

**CITY OF MISSION
SOLICITATION, OFFER AND AWARD FORM**

**SOLICITATION INFORMATION
REQUEST FOR BIDS (RFB)**

1. BID NO.: 20-323-09-17
2. ISSUE DATE: September 03, 2020
3. FOR INFORMATION CONTACT: (No collect calls)
NAME: Edgar Chapa, Contracts Administrator
TELEPHONE: (956) 580-8667 **FAX:** (956) 580-8798
E-MAIL: echapa@missiontexas.us

4. BRIEF DESCRIPTION:

Agent of Record

5. PRE-BID CONFERENCE/GENERAL CONTRACTORS MEETING:
(Highly Recommended)
****** There WILL NOT be a conference. ******

6. ADVERTISING DATES:
 1st Week of Advertisement Date: __09__ / __03__ / __20__
 2nd Week of Advertisement Date: __09__ / __10__ / __20__

7. SUBMIT OFFER TO:

Mailing/Hand/Commercial Courier Delivery
City of Mission
Purchasing Department
 1201 E. 8th Street R101
 Mission, TX 78572
 Bid # 20-323-09-17

8. OFFER SUBMISSION DUE DATE AND TIME:

DATE: September 17, 2020
TIME: 2:00 PM CST

Zoom Bid Opening Meeting Information
 Meeting ID: 220 547 6707
 Password: 9iY2

9. No Facsimiles or late arrivals will be accepted. Any bids received after offer submission due date and time will not be opened and will be returned. City of Mission Purchasing Department time stamp clock will be the governing time for acceptability of bids. Overnight mail must also be properly labeled on the outside of the express envelope or package in reference to RFB.

10. SUBMIT WITH OFFER: Original offer and 2 photocopies including documents and attachments so indicated on Page 2 of this form.

11. Offers submitted in response to an RFB will be opened publicly by The City of Mission Purchasing Department, immediately after the submission due date and time. Offers submitted in response to an RFP will NOT be publicly opened.

12. FIRM OFFER PERIOD: Offers submitted shall remain firm for a period of 60 calendar days from the final due date for bids.

13. NOTE: For Invitation for Bids, "offer" and "offeror" mean "bid" and "bidder".

OFFER
(To be completed by Offeror)

14. In compliance with the above, the undersigned agrees, if this offer is accepted within the period specified in Block 12, above, to furnish any or all items, or provide the service(s), upon which prices are offered in the Schedule at the price set opposite each item or service, and to deliver the item(s) and or perform the service(s) at the designated location(s) within the time specified.

15. BIDDERS NAME, ADDRESS: (Type or Print)

TELEPHONE: **E-MAIL:**
CELL PHONE: **FAX:**

16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN THE OFFER: (Type or Print)

17. BIDDERS SIGNATURE & DATE:

AWARD
(To be completed by City of Mission)

18. TOTAL ESTIMATED AMOUNT OF AWARD:

19. PURCHASING AGENT SIGNATURE & DATE OF AWARD:

Name: _____ Signature: _____ Date: ___/___/___

SOLICITATION INDEX

20. CONTENTS: (DOCUMENTS WITH A YES ARE TO BE SUBMITTED WITH OFFER)

	NAME	FORM DESCRIPTION	SUBMIT WITH OFFER?
●	Cover Sheet	Solicitation, Offer and Award Form (Complete in its entirety to include Sign and Date)	YES
●	Instructions to Bidders	General Terms & Conditions	YES
		Project Requirements Acknowledgement (Signed & Executed)	YES
		Agent of Record Qualifications General Questionnaire (Signed & Executed)	YES
●	Pricing Schedule	Pricing Schedule (Signed & Executed)	YES
●	Non-Collusive Bidding Certificate	Vendor Acknowledgement Form (Signed & Executed)	YES
●	Addenda Checklist	Confirmation Receipt of Addendum(s) (Signed & Executed)	YES
●	Exhibit A Respondent Questionnaire	Signed and Completed (Signed & Executed)	YES
●	Specifications/Scope of Work	Description of Agent of Record	YES
●	Bidder's General Questionnaire	General Questions (Supporting Documentations) (Signed & Executed)	YES
●	CIQ Questionnaire	Conflict of Interest Questionnaire This form will be requested before Award of Contract (Signed & Executed)	NO
●	USB Drive	USB Drive to include Exhibit A Respondent Questionnaire	YES

21. ACKNOWLEDGMENT OF ADDENDUMS:		ADDENDUMS #	DATE	ADDENDUMS #	DATE
Offeror acknowledges receipt of the following addendum(s) to the solicitation:					
(Identify addendum number and date of each.)					

******Firm name and authorized signature must appear on each page that calls For this information. Failure to do so may disqualify your Bid ******

City of Mission
Instructions to Bidder – General Terms & Conditions
Bid Name/No.: Agent of Record / 20-323-09-17

Please read your specifications thoroughly and be sure that the offered complies with all requirements. Any variation from the specifications will not be allowed. If you are the successful bidder, it will be required that **“Agent of Record”** be provided as specified.

- (1) Sealed bids will be received for **“Agent of Record”** in accordance with the specifications attached hereto.
- (2) All specifications shown are minimum requirements. There is no intention to disqualify any bidder who can meet these specifications.
- (3) **One (1) original and two (2) copies of RFB must be enclosed in a sealed envelope with vendor’s name and return address clearly typed/printed on upper left hand corner and proper notation clearly type/printed on the lower left hand corner “Request for Bids” – “Agent of Record” - Bid No. 20-323-09-17” and delivered to City of Mission Purchasing Department, 1201 East 8th Street, Mission, Texas 78572 on or before 2:00 p.m., Thursday, September 17, 2020. No Facsimiles or late arrivals will be accepted. Any RFB received after that time will not be opened and will be returned. Overnight mail must also be properly labeled on the outside of express envelope or package in reference to RFB.**
- (4) Bids must give full firm name and address of bidder, and be manually signed. Failure to do so may disqualify your bid. Person signing bid must show title or **AUTHORITY TO BIND HIS FIRM IN A CONTRACT.** *Firm name and authorized signature must appear on each page that calls for this information.*

(5) Interest of Public Officials

The offeror represents and warrants that no employee, official, or member of the Council (Executive Committee) of the City is or will be peculiarly interested in or benefited directly or indirectly as a result of this contract.

(6) Covenant Against Gratuities

The offeror represents as part of its offer that neither it nor any of its employees, representatives or agents have offered or given gratuities (in the form of entertainment, gifts or otherwise) to any director, officer or employee of the City with the view toward securing favorable treatment in the awarding, amending, or the making of any determination with respect to the performing of the contract.

(7) Acknowledgment of Addendums to Invitation for Bids

- (a) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.
- (b) Bidders shall acknowledge receipt of any addendums to this solicitation: (1) by signing and returning the addendums; or (2) by identifying the addendums number and date in the space provided for this purpose on the bid form; or (3) by letter or telegram. The City must receive the acknowledgment by the time and at the place specified for receipt of bids.

(8) Bids **cannot** be altered or amended after opening time. Alterations made before opening time must be initialed by bidder guaranteeing authenticity. No bid may be withdrawn after opening time without acceptable reason in writing and only after approval by the City of Mission.

(9) **STATE SALES TAX MUST NOT BE INCLUDED IN BID.** Contractors are not tax exempt.

(10) Evaluation and Basis for Award

(A) Award of Contract

- (a) If the competitive sealed bidding requirement applies to the contract for goods or services, the contract must be awarded to the lowest responsible bidder or to the bidder who provides goods or services at the best value for the municipality.
- (b) In determining the best value for the municipality, the municipality may consider:
 - 1) the purchase price;
 - 2) the reputation of the bidder and of the bidder's goods or services;
 - 3) the quality of the bidder's goods or services;
 - 4) the extent to which the goods or services meet the municipality's needs;
 - 5) the bidder's past relationship with the municipality;
 - 6) the impact on the ability of the municipality to comply with laws and rules relating to contracting with historically underutilized businesses and nonprofit organizations employing persons with disabilities;
 - 7) the total long-term cost to the municipality to acquire the bidder's goods or services; and
 - 8) any relevant criteria specifically listed in the request for bids or proposals

(B) One Award

One contract award is anticipated under this solicitation. Multiple contract awards shall not be made. It is the intent of the City of Mission to award the bid to the lowest responsive and responsible bidder or to the bidder who provides goods or services at the best value for the municipality. Upon the City's issuing an award of this bid, this bid shall be countersigned by an authorized representative of the City which will result in a binding contract without further action by either party.

(11) Contract Term

Contract will be for a period of one (1) one year, commencing on October 1, 2020 to September 30, 2021. Successful bidder shall hold their prices for the same period of time. It is at the sole option of the City of Mission to exercise (2) two one-year extensions. The total duration of this contract, including the exercise of any renewals under this clause, shall not exceed (3) three years.

- (12) The City may hold bids **60 days** after bid opening without taking action. Bidders are required to hold their bids firm for same period of time.
- (13) The City of Mission reserves the right to reject any or all bids, to waive any or all formalities or technicalities, and to make such awards of contract as may be deemed to be the best and most advantageous to the City of Mission.
- (14) The bidder agrees to indemnify and save harmless the City, the Purchasing Agent and any assistants from all suits and actions of every nature and descriptive brought against them or any of them, for or on account of the use of patented appliances, products or processes, and he/she shall pay all royalties and charges which are legal and equitable. Evidence of such payment or satisfaction shall be submitted upon request of the Purchasing Agent, as a necessary requirement in connection with the final estimate for payment in which such patented appliance, products or processes are used.
- (15) **Bidder shall carefully examine the bid forms, general terms and conditions, and specifications.** Should the bidder find discrepancies in, or omissions from bid forms, general terms and conditions, specifications, or other documents, or should he/she be in doubt as to their meaning, he/she should at once notify the Purchasing Agent (Mission City Hall, (956) 580-8667 and obtain clarification by addendum prior to submitting any bid.

(16) BILLING AND PAYMENT INSTRUCTIONS:

Invoices must include:

- a. Name and address of successful vendor
- b. Name and address of receiving department or official

c. Purchase Order Number (if any)

d. Notation - **“Agent of Record”**

e. Descriptive information as to the items or services provided, including plan, tiers, etc.

The City of Mission will execute payment by mail within thirty (30) working days found. No other method of payment will be considered.

- (17) The geographical location(s) of bidder’s facilities referenced **“Agent of Record”** given due consideration in determining the lowest responsible bidder.
- (18) The City of Mission reserves the right to waive or take exception to any part of the specifications when in the best interest of the City of Mission.
- (19) The City of Mission reserves the right to increase or decrease number of employees at any time.
- (20) Bidders must comply with all applicable federal, state and local laws, rules, regulations and ordinances and statutes relating to purchasing in the State of Texas in addition to the requirements of this form.
- (21) **Bidders are advised that they must be in compliance with the below mentioned law:**

CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person’s affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filed with the records administrator of the City of Mission not later than the 7th business day after the date the person becomes aware of facts that require the statement 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.

For more information or to obtain Questionnaire CIQ go to the Texas Ethics Commission web page at <https://www.ethics.state.tx.us/data/forms/conflict/CIQ.pdf>

IF YOU HAVE ANY QUESTIONS ABOUT COMPLIANCE, PLEASE CONSULT YOUR OWN LEGAL COUNSEL. COMPLIANCE IS THE INDIVIDUAL RESPONSIBILITY OF EACH PERSON OR AGENT OF A PERSON WHO IS SUBJECT TO THE FILING REQUIREMENT. AN OFFENSE UNDER CHAPTER 176 IS A CLASS “C” MISDEMEANOR

(22) Disclosure of Interested Parties

Contractor is to comply with Government Code Section 2252.908 enacted by H.B. 1295, which prohibits a government entity or state agency from entering into certain contracts with a business entity unless the business entity submits a disclosure of interested parties. For more information go to the Texas Ethics Commission web page at: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

- (23) **Termination of Contract:** The City of Mission reserves the right to terminate the contract if, in the opinion of the City of Mission, the successful vendor’s and/or contractors performance is not acceptable, if the City is being repeatedly overcharged, improperly charged, no funds available, or if the City wishes, without cause, to discontinue this contract. Termination will be in written form allowing a 30-day notice.

(24) 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:

Eduardo Belmarez, Purchasing Director
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.

**City of Mission
Scope of Service
Bid Name/No.: Agent of Record / 20-323-09-17**

INTRODUCTION

It is the goal of the City of Mission to provide a competitive and affordable (according to market standards) benefit plan(s) which are accessible to all eligible employees, retirees and elected officials.

PURPOSE

The purpose of this RFB is to provide minimum requirements, solicit bids and gain adequate information from which the City may evaluate the Bidder's services to serve as Agent of Record for Third Party Administrator. It is the intent of the City to select a single firm to accomplish all services outlined in this RFB. This Agent of Record RFB includes a "Scope of Services." The City of Mission reserves the right to terminate the agreement at any time should it be determined the Scope of Services are not met.

BACKGROUND INFORMATION

The City of Mission employs on average 686 (fully staffed) full-time employees who are eligible for health and pharmacy benefits. Eligibility is full-time employees, 30-hour part-time employees 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. The City averages 1070 lives on the plan. The Plan year coincides with the City's fiscal year of October 1 – September 30. The City's Third Party Administrator is BlueCross BlueShield. The bidder must currently be appointed with BCBS.

SCOPE OF SERVICE

Summary

The intent of this Request for Bid and resulting contract is to obtain bids from a qualified Agent who meets the service requirements and engagement responsibilities which include, but may not be limited to:

- Serve as an advisor regarding health plan design and content including COBRA.
- Review, on an ongoing basis, the existing employee benefit plan for competitiveness, appropriateness and overall acceptance by plan participants.
- Serve and assist in negotiating benefit provider contract(s) resulting from review and recommendations. Provide evaluation services to support contract modifications such as benefit differentials and funding options.
- Prepare periodic reports on the progress, applicability and overall benefit of the specific plans.
- Assist in claims review and management.
- Review utilization rates on a quarterly basis and evaluate accordingly.
- Assist with plan design changes, plan implementation strategies, plan design and/or benefits communications relating to coverage; integrating appropriate assignments of duties to vendor, while maintaining proper oversight/ responsibilities.
- Assist with premium funding projections during the annual budget process. Review long-term healthcare contribution philosophy and budgetary agenda and best strategies for applying identified resources to a meaningful long-term benefit package.
- Act as the City's representative; collecting information and making periodic presentations to staff, as

requested, of benefit plan.

- Provide comparisons and make recommendations of benefit plans and employer/employee contributions.
- Provide periodic reports using carrier data on claims and fixed expenses, and relate those to total premium and expectations for renewal.
- Provide national, regional and local medical inflation data and compare that to specific City plan inflation.
- Review and make recommendations to the City on carrier cost containment mechanisms, as relates to return on investment and participant impact.
- Meet periodically with the City's staff relating to levels of customer service received from BCBS, and where required intercede with both parties to assist in problem resolution.
- Provide staff and support for new hire orientations, annual open enrollment sessions, and billing.
- Provide the City with overall plan management and quality assurance services including, but not limited to the following:

- Customer Service
- COBRA
- HIPAA
- Benefit Review Design
- Renewal Process
- Transition & Implementation of Plan
- Benefits Summary
- Claims Audit and Review
- Billing Administration
- Regulatory Compliance & Reporting
- Budgeting and Forecasting
- Cost containment
- Contract Analysis
- Vendor Compliance
- Annual HIPAA Training / HIPAA Binder
- Annual ACA Training / Quarterly Updates
- Open Enrollment
- Employee Wellness Program

Qualifications and Experience

- 1) Briefly introduce your firm, providing a summary of the administration, organization and staffing of your firm, including multiple offices, if applicable. Provide an organizational chart indicating the positions and names of the core management team which will undertake this engagement.
- 2) Identify the project manager and each individual who will work as part of this engagement. Include resumes for each person to be assigned. Include any professional designations and affiliations, certifications and licenses (Health) etc.

Company Operational Information

1. Describe, in detail, whether your firm has ever lost an account due to breach of contract, or incurred any unfavorable contractual outcomes (to include any terminations, etc.)

Rates, Fees, and Expenses

1. Provide commission for services related to the scope of work identified in this RFB.
2. Identify and list all services provided.

Services and Methodology

1. Provide a detailed work plan for accomplishing the work and services to be provided to the City.

2. Work plan must describe the firm's methodology, including a detailed project plan and time frames from the award date to implementation. Include any technology requirements.
3. Work plan shall clearly distinguish the firm's duties and responsibilities and those of the City. Absence of this distinction shall mean the firm is assuming full responsibility for all tasks.
4. If the successful firm provides a solution that differs from that currently in use by the City, specify the steps and procedures that will be put in place to ensure there is no interruption of service during the transition.

AOR Qualifications Questionnaire

The City is interested in entering into a relationship with an AOR who is able to maximize the value of the benefit program. This will require an AOR who is experienced with cities in Texas and/or other public entities, and who is available and accessible to the staff. To assist in the evaluation of qualifications, please answer the following questions:

1. Explain what separates your company from its competitors and what specifically qualifies you to be an AOR for the City.
2. What types of services do you provide to self-funded health plan clients? Be specific relating to areas of expertise, and the duties you perform(ed).
3. Identify three of your most significant accomplishments on behalf of a municipal organization or similar city in Texas. For each accomplishment, please include a client or former client's name and telephone number who can confirm each claim.
4. What are the steps or due diligence steps you generally adopt before recommending a vendor to your client as a benefit provider?

EXHIBIT A

In addition to completing and submitting Exhibit A, please submit it on a USB drive.

THIS FORM MUST ACCOMPANY BID PACKET

**Project Requirements
Acknowledgement**

This is to certify that I, _____, possess all of the **APPLICABLE:**

- 1. Licenses: _____
- 2. Bonds: _____
- 3. Certificates: _____
- 4. Permits: _____
- 5. Other: _____

Necessary to carry out the required project. Furthermore, I am providing copies of the required documentation, so that if my company is awarded the bid, I may be eligible to enter a contract with the CITY and proceed to complete the project in a timely manner.

*** Any license, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.**

Authorized Signature

Date

Company

Address

City, State, Zip

**City Of Mission
Pricing Schedule
Bid Name/No.: "Agent of Record"/ 20-323-09-17**

For any questions directly regarding the "Agent of Record - Bid No. 20-323-09-17", please call or email:

Edgar Chapa, Contracts Administrator: echapa@missiontexas.us
Telephone: (956) 580-8667

Description	UOM	Estimated number of Employees	Rate	Extended Rate
Provide commission PEPM for services related to the scope of work.	PEPM (per employee per month)	654		

Renewal Terms: The City of Mission shall reserve the option to renew this order for an additional two (2) consecutive, one (1) year periods at the end of the service period. Award period is from October 1, 2020 to September 30, 2021. A bidder may offer a fixed maximum percentage of escalation for each of the additional two years. The amount of escalation will be taken into consideration in evaluation of the bid. State maximum percentage of escalation, for monthly premium per tier, as follows:

* _____ % 1st year renewal term: October 1, 2021 – September 30, 2022

* _____ % 2nd year renewal term: October 1, 2022 – September 30, 2023

***IF NO PERCENTAGE OF ESCALATION IS INCLUDED A ZERO PERCENTAGE WILL BE ASSUMED.**

For any questions regarding the "Agent of Record", you may call, fax or email to the following:

Edgar Chapa, Contracts Administrator: echapa@missiontexas.us
Telephone: (956) 580-8667
Fax: (956) 580-8798

Company Name: _____
 Owner or President Name: _____
 Company Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Fax Number: _____
 Email: _____
 Federal Tax ID or SSN Number: _____

 **Company Representative's Signature Date

 Company Representative's Name (Please Print)

 Company Representative's Title

****Signature on this form indicates agreement with "Instruction to Bidders-General Terms and Conditions"**

City of Mission
Vendor Acknowledgment Form - Non-Collusive Bidding Certification
Bid Name/No.: "Agent of Record"/ 20-323-09-17

I/We have read instructions to bidder and specifications. My/Our bid conforms to all bid 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 bidder and specifications.

The undersigned Bidder, by signing and executing this bid, certifies and represents to the CITY OF MISSION that Bidder 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 bid; the Bidder also certifies and represents that Bidder 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 bid; the Bidder certifies and represents that Bidder has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the CITY OF MISSION concerning this bid on the basis of any consideration not authorized by law; the Bidder also certifies and represents that Bidder has not received any information not available to other bidders so as to give the undersigned a preferential advantage with respect to this bid; the Bidder further certifies and represents that Bidder has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Bidder 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 bid; the Bidder 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 bid, the submission of this bid, the award of this bid or the performance, delivery or sale pursuant to this bid.

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

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

**City of Mission
Addenda Checklist
Bid Name/No.: Agent of Record / 20-323-09-17**

Bid of: _____
(Bidder Company Name)

To: City of Mission

Ref.: "Agent of Record"/ 20-323-09-17

Ladies and Gentlemen:

The undersigned Bidder hereby acknowledges receipt of the following Addenda to the captioned RFB (initial if applicable).

No. 1 _____ No. 2 _____ No. 3 _____ No. 4 _____ No. 5 _____

Respectfully submitted,

Bidder: _____

By: _____

(Authorized Signature for Bidder)

Name: _____

Title: _____

Date: _____

City Of Mission
Exhibit A Respondent Questionnaire
Bid Name/No.: “Agent of Record”/ 20-323-09-17

For any questions directly regarding the “**Agent of Record - Bid No. 20-323-09-17**”, please email:

Edgar Chapa, Contracts Administrator: echapa@missiontexas.us
 Telephone: (956) 580-8667

Bidders are required to respond to all requests for information contained in this questionnaire.
 It is necessary that you provide **concise** answers.
 Your responses to the questions should be based on your current **proven** capabilities.
 Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this.
 You are required to return this exhibit as part of your bid response.
 If you are selected as the City's AOR,
 your responses to the questionnaire will be considered part of your contractual responsibilities.

		AOR	
Qualifications and Experience		Response	Notes
1	Briefly introduce your firm and include organizational chart.		
2	Identify the project manager and each individual who will be assigned to work with the City of Mission.		
3	What separates your company from its competitors and what specifically qualifies you to be an AOR for the City of Mission?		
4	What type of services do you provide to self-funded health plan clients? Be specific relating to areas of expertise, and the duties you perform(ed).		
5	Identify three (3) of your most significant accomplishments on behalf of a municipal organization or similar city in Texas. For each accomplishment, please include a client or former client's name and telephone number who can confirm each claim.		
6	What are the steps or due diligence steps you generally adopt before recommending a vendor to your client as a benefit provider?		
Scope of Service		Confirm Service	Notes
7	Serve as an advisor regarding health plan design and content including COBRA.		
8	Review, on an ongoing basis, the existing employee benefit plan for competitiveness, appropriateness and overall acceptance by plan participants.		

9	Serve and assist in negotiating benefit provider contract(s) resulting from review and recommendations. Provide evaluation services to support contract modifications such as benefit differentials and funding options.		
10	Prepare periodic reports on the progress, applicability and overall benefit of the specific plans.		
11	Assist in claims review and management.		
12	Review utilization rates on a quarterly basis and evaluate accordingly.		
13	Assist with plan design changes, plan implementation strategies, plan design and/or benefits communications relating to coverage; integrating appropriate assignments of duties to vendor, while maintaining proper oversight/responsibilities.		
14	Assist with premium funding projections during the annual budget process. Review long-term healthcare contribution philosophy and budgetary agenda and best strategies for applying identified resources to a meaningful long-term benefit package.		
15	Act as the City's representative; collecting information and making periodic presentations to staff, as requested, of benefit plan.		
16	Provide comparisons and recommendations of plans of benefits and City/employee contributions.		
17	Provide periodic reports using carrier data on claims and fixed expenses, and relate those to total premium and expectations for renewal.		
18	Review and make recommendations to the City on carrier cost containment mechanisms, as relates to return on investment and participant impact.		
19	Meet periodically with the City's staff relating to levels of customer service received from BCBS, and where required, intercede with both parties to assist in problem resolution.		
20	Provide staff and support for new hire orientations, annual open enrollment sessions and billing.		

21	<p>Provide the City with overall plan management and quality assurance services including, but not limited to the following:</p> <ol style="list-style-type: none"> 1. Customer Service 2. COBRA 3. HIPAA 4. Benefit Review Design 5. Renewal Process 6. Transition and Implementation of Plan 7. Benefits Summary 8. Claims Audit and Review 9. Billing Administration 10. Regulatory Compliance and Reporting 11. Budgeting and Forecasting 12. Cost Containment 13. Contract Analysis 14. Vendor Compliance 15. Annual HIPAA Training / HIPAA Binder 16. Annual ACA Training / Quarterly Updates 17. Open Enrollment 18. Employee Wellness Program 		
Services and Methodology		Response	Notes
22	Provide a detailed work plan for accomplishing the work and services to be provided to the City.		
23	Work plan must describe the firm's methodology, including a detailed project plan and time frames from the award date to implementation. Include any technology requirements.		
24	Work plan shall clearly distinguish the firm's duties and responsibilities and those of the City. Absence of this distinction shall mean the firm is assuming full responsibility for all tasks.		
25	If the successful firm provides a solution that differs from that currently in use by the City, specify the steps and procedures that will be put in place to ensure there is no interruption of service during the transition.		

GENERAL BUSINESS QUESTIONNAIRE
(SUPPLIES, SERVICES AND CONSTRUCTION)

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 with the bid/proposal, as 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 owners, officers and directors for corporations, partners for partnerships, and ventures for joint ventures sole proprietors (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)

LIST OF REFERENCES FOR SIMILAR PROJECTS

Use additional pages as necessary.

1. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address:

2. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address:

3. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address:

4. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address: