GENESEE HEALTH SYSTEM

REQUEST FOR PROPOSAL
FOR EMPLOYER SPONSORED - GROUP HEALTH PLAN DESIGNS – SELF-INSURED – TPA SERVICES

ISSUED: AUGUST 09, 2020

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GENESEE HEALTH SYSTEM

REQUEST FOR PROPOSAL
FOR EMPLOYER SPONSORED - GROUP HEALTH PLAN DESIGNS – SELF-INSURED
WITH TPA SERVICES

I. PURPOSE AND SPECIFICATIONS

The Genesee Health System (GHS) Board (hereinafter referred to as the “Board”) is seeking sealed bid Proposals from interested and qualified parties to provide Employer Sponsored - GROUP HEALTH PLAN DESIGNS – SELF-INSURED with TPA SERVICES. These services will be provided to GHS at locations as requested by the Board.

Proposals must be clear, concise, typewritten, and must be signed in ink by the official authorized to bind the submitter to its provisions. The contents of this REQUEST FOR PROPOSAL (RFP) will become incorporated within any contract signed by the Board and the provider of these services. Do not retype this RFP, instead, respond on a separate page and cite the section number for each response. All areas of the bid proposal must be addressed in the same sequence cited in the RFP instructions in order that proper consideration is given to the proposal. Proposals submitted without information or incomplete content will result in the proposal being removed from consideration. The bidder must complete an RFP Bidder Cover Sheet, following the format shown in Section III on page 11, and attach it to the proposal.

All bidders must indicate their intent to bid by sending an e-mail to RFPReplies@genhs.org and declaring their company’s interest to participate. Your intent to bid email must be received no later than 11:00AM ET on AUGUST 13, 2020. Questions from potential bidders will be responded in writing to all parties submitting an email demonstrating their intent to bid. Additional questions will be accepted, but only when sent via e-mail to RFPReplies@genhs.org and having been received Prior To 1:00 PM on AUGUST 17, 2020. GHS responses will be provided via email to interested parties. [See http://www.genhs.org/News/RFPOpportunities/tabid/161/Default.aspx] Each Potential Vendor must sign a Business Associate Agreement, BAA, covering potentially confidential information.

Any change to this RFP subsequent to its release will be confirmed in writing by the Board, and posted in the Agency website under RFP Opportunities. One (1) Original Electronic version on a thumb drive in a sealed envelope/package. Additionally, Bidders shall submit bid proposal documents as attachments via email to RFPReplies@genhs.org. (A zip file should be acceptable.) GHS CANNOT accept files written in ACCESS. Proposals will be accepted until AUGUST 31, 2020 at 2:45 PM ET. Proposals must be received by this date and time in order for the proposal to be considered. The following should be noted on the outside of the envelope:

CONFIDENTIAL
GROUP HEALTH PLAN DESIGNS – SELF-INSURED – TPA SERVICES
RFP MATERIALS ENCLOSED
DO NOT OPEN UNTIL AUGUST 31, 2020 AT 3:30PM ET

Proposals may be mailed or hand delivered to the following address:

Genesee Health System
Attn: Contract Management Dept.
420 W FIFTH AVE
2ND Floor 808 Annex
Flint, MI 48503

Proposals will be opened on AUGUST 31, 2020, at 3:30 pm ET. Due to COVID-19, the bid opening will not be public; but, the names of companies who submitted bid proposals will be posted on the Agency website. The proposal shall cover services beginning on or about January 1, 2021 or as agreed upon by the Contractor and the Board. The services will be delivered on or about the dates specified with the Service Description section of this RFP, or as agreed upon by the Contractor and the Board. Proposals must be presented for a minimum period of twelve months effectively covering Calendar Year 2021 and as outlined in Section II. Bidder Criteria and Response Requirements, Subsection C. Rate Submission for Service(s) to be provided.

The Board reserves the right to accept or reject any/all bid Proposals received pursuant to this RFP, in whole or in part; and/or to waive any/all irregularities therein; and/or to delete/reduce the units of service; and/or to negotiate proposal terms in any way whatsoever to obtain a proposal as deemed in its best interest. The Board reserves the right to re-solicit/re-advertise and/or make no award if deemed necessary.

INTRODUCTION AND OVERVIEW

The Board received Authority status as of 1/1/2013, effectively becoming a distinct non-profit separate from the County of Genesee. Funding for the service(s) described herein is enabled by a cost reimbursement contract with Region 10 Prepaid Inpatient Health Plan to manage the Concurrent 1915 (b)(c) Programs, the Healthy Michigan Plan and relevant I waivers in Genesee County, Michigan and to provide a comprehensive array of specialty mental health services and supports as indicated therein. The Board also operates Genesee Community Health Center, which offers a holistic approach to physical health care for those who may otherwise go without.

The Board intends to enter into a contract with a for-profit or non-profit entity or entities to provide EMPLOYER SPONSORED - GROUP HEALTH PLAN DESIGNS – SELF-INSURED WITH TPA SERVICES. It is expected that the proposal to provide this service will be in compliance with all applicable State and Federal standards and guidelines.

The Board has chosen to meet the challenge of managed care by managing its mental health care service delivery through evaluation and monitoring, and expecting its service providers to be solely responsible for managing its operations consistent with terms of the accepted contract. Consequently, the submitter should be aware that providers from whom the Board purchases
equipment/services are expected to operate in the marketplace and be able to effectively meet the requirements for establishing and maintaining a contractual relationship with the Board.

**COST LIABILITY**

The Board assumes no responsibility or liability for costs by the bidder, or any bidder prior to the execution of a contract between the organization and the Board.

**BIDDER RESPONSIBILITIES**

All inquiries concerning the content of the RFP shall be addressed to RFPreplies@genhs.org or the address cited on page three (3) of the RFP.

It is the responsibility of the bidder to understand all details of the RFP. The bidder, by submitting a response indicates a full understanding of all details and specifications of the RFP. Bidders are expected to present narrative statements/summaries in a clear, concise and organized manner for review.

The bidder is solely responsible for delivery of its **one (1) Original Electronic** Bid/Proposal on **thumb drive; AND submit electronic versions of the bid proposal as attachments to your email to RFPreplies@genhs.org (NO ACCESS files are acceptable.)** The GHS Contract Management Office is located at 420 W FIFTH AVE., 2nd FLOOR 808 ANNEX, Flint, Michigan 48503. Bid Proposal must be received/delivered **no later than 2:45 PM ET on AUGUST 31, 2020.** The Contract Management Department will be the sole point of contact throughout the RFP process.

**Bids submitted after the deadline will not be considered and will be discarded.**

All bids submitted by the deadline will become the property of the Board.

**OTHER MATERIALS**

Bidders may attach other materials believed to be relevant to illustrate the bidder’s ability to successfully provide these services.

**AWARD OF CONTRACT**

It is the intent of the Board to enter into a contract with a provider that will emphasize administrative efficiencies, and possess the capacity, infrastructure and organizational competence, while maintaining a robust provider network to provide the required services under this proposal.

Award recommendations are contingent upon an initial evaluation of the bidder’s qualifications to determine if the bidder is a quality provider.

There are three types of evaluation that **may be used** to determine if a bidder meets quality standards. The first is an evaluation of the written response to the RFP. The second involves
interviewing bidder’s staff and/or regulators. The third involves interviews with bidder’s customers and/or consumers.

The process of evaluating each bidder’s proposal may involve interviews with a random sampling of the bidder’s current and previous customers. This is not an exclusive criterion for awarding the contract.

In addition to access to customers, the evaluation process must be assured of unimpeded access to employees of the bidder. Specific requests for information, to assist the evaluators, may be submitted to the prospective bidder in order to facilitate sampling satisfaction.

It is anticipated that any resulting contract(s) will be awarded on or before October 30th, 2020 in advance of the January 1, 2021 Health Plan Year effective date of coverage.

Bidders who are awarded contracts shall not have the right to assign or delegate any of their duties or obligations under the contract to any other party without written permission of the Board.

**DISCLOSURE**

All information in a bidder’s proposal is subject under the provisions of Public Act No. 442 of 1976 known as the Freedom of Information Act.

**CONFLICT OF INTEREST**

Bidders awarded a contract will affirm that no principal, representative, agent, or other acting on behalf of or legally capable of acting on the behalf of the bidder, is currently an employee of the Board; nor will any such person connected to the bidder currently be using or privy to any information regarding the Board which may constitute a conflict of interest.

At the time of bidding, any bidder shall disclose any known direct or indirect financial interests (including but not limited to ownership, investment interests, or any other form of remuneration) that may be present between the contractor or his/her potential subcontractors, and GHS personnel or those working on behalf of the Board. This disclosure shall be made to the GHS Contract Management Department who will forward the information to the CEO.

As part of your bid, include a list of any known potential subcontractors, including the portion of bid work being contracted out to other licensed contractors. This listing of potential subcontractors shall be limited to the name of the company, name of the company’s owner(s), and business address. If any other subcontractor is selected after a bid is awarded, the successful bidder shall provide GHS Contract Management with the name of the company, its owner(s), and address. This requirement is not intended to apply to minimal relationships such as the purchase of a small dollar amount of supplies to complete a project.

**RELATIONSHIP OF THE PARTIES (INDEPENDENT CONTRACTOR)**
The relationship between the Board and any bidders successful in obtaining a contract is that of client and independent contractor. No agent, employee, or servant of the contractor shall be deemed to be an employee, agent, or servant of the Board for any reason. The contractor will be solely and entirely responsible for its acts and the acts of its agents, employees, and servants during the performance of a contract resulting from the RFP.

**NO WAIVER OF DEFAULT**

The failure of the Board to insist upon strict adherence to any term of a contract resulting from this RFP shall not be considered a waiver or deprive the Board of the right thereafter to insist upon strict adherence to that term, or any other term, of the contract.

**DISCLAIMER**

All the information contained within this RFP reflects the best and most accurate information available to the Board at the time of the RFP preparation. No inaccuracies in such information shall constitute a basis for legal recovery of damages, either real or punitive. If it becomes necessary to revise any part of this RFP, a supplement will be issued to all bidders who indicate their intent to bid via e-mail as specified on Page 2, Section I, paragraph 3; and, Page 12, Section IV. Time Requirements, paragraph 1.

**SERVICE DESCRIPTION**

**EMPLOYER SPONSORED - GROUP HEALTH PLAN DESIGNS – SELF-INSURED – TPA SERVICES:**

The following services will be provided under a contract(s) with the Board:

Specifications and requirements for GROUP HEALTH PLAN DESIGNS – SELF-INSURED – TPA SERVICES:


**Background:**

GHS is currently self-insured offering two High Deductible Health Plans (HMO and PPO platforms, HDHP) to provide for the needs of active staff and retirees (aged <65 and non-Medicare eligible). For retirees aged ≥65 or otherwise Medicare eligible, GHS currently offers three Medicare Advantage (MA) plans: two (2) MA PPO plans; and (1) MA HMO plan. GHS maintains a prohibition against maintaining dual health insurance* (*excludes dual vision and dental coverage).

The existing Employer self-insured plans are High Deductible Health Plans (HDHP) designed to qualify for HSA contributions. In plan year 2020, GHS contributed on the following basis:
Genesee Health System
Abbreviated Benefit Summary Tables below – (See the full T8 and T5 Benefit Summaries for expanded details.)
Services and prescription drugs count toward meeting deductibles and MOOP.

TABLE 1 – HDHP HMO
Eligible: Active Staff and Retirees after 11/19/2007
HMO - Base Plan

<table>
<thead>
<tr>
<th></th>
<th>2020PY Single</th>
<th>2020PY Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$1,400</td>
<td>$2,800</td>
</tr>
<tr>
<td>Annual Max Out of Pocket</td>
<td>$2,400</td>
<td>$3,800</td>
</tr>
<tr>
<td>Employer HSA Contribution</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Rx drugs: Generic/Brand Co-pay</td>
<td>$10/$50</td>
<td>$10/$50</td>
</tr>
<tr>
<td>Preventive &amp; Annual Well Visit</td>
<td>No Cost</td>
<td>No Cost</td>
</tr>
<tr>
<td>Office Visit &amp; Specialty Visit</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Infertility and DME Co-ins.</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Most Services, Co-Ins. %</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

TABLE 2 – HDHP PPO
Eligible: Active Staff & Retirees after 11/19/2007
PPO – EE Buy-UP

The PPO plan below is based upon In-Network services; Deductible, Co-Ins. & MOOP; Out-of-Network services fall under a separate category with additional higher Deductible, Co-insurance, and MOOP. Reference the T5 Benefit Plan Summary

HDHP PPO - Requires Buy-Up from
Base HMO Plan

<table>
<thead>
<tr>
<th></th>
<th>2020PY Single</th>
<th>2020PY Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$1,400</td>
<td>$2,800</td>
</tr>
<tr>
<td>Annual Max Out of Pocket</td>
<td>$2,800</td>
<td>$4,800</td>
</tr>
<tr>
<td>Employer HAS Contribution – Prorated for &lt;12-months</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Based Upon - In-Network</th>
<th>2020PY Single</th>
<th>2020PY Family</th>
</tr>
</thead>
</table>

7
| Rx drugs: Generic/Brand Co-Pay | $10/$50 | $10/$50 |
| Preventive & Annual Well Visit | No Cost | No Cost |
| Office Visit & Specialty Visit | $25 | $25 |
| DME Co-ins. % | 50% | 50% |
| Infertility Co-Ins % | 10% | 10% |
| Most Services, Co-Ins. % | 10% | 10% |

GHS eligible retirees who **Retired Prior to 2007-11-20** are enrolled in the same HMO and PPO plans offered to other eligible active and retiree members. The differences that may exist are a result of potentially differing HSA contribution amounts and the potential for HRA reimbursements due based upon actual individual or family Co-Insurance experience for a particular calendar year.

Retirees who **Retired After 2007-11-19** are offered the same plan options and HSA contributions as the active staff for that year.

Qualified Medicare Eligible Retirees and qualified spouses may enroll in one of the three (3) existing Medicare Advantage plans offered via GHS during open enrollment and at qualifying events.

It is GHS’ intent that their employer sponsored group health HDHP plans shall be constructed to maintain their HSA eligibility for 2021 and future Plan Years. Should the IRS raise the minimum allowable annual deductible, in order to maintain an HSA eligible plan, the plan annual deductible must be raised to meet the revised limit for any future Plan Years. The GHS sponsored group health plan carries a Stop-Loss policy set at $200,000 during the 2020 plan year.

GHS is subject to PA 152 wherein the State of Michigan established Hard Caps for Calendar Year 2015 and GHS’s established rates fell below the Hard Caps and allowed for HSA contributions as described in the preceding tables. Should GHS healthcare premium rates exceed the State Hard Caps, in any subsequent year, GHS employees would then be required to make-up the difference through higher employee premium contributions, and/or reduced HSA contributions, and/or other means of satisfying the requirements, as determined by GHS management.

As of August 9, 2020: GHS has 481 Employees eligible for the Under 65 HDHP offered in 2020. Of the 481 Employees, 391 are currently enrolled into a GHS sponsored HAP HDHP. There are only 12 PPO Contracts (8 each -Employee Only; 3 each Employee +1; and 1 each Family). There are 9 Employees who have less than 520 hours and are not currently eligible to obtain GHS Sponsored Health Care. In addition to the Active Employees, GHS also has **Retirees** enrolled in the HAP HDHP plan offering as follows: **HAP HDHP Under age 65**: HMO Contracts = 55 (36 each-Retiree Only; 18 each-Retiree +1; and, 1 each-Family) and PPO HDHP Contracts = 16 (10 each-Retiree Only; 5 each-Retiree +1; and 1 each–Family) for a Total of 71 Retiree Contracts Under age 65. 462 HDHP Contracts.
II. BIDDER CRITERIA AND RESPONSE REQUIREMENTS

The Board is interested in obtaining Proposals/Responses to the following questions to allow the Board to determine a potential pool of qualified Healthcare Insurance vendors and/or Third Party Administrators (TPA) to support the needs of GHS for both the active staff and retiree needs including the Over 65-age Medicare Eligible retiree group. Proposals to this RFP are likely to result in a more comprehensive RFP allowing GHS to select a potential alternate provider of health insurance and TPA services. Should any company responding have additional content or questions that would provide additional insights and clarity when comparing potential candidate organizations, please include these with your response to the RFP. Bidders must complete responses to Paragraph II. A through C that follows. Completion and submission of the Appendix A – Bid Proposal Questionnaire (Self-Insured), is a requirement for consideration as a responsive potential candidate organization.

A. Service Delivery System

1. Bidder shall provide a list of 10 customers they served during the past two years.

2. Bidder shall provide a list of customer references engaged in self-insured healthcare and/or TPA service at the present time and references shall include company names, contact names, (e-mail address, if available) and phone numbers for follow-up. A minimum of four complete references shall be provided by bidder.

3. Bidder shall provide a detailed time-table required to meet an Effective Coverage date of January 1, 2021. Bidder shall specify what is needed, plus when and how the information is required.

4. Bidder shall demonstrate a proven track record of financial stability by providing corporate financials, balance sheets, and other alternate documentation as requested, prior to GHS’s selection of final candidate(s). [Not required with your initial RFP response. To be submitted prior to final execution of agreements.]

5. Bidder shall disclose any and all lawsuits, litigation, or sanctions whether awarded, enforced, or encumbered against or by your company, agency, directors, owners, or employees within the past 10-years, as could relate to the provisions of this contract in the providing of EMPLOYER SPONSORED - GROUP HEALTH PLAN DESIGNS – SELF-INSURED – TPA SERVICES.
B. Legal Structure and Financial Viability

1. The bidder shall submit documentation and proof of entity (e.g. IRS 501(c)3 determination); copy of Articles of Incorporation or document under which the organization is constituted/organized from its inception.

2. The bidder shall include the names, addresses, and titles or representations of all owners or controlling parties of the organization, whether they are individuals, partnerships, corporate bodies, or subdivisions of the bodies.

C. Rate Submission for Service(s) to be provided

Pricing, costs and fees will be provided in detail as part of your responses to the Appendix A – Bid Proposal Questionnaire (Self-Insured).

Follow hyperlink below -
GENESEE HEALTH SYSTEM

REQUEST FOR PROPOSAL
FOR EMPLOYER SPONSORED - GROUP HEALTH PLAN DESIGNS – SELF-INSURED – TPA SERVICES

III. RFP BIDDER COVER SHEET

Bidder Information

Name of Organization:
Address:

Authorized Representative:
Title:
Telephone Number:
Fax Number:

Person(s) to Contact:

1. For the GHS Board representative to ask questions regarding the contents of the bid packet:
   - Contact Name:
   - Title:
   - Telephone Number:
   - Email:

Program Services Included in the Proposal:

EMPLOYER SPONSORED - GROUP HEALTH PLAN DESIGNS – SELF-INSURED – TPA SERVICES
GENESEE HEALTH SYSTEM

REQUEST FOR PROPOSAL
FOR EMPLOYER SPONSORED - GROUP HEALTH PLAN DESIGNS – SELF-INSURED – TPA SERVICES

IV. TIME REQUIREMENTS

The following is the calendar of events related to this RFP

1) RFP Released AUGUST 09, 2020

2) All bidders must indicate their intent to bid via email at RFPreplies@genhs.org prior to AUGUST 13, 2020 BY 11:00 AM

3) Questions from Bidders Submit electronically to RFPreplies@genhs.org prior to AUGUST 17, 2020, 1:00PM

4) GHS final Q & A document anticipated release to Potential Bidders/or their designated personnel. AUGUST 19, 2020, 5:00PM

5) Deadline for final submission of Proposals delivery to 420 W Fifth Ave., 2nd Floor 808 Annex, Flint, MI, and/or emailed to RFPreplies@genhs.org prior to AUGUST 31, 2020, 2:45PM

6) Award (tentative) on or by OCTOBER 30, 2020

V. EXHIBITS

(See website* for Exhibit A and Exhibit B)


VII. APPENDIX

[See website* Appendix A – Bid Proposal Questionnaire (Self-Insured)]