

Request for Qualifications (RFQ)
Hamblen County Government
Health Insurance Broker Services 2009

OVERVIEW:

Hamblen County (hereinafter “County”) currently purchases health insurance for its employees with Blue Cross Blue Shield of Tennessee with the services of an Insurance Broker and/or agent, (hereinafter “Broker/Agent”).

This Broker/Agent service is considered a professional service and Hamblen County is requesting qualifications from area insurance companies that provide health and dental benefits.

Please note that the RFQ is for Broker/Agent services only and does not solicit new or different Insurance coverage.

CURRENT HEALTH INSURANCE

The County provides health insurance coverage for county employees and quasi government groups with Blue Cross Blue Shield of Tennessee. The number of employees that have coverage range from 250 – 275 and includes two plans. The Standard Plan is provided at no cost to the employee for individual coverage and the employee is responsible for a portion of the family coverage premium. The Select Plan is provided at a minimal premium charge for individual coverage and the employee is responsible for a portion of the family coverage premium. Also, the County provides dental benefits with Blue Cross Blue Shield at the employee’s expense. These benefits are basic dental or basic dental with orthodontic coverage.

SCOPE OF SERVICES REQUESTED

1. The County desires to retain a Health Insurance Broker/Agent that will advise and bind health insurance coverage for employees.
2. Provide ongoing analysis, review, and evaluation for the existing County's health insurance plans as well as solicit proposals and quotes from insurance providers as to renewals of existing insurance policies. * Please see reporting section
3. Maintain an active ongoing relationship with the service providers/insurance carriers to ensure smooth operation and delivery of benefits as well as intervention of any coverage or claim questions or problems which may arise during enrollment problems and questions.
4. Ongoing financial management of the program including continuing analysis of cost, claims, and trends, and program utilization to keep the County abreast of the plan's performance throughout the year. * Please see reporting section
5. Act on behalf of the County in analyzing and negotiating renewal rates to obtain the most competitive pricing annually.
6. Market the coverage of health and dental as requested by the County and prepare reporting for the County to review.
7. Broker/Agent will make regularly scheduled visits to the County to respond to questions, solve, problems, and assist with benefit administration.
8. Act as a resource for any employee benefits/ human resource issue the County may have such as ERISA, COBRA, FMLA, etc.
9. Develop communication materials as requested to clearly convey benefit levels, highlight new or changing aspects or other important information to plan participants and this may require annual or periodic training sessions.
10. Be present at the County's Annual Health Fair for reenrollment and to convey benefit levels, highlight new or changing aspect or other important information.

Requirement of Reporting and General Services *

The County has a current standard of reporting that we would require from any Broker/Agent. The following is a listing of expectations of the various reporting and information that we consider as a standard

Monthly

The Broker/Agent will be required to electronically send reporting on the medical loss ratio (MLR)

Quarterly

The Broker/Agent will be required to electronically send reporting on large (25k +) or anomalous claims, deductible/OOP expenses, claims by diagnostic category, Rx utilization

Annually

The Broker/Agent will be required to electronically send reporting on summary of information that includes monthly and quarterly information.

On Going

The Broker/Agent will be required to maintain a website that can be used by the County's benefit coordinators on issues such as: compliance issues, documents online, employee payroll stuffer, and resources for current issues.

Also, the website will need to be accessible to employees to provide information and forms for increase access to their health benefits.

Duration of Services

The services shall commence on January 1, 2010. Implementation for calendar year of 2010 will commence on November 1, 2009. These services will be evaluated for effectiveness annually and be placed out to bid when the county commission deems necessary.

Time Line:

Let out RFQ	Monday, September 21, 2009
Question cut off	Monday, October 12, 2009, 9 a.m.
Posting response of all questions	Monday, October 12, 2009, 4 p.m.
RFQ submitted	Tuesday, October 13, 2009 2 p.m.
Interviews by Finance Committee	Monday or Tuesday, October 19/20 (time TBA)
Recommendation to Commission	Thursday, October 22, 2009
Broker/Agent start enrollment	November 1, 2009
Broker Agent commence	January 1, 2010

Submittal of questions

Submittal of questions will be in writing by email, fax, or in person.

Shareè Long
Purchasing Director
511 West Second North Street
Morristown, TN 37814
Fax: 423.585.4699
Email: slong@co.hamblen.tn.us

All questions will be evaluated and answered by appropriate personnel. All answers will be posted on the Hamblen County website at 4 p.m. on October 12, 2009. The website address is hamblencountygovernment.us

Please note Hamblen County shall not be bound by any verbal response by any County Official or employee.

Submission Instructions:

Proposals must be received by the Purchasing Department no later than 2:00 pm on Monday, October 12, 2008. The RFQ needs to be clearly marked as Proposal for Insurance Broker/Agent Services and addressed to:

Shareè Long, Purchasing Director
Hamblen County Courthouse
511 West Second North Street
Morristown, TN 37814

Proposals will be reviewed by County Commission Finance Sub-Committee. **The proposal needs to have one original unbound copy and twelve (12) copies for distribution.**

Proposal should include the following:

1. Your Company history and location(s)
2. Your Company's level of experience and familiarity in providing the type of Insurance Broker/Agent Services you propose to provide, including typical services you provide to clients with regard to insurance services;
3. Brief overview of services that will comply with the same level of services we are receiving along with any special services unique to your company.
4. Please submit three (3) references (preferably of similar size and demographics to Hamblen County) that you have provided Health Insurance Broker services to. Include in this submittal: the name of government/company, address, contact name, phone number.
5. Please indicate person(s) that will be assigned to Hamblen County's account and provide details of qualifications, experience, and role of the person(s) as it relates to our account.
6. Please note that all information contained in this bid process is public information after the committee review process is completed.
7. Please note during the interview process further information may be requested to further evaluate qualifications.
8. At all times Hamblen County reserves the right to award by item, groups of items or total bid; to reject any and all bids in whole or in part, and to waive any informality if it is determined to be in the best interest of the County.

9. Direct contact with any County department other than the Purchasing Department, on the subject of this bid is expressly forbidden except with the foreknowledge and permission of the Director of Purchasing or their representative.

10. This bid must be submitted by an authorized, responsible officer or employee having the authority to enter contracts.

If the courthouse is closed for business at the time of the due date, for whatever reasons, proposals will be accepted and reviewed on the next business day of the County, at the originally scheduled time.

The original copy will be maintained by the Purchasing Department, in the bid file folder and shall be considered the official copy.

An authorized person needs to sign the acknowledgement that you have read and understand the request for qualifications below.

Signature: _____

Print Name: _____

Title: _____

Company Name: _____