Agent of Record is Acentria Public Risk. We are requesting your proposal to include the follow Agency Compensation:

- Fully Insured - 3% commission,
- Pooling Programs - please quote net of commission.

17. **SUCCESSFUL PROPOSER HOLD HARMLESS/PAY ON BEHALF**. The successful bidder will maintain all claims fiduciary with the plan.

Successful proposers will be expected to provide evidence of their general, professional and directors and officers liability insurance. Preferred limits of liability are **\$1,000,000** per occurrence **\$3,000,000** annual aggregate.

18. **AUTHORIZED OFFER**. The person submitting the proposal should indicate the extent of authorization by the insurer, PPO or HMO to make a valid offer in the proposal summary that may be accepted by Hamilton County to form a valid and binding contract.

If the person submitting the proposal is not authorized to submit a proposal that can be bound by Hamilton County's acceptance, such person should also obtain the signature

of an authorized representative of the insurer that may result in a binding contract upon Hamilton County's acceptance.

Proposals should be typed or written in ink, signatures should be manually signed in, and any corrections should be typed or in ink and initialed.

19. **PUBLIC ENTITY CRIMES.** All proposals shall be accompanied by a signed and notarized copy of the Florida Public Entity Crimes Statement form. Failure to submit the completed form with the proposal may be cause for proposal disqualification as non-responsive.
20. **CONFLICT OF INTEREST.** The award of contract is subject to the provisions of Chapter 112, Florida Statutes. All proposers must disclose with their proposal the name of any officer, director, or agent who is also an employee or trustee of Hamilton County. Further, all proposers must disclose the name of any employee or trustee of Hamilton County who owns, directly, or indirectly, an interest of five percent or more in the proposer's firm or any of its branches.
21. **EVALUATION OF PROPOSALS.** In Hamilton County's evaluation of proposals, several items shall be considered in determining proposer responsiveness, including but not limited to:
 - Stability: Financial stability of the insurer and network.
 - Provider Network Analysis: The capabilities and experience of proposers. For PPO's and HMO's, the hospitals and the number of physicians under contract and the number of contracted physicians who will accept new patients.
 - Coverage: The amounts and breadth of coverage and extent of deductibles, co-pays, co-insurance, restrictions and exclusions.
 - Cost: Although cost will be a major consideration in evaluating proposals, it will not be the only consideration.
 - Service: The capabilities and experience of proposers to service employee questions and concerns

The order in which these items have been listed does not necessarily reflect their order of importance. It is possible that Hamilton County in its judgement may consider a proposal non-responsive solely because one of these key items is unsatisfactory. For example, a proposal may be considered non-responsive solely on the basis of unsatisfactory cost, or non-responsive solely on the basis of unsatisfactory coverage or non-responsive solely on the basis of unsatisfactory provider access, etc.

22. **COMPLIANCE WITH FEDERAL LAW/FLORIDA STATUTES.** Proposers are expected to assure that proposed programs will meet Hamilton County’s obligations set forth by any Federal or State Legislation in effect at or subsequent to, contract inception. Proposers shall comply with all applicable Florida Statutes.

B. PLAN ADMINISTRATION

1. **BENEFITS ADMINISTRATION.** This portion of the Request for Proposal is to describe the health insurance services desired. For purposes of the Request for Proposal, the term “fully insured health benefits” will include medical benefits.
2. **GENERAL ADMINISTRATION OF SERVICES.** The insurer will be responsible for any filings and approvals of documentation or audits of the insurance plan, which may be legally required. Proposers will describe in detail, claims handling, statistical reporting services and other services normally provided, set forth the administrative services proposed, and provide a proposed administrative contract.
3. **PROGRAM IMPLEMENTATION.** The successful proposer will be expected to provide at no additional cost a plan document, certificates or booklets, and any other appropriate literature available (especially for orientation meetings) to describe the benefits to employees. Literature distributed to employees would be in layman’s terms. Indicate the procedure and assistance to be provided for enrollment of employees who become eligible after plan inception. (Sample copy should be included in proposal).

Hamilton County Board of County Commissioners is requesting \$20,000 for implementation & employee education meetings.

4. **CLAIMS SERVICE.** Proposers are expected to provide prompt and efficient claims service for benefits which require submission of claims. Please, identify your standard claims turn around time.

The preferred definition should be from the date a claim is received by the claims administrator until payment is received by the participants or medical service providers.

5. **WELLNESS PROGRAM.** The County would like to implement an employee participation and incentivized wellness program.

Hamilton County Board of County Commissioners is requesting a \$20,000 wellness contribution to incentivize their employees for participation.

6. **PREMIUM/CLAIMS EXPERIENCE RECORDS.** Hamilton County is desirous of receiving timely reports which provide details on its experience, and which may be used to detect trends in benefit utilization which can be controlled to reduce ultimate group benefits program costs. Reports shall include, but not be limited to, the information detailed below.

Each quarter proposers are to provide summaries of enrollment, paid claims (separately for employees, retirees, COBRA, and their dependents and separately for medical) for the month just completed and a recap of policy year experience to date. Claims reports are to be provided additionally for 12 months after plan termination plus any extension of benefit periods. Each report should be identified by employee group established by Hamilton County.

Proposers should submit a listing of the variety of claims reports and other management reporting systems available to Hamilton County, and sample copies of each format that may be requested by Hamilton County.

State if you can not comply with reporting as outlined and subsequently, what you can provide.

7. **RETIREES**. The County complies with F.S. 1120.08 to provide retirees the option to remain in Hamilton County's regular group program at the Retiree's expense.

8. **FUNDING AND DELIVERY SYSTEMS**. Hamilton County requests all proposals on the following basis:

Funding Options: Fully insured and self-funded programs shall be considered. For fully insured programs, a sixty (60) day premium delay is required.

9. **PROVISION OF LEGAL DEFENSE**. Please indicate the extent to which the proposers will provide a legal defense and/or pay claims in the event of suit by plan participants. Will the expense of legal defense be paid for by the proposer?

C. **PPO/HMO**

This section of the Request for Proposal applies to the PPO/HMO element in proposals.

1. **COMPLIANCE WITH FLORIDA STATUTES**. Proposers shall comply with all applicable Florida Statutes.
2. **NATURE OF PPO/HMO**. Indicate if the sponsor of the PPO/HMO is an insurer, a hospital or a physician's group. Please, indicate if the network is owned or rented and where the network management is to be provided from.
3. **NETWORK**. Provide descriptive materials of the plan offered, listings of preferred providers (including hospitals, general practitioners, specialists, and pharmacies), locations and office hours of providers and arrangements for after hours or emergency

services. State when the last previous provider directory was published and how often it is revised.

Indicate what kind of communications are provided by the PPO/HMO to participating preferred providers and how often they are informed of plan changes.

State to what extent benefits are provided out of the local service area, i.e. if a participant or a dependent student needs medical care elsewhere in the U.S. or abroad or uses a medical doctor from the South Georgia area. Identify the company providing the network for PPO's and HMO's. Also, include any other in-state provider directory for network providers.

Hamilton County Board of County Commissioners is requesting a Network Analytics Reports and a Geo Access Report from all responders.

4. **COST CONTAINMENT.** Describe the nature and special features of the PPO/HMO plan offered. Indicate how benefits, deductibles and co-payments are applied or recommended by the PPO/HMO and any required or recommended penalties for non-use of preferred providers.

Describe discounts and other pricing arrangements that the PPO/HMO has negotiated with hospitals and physicians who will provide cost reductions to Hamilton County. Although statewide averages are useful, it is preferred that discounts in the Hamilton County area be disclosed.

Indicate to what extent pre-admission review, concurrent review, psychiatric review, second surgical opinions and catastrophic case management are employed to control utilization.

Proposers must provide specifics about any requirements of the network providers so Hamilton County and its plan participants can make use of the plan.

5. **PROVISION OF LEGAL DEFENSE.** Please indicate the extent to which the PPO/HMO will provide a legal defense and/or pay claims in the event of suit by plan participants.
6. **HMO/PPO.** Provide ten (10) copies of your network provider listing and booklets for benefits.
7. **CONTINUUM OF TREATMENT.** It is the desire of the Board that the currently enrolled employees experience no loss in existing coverage or treatment plans. Continuity of existing providers in treatment plans is of the utmost importance. Specifically related to providers, state how, when and who will work with our large claimants to assure the quality of care of employees and dependents is not compromised. Please, state whether current approved ongoing procedures will need to

be recertified by your organization or will they continue their current treatment plan with no interruption of service or provider.

8. **Fourth Quarter Deductible and Maximum out of Pocket credit** The County is requesting minimal disruption to their employees, since their plan is on a calendar year and their renewal is on October 1, 2023 please make sure your proposal includes fourth third quarter deductible and maximum out of pocket credit.

Evaluation of Responses

Responses shall be reviewed and evaluated by the BOCC's Insurance Committee .

The selection process to evaluate the responses under this RFP shall be conducted in accordance with the evaluation procedure as described in this section. The Insurance Committee shall evaluate accepted responses. The County, in collaboration with the Insurance Committee, shall be the sole judge as to which response is best and, in ascertaining the best response, shall take into consideration the financial resources, reputation, fit of proposed solution, and experience in performing similar work, as generally described below.

Hamilton BOCC shall generally follow the above shown process; in doing so, Hamilton BOCC at its will, reserves, at a minimum, the following rights:

- a. The award shall be made to the Proposer that best meets Hamilton BOCC's needs.
- b. Hamilton BOCC also reserves the right to waive minor irregularities in responses if that action is in the best interest of the County. If the Proposer is awarded the contract, such a waiver shall in no way modify the requirements stated in this RFP or excuse the Proposer from full compliance with the specifications stated in this RFP or resulting contract;
- c. Hamilton BOCC reserves the right, before awarding the contract, to require Proposer to submit additional evidence of qualifications or any other information the County may deem necessary:
 - i. Hamilton BOCC reserves the right to further negotiate any response, including price, with the highest rated Proposer. If a contract cannot be reached with the highest rated Proposer, the County reserves the right to negotiate and recommend award to the next highest Proposer or subsequent Proposers until a contract is reached;
 - ii. Hamilton BOCC shall not be under any requirement to complete the evaluation by any specific date and reserves the right to suspend or postpone the evaluation process should the need arise due to budget constraints, time constraints or other factors as directed by the County;
 - iii. Hamilton BOCC, at its sole discretion may waive the requirement to have demonstrations or interviews;
 - iv. Hamilton BOCC, at its sole judgment, will award or reject any or all responses as is in the best interest of the County and the decision shall be final.

Hamilton Board of County Commissioners is requesting Health Insurance Proposals.

Please provide the following Plan Options with your proposal:

1. A single plan PPO option similar to current.
2. Alternate double and triple plan option proposals, to include at least one HSA compatible plan design.
3. Health Insurance pricing. Currently the County has their employee group health insurance program with Florida Blue through Public Risk Management. All proposals should include broker commission of:
 - a) Fully Insured 3% commission,
 - b) Pooling Programs please quote net of commission.
4. What are your network discounts for:
 - a. Family Doctor
 - b. Specialist
 - c. Hospital
5. GEO Access Report
6. Telemedicine services
7. Wellness Allowance of \$20,000
8. Implementation and/ or online enrollment credit of \$20,000

Evaluation Criteria

Criteria No.	Main Criteria Description	Points
Criteria No. 1	Qualifications, Experience of Team members	25
Criteria No. 2	References	10
Criteria No. 3	Questionnaire	35
Criteria No. 4	Proposed Fee	30

RFP Submission

Response Order: To ensure comparability and consistency in review and evaluation of responses, all responses shall be organized as specified below. Avoid any elaborate promotional materials and provide only information that is required. All supporting materials should clearly reference the portion of the RFP to which they pertain. Please submit **one (1)** unbound original (clearly marked as such) and five (5) exact duplicates for a total of six (6) physical copies. **One electronic copy on USB flash drive is also required** for document management purposes. To create the electronic copy, scan the entire response and save it as one (1) pdf document. Responses not meeting the requirements below may be determined to be non-responsive, non-responsive responses will receive no further consideration.

Tab 1 Table of Contents

Tab 2 Cover Letter - Provide a cover letter indicating your company’s understanding of the requirements/scope of services of this specific response. The letter must be a brief formal letter from the Proposer that provides information regarding the company’s interest in and ability to perform the requirements of this RFP. Clearly demonstrate your familiarity with the RFP. Unless specific exceptions are noted in the response to this package, all terms and conditions contained in the response are considered to be accepted by the proposer. A person who is authorized to commit the Proposer’s organization to perform the services included in the response must sign the letter. The prospective Proposer hereby certifies, by submission and signature of this letter, represents complete and unconditional acceptance of the requirements, terms and conditions of this solicitation and all appendices and any Addendum released hereto

Tab 3 Qualifications, Experience of Team Members and References:

Summarize the qualifications of the Proposer’s project team. Provide a profile of your organization:

- a. Provide a core contact with name, title, email, address, phone, and fax
- b. Advise team that will be working on this account
- c. Company website

Tab 5 Questionnaire – Please see page 12 - 15 and respond to each section and question of the questionnaire and provide your answers in the table that is provided.

Attachments To the RFP:

- Census – Please request via email to daviss@hamiltoncountyfl.com
- Census will be provided in excel format and will be sent via secure email.
- Benefit Summaries
- 3 years of renewal history

Retiree Coverage

There are retirees on the plan. Section 112.0801, Florida Statutes, provides in part: "Any state agency, county, municipality, special district, community college, or district school board which provides life, health, accident, hospitalization, or annuity insurance, or all of any kinds of such insurance, for its officers and employees and their dependents upon a group insurance plan or self-insurance plan shall allow all former personnel who have retired prior to October 1, 1987, as well as those who retire on or after such date, and their eligible dependents, the option of continuing to participate in such group insurance plan or self-insurance plan. Retirees and their eligible dependents shall be offered the same health and hospitalization insurance coverage as is offered to active employees at a premium cost of no more than the premium cost applicable to active employees. For the retired employees and their eligible dependents, the cost of any such continued participation in any type of plan or any of the cost thereof may be paid by the employer or by the retired employees."

Questionnaire

Plan Administration:

Please confirm the following and if you are not able to comply, please explain

Service Requirements	Yes/No/ Explain
Proposer must be able to administer all the benefits offered by Hamilton BOCC accurately and timely	
Proposer must provide benefit summaries and plan documents in English and Spanish	
ID Cards are required to be mailed to the employees and retirees home addresses	
Advise your digital resources for member plan management (i.e., claims, digital ID cards, account balances, etc.)	
Hamilton BOCC requires a representative be present for annual open enrollment, annual health fairs, and quarterly claims reviews.	

Customer Service:

Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
Hamilton BOCC requires a dedicated account manager for the HR team to contact with any issues. Please confirm that your proposal includes this and provide the hours in which the dedicated account manager can be reached, guaranteed response times to emails and phone calls, and the method in which the County can request a change in account managers should their needs not be met.	

Please describe your customer service department, specifically: <ul style="list-style-type: none"> a. Hours and days of operation b. Staffing c. How are after-hours calls handled? d. Is there a user-friendly cell phone app or online access for employee use? 	
What additional team members will be provided to Hamilton BOCC (i.e., Implementation, billing, eligibility) for customer service?	

Reporting:

Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
List and describe any claim/management reports you are able to provide regularly at no additional charge and the frequency with which this information can be provided. Provide samples of each report.	
Do you have the ability to customize reporting by division/ branch?	
Describe your capability to produce ad hoc reports? Is there an additional charge?	
Does your system provide web-based reporting tools that allow the client to view and print their reports?	

Wellness:

Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
Describe your health promotion and wellness programs you offer as a standard service, including health risk appraisals, influencing lifestyle diseases (e.g., asthma, COPD, coronary artery disease, diabetes, heart failure, high blood pressure, and obesity), depression screenings and tobacco cessation programs.	
Please disclose the annual wellness contribution that you will make to the Hamilton BOCC's wellness fund.	
Is there a wellness app or portal for employees to access?	

Network Access & Savings:

Please confirm the following and if you are not able to comply, please explain

Service Requirements	Yes/No/ Explain
What network(s) are you proposing?	
Please provide a GEO Access Report	
What is your standard process and advance notification timeframe to notify the employers and participants of major network changes such as a hospital or major provider group going out of network?	
What are your network discounts for: <ul style="list-style-type: none"> a. Family Doctor b. Specialist c. Hospital 	

Pricing

	(1)
<u>HEALTH PLANS:</u>	PPO Plan
Single Plan Option	
Employee	_____
Employee/Spouse	_____
Employee/Children	_____
Employee/Family	_____

	(1)	(2)	(3)
<u>ALTERNATE HEALTH PLANS</u>			
Triple Plan Option			
Employee	_____	_____	_____
Employee/Spouse	_____	_____	_____
Employee/Children	_____	_____	_____
Employee/Family	_____	_____	_____

	(1)	(2)
Double Plan Option		
Employee	_____	_____
Employee/Spouse	_____	_____
Employee/Children	_____	_____
Employee/Family	_____	_____