

## **REQUEST FOR PROPOSALS:**

The Lawrence County Schools Council of Government (C.O.G) is seeking proposals from benefits consulting firms to provide on-going assistance in benefit plan selection, cost effectiveness, employee education and compliance with laws and regulations dealing with employee benefits.

Interested and qualified independent healthcare insurance brokers are encouraged to respond to the Broker Request for Proposal Questionnaire.

The C.O.G is an organization created to purchase health care insurance for member school districts and the Lawrence County Educational Service Center. The C.O.G is currently comprised of nine (9) member school districts including the educational service center.

There are approximately 358 single plans and 625 family plans represented in coverage by the C.O.G health care insurance plan. Approximately 20.3 million dollars in premiums is currently generated by the C.O.G membership.

The current benefits include medical coverage and pharmaceutical coverage.

The firm employed to represent the C.O.G will have the primary responsibility of monitoring the performance of the benefit plans and providers selected by the C.O.G, making recommendations regarding benefit plan designs as well as providers requesting proposals from benefit providers and providing support to the C.O.G Board and others in selecting and administering the selected benefits plan.

The consultant will present utilization/claims reports, analyze trends and provide suggestions for cost containment and plan selection.

The consultants will work closely with the C.O.G Board and others and will be expected to be available during regular business hours to provide prompt service to C.O.G members.

The C.O.G reserves the right to reject any and all proposals and to award the contract in whole or in part to the respondent determined by the C.O.G Board to be most advantageous to the C.O.G membership.

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Prior to issuing a contract the C.O.G is not responsible for any cost incurred by respondents.

Respondents are advised that proposals shall be binding on the respondent for 90 calendar days from the proposal due date. Respondents may withdraw or modify its proposal at any time prior to the proposal due date by written request and signed by the same person who signed the original proposal

**PROPOSAL SUBMISSION:**

Hard copies of proposal shall be submitted into a word-processed (typewritten) document using 8 ½ x 11 format.

If submitting hard copies, twelve copies of the proposal must be submitted to the address set forth below in a sealed envelope labeled Proposal for Employee Benefit Consultation Services.

Proposals are due before the close of work on August 31, 2018 to:

Lawrence County Education Service Center

c/o Robert Cross

Cross Management Consulting

631 Seventh St.

Portsmouth, Ohio 45662

Phone: 740-351-0097

Emailed proposals will be accepted at the following number/address:

Via email to [robert\\_cross@crossmanagement.com](mailto:robert_cross@crossmanagement.com)

Only firms submitting proposals by the deadline will be considered.

Each proposal must include the following in this order:

- I. Title page. Title page shall include the subject, date, name of the firm, address, telephone number, email address, fax number and name of the firm's contact person.
- II. Required Information:

**A. Background Information-Please address the following in a one page executive summary of your firm.**

1. When was your firm established?
2. Describe your firm and the services offered to clients.
  - a. Describe your firm's qualifications and experience relative to the services provided.
3. Describe the ownership of your company.
4. Indicate the number and location of your offices.
5. Does your firm have an affiliation with other firms or organizations?
6. Have there been recent changes in ownership?
7. Are there pending or anticipated ownership or leadership changes?
8. How many employees are there in your firm?
  - a. Identify who in your firm would be providing services to the C.O.G, the scope of the services provided by that person and that person's experience and qualifications.
9. Describe your client base.

**B. Client Information:**

1. Provide the current number of clients serviced by your firm.
  - a) on a broker basis
  - b) on a consulting basis
2. List the public employers for whom your firm has provided benefits consulting services, including the number of employees covered by the public employer's benefit plans and the length of service to each.
3. Provide the name, title, address and phone number of the contact person at each of the public employers. Indicate whether we may contact these entities for a reference.
4. How many clients of similar size to the C.O.G has your firm lost in the last three years?
5. Have you worked with entity "pools"? How many entities comprised the pool, and what was the dollar volume?

**C. Account Services:**

1. Describe what makes your firm uniquely qualified to work on our account.
2. Provide a brief overview of your firm's account services department.
3. Describe your organization's process for ensuring customer satisfaction.
4. Among the employees assigned to problem solving what is the turnover rate within your organization?
5. What types of training does your organization provide to staff?
6. Does your firm provide communication services to clients? If so, please provide a general description and a sample of employee communications materials that your firm distributed to other clients.
7. How will your firm proposal to assist in facilitating employee meetings?
8. How will your firm facilitate open enrollments?
9. Describe your underwriting and actuarial resources.
10. Describe your experience managing employee claims escalation.
11. Describe any additional services offered by your company that may be of interest to the C.O.G.

**D. Data Analysis:**

1. What resources does your firm use to analyze medical and pharmacy claims?
2. Does your firm provide clients access to data for ad hoc queries? Will there be costs associated with this?
3. Describe the process your firm will use to provide an analysis of physicians, clinics, and hospitals that provide services to C.O.G plan participants?
4. For any of the above questions that your organization answered yes, please provide a sample report prepared for another client.

**E. Performance:**

1. Describe your firm's capabilities in the area of benefits consulting.
2. Describe the process your firm will utilize to help the C.O.G assess its insurance needs and manage benefits?

3. How will your firm help the C.O.G with 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?
  - a) Will you provide a written commitment that any marketing and placement of business on behalf of the C.O.G will be done in an open, honest and competitive manner?
4. How will your firm propose to handle the “rebidding” process?
5. How will your firm proposal to handle plan design changes?
6. Furnish a list of insurance companies, third party administrators, and other providers for which your organization serves as an authorized agent or broker.
7. How will your organization save our C.O.G money?
8. How will your organization demonstrate the savings?
9. How do you review PPO discounts and what is your criteria for recommending changes in network affiliations?
10. How would your firm assist the C.O.G in deciding the best method for funding the C.O.G’s benefits program?
11. How is client/vendor questions handled?
12. Describe any relationships your firm with any insurance provider licensed in Ohio.
13. How would your firm help the C.O.G develop cost projections tied to our fiscal goals?
14. Does your firm provide actuarial services? Please provide credentials.
15. How will your firm help the C.O.G with management of 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 analysis.
16. Does your firm have an in-house benefits attorney? If yes, please provide his or her credentials and the number of years or she has provided counsel on benefits issues. If no, do you use an external benefits attorney? Which firm does your organization use?
17. How does your firm stay current with state regulations?
18. How will your firm notify and provide solutions to the C.O.G relative to changes in federal and/or state laws?

**F. Wellness Programming:**

1. Describe how your firm will provide support to the C.O.G's efforts to sustain a viable wellness program.
2. Provide examples of how your firm has assisted other clients in establishing low-cost wellness tools?
3. Describe how your firm could assist the C.O.G in evaluating and refining the C.O.G's wellness program over time?
4. Describe how your firm might assist with measuring the progress of the C.O.G's wellness programs.

**G. HR Tools:**

1. Describe how your organization will keep the C.O.G abreast of employment laws in a timely manner.
2. What resources will your organization provide to help the C.O.G remain compliant?
3. What types of materials can your organization provide to communicate pertinent information to C.O.G members?
4. Explain the steps your firm has taken to become/remain HIPAA compliant.
5. Does your organization provide Internet-based communications tools?
6. Describe your professional liability insurance.

**H. Compensation:**

- a) What is your firm's proposed fee and what services are included in your fee?
- b) Please itemize any services for which there will be additional fees.
- c) How are additional fees calculated?
- d) What would trigger a change in fee structure?
- e) Would your firm or any of its agents receive compensation/ remunerations from any insurer or other third party as a result of employment with the C.O.G and/or the placement of insurance on behalf of the C.O.G?
  - a) If so, describe the manner in which your firm complies with R.C.3905.56.

## I. References

1. Please provide references that include name, address, phone number and length of time the business relationship has existed. Indicate whether your firm's role was that of a **broker**, **consultant**, or **both**. Please provide a minimum of four references including at least one that is no longer a client.
2. Please provide any additional experiences that are relevant to your organization's proposal.

## J. Conflict of Interest

1. Disclose any current or past (within the past 5 years) business relationships that may pose a conflict of interest.
2. Are any individuals employed by your firm an owner or investor in any company that would be conducting business as a provider of a benefit or service to the C.O.G?
3. Does your firm have a policy prohibiting employees from receiving commissions, bonuses, payments or any form of compensation from a provider of employee benefits?
4. Does your firm have any type of financial or business relationships or agreements with an insurance provider licensed in the state of Ohio?

## Disclosure

1. Disclose whether your firm or any employee has been the subject of any investigation by the State of Ohio, Department of Insurance or any other regulatory agency within the past five years. If yes, please provide details of the investigation.
2. Disclose whether or not your firm or any of its employees are currently or in the past five years a party to any pending litigation, the subject to which directs itself to your role as a consultant in the employee benefits area. If yes, please provide details of each type of litigation.
3. Ohio law (R.C. 9.24) prohibits any political subdivision from awarding a contract for goods, services, or construction to any person against whom a finding for recover has been issued by the Auditor of State if the finding is unresolved. Can you verify neither your firm nor any of its agents have any unresolved finding for receive with the Auditor of the State?

To the best of my knowledge, the information included in this request for proposals (RFP) is true and accurate.

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Date: \_\_\_\_\_, 2018

*Signature*

Print Name:

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