

CITY of MISSION

100 YEARS AND GROWING STRONG!



City of Mission
Human Resources Department

Request for Proposals 2020

Third Party Administrator
Pharmacy Benefit Management
RFP 20-231-06-03

EFFECTIVE DATE: October 1, 2020

City of Mission

REQUEST FOR PROPOSAL LEGAL NOTICE

City of Mission will accept sealed proposals for listed items individually or corporately until 2:00 p.m. local time, on June 3, 2020 C/O City of Mission Purchasing Department 1201 E 8th Street, Mission Texas, 78572.

Proposers' names will be publicly acknowledged on June 3, 2020, at 2:00 pm.

This is a procurement of insurance through the competitive sealed proposal procedure outlined in the Texas Local Government Code Chapter 252, Subchapter B, Sections 252.221 (c); 252.041 (b); 252.042 (a), (b); 252.043 (b); and 252.049 (b). At the proposal opening, only the identity of the proposers will be disclosed by City of Mission. The contents of each proposal will not be disclosed in order to protect the integrity of the negotiation process. To obtain the best final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award. All proposals will be later made available to the public for inspection after the contract is awarded, if a proposer indicates and justifies in his proposal(s) that certain information is proprietary, CITY OF MISSION will allow or not allow the disclosure of requested information in accordance with the Texas Open Records Act.

Detailed specifications, including the criteria for proposal evaluations, may be obtained from:

Crissy Cantu, Purchasing Buyer

1201 E. 8th Street

Mission, TX 78572

956-580-8667

ccantu@missiontexas.us

Please mark on the outside of the submitted envelope/box: "SEALED PROPOSAL FOR CITY OF MISSION REQUEST FOR PROPOSALS 2020 THIRD PARTY ADMINISTRATOR / PHARMACY BENEFIT MANAGEMENT" 2:00 p.m. local time, June 3, 2020 and mail or hand deliver to the attention of "City of Mission Purchasing Department".

The CITY OF MISSION reserves the right to reject any or all competitive sealed proposals and waive any irregularities contained therein and to accept any competitive sealed proposals deemed best and most advantageous to City of Mission. Any competitive sealed proposal received after 2:00 p.m. local time, June 3, 2020, will be automatically rejected and returned to the proposer unopened.

CITY OF MISSION will not be responsible in the event that the U.S. Postal Service or any other carrier system fails to deliver the sealed proposal to CITY OF MISSION by the given deadline above.

PLEASE ACKNOWLEDGE RECEIVING THIS RFP BY RETURNING THIS FORM

The official date and time of release is Wednesday, May 13, 2020, 10:00 AM.

If it is determined that markets were approached in advance of the release date, then, that vendor shall immediately notify our Purchasing Director of the date and time of receipt of the request. Failure to disclose the early request will result in disqualification of the vendor.

It is your responsibility to return this intent to propose with the proper means of contacting you or your organization. Communicating any questions, answers, or amendments to this RFP will be made through the process you provide on this form.

Mail, or Email TO: City of Mission
Crissy Cantu
Purchasing Buyer
ccantu@missiontexas.us
1201 E. 8th Street
Mission, TX 78572
Phone: 956-580-8667

WILL RESPOND* (Please provide password to access excel reports)
 WILL NOT RESPOND

COMMENTS:

COMPANY NAME:

COMPANY FAX:

COMPANY PHONE:

SIGNATURE

PLEASE FILL IN THE FOLLOWING INFORMATION AND SUBMIT WITH PROPOSAL

The undersigned proposer, by signing and executing this proposal, certifies and represents to City of Mission that proposer has not offered, conferred or agreed to confer any pecuniary benefit, as defined by (1.07 (a) (6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment of advantage relating to this proposal; the proposer also certifies and represents that the proposer has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal, the proposer certifies and represents that proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of City of Mission concerning this proposal on the basis of any consideration not authorized by law; the proposer also certifies and represents that proposer has not received any information not available to other proposers so as to give the undersigned a preferential advantage with respect to this proposal; the proposer further certifies and represents that proposer has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that proposer will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of City of Mission in return for the person having exercised their person's official discretion, power or duty with respect to this proposal; the proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent, or employee of City of Mission in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal.

The proposer shall defend, indemnify, and hold harmless City of Mission, all of its officers, agents and employees from and against all claims, actions, suits, demands, proceeding, costs, damages, and liabilities, arising out of, connected with, or resulting from any acts or omissions of contractor or any agent, employee, subcontractor, or Supplier of contractor in the execution or performance of this RFP.

I have read all of the specifications and general proposal requirements and do hereby certify that all items submitted meet specifications.

COMPANY: _____

Company Representative NAME: _____

SIGNATURE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

DEVIATIONS FROM SPECIFICATIONS IF ANY (Attach documents as necessary or state No Deviations).

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND
OTHER RESPONSIBILITY MATTERS**

Name of Entity: _____

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b) Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, Local) with commission of any of the offenses enumerated in paragraph (I) (b) of this certification; and
- d) Have not within a three year period preceding this application/proposal had one or more public transactions (Federal, State, and Local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Section 1001, a false statement may result in a fine up to a \$ 10,000.00 or imprisonment for up to five (5) years, or both.

Name and Title of Authorized Representative

Signature of Authorized Representative

Date _____

I am unable to certify to the above statements. My explanation is attached.

Conflict of Interest Questionnaire
For Vendor or Other Person Doing Business with a Local Government Entity

This questionnaire is being filed in accordance with Chapter 176 of the Local Government Code by a person doing business with a government entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of the facts that require the statement to be filed. *See section 176.006, Local Government Code.*

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C Misdemeanor.

1. Name of person doing business with local government entity:

2. Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which the activity described in Section 176.006(a) Local Government Code, is pending and not later than the 7th business day after the originally filed questionnaire becomes incomplete or inaccurate.)

3. Describe each affiliation or business relationship with an employee or contractor of the local government entity who makes recommendations to a local government officer of the local government entity with respect to expenditure of money.

4. Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local government entity that is subject of this questionnaire.

5. Name of local government officer with whom filer has an affiliation or business relationship. (Complete this section only if the answer to A, B or C is YES)

This section, item 5 including subparts A, B, C & D must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional subparts as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of this questionnaire?
 YES NO

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section?
 YES NO

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director or holds an ownership position of 10% or more?
 YES NO

D. Describe each affiliation or business relationship.

6. Describe any other affiliation or business relationship that might cause a conflict of interest.

7. Signatures

Signature of person doing business with the
Governmental entity

Date

NOTICE TO PROPOSER

Solicitation Type: Request for Proposals for Third Party Administrator/Pharmacy Benefit Management.

Description: The City of Mission, also referred to as the "Planholder", is calling for proposals for Third Party Administrator for the Employee Health and Pharmacy Plans for eligible individuals, including the actively employed, retirees, city officials and dependents.

Information provided in these specifications is to be used for purposes of preparing a proposal detailing costs of providing the services and insurance specified. It is further expected that each proposer will read these specifications with care, since failure to meet each condition or a combination of specified conditions may disqualify proposal.

CITY OF MISSION reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed best and most advantageous to CITY OF MISSION.

Proposer is required to submit quotations on the basis of these specifications. Alternative quotations (for service on a basis different from requested in these specifications) will receive consideration if such alternatives are clearly explained. Any exceptions to coverage requested herein must be clearly noted in writing and be included as a part of the proposal.

CITY OF MISSION believes that the data contained in these specifications is sufficient for preparation for a proposal. The information is believed to be accurate and is based upon the latest available information, but it is not to be considered in any way as a warranty.

Requests for additional information should be directed in writing to: CITY OF MISSION, Crissy Cantu, Purchasing Buyer, 1201 E. 8th Street, Mission, TX 78572, Phone (956) 580-8667, Email address ccantu@missiontexas.us.

The CITY OF MISSION will not be appointing an AGENT OF RECORD during the RFP process on the Third Party Administrator/Pharmacy Benefit Management. Each vendor shall propose on behalf of one (1) agent only and submit three (3) separate binders which should include Agent resume, E&O Insurance Certificate, copy of the Agent's license and Agent qualifications and scope of services.

The information contained in these specifications/requirements is to be used only in connection with preparing a proposal for Third Party Administrator /Pharmacy Benefit Management.

If any commission fees or other reimbursement arrangements are paid to any individual or organizations, they must be disclosed in the proposal as to who is paid and how much. All TPA's shall price commissions at no more than five dollars per covered employee.

Each selected provider is expected to provide a knowledgeable person to explain benefits provisions during enrollment meetings. The selected provider will also be responsible for providing enrollment materials prior to the employee benefit new hire orientations and the annual open enrollment period.

All records, files and miscellaneous data necessary to administer the plan shall be and remain the property of the CITY OF MISSION.

GENERAL INFORMATION and INSTRUCTIONS

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for all or part of the following employee benefit plans: Employee Health and Pharmacy Plan.

CITY OF MISSION reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve the interest of CITY OF MISSION, in accordance with Texas Local Government Code, Article 252.021 Request for Proposals for the purchase of insurance. **The City of Mission's decision shall be final.** The CITY OF MISSION also reserves the right to waive or dispense with any of the formalities contained herein.

2. All Proposals must be based on exact duplication of the existing plan benefits unless otherwise specified. All Plan Summaries are included for reference. All costs, including optional programs, must be clearly stated and summarized.
3. Exceptions to or deviations from the specifications must be explicitly identified. If no exceptions are noted, and you are the successful respondent, it will be required that the Health and Pharmacy Plan be provided as specified. Each party submitting a proposal is asked to screen their designated proposals for correctness and compliance with specifications.
4. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
5. No telephone or fax proposals will be accepted. Proposals will only be accepted if delivered by U.S. Postal Service, contract carriers, hand delivery, etc. CITY OF MISSION will not be responsible for missing, lost or late mail. Any proposals received after the deadline will be returned to the proposer unopened.
6. At the proposal opening, only the identity of the proposers will be disclosed by CITY OF MISSION. The contents of each proposal will not be disclosed in order to protect the integrity of the follow-up negotiation process with short-listed candidates.
7. To obtain the best final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award.
8. All proposals will later be made available, upon written request, to the public for inspection after the contract is awarded. If a proposer indicates and justifies in his proposal(s) that certain information in the proposal(s) is confidential or a trade secret, CITY OF MISSION will allow or not allow the disclosure of requested information in accordance with the Texas Open Records Act.
9. Respondents must be able to demonstrate they are in compliant with HIPAA regulations and must sign a Business Associate Agreement with the City upon award of contract.
10. A questionnaire and spreadsheet are included with reports. Both must be completed and submitted in addition to your written responses to summarize your proposal. All Respondents, including the current carrier or administrator, shall complete and RFP forms provided. **Respondents are advised that it shall be a mandatory requirement of this procurement that all respondents submit their proposal utilizing the forms that make up this solicitation package.**
11. The questionnaire and worksheets provided in this RFP are designed to verify the Respondent's ability and willingness to meet various requirements and expectations about the services provided the City. When responding to questionnaire/worksheets, place be specific yet concise with answers. Respondents are asked to refrain from incorporating responses such as "see

attachment(s)” or “refer to ...” there are no questions in the questionnaire that should be answered as such. If a numbered question is adequately addressed in a section of your proposal, reference the section, but still respond to the questionnaire. The response should be highlighted in the body of the proposal for further clarification. Responses are requested to be kept brief and to the point, answering questions directly. Responses to the questionnaires and the worksheets **MUST BE A PART OF YOUR RESPONSE.**

12. Provide an organizational chart of all direct functions required to support the City. Names and resumes of key personnel, with an overall proposal contact person should be provided. Telephone numbers, facsimile numbers, e-mail addresses and physical location should also be provided for key contact personnel. Identify who the Account Management team will be.
13. With the advent of a long-term contract, the City’s administration is interested in being proactive in managing the cost and benefit makeup of the plans. It is very important that the City have access to the data required to assist with the management of the plan. Therefore, it is important that the City know exactly what information will be available to them during the year. In light of privacy regulations, please make a statement and provide illustrations as to your company’s reporting process. Include in your response any reports available that summarize monthly, quarterly, and semi-annual activity. Please also detail what the annual health plan review meeting will entail and who from your organization would be present and actively presenting in that meeting.
14. City personnel wish to review anticipated enrollment and initial employee communication materials. Obviously, these instruments have a dramatic effect on an employee’s first impression of a new plan. Include a proposed communication package in your response along with any statements regarding recommended distribution techniques for improved understanding of coverage.
15. Proposal should include a draft of the Summary of Benefits and Coverage (SBC) that would be available for distribution to employees for enrollment purposes and plan inquiry. When developing the SBC, assume the plans current benefits.
16. **Appeal Process**

An appeal may be brought by the lowest bidder deemed to have been non-responsive and/or not responsible. Appeals are limited to the following:
 1. Matters of bias, discrimination, or conflict of interest
 2. Computing errors and alleged improprieties or ambiguities in bid specifications; and
 3. Non-compliance with procedures described in solicitation or City Policy.

The appeal must be in writing and shall be filed with the Purchasing Director at:

City of Mission
1201 E. 8th Street, Room R-101
Mission, Texas 78572

Appeals must include the following information:

- a. Name, address, email, telephone and fax number of appellant;
- b. Bid identification number;
- c. A detailed description of the legal and factual basis of the appeal (include any and all relevant documents, diagrams, photos, etc.);
- d. The desired outcome/solution;
- e. Signed and dated

All appeals must be filed within three (3) working days from the date of award by City Council. Untimely appeals will not be considered. Upon receipt of the appeal, the Purchasing Director will have three (3) working days to attempt to clarify or resolve any issues addressed in the request for appeal.

If the appeal is not resolved with the Purchasing Director, then it shall be considered at a public hearing at the next City Council meeting. All determinations made by the City Council are final.

TIMETABLE

1. These specifications are to be released for action on Wednesday, May 13, 2020
2. One (1) original and two (2) copies of the proposals are to be hand delivered or mailed to City of Mission, C/O Crissy Cantu, Purchasing Buyer, 1201 E 8th Street, Mission Texas, 78572 to arrive by 2 PM Wednesday, June 3, 2020.
3. Consideration and action on the Proposals will be presented to the City Council on or about June 22, 2020.
4. The successful proposer will be notified after the selection has been approved by City Council.
5. Coverage is to be effective October 1, 2020 and extend through September 30, 2021.
6. Policies or contracts are to be provided to CITY OF MISSION no later than 30 days before such effective date.
7. The term of this contract shall be for one (1) year base from contract award date. The City of Mission shall reserve the option to renew this contract for an additional two (2) consecutive years subject to City Council approval.
8. ID cards are to be provided to the City of Mission no later than September 18th, 2020. If all sufficient enrollment information is provided vendor by August 28, 2020 it is expected that cards would be delivered to City of Mission for delivery to Employees by September 18, 2020.

PREPARATION OF PROPOSAL

The proposer shall prepare their proposal in one (1) original and two (2) copies with attachments as necessary to fulfill the specifications contained herein. Unless otherwise stated, all blank spaces on the proposal are applicable to the subject specification, or must be correctly filled. A unit price must be stated for each item, either typed in or written in ink. Any exceptions or deviations from the requested services must be clearly indicated in writing and submitted with and form a part of the proposal form. Failure to follow these instructions will be grounds for disqualifications of a proposal.

Complete and sign all documents provided including the Conflict of Interest Questionnaire (CIQ) which is included in the information you have received.

Responsiveness

In order for a Proposer to be eligible to be awarded the Contract, the Proposal must be responsive to the Request for Proposal, and CITY OF MISSION must be able to determine that the proposer is responsible to perform the Contract satisfactorily. Responsive Proposals are those complying in all material aspects of the solicitation. Proposals which do not comply with all the terms and conditions of this solicitation may be rejected as nonresponsive. A Proposer may, at any time after the submission of the Proposal, be requested to submit further written evidence verifying that the firm(s)' meet the criteria necessary to be determined a responsible Proposer. Refusal to provide requested information may result in the Proposer being declared nonresponsive, and the Proposal may be rejected.

Organization of Proposal Materials

To enhance the comparability and facilitate evaluation, all proposals must be organized addressing each of the evaluation criteria as set forth in the following section entitled "Criteria Used In Evaluating Proposal." **The Evaluation Committee may reject proposals if found to be in an unorganized manner.** CITY OF MISSION shall appoint an Evaluation Committee to evaluate all proposals submitted for this project.

WITHDRAWAL OF PROPOSAL

Proposers may withdraw their proposals anytime up to the time specified as the closing time for acceptance of proposals. However, no proposer shall withdraw or cancel their proposal for a period of 60 days after said closing date for acceptance of proposal nor shall the successful proposer withdraw or cancel or modify their proposal, except at the request of CITY OF MISSION, after having been notified that CITY OF MISSION has accepted the said proposal.

CRITERIA USED IN EVALUATING PROPOSALS

1. No insurance proposals will be accepted from insurers without a Best's Rating, of at least an "A-" in the most recent edition of BEST'S KEY RATING GUIDE FOR LIFE/HEALTH.
2. Insurers or third party administrators shall be duly licensed by the state of Texas, and comply with all applicable state insurance laws and requirements or duly constituted applicable insurance regulatory authorities. A local government self-insurance pool organized under the Texas Interlocal Cooperation Act or other state law shall also be an acceptable provider.
3. The proposal must be in easily understood format with coverage clearly outlined.
4. A total of 100 points will be used for scoring Medical plan coverage.
 - a. Administrative Fees 20 pts
 - b. Overall Claim Cost (including network savings) 40 pts
 - c. Network/Disruption 25 pts
 - e. Scope of Services 15 pts

QUALIFICATION OF COMPANIES SUBMITTING PROPOSALS

All companies submitting proposals must be licensed by the state of Texas and have demonstrated level of good performance with municipalities, educational institutions, or other public entities in Texas. The company must have an Errors and Omissions (E&O) policy with a minimum limit of \$1,000,000.

Any company submitting a proposal must maintain a fully staffed office for the servicing of the program. The company must have been in business for at least five years and must assign a minimum of one qualified account representative to service CITY OF MISSION to include assisting with enrollment responsibilities. The selected vendor must provide a minimum of three (3) qualified enrollers for the City's open enrollment period. The selected vendor must commit to at least 10 working days for enrollments August 3 – 14th. This representative must have a minimum of five years' experience in employee benefits, or hold the CLU, CEBS and or RHU designation. The Insurance Company must have and submit proof of an A.M. Best Rating of "A" or better.

DEVIATION FROM SPECIFIED COVERAGE OR SERVICE

Proposals are to be submitted on the basis of the scope of service contained herein. Proposer **MUST** include the RFP Submission Forms with its proposal. All costs to be incurred and billed to CITY OF MISSION will be firm and included in these forms. Alternative proposals will also be considered, provided the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.

UNDERWRITING DATA

CITY OF MISSION has assembled the underwriting exposure, and loss data included in these specifications. While every effort has been made to ensure the accuracy of this information, it cannot be guaranteed. It shall be the responsibility of the successful proposer to review this information and work with CITY OF MISSION on an ongoing basis to ensure all relevant exposures are included in CITY OF MISSION's program.

If it becomes necessary to revise any part of this proposal, a written addendum will be provided to-all proposers who have submitted an "Intent to Bid Form". CITY OF MISSION is not bound by any oral representation, classifications, or changes made in the written specifications by CITY OF MISSION employees, unless such classification or change is provided to proposers in a written addendum from an authorized representative of CITY OF MISSION.

COMPLIANCE WITH LAWS

All proposers involved shall observe and comply with all regulations, laws ordinances, etc., of local, state, and federal government as they apply to this proposal process.

TERM OF CONTRACT AND EXTENSION/RENEWAL RIGHTS

The term of the contract for insurances or service shall be for one year base term, subject to earlier termination as provided by the law and by the terms of the contract. In addition, unless otherwise specified in the proposal, the award of this proposal shall include the right at the option of CITY OF MISSION, and contingent upon the agreement by both parties, to any change in premium costs or benefits to renew and extend this contract for two (2) one (1) year renewals as may be permitted by applicable law and City Council approval as may be in the best interest of CITY OF MISSION.

AUTHORIZED SIGNATURE

All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services proposed.

DISQUALIFICATION AND REJECTION OF PROPOSALS

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specification will, in and of themselves, result in disqualification.

CONTINUITY OF COVERAGE

All employees, retirees, Cobra participants and dependents covered by the current plan are to receive immediate coverage under the new plan. Continuity of coverage for current participants is to be on a "no loss no gain" basis for all insurance coverage. In addition, proposers must waive the actively at-work provisions.

In fulfilling the Continuity of Coverage requirement fair credit must be allowed for all or any part of health insurance deductibles or co-insurance satisfied, and accumulated lifetime maximum amounts before the contract effective date.

BACKGROUND INFORMATION AND PLAN SPECIFICS

ORGANIZATION

The City of Mission employs on average 686 (fully staffed) full-time employees directly who are eligible for health and pharmacy benefits. Eligibility is full-time employees, 30-hour plus (29 currently), part-timers identified through Affordable Care Act monitoring, Retirees, Elected Officials and COBRA eligible individuals.

Newly hired employees and their dependents must complete a 30-day waiting period before becoming eligible for coverage for health and pharmacy benefits. Coverage becomes effective the 1st of the month following a 30-day waiting period.

The City has current enrollment of approximately 654 employees participating in the City's self-funded health benefit plan and use the services of providers located in the Rio Grande Valley. The City averages 1070 lives on the plan.

GOALS AND OBJECTIVES

The City of Mission attempts to provide high quality healthcare and related benefits that meet employee needs at a competitive price. The City of Mission has a responsibility to manage insurance costs effectively and efficiently. It also has a responsibility to ensure that the employees have access to quality coverage. The primary goal of this RFP process is to enter into agreement(s) with provider(s) to provide employee health and pharmacy benefits at an economical value. All coverage will be effective October 1, 2020.

CURRENT COVERAGE AND SERVICES

All summary of benefits have been provided with this RFP. The City is seeking qualified entity(ies) who can provide the following services: Third Party Medical Claims Administration and Pharmacy Benefit Management.

Employee Assistance Plan Services, Dental and Vision services are not part of our Health and Pharmacy programs. These remain separate plans and should not be included as part of your proposal(s). Additionally, we are not seeking any stand-alone supplementary products such as screening services, vaccinations, medical transport programs, or stand-alone telemedicine, for example. Therefore, Respondents of these type of plans should not submit a proposal as they will not be considered.

Currently, Group Health is administered by BlueCross BlueShield and the Pharmacy is supported by Prime Therapeutics. BlueCross BlueShield has provided Administrative Claim Services for the Health Plan since October 2011. The plan has been self-insured for since 2005 and implemented two (2) additional plans in October 2019. The health plan now has two (2) tiers: Base Plan and Buy-Up Plan. The Retiree Plan mirrors the Base Plan.

The plan year for health and pharmacy is October through September.

There are currently two (2) plans for Active Employees and Retirees Under age 65 – the only distinction between the two (2) plans is the co-pays, deductibles and max out of pocket limits. We have carved out one (1) benefit from the Base Plan which is the Bariatric Surgery. This procedure is only available on the Buy-Up Plan. This two-plan design was only recently launched and was a baby step towards more variations and flexibility in design as we progress.

- There are approximately 597 Employees/Retirees and 324 Dependents enrolled in the Base Plan.
- There are 41 Employees/Retirees and 81 Dependents enrolled in the Buy-Up Plan.
- There is 1 Retiree on the Retiree Plan through Retiree Continuation. Retirees are eligible to remain on the Retiree Plan until the age of 65 or Medicare eligible.

Same sex or opposite sex "Domestic Partners" are not covered under the City's plan at this time. However, legally recognized same sex or opposite sex spouses are covered.

The current pharmacy plan implements Step Therapy and Prior Authorization and they are key prescription components. We have four (4) co-pay tiers.

The deductible is established as a plan year deductible, not calendar year.

The City requests presence of vendors at the Annual Health Fair (typically held in the Fall) as well as support during its annual open enrollment period and new hire orientations. Outside of these events, our expectation would be regular visits/service dates to ensure the satisfaction of services.

The City distributes all general marketing and informational materials to employees internally, therefore no SPD's, SBC's, etc. need to be mailed to employees. We do request printing allowances be offered considering the cost the City will incur to print medical/pharmacy literature in its annual Employee Benefits Handbook.

The City has a special arrangement with Airrosti, subjecting members only to the specialist co-pay (\$45 on base plan and \$35 on buy-up plan) per visit with no additional liability. Should this partnership continue, we expect the awarded Respondent to set this up successfully for claims processing purposes. If a client specific network needs to be set up to accommodate this benefit, please ensure this cost is included in your proposal.

RESPONSIVENESS TO NEEDS

We communicate often to our employees and retirees and we solicit their input on a regular basis. We believe in a participatory process which permits us to understand the changing needs of our workforce and the ways in which we meet those needs. We communicate often and clearly to assure that our employees are informed about the programs available to them. We listen to their concerns and respond to the needs they identify. We expect the health and pharmacy carriers to collaborate with the City in or communication efforts and be responsive, where possible, to the needs which have been identified.

RFP ASSUMPTIONS

1. Contract effective date is to be October 1, 2020. All participants enrolled in the insurance plan as of September 30, 2021, are to be covered on a “no loss/no gain” basis. “No loss/no gain” for participants are to include credit/debit for accumulated deductible, coinsurance, and lifetime maximum benefits.
2. CITY OF MISSION desires to receive proposals one (1) year base term with two (2) one (1) year renewals following basis:
 - Fixed price for one (1) year base term, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be fair and reasonable to CITY OF MISSION. Renewal rates are to be provided to CITY OF MISSION 90 days prior to anniversary date.
3. Proposal is to be based on the provided census.
4. CITY OF MISSION desires to receive proposals for continuation of the self-funded health plan based on the duplication of the existing Health Plans. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
6. Future renewal rates must be received by CITY OF MISSION at least 90 days prior to date of rate change and renewal date. Any estimated savings, performance or other guarantees should be specific, quantifiable and should include a method for validation.

REFERENCES

Please provide three (3) active Texas client references who share size, location, and type of industry (municipality) similar to the City.

Reference #1

Organization: _____

Contact Name: _____

Address: _____

Contact Phone: _____

Contact E-mail: _____

Number of Employees: _____

Length of Service: _____

Reference #2

Organization: _____

Contact Name: _____

Address: _____

Contact Phone: _____

Contact E-mail: _____

Number of Employees: _____

Length of Service: _____

Reference #3

Organization: _____

Contact Name: _____

Address: _____

Contact Phone: _____

Contact E-mail: _____

Number of Employees: _____

Length of Service: _____

LIST OF ATTACHMENTS

HEALTH & PHARMACY

- (H01) 2019-2020 Summary Plan Document – Base Plan
- (H02) 2019-2020 Summary Plan Document – Buy-Up Plan
- (H03) 2019-2020 Summary Plan Document – Retiree Plan
- (H04) 2019-2020 Summary of Benefits & Coverage – Base Plan
- (H05) 2019-2020 Summary of Benefits & Coverage – Buy-Up Plan
- (H06) 2019-2020 Summary of Benefits & Coverage – Retiree Plan
- (H07) 2019-2020 Medical - Monthly Contributions
- (H08) Employee Census by Plan: October 2019 – March 2020
- (H09) Enrollment by Coverage Tier: October 2019 – March 2020
- (H10) High Dollar Claims ISL: October 2017 – March 2020
- (H11) Paid Claims: October 2017 – March 2020
- (H12) Highest 50 by Rx Ingredient Cost: October 2017 – April 2020
- (H13) RFP Response Questionnaire-Medical (2 tabs)*MUST BE COMPLETED
- (H14) RFP Response Questionnaire-Pharmacy (3 tabs) *MUST BE COMPLETED
- (H15) RFP Response Questionnaire-Expense *MUST BE COMPLETED
- Revised Business Questionnaire *MUST BE COMPLETED
- Non-Collusive Bidding Certificate *MUST BE COMPLETED
- Conflict of Interest Questionnaire *MUST BE COMPLETED

City Of Mission
Vendor Acknowledgment Form - Non-Collusive Proposal Certification
Proposal Name/No.: "Third Party Administrator/Pharmacy Benefit Management"/ 20-231-06-03
** (Must be executed and submitted with your Proposal) **

I/We have read instructions to Proposer and specifications. My/Our Proposal conforms to all Proposal specifications, conditions, and instructions as outlined by *CITY OF MISSION*.

Signing the Acknowledgment Form confirms that our company will enter into a binding contract with CITY OF MISSION for item(s) awarded to our company. I/We have read instructions to Proposer and specifications.

The undersigned Proposer, by signing and executing this Proposal, certifies and represents to the CITY OF MISSION that Proposer has not been offered, conferred or agreed to confer any pecuniary benefit, as defined by §1.07(a)(6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment or advantage relating to this Proposal; the Proposer also certifies and represents that Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this Proposal; the Proposer certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent of employee of the CITY OF MISSION concerning this Proposal on the basis of any consideration not authorized by law; the Proposer also certifies and represents that Proposer has not received any information not available to other Proposer so as to give the undersigned a preferential advantage with respect to this Proposal; the Proposer further certifies and represents that Proposer has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value to any officer, trustee, agent or member of the CITY OF MISSION in return for the person having exercised the person's official discretion, power or duty with respect to this Proposal; the Proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent or member of CITY OF MISSION in connection with information regarding this Proposal, the submission of this Proposal, the award of this Proposal or the performance, delivery or sale pursuant to this Proposal.

Date: _____
Company Name: _____
Signature: _____
Title: _____

Note: This form, along with the Execution of Offer, must be filled in and submitted with the sealed Proposal.

**GENERAL BUSINESS QUESTIONNAIRE
(SUPPLIES, SERVICES AND CONSTRUCTION)**

**** (Must be executed and submitted with your Proposal) ****

This questionnaire, the requested list of references and the authorization to release financial information are used in part to assist in determining a potential contractor's responsibility. Offerors shall submit the General Business Questionnaire information within two (2) work days from the date of notification by the City, or with the offer, if so indicated in the Table of Contents page 2 of the Solicitation, Offer and Award Form. All information must be current and traceable. Each venturer of a joint venture must submit a separate signed form.

City of Mission reserves the right to make additional inquiries based on information submitted, or the lack thereof. Questions concerning this questionnaire or the authorization form should be directed to the contact person identified on the Solicitation, Offer and Award Form. In cases where a question does not apply or if unable to respond, offeror should refer to the item number, repeat the question, and indicate N/A (Not Applicable) or N/R (No Response), as appropriate. Offeror will explain the reason when responding N/A or N/R.

- 1. Name of Offeror ("Business"): _____

- 2. List name(s) and business address of officers and directors for corporations, partners for partnerships, and venturers for joint ventures (attach additional pages as necessary).

- 3. Number of years in business under present business name: _____

- 4. If applicable, list all other names under which the Business identified above operated in the last 5 years.

- 5. Annual Gross Revenue (Past year): (M represents millions, K represents thousands)
 \$100K or less \$100K-\$500K \$500K-\$1M \$1M-\$5M \$5M-\$10M
 \$10M-\$16M \$16M or Over

- 6. Will bidder/proposer provide a copy of its financial statements for the past two (2) years, if requested by City of Mission? Yes No

- 7. Number of current employees: _____

- 8. Has the Business, or any officer or partner thereof, failed to complete a contract? Yes No

- 9. Is any litigation pending against the Business? Yes No

- 10. Is offeror currently for sale or involved in any transaction to expand or to become acquired by another business entity? If yes, offeror needs to explain the expected impact, both in organizational and directional terms. Yes No

11. Has the Business ever been declared "not responsible" for the purpose of any governmental agency contract award? Yes No
12. Has the Business been debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded, or otherwise disqualified from bidding, proposing, or contracting? Yes No
13. Are there any proceedings pending relating to the Business' responsibility, debarment, suspension, voluntary exclusion, or qualification to receive a public contract? Yes No
14. Has the government or other public entity requested or required enforcement of any of its rights under a surety agreement on the basis of a default or in lieu of declaring the Business in default? Yes No
15. Is the Business in arrears on any contract or debt? Yes No
16. Has the Business been a defaulter, as a principal, surety, or otherwise? Yes No
17. Have liquidated damages or penalty provisions been assessed against the Business for failure to complete work on time or for any other reason? Yes No
18. Does offeror have a contingency plan or disaster recovery plan in the event of a disaster? If so, then Bidder will provide a copy of the plan. Yes No
19. Does offeror have quality assurance program? If yes, offeror will describe its quality assurance program, its quality requirements, and how they are measured. Yes No
20. If a "yes" response is given under questions 9 through 19, please provide a detailed explanation including dates, reference to contract information, contacts, etc. (attach additional pages as necessary).

I, individually and on behalf of the business named in this Business Questionnaire, do by my signature below, certify that the information provided in this questionnaire is true and correct. I understand that any false statements or misrepresentations regarding the Business named above may result in: 1) termination of any or all contracts which City of Mission has or may have with the Business; 2) disqualification of the Business from consideration for contracts; 3) removal of the Business from City of Mission's vendors' list; or/and 4) legal action(s) applicable under federal, state, or local law.

Name: _____ Title: _____
 Signature: _____ Date: _____
 (Owner, CEO, President, Majority Stockholder or Designated Representative)