

**Flexible Spending Account,
Health Reimbursement Account,
Parking / Transit Reimbursement
Program
And
COBRA Administration**

Request for Proposal

THE CITY OF ROCHESTER

April 3, 2014

Lawley

Lawley Benefits Group



Table of Contents

I. Background	Page 3
II. Goals and Objectives	Page 3
III. Protocol	Page 3
IV. Timeline	Page 4
V. Questionnaire	Pages 4 – 9

I. Background

The City of Rochester ("COR") self-funded health insurance plan is governed and controlled by the Labor Management Health Care Committee ("LMHCC"). Comprised of leadership from Management (4) and Labor (4) and Chaired by Deputy Mayor Len Redon, the LMHCC is accountable to Mayor Lovely Warren at managing and controlling the ultimate cost of health insurance and services for approximately 3,800 active/pre-65 and commercial post-65 retirees and 1,500 Medicare Advantage retirees.

II. Goals and Objectives

1. The goal of this RFP is to find a best in class third party administrator who will partner with The City of Rochester to provide services for Flexible Spending Account Program (FSA), Health Reimbursement Account Program (HRA), Parking / Transit Reimbursement Program (PTR), and COBRA Administration.

III. Protocol

All communication must be in the form of an e-mail and must be directed to Hollie Johnson at Lawley Benefits Group. All information in this RFP must be held in confidence by your firm.

Contact Information: Hollie Johnson
hjohnson@lawleyinsurance.com
585.545.6674
866.211.4683 Fax

Submission Deadline: **April 11, 2014**

Submit To: Hollie Johnson
Lawley Benefits Group
30 N. Union Street
Suite 202
Rochester, New York 14604
hjohnson@lawleyinsurance.com

Form of Submission: **Electronic**

IV. Timeline

Proposed Timeline

April 1, 2014	RFP submitted via e-mail to carriers
April 11, 2014	Deadline for responses to Lawley Benefits Group
May 1, 2014	Lawley Benefits Group reviews responses with The City of Rochester
Week of May 19th	Finalist Presentations
July 1, 2014	Carrier Selection
July 15, 2014	Implementation
January 1, 2015	Effective Date

V. Questionnaire

Company Profile

1. Provide one copy of your Dun & Bradstreet report. Please indicate if there are changes pending to this rating.
2. Describe the organization structure of your company and its ownership.
3. Describe any unique capabilities that distinguish your from other vendors.
4. Provide three references of current clients that operate in a similar industry and similar size to The City of Rochester. In addition, please provide the number of years of service for each client.
5. Please indicate if there are mergers or acquisitions planned for your firm.

Client Service

6. Provide the address of the local or regional service office that will be responsible for managing The City of Rochester plans. Will all lines of coverage be serviced from this location? If not, please explain.
7. Provide relevant career experience and background for each individual who will play a role during the implementation, transition and ongoing service?
8. What is your timeframe for implementation? Please include a time-table and related tasks. Please describe the responsible party for each task.

9. Will you provide The City of Rochester with a team of service representatives to manage heavy volume of e-mail traffic due to inquiries of claim status, update inquiries, etc.?
10. Will the assigned service representative have the ability to facilitate enrollment in the various locations? Please explain.
11. Will you agree to a rate revision on the policy anniversary date only? Please explain.
12. What performance guarantees can be offered? Please outline.
13. Please describe your website and functionality?
14. What is your internal claims auditing process? How are results shared with the customer?
15. The City of Rochester will be reviewing Key Performance Indicators. Please share three years data for the following:
 - a. Calls per hour?
 - b. Average handle time?
 - c. Average wait time/hold time?
 - d. Abandonment rate?
 - e. Completion rate?
 - f. One call resolution?
 - g. Accuracy?

Flexible Spending Accounts & Parking/Transit Reimbursement Accounts

Please provide medical flexible spending account, dependent care account and parking / transit reimbursement account proposals.

1. Please provide a detailed implementation timeline.
2. Please provide an organizational chart of your Flexible Spending Department.
3. What reports are available to The City of Rochester? Please provide examples and the frequency of the reports.
4. What are your on-line capabilities? How often is your website updated?
5. Do you have a debit and/or credit card associated with your medical FSA? Does it have any restrictions?
6. What options do you have for reimbursing associates that submit paper claims?
7. What is your average turn-around time for reimbursement once a claim has been submitted?
8. Do you have interactive voice response capabilities for associates to check balances and last transactions?
9. Are there additional charges in addition to your monthly administrative fee?

10. What requirements do you have for banking? (i.e. separate banking account, funding requirements)
11. How are employees able to submit claims? (i.e. phone, online, fax)
12. What is the annual enrollment process? How are annual enrollments submitted to you from The City of Rochester? What information do you need included on the file?
13. How are mid-year changes accepted for new hires and qualifying events? Is The City of Rochester able to update employee data on your website? Are you able to accept a weekly enrollment or change file? If so, what format is required for this file? (i.e. 834, Microsoft Excel, etc.) What information do you need included on the file?

Health Reimbursement Accounts

Please provide a health reimbursement account proposal.

14. Please provide a detailed implementation timeline.
15. Please provide an organizational chart of your HRA Department.
16. What reports are available to The City of Rochester? Please provide examples and the frequency of the reports.
17. What are your on-line capabilities? How often is your website updated?
18. Do you have a debit and/or credit card associated with your medical HRA? Does it have any restrictions?
19. What options do you have for reimbursing associates that submit paper claims?
20. What is your average turn-around time for reimbursement once a claim has been submitted?
21. Do you have interactive voice response capabilities for associates to check balances and last transactions?
22. Are there additional charges in addition to your monthly administrative fee?
23. What requirements do you have for banking? (i.e. separate banking account, funding requirements)
24. How are employees able to submit claims? (i.e. phone, online, fax)
25. What is the annual enrollment process? How are annual enrollments submitted to you from The City of Rochester? What information do you need included on the file?
26. How are mid-year changes accepted for new hires and qualifying events? Is The City of Rochester able to update employee data on your website? Are you able to accept a weekly enrollment or change file? If so, what format is required for this file? (i.e. 834, Microsoft Excel, etc.) What information do you need included on the file?

COBRA Administration

Please provide a COBRA administration proposal.

27. Please provide a detailed implementation timeline.
28. Please provide an organizational chart of your COBRA Department.
29. Will you provide updated eligibility directly to The City of Rochester's vendors?
30. Please describe your training process for service representatives.
31. Please explain your service model.
32. How many accounts do your service representatives manage?
33. Do you mail initial COBRA notifications to new hires and dependents?
34. How does The City of Rochester notify you of COBRA qualifying events?
35. Are you able to accept a weekly file? If so, what format is required for this file? (i.e. 834, Microsoft Excel, etc.) What information do you need included on the file?
36. How often do you mail COBRA letters?
37. What is the turn around time for letters once notified by The City of Rochester?
38. Can COBRA notifications be requested in advance of benefit termination date?

Rate Guarantees and Renewal Offering

39. Will your rates change if you are not awarded all the lines that you've provided quotes for? If so, please provide rates that reflect these potential options.
40. The City of Rochester intends on making the final selection of carrier no later than July 1, 2014. If your company is awarded one or more of the group insurance lines, what date will you guarantee delivery of the contracts? Will a representative from your legal department be available for review and clarification of your contracts?
41. Will you agree to provide a 120-day renewal notice on all lines of coverage?
42. Will you agree to a 30-day termination notice for non-payment of premium and a 60-day termination notice for renewal?
43. Will you agree to a rate revision on the policy anniversary date only for all lines of coverage?
44. The effective date will be January 1, 2015. Please provide a detailed implementation timeline for all projects and tasks. Outline the responsibilities that The City of Rochester, Lawley Benefits Group and your company will need to provide in order to have a successful implementation.

VI. VENDOR REQUIREMENTS:

45. Does your company use the services of a data hosting company or other subcontractor which has access to, uses, or stores personally identifiable information?
 46. Will your company hold your subcontractors servicing The City of Rochester responsible for the services they perform?
 47. Will your company specifically require that subcontractors maintain the same standards of confidentiality and access, usage, storage, and transmission of that information to the same levels/standards that your company uses and upholds?
- **Performance:** Bidders must have the necessary experience, knowledge, abilities, skills, and resources to satisfactorily perform the terms, conditions and requirements of the RFP. Subcontracting of services is not permitted without advance, express written consent. Services must be provided by the entity submitting proposal.
 - **Confidentiality:** This document contains information (and Bidders may have access to) confidential information of The City of Rochester. Bidders are authorized to use this information solely in connection with the preparation of a response to this RFP and fulfillment of any resulting purchase order or contract award. In submitting response(s) to this RFP, Bidder(s) agree and represent that the Bidder(s) will not directly or indirectly use the Confidential Information beyond the scope of the authority granted by The City of Rochester or disseminate, disclose or in any way reveal the Confidential Information or any part thereof, except upon the express written approval of The City of Rochester.

VII. PROPOSAL EVALUATION/VENDOR SELECTION:

- Proposals will be evaluated to determine their completeness and compliance with the mandatory requirements and qualifications specified throughout this document. Failure to comply with one or more of these requirements may result in the proposal being judged non-responsive. The City of Rochester reserves the right to waive deviations it deems non-material and/or to reject any and all Proposals in its sole discretion.
- It is The City of Rochester's intent to identify those providers: deemed best qualified based on experience and capabilities; that have demonstrated the ability to conform to the requirements defined herein; that can assist The City of Rochester in reaching ultimate patron and team member satisfaction; and that have the best quality product/service for the most competitive pricing. When applicable, a weighted evaluation table with different percentages for each factor will be used. Proposals will be evaluated using a scorecard on the following factors including, but not limited to: adherence to the scope of work, price, service, terms, quality, technology, incentives, history, completeness and overall responsiveness to this RFP.
- Those Bidders whose Proposals are judged most suitable will be considered high-ranking contenders for contract award and may be asked for additional information to verify financial stability, emergency response/business continuity plans, and other pertinent questions to validate the viability of the business relationship. Bidders at this point, may also be asked to interview with (or present to) The City of Rochester's LMHCC on goods/services.

- A final Bidder (occasionally Bidders) will be selected and will have the opportunity to discuss provisions of their Proposal with The City of Rochester. Should negotiations fail, The City of Rochester will return to the finalist list and initiate negotiations with one or more alternate Bidders.

IX. CERTIFICATIONS AND REPRESENTATIONS- The bidder certifies the following:

- Bidder is a reputable company fully qualified and regularly engaged in providing products and/or services necessary to meet the terms, conditions and requirements of the RFP.
- Bidder is aware of, is fully informed about, and is in full compliance with all applicable federal, state and local laws, rules, regulations and ordinances.
- Bidder understands the requirements and specifications set forth in this RFP and affirms that no compensation has been received for participation in the preparation of the specifications for this RFP.
- All statements, information and representations prepared and submitted in response to this RFP are current, complete, true and accurate. Bidder acknowledges that The City of Rochester will rely on such statements, information and representations in selecting the Awarded Vendor. If selected by The City of Rochester as the Awarded Vendor, Bidder will notify The City of Rochester immediately of any material change in any matters with regard to which Bidder has made a statement or representation or provided information.
- I, the undersigned, hereby certify that I am authorized to sign as a representative for the Bidder listed below:

Legal Name of Bidder: _____

DBA (if applicable): _____

Address: _____

Telephone: _____ **Fax:** _____

E-Mail: _____

Website: _____

Representative's Signature: _____

Representative's Printed Name: _____

Representative's Printed Title: _____

Date: _____