



Request for Proposals Healthcare Consultant

Bids will be received at the Division of Purchasing office, 2000 Smith Street, North Providence, Rhode Island, until 10:45 a.m. local time on Thursday February 20, 2025.

Bids will be opened and read aloud at 11:00 A.M in the North Providence Town Hall Assembly Room (Ground Floor).

Bids must be sealed and plainly marked "Proposal Healthcare Consultant" on the outside of the envelope.

The Purchasing Board reserves the right to reject any and all bids, to waive any informalities in the bids received and to accept the bid deemed most favorable to the interest of the Town.

Introduction

The Town of North Providence intends to accept competitive sealed proposals to acquire the services described herein. The intent of this RFP is to solicit proposals from health insurance consulting firms with health insurance actuarial and consulting expertise to assist the Department of Finance in the provision of self-insured health insurance benefits for public employees and retirees of the Town of North Providence.

Background

The Town of North Providence is a self-insured employer that currently provides health insurance benefits to active employees, Pre-65 retirees and qualified dependents for approximately 650 lives. The insured include individuals covered by collective bargaining agreements such as Police, Fire, Local 1033 (municipal clerical, administrative, and labor), Public Works Union, as well as non-union personnel. The Fiscal 2025 Town's Healthcare budget is \$6,500,000.00 and Dental benefits of \$300,000.00. This budget does not reflect any voluntary benefits that are offered by the Town of North Providence but are funded by employee contributions.

Required Services to be Performed

The Town requires health insurance actuarial and consulting services including health insurance program strategy, design and integration, funding, compliance, and financial analysis.

Responsibilities of the selected bidder include:

- Analyze Town health care data to discern the impact of utilization, price, trends, and demographics on the cost of programs, providing summary impact reports to the Town of North Providence's Finance Department.
- Assist the Town in its procurement process for insurance vendors, evaluating the network and financial components of proposals received, negotiations, and determining the most advantageous funding arrangement for the Town of North Providence.
- Negotiate competitive financial contracts with all of our carriers resulting in significant savings to the Town of North Providence.
- Guide and assist the Town of North Providence with the implementation of complex projects and initiatives that span multiple fiscal years.
- Assist in the administration of benefit initiatives, with a focus on streamlining the Town's benefit offerings.
- Provide ongoing support to the Town of North Providence, through its Finance Department on health insurance regulation, including advising and implementing changes under health care law, such as the Affordable Care Act, including multiple reviews of plan designs and advise on regulatory and legal compliance.
- Provide detailed plan design and savings analysis and information for collective bargaining contract negotiations as needed.

- Provide the Town actuarial projections for the its health insurance program costs against the Town’s operating budget for purposes of review and analysis.
- Advise the Town of North Providence on significant healthcare marketplace trends proactively.
- Recommend plan design provisions, contribution strategies, and health and welfare initiatives to achieve the Town of North Providence's targeted savings.

The successful firm shall supply a local consulting team to provide the below services for the contract term of one year, renewable each year for four (4) additional years.

Specific examples of work to be completed include:

A. Actuarial Services

- Access and utilize claims data from third party vendors in order to establish premium rate equivalents for self-funded plans, which include national medical trending rates. Such actuarial projections may include, but not be limited to a breakdown by employer type, group, or subgroup
- Assist in the development of contribution strategies
- Calculate the financial impact of proposed plan changes
- Provide financial projections and attend monthly financial analysis meetings with the Finance Department
- Monitor the plan’s experience and provide actuarial analysis
- Study and compare utilization with national and regional trends; make recommendations, and develop projections of future costs
- Explore and assess risk management alternatives including stop loss and reinsurance options
- Development of annual working rates in accordance with the annual healthcare budget for the Town
- Provide specialized services and analysis upon request
- Provide the Town of North Providence with complex monthly financial reporting which tracks the financial impact of the plan.
- Provide the Town of North Providence with monthly claims reporting including stop loss claims.
- Provide the Town of North Providence with yearly “employee benefit statements”.

B. Market Trend Analysis

- Advise the Town of North Providence on plan design changes, as well as the impact on cost, and quality of care related to such changes
- Assist in designing a comprehensive wellness program that links claims experience to wellness initiatives
- Study current plans to provide the Town with the minimum value determination of such plans

- Recommend low-cost plans as a possible offering to ensure that all employees have an option for some type of affordable health insurance coverage
- Providing consulting as may be necessary on the current plans offered by the Town and recommend alternatives as requested
- Find and present best practice s from other municipal governments and large employers including successes, empirical data, and when appropriate, plans for implementation

C. Communications

- Provide sample language/materials for communicating particular benefits
- Prepare presentations and present to employees and retirees as requested
- Ability to create custom communication materials to educate employees on Town benefits
- Advise the Town on healthcare communication strategies as requested

D. Reporting and Analysis

- Analytical reports may be required by employer type, region, carriers, coverage tiers, employment status, and other breakdowns as required, which could include demographic analysis
- Provide the Town of North Providence with complex monthly financial reporting which tracks the financial impact of the plan and also compares the plans based on actuarial projections against budget
- Provide the Town a quarterly cost savings analysis where initiatives, programs, plan designs, and other cost saving interventions are introduced to the Town for evaluation and consideration of feasibility.
- Assist the Town of North Providence in providing reporting and actuarial services for collective bargaining negotiations and vendor contract renewals
- Ability to provide technical reports and analysis requested by the Town within deadlines

E. Compliance and Audits

- Available members of team to train Finance Department on any compliance topic (i.e. ACA requirements, HIPAA, COBRA, etc.)
- Advise and assist with HIPAA requirements, including advising the Town on rules surrounding personal health information (PHI) and communicating employees' individual rights
- Advise, assist, and train Town staff on COBRA rules, regulations and requirements
- Advise and assist the Town with implementation of Affordable Care Act (ACA) requirements including:
 - 1095-C Process
 - Transitional Reinsurance Fee
 - PCORI Fee
 - Excise Tax
- Training Benefits Staff on any and all compliance topics as requested

- Advise and assist Town Benefit's staff with complex Medicare Requirements
- Review and advise on vendor contracts
- Provide audits as requested by the Town (i.e. co-share audit, claims audits, etc.)

F. Meeting Attendance and Presentations

- Attend monthly financial meetings
- Attend frequent in person and teleconference meetings with Town staff and vendors as required
- Attend after hours meetings as requested, including public meetings where testimony is required on public record

G. Litigation Support

- Testify in legal cases as required (i.e. depositions, arbitrations, etc.)
- Provide documents and information for legal case discovery as requested
- Assist the Benefits Office and Law Department with information for cases when requested

H. Disaster Recovery and Security

- Provide safety uses, disclosures, and safeguards
- Provide guidance on risk management activities
- Provide required legal documentation and disclosures
- Advise the Town on privacy official designation and their essential duties

I. Insurance

The vendor shall maintain and keep in force such comprehensive general liability and errors and omission insurance that shall protect them from claims which may arise from operations under any contract entered into with the Town of North Providence, whether such operations be by themselves or by anyone directly or indirectly employed by them.

The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death.

The Town of North Providence shall be named as additional insured on the vendor's General Liability Policy.

The vendor shall maintain and keep in force such Workers' compensation insurance limits as required by the statutes of the State of Rhode Island, and Employer's Liability with limits no less than \$500,000.

J. Acknowledgement of Risk & Hold Harmless Agreement

In addition to the indemnity provisions in the Town of North Providence's Terms and Conditions of Purchase and to the fullest extent permitted by law, the selected vendor, its officers, agents, servants, employees, parents, subsidiaries, partners, officers, directors, attorneys, insurers, and/or affiliates (Releasors) agree to release, waive, discharge and covenant not to sue the Town of North Providence, its officers, agents, servants or employees (Releasees) from any and all liability, claims, cross-claims, rights in law or in equity, agreements, promises demands, actions and causes of action whatsoever arising out of or related to any loss, damage, expenses (including without limitation, all legal fees, expenses, interest and penalties) or injury (including death), of any type, kind or nature whatsoever, whether based in contract, tort, warranty, or other legal, statutory, or equitable theory of recovery, which relate to or arise out of the Releasors use of or presence in and/or on Town of North Providence property. The Releasors agree to defend, indemnify and hold harmless the Releasees from (a) any and all claims, loss, liability, damages or costs by any person, firm, corporation or other entity claiming by, through or under Releasors in any Town whatsoever, including all subrogation claims and/or claims for reimbursement, including any court costs and attorney's fees, that may incur due to Releasors use of or presence in and on Town of North Providence property; and (b) any and all legal actions, including third-party actions, cross-actions, and/or claims for contribution and/or indemnity with respect to any claims by any other persons, entities, parties, which relate to or arise out of Releasors use of or presence in and on Town of North Providence or property.

The duty to indemnify and/or hold harmless the Town of North Providence shall not be limited by the insurance required under the Town of North Providence Terms and Conditions of Purchase.

K. Additional Insurance Requirements

In addition to the insurance provisions in the Town of North Providence Terms and Conditions of Purchase, the liability insurance coverage, except Professional Liability, Errors and Omissions or Workers' Compensation insurance required for performance of a contract with the Town of North Providence shall include the Town of North Providence, its divisions, officers and employees as Additional Insureds but only with respect to the selected vendor's activities under the contract. The insurance required through a policy or endorsement shall include: a Waiver of Subrogation waiving any right to recovery the insurance company may have against the Town of North Providence; and a provision that the selected vendor's insurance coverage shall be primary with respect to any insurance, self-insurance or self-retention maintained by the Town of North Providence and that any insurance, self-insurance or self-retention maintained by the Town of North Providence shall be in excess of the selected vendor's insurance and shall not contribute.

There shall be no cancellation, material change, potential exhaustion of aggregate limits or non-renewal without thirty (30) days written notice from the selected vendor or its insurer(s) to the North Providence Purchasing Agent. Any failure to comply with the reporting provision of this clause shall be grounds for immediate termination of the contract with the Town of North Providence.

Insurance coverage required under the contract shall be obtained from insurance companies acceptable to the Town of North Providence. The selected vendor shall pay for all deductibles, self-insured retentions and/or self-insurance included hereunder.

The Town reserves the right to consider and accept alternative forms and plans of insurance or to require additional or more extensive coverage for any individual requirement.

All bid responses shall be on the proposal page document provided.

Questionnaire

The following questionnaire must be completed in order for a bid to be considered complete by the Town of North Providence’s Finance Department. Answers must be provided in a supplemental document with all questions listed by number with a full response.

	General Information Requested
1	Provide the name of firm, address, other locations, type of organization, and a brief history of your firm. Please describe the office location(s) that will provide services under this contract and the resources you will have available to meet the Town of North Providence's needs (particularly providing the Town with a local presence) under this contract.
2	Please provide the roles and qualifications of each member that will be assigned to the Town of North Providence team if the bid is selected. Additionally, bidders must include the number of clients each of these team members are expected to support and categorize these clients by large (10,000+ lives), medium (1,000-9,999 lives), or small groups (under 1,000 lives).
3	Provide the number of employees of the bidding organization, including job category. An organizational chart should be included illustrating divisions and functions of the organization.
4	Summarize the professional liability or errors and omissions insurance carried by your company and the amount of coverage, include proof of said coverage.
5	Summarize the training that account representatives working with the Town of North Providence receive, including frequency of training, topics, and relevant certifications required. Please include a resume for all employees that will be servicing the Town of North Providence account.
6	Provide a listing of your municipal clients and detail your experience servicing those clients.
7	Discuss your approach to providing support services to the Town of North Providence. What are they keys elements needed for ensuring client satisfaction? What are the organization’s timeframes for response to requests and questions from the Town? Include the organization’s escalation protocols.
8	Provide the resources that the organization has available in order to provide the Town with compliance assistance as it relates to COBRA, HIPAA, and regulatory requirements.
9	Describe actuarial experience and services provided by the organization and the employees who would service the Town’s account.
10	Describe the organization’s legal experience and services to be provided to the Town of North Providence.

11	Explain and provide examples of processes, protocols, and policies utilized to protect the integrity of confidential information.
12	Demonstrate how the bidder would support the Town of North Providence in preparing and delivering employee communication services, including presentations. Include any capabilities or creative capabilities or skills the organization has at its disposal.
13	Demonstrate quantitatively how efforts in actuarial and health insurance consulting have been successful for up to three clients. Examples may include reduced utilization or cost, improved benefits, greater employee satisfaction, effective change management. Please include any particular aspect of actuarial or health insurance consulting through which the company's efforts have had the most impact on reducing employer and/or employee costs.
14	What experience and resources does the bidder have with competitive marketing and placement of healthcare plans, including development of marketing specifications, identifying market conditions, evaluation of proposals, negotiations and placement of contracts for renewal?
15	Please provide illustrative examples of benchmarking data the bidder would provide the Town of North Providence.
16	How does the bidder stay current and inform clients on state and federal regulations that impact employers and employees? What is the bidder's plan of notifying clients when these changes affect them?
17	Describe your proposed form of compensation. If you are proposing a fee, please include your fee schedule/hourly rates.
18	Provide information, including relevant policies on whether the bidder allows employees to earn commissions, and under what circumstances.
19	Does the bidder charge ad-hoc fees for special projects? If yes, please indicate a special project fee schedule.
20	Include information on how many clients the bidder currently serves, including the amount of clients had by the bidder in the last five years.
21	Provide examples of the types of analytical reports that the bidder provides for other municipal or similar sized employers. Please describe the approach to developing and supplying reports.
22	Describe actuarial work for other large employers, particularly municipalities that are self-insured, and describe successes working with that environment.
23	Provide confirmation of availability of team members to communicate via phone and/or email. Describe any customer service standards the guide call back and response timeframes.
24	Provide confirmation, experience, and ability of team members to testify in litigation as requested, as well as provide testimony as required on public record.
25	Describe any other facets of your organization and your firm's experience that are relevant to this proposal which have not been previously described and that you feel warrant consideration, including agency honors or awards.
26	Please provide three professional references that include name, address, phone number, and length of time associated with the bidding organization that the Town may contact on forms provided.
27	Describe your firm's approach and any innovative solutions for controlling healthcare costs while maintaining quality programs for employees and retirees.

28	Describe your firm's approach to managing pharmacy costs for clients of similar size to North Providence.
29	Describe your firm's approach to working with Finance Department for both marketing health plans and annual plan maintenance.
30	Provide examples of your standard reporting for stoploss insurance.
31	Describe your approach to working with union stakeholders during health plan negotiations and education strategies.
32	Describe the types of ideas you have initiated for municipalities both in and outside of Rhode Island with your firm's experience that could help control costs for employees and retirees in the long term.

Evaluation Process; Methodology of Awarding Contract

All responses are to be evaluated on the basis of whose response is the most advantageous to the Town, price and other factors considered, and whose response will provide the highest quality of service at fair and competitive prices.

Bid evaluation shall consist of the following criteria using a weighted scale, values stated below:

Experience:	20%
Previous Performance:	30%
Bid Amount:	30%
Credentials/Qualifications:	10%
Ability to perform described services:	10%
ISB Participation Bonus Points	6%

MBE/WBE

In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a "DisBE")(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of RI State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, "Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects". As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit ISBE participation rate on the enclosed form entitled "MBE, WBE and/or DisBE Plan Form", which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor's Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at

<http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at www.gcd.ri.gov.

Mandatory Response Format of Proposal:

All proposals must follow the required format and address all requirements. Proposals must set forth accurate and complete information inclusive of the following items. Proposals must be submitted with attached forms with the required information provided. Proposals shall include an electronic PDF submitted on a USB drive. At Town of North Providence discretion, failure to include any of this information will result in exclusion from consideration:

- Information about the Bidder - The name, location, mailing addresses, telephone numbers, FEIN/SSN of the bidder and other pertinent information.
- Description of How Work Will Be Performed (Work plan) Describe how you propose to perform the work outlined in Required Services to be Performed. Bidders must address and describe how the bidder will provide each listed service in Sections A-H in the order set forth therein.
- Must answer questionnaire in its entirety.
- Personnel Listing - A complete listing of the professional staff identified in the work plan with their resumes. Each resume shall include the individual's qualifications and experience in the area of health insurance.
- Fees- Provide a fee schedule of rates, expected number of maximum annual hours and expected maximum annual cost. This fee schedule must reflect all expenses, including any and all increases projected to occur during the term of the contract.
- Additional Data - any additional information, which the bidder wishes to, bring to the attention of the Town of North Providence, that is relevant to this RFP.
- Statement of Non-Discrimination- That the firm does not unlawfully discriminate in hiring, training, transfer, promotion, provision of compensation or employment benefits on the basis of Race, Color, Religion, National Origin, Sex/Gender, Gender Identity or expression, Age, Veteran Status, Marital Status, Sexual Orientation, Genetic Information or Disability.
- The firm shall provide a statement of compliance with the requirements of Title VI of the Civil Rights Act of 1964.

Proposal Page:

Healthcare Consultant

Flat fee: _____

Miscellaneous Fees: _____

Bidder: _____

Number & Street: _____

City/State/Zip: _____

Official Submitting this Document Name Printed: _____

Signature: _____

Date: _____ Phone No.: _____

Email Address: _____

Web Address: _____

Company years of experience in this field: _____

Project Manager for this project: _____

Years of Experience of Project Manager: _____

Qualifications and Credentials of Project Manager: _____

THE BIDDER SHALL STATE SIMILAR CONTRACTS PERFORMED

Name of Agency: _____

Amount of Contract: \$ _____

Name, position, address and telephone number of Official who supervised work:

Name of Agency: _____

Amount of Contract: \$ _____

Name, position, address and telephone number of Official who supervised work:

BIDDER: _____

BY: _____

THE BIDDER SHALL STATE SIMILAR CONTRACTS PERFORMED

Page 2

Name of Agency: _____

Amount of Contract: \$ _____

Name, position, address and telephone number of Official who supervised work:

Name of Agency: _____

Amount of Contract: \$ _____

Name, position, address and telephone number of Official who supervised work:

BIDDER: _____

BY: _____

THE BIDDER SHALL STATE SIMILAR CONTRACTS PERFORMED

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Name of Agency: _____

Amount of Contract: \$ _____

Name, position, address and telephone number of Official who supervised work:

Name of Agency: _____

Amount of Contract: \$ _____

Name, position, address and telephone number of Official who supervised work:

BIDDER: _____

BY: _____

THE BIDDER SHALL STATE THE NAMES OF ALL SUBCONTRACTORS THAT HE PROPOSES TO USE

Proposed Subcontractor: (If none, write "None")

NAME: _____

NUMBER & STREET: _____

CITY/STATE/ZIP: _____

SERVICE TO BE PROVIDING:

Proposed Subcontractor: (If none, write "None")

NAME: _____

NUMBER & STREET: _____

CITY/STATE/ZIP: _____

SERVICE TO BE PROVIDING:

This is to certify that the name/s of the above-mentioned subcontractors are submitted with full knowledge and consent of the respective parties.

BIDDER: _____

BY: _____