

# **REQUEST FOR PROPOSAL**

Employee Benefits – Third Party Administrator

**Submittal Deadline:**

**June 21, 2022, at  
2:00 p.m.**

Issued by:

**Economic Opportunities Advancement Corporation  
(EOAC WACO)**

## **ORGANIZATION OVERVIEW**

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### **PROFILE OF ORGANIZATION:**

To aid in the evaluation of the commitment required, the following data concerning EOAC is submitted:

The **Economic Opportunities Advancement Corporation (EOAC)** is a private non-profit EOAC that serves nine counties in the Waco area: McLennan, Bosque, Freestone, Limestone, Hill, Falls, Johnson, Ellis, and Navarro Counties. EOAC currently employs 250 full time employees that are eligible for the menu of benefits offered by EOAC Waco. Our objective is to explore the cost effectiveness and efficiency of the current options and/or other avenues of service.

## **RFP PURPOSE**

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EOAC is seeking proposals for a partnership to provide healthcare consulting services and/or insurance products, Online Benefit Management, COBRA administration, and Medical/Benefit Consulting Services.

## **EOAC STANDARDS, TERMS, SCOPE, AND CONDITIONS**

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### **QUALIFICATIONS:**

EOAC is hereby requesting sealed proposals for a Firm to provide healthcare consulting services and/or insurance products, Online Benefit Management, COBRA administration, and Medical/Benefit Consulting Services.

The consultant will analyze the cost, feasibility, and benefits then make recommendations to EOAC to either retain the current health care provider or seek an alternative health insurance program for their employees. The Consultant will work with and be directed by EOAC.

The "Third Party Administrator" will solicit and provide ancillary and voluntary employee benefit insurance products in accordance with relevant insurance statutes and will provide third-party administration services including, but not limited to,

- an on-line enrollment system for all employee benefit insurance plans, including health insurance
- full integration with the EOAC Skyward financial management systems
- on-site enrollment meetings as requested
- a bilingual (English/Spanish) call center to respond to employee insurance questions on an as needed basis.

The "Third Party Administrator", in exchange for the above agreed upon services, will be entirely compensated by the insurance commissions received.

A district shall award a competitively bid contract at the bid amount to the bidder offering the best value for the district. In determining the best value for the district, the district is not restricted to considering price alone but may consider any other factors stated in the selection criteria.

**BID SUBMISSION:**

Bids may be delivered in person, mail or by email.

- Submit the original bid and 4 copies to:  
[hr@eoacwaco.org](mailto:hr@eoacwaco.org), by mail or hand delivery to 500 Franklin Avenue Waco Texas 76701
- All documents must be returned, and an original signature provided.
- Bids will not be accepted in either format without a signature.
- Bids received after June 22, 2022, at 2:00 p.m. will be rejected.
- EOAC is not responsible for mail service.

**CANCELLATION OF BIDS:**

Bids may be cancelled with 30 days written notice with good cause.

**CHANGES OR ALTERATIONS:**

No part of this bid may be altered in any way. Vendors must submit written requests to change any specifications/conditions with their proposal. Changes made without submission of a written request to this bid will result in disqualification.

**COMPLETING INFORMATION:**

Bidder must fill in all information asked for in the blanks provided under each item. Failure to comply may result in rejection of the Bid at EOAC's discretion.

**SUPPORTING MATERIALS:**

Various questions included in this Request for Proposals will be used in selecting a Third-Party Administrator (TPA) and should be addressed by section and number. Proposer will submit with this information request, one (1) original and two (2) copies of descriptive literature sufficient in detail to enable an intelligent comparison of services.

**CONTRACT CLAUSE:**

All bidders understand and agree that the vendor's bid response will become a legally binding contract upon acceptance in writing by EOAC Waco. This contract may be superseded only if replaced with a more current contract that is agreed to by both parties.

**DEFAULT:**

In case of default of the successful bidder, EOAC may procure the articles from other sources and hold the bidder responsible for any excess cost occasioned thereby.

**INDEMNIFICATION:**

In case any action in court is brought against the Owner, or any officer or agent of the Owner, for the failure, omission, or neglect of the vendor to perform any of the covenants, acts, matters, or things by this contract undertaken; or for injury or damage caused by the alleged negligence of the vendor or his subcontractors or his or their agents, or in connection with any claim based on lawful demands of subcontractors, workmen, materialmen, or suppliers the vendor shall indemnify and save harmless the Owner and his officers and agents, from all losses, damages, costs, expenses, judgments, or decrees arising out of such action.

## SCOPE OF SERVICES:

1. Conduct planning meetings to establish the district's goals, priorities and identify areas of concern.
2. Financial underwriting and claims analysis, including renewal analysis and negotiations, budget projections, funding levels and alternatives, large claims analysis and quarterly reporting and any available alternatives to consider.
3. Evaluate current fully insured plan, along with available alternatives, plan design considering industry trends and labor market conditions, claims cost trends, alternative delivery systems and legal requirements. Evaluate eligibility, cost sharing, benefit structure and network savings.
4. Prepare Requests for Proposal for health insurance services.
5. Review and analyze claims experience data, claims service, efficiency, and accuracy of claims administration to ensure that EOAC is receiving optimum service and benefits.
6. Act as a technical resource and provide periodic updates on legislative developments and emerging trends related to health insurance.
7. In addition to the initial consultation EOAC may contract directly with the Consultant for additional services. The additional services may include any items agreed upon by EOAC and Consultant.
8. Provide a Benefits Administration/On-line Enrollment System that must:
  - Allow employee self-service for new hires to enroll in benefits
  - Allow employee self-service for current employees to make changes in their benefit elections during open enrollment and in the event of a qualifying event.
  - Capture and be able to report eligibility to chosen carriers in accordance with their guidelines
  - Provide eligibility updates to carriers not less often than once weekly
  - Must be able to provide a custom benefit website with full access to carrier information, product brochures, claim forms and full access for employees to login and view benefit information
  - Provides identification and passwords ("ID/PW") for EOAC benefits staff to make changes, updates or run reports
  - Be capable of tracking/reporting on employees' enrollment status during open enrollment on a daily basis
9. Provide call support 7am- 6pm during open enrollment, and 7am-5pm in other months, to the EOAC employees enrolling in or making changes to their benefits.
10. Provide a toll-free telephone line for customer service and have bilingual representative(s) of the company available during normal working hours.
11. Provide EOAC with a payroll deduction file as needed compatible with Skyward software.
12. Able to provide ACA reporting data that integrates with payroll software for 1095-C reporting.

13. Administer COBRA Benefits
14. Must have an assigned Account Manager that reports regularly to EOAC.
15. Must acknowledge EOAC inquiries/ requests within 2 hours and provide resolution within 24 hours.
16. Conduct meetings and enrollments with all personnel on mutually agreed upon days to educate and inform, answer questions, and give a presentation on the benefits and products every year.
17. Work closely with administrators and committees to determine plan design and the type of insurance products which best serve the employees' and EOAC needs.
18. Report any recommendations concerning possible improvements or changes in approved products to administrators and committees who are ultimately responsible for communication.
19. Process and administer all new and existing payroll deductions with insurance companies for payroll deducted insurance products
20. Relieve payroll department responsibility by providing consolidated monthly billings, including plan recaps which allow payroll department to submit one check to Third Party Administrator for all payroll deducted products.
21. Provide information to plan participants concerning participation status on a routine basis and address other inquiries on an as needed basis.
22. Function as the EOAC liaison for plan operations to assist with the resolution of employee, participant, and administrative problems as they arise.
23. Provide EOAC with all needed forms to facilitate plan operations and compliance.
24. Assisting EOAC with securing employee health insurance and other medical benefits for the EOAC and dependents.
25. Reviewing the employee health benefits package for quality of benefits provided cost effectiveness, competitiveness, and plan administration on an annual basis.
26. Perform a Health Benefits review of any plan member. Review to include any suggested changes and costs saving associated with any changes.
27. Analyzing claims history and insurance utilization on at least a quarterly basis (or more often if negotiated).
28. Assist with Wellness programs initiatives including communication efforts to educate employees on those initiatives and promote positive trends in employee health.
29. Meeting with EOAC Administrative staff as needed.
30. Perform other benefit related and consultant services as needed or requested.

## GENERAL QUESTIONNAIRE:

All companies must complete this entire questionnaire.

### Third Party Administrator

1. Provide the Name, Address, City, State, Zip Code and Telephone number of the home office of your firm.
2. Does your firm have any affiliation with an Insurance Carrier? If so, please identify the name of the insurance company and if your firm is required or encouraged to sell products offered by this company.
3. Is your company an approved vendor for any Purchasing Cooperatives? If so, please list all that apply.
4. Does your firm review, evaluate and analyze all proposals received from insurance providers and submit findings to administrators and committees?
5. Does your firm conduct an annual review of insurance products, performance, and status to assess the integrity of the benefits offered to employees?
6. Will your firm meet with EOAC to review products up for renewal and make recommendations on bidding products?
7. Will your firm charge any fees to the EOAC for your services and/or is your firm willing to accept commission from carriers to offset fees?
8. What is your proposed fee structure and/or commission charges on each insurance product?
9. Will your company provide enrollment material during the annual open enrollment event? If so, please describe the materials provided and provide details as to what your typical communication campaign entails.
10. Will your company provide onsite enrollment professionals during the annual open enrollment event? If so, are the enrollment professionals provided your company's full-time employees, or are they contracted?
11. Identify the specific individuals who will be assigned to EOAC. Provide a brief bio for each of them, highlighting relevant experience with similar clients.

12. Will an individual assigned to EOAC be available to meet face-to-face with all new hires monthly?
13. Will your firm recover benefit costs when an employee is on FMLA?
14. Do you provide medical invoicing reconciliation? If so, please describe this service.
15. Will you provide consolidated billing for the Organization? Will all participants and contributions be identified? Can this be done electronically? Please describe in full your consolidated billing process?

### **Online Benefit Management**

1. Does your firm offer a Benefit Administration System? If so, is it owned and operated in house or leased from an outside firm? If leased from an outside firm, please indicate the name of the firm and enrollment software.
2. If owned and operated in house, do you employ your own programmers or is all programming outsourced?
3. How many organizations are currently utilizing your Benefits Administration System? Do all your clients enroll on your Benefits Administration System?
4. How long has your firm offered a Benefits Administration System?
5. What is the total count of employees administered through this Benefits Administration System?
6. Is the Benefits Administration System HIPAA Compliant?
7. Does your Benefits Administration System have the capability of enrolling medical?
8. How many organizations does your firm currently enrolling Medical for? Please reference three organizations you are enrolling medical for.
9. Does your Benefits Administration System have the capability of exporting enrollment data to the insurance carriers? If so, is this done for all enrolled carriers?

10. Does your Benefits Administration System have the capability of generating Payroll Files? If so, will it import to Skyward Payroll Software and provide ongoing payroll files? Please provide names of three organizations that are accepting payroll files from your Benefits Administration System.
11. Does your Benefits Administration System have the capability of importing personnel data from Skyward Payroll Software?
12. Does your Benefits Administration System facilitate ACA Reporting, or is it able to generate periodic files compatible with Skyward Payroll Software utility for ACA Reporting?
13. Does your Benefits Administration System allow for administrative access? If yes, what features would Administrators have access to?
14. Please describe your process of training EOAC personnel on the Benefits Administration System.
15. Can your Benefits Administration System be programmed to determine complex eligibility rules for enrollment of Medical and Supplemental Benefits?
16. Do employees have 24/7 access to login and view benefit related items? If so, briefly explain what employees will have access to.
17. Explain how your Benefits Administration System is used to educate employees on the benefits offered to the organization?
18. Are there any fees assessed to EOAC associated with the Benefits Administration System?
19. Include with your proposal a detailed description of how you safeguard and secure confidential information on our employees and their dependents, and what your procedures are in the event of a data breach.
20. Do you provide medical invoicing reconciliation? If so, please describe this service.

### **COBRA Administration**

1. Will the firm offer COBRA compliance for employees/dependents that experience a qualifying event? If the answer is "No", will you provide a feed to a COBRA administrator notifying them of qualifying events? Is there a separate charge for such feed?



2. Briefly describe process of how COBRA participants are notified of their rights under COBRA and how these participants will be tracked to ensure compliance?
3. Does the COBRA Administration integrate with your Benefits Administration System?
4. Does employer have access to view COBRA system for status of COBRA participants?
5. Do you employ an attorney that governs the COBRA Administration? If yes, does EOAC have access to seek counsel from the compliance attorney?
6. Are there any additional fees to EOAC associated with COBRA Administration?

### **Medical Consulting**

The following outline reflects the areas and duties in which the successful proposer will be involved. Each Proposal should provide enough information to allow EOAC to properly evaluate the consultant's ability and experience in each of the listed areas and duties. If applicable, a list of clients where the consultant is currently serving in a similar capacity will also be reviewed in the evaluation process. The bidder must be an independent contractor. No bidder will be accepted if he/she has contractual, fiscal, or other obligations or agreements with an insurance company or provider. The EOAC will require documentation of all fees and commissions earned by the selected Consultant. EOAC will require a signed affidavit assuring that no fees or commissions other than those listed in the bidder's proposal will be paid to the Consultant.

- A. Evaluate Current Program
  - a. Policy Review
  - b. Utilization Review
  - c. Claims Analysis
  - d. Employee Survey
  - e. Management Interviews
  - f. Analysis of Additional Insurance Options
  - g. Assist EOAC with Evaluation of Various Benefits Options
- B. Develop Renewal Strategy
  - a. Establish Plan Objectives
  - b. Funding Analysis
  - c. Plan Design
  - d. Preparation of Request for Proposal
  - e. Marketing Strategy
- C. Coordinate Competitive Bid Process
  - a. Market Bid specs
  - b. Review, Evaluate and Summarize Competitive Proposals
  - c. Recommendations to Client for Consideration and Discussion

D. Implement Benefit Program

- a. Coordinate Meetings between Client and Carriers/Administrators
- b. Develop 5-year Funding Plan
- c. Assist in Establishing Administrative Procedures
- d. Prepare Communication Plan and/or Brochures
- e. Conduct the Annual Enrollment Process
- f. Meet with Board of Trustees

E. Administration of Employee Benefits Programs

- a. Keep Client Advised on New Developments Involving Employee Benefits Plans
- b. Assist with COBRA Administration/Questions, etc.
- c. Assist in Resolution of Claims Problems
- d. Keep Client Informed of State and/or Federal legislation affecting the Employee Benefits Plans

F. Oversight of Clients On-Site Health and Wellness Center (if applicable)

- a. Assist in Resolution of Issues
- b. Provide Analysis of Return on Investment
- c. Meet with Client and Management Company as needed
- d. Provide Reports to Administration and Board regarding Wellness Center's Utilization and Key Findings
- e. Perform Analysis and make Recommendations regarding Prescription Drugs offered by Wellness Center and any additional Services to be offered thru Wellness Center
- f. Develop Comprehensive Wellness Program Centered around Wellness Center including any incentives to be offered
- g. Assist with the Development of Communication Materials for Wellness Program

G. Please explain in detail your recommended approach to addressing EOAC needs and provide reasonable estimates of the cost to EOAC on a monthly and/or annual basis. Please limit your total response, including estimates, to ten (10) pages.

H. The information submitted shall be divided into tabbed, marked sections and shall include, but not limited to, information for each of the following:

1. What enrollment materials will be provided by your company? At what cost?
2. Will you provide consolidated billing for the Organization? Will all participants and contributions be identified? Can this be done electronically? Please describe in full your consolidated billing process.
3. Please describe your company's consolidated billing turnaround time between receipt of contributions and disbursement to vendors.
4. Do you have a questionnaire to evaluate insurance carriers? If yes, is this information available to employees?
5. Do you require vendors to execute agreements which hold you and the organization system

harmless from any problems resulting from the vendor's participation in the plan?

6. How many vendors have a Contract Provider Agreement signed with your company? Please include your company's list of approved vendors who have a Contract Provider Agreement signed with your company-
7. Are you an "Independent" TPA or an Investment Company?

**ORGANIZATIONAL INFORMATION:**

1. Please provide the history of your firm including how long you have been in business and how long you have been providing TPA and Investment services. Include a copy of your TPA license in your proposal.
2. Provide business location and any other service locations
3. Please provide service team's qualifications, experience, and credentials.
4. Describe roles and responsibilities of each team member assigned to EOAC.
5. Please provide an organizational chart for the proposed service team assigned to EOAC.
6. Proposer is requested to submit recent financial statements with this Request for Proposals. Audited financial statements are not mandatory. Unaudited financial statements will be accepted. If Proposer's firm does, however, have audited statements, please include a copy with this Request for Proposals. Financial statements must show the name and address of the firm preparing financial statements and the date thereof.

**LIABILITY PROTECTION AND BANKING REFERENCE:**

1. Please disclose the amount of liability insurance protection currently in force. TPA selected must provide confirmation of coverage.
2. Are the company and all employees bonded? If so, please provide details.
3. Please provide your banker's name and address.

**PRICES / FEES:**

1. How are your fees established?
2. Are fees due and payable on the first of the month, quarterly, annually or a combination of these?
3. Is a fee structure available that incorporates various levels of participation?
4. Are you paid any commissions from the vendors? If yes, what percentage/amount?

**REFERENCES:**

Each vendor must submit a list of references for whom vendor has provided like services/equipment in volumes equal to or greater than the estimates listed in the proposal. Educational and governmental agencies are preferred. Failure to provide references may cause proposal to be considered non-responsive.

Company: \_\_\_\_\_      Contact Person: \_\_\_\_\_      Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St: \_\_\_\_\_

Company: \_\_\_\_\_      Contact Person: \_\_\_\_\_      Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St: \_\_\_\_\_

Company: \_\_\_\_\_      Contact Person: \_\_\_\_\_      Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St: \_\_\_\_\_

**Unique Characteristics and Qualifications**

Please comment on any characteristics of your organization that are considered unique in the industry.

**Evaluation Criteria and Factors**

Award of contract shall be made to the most reasonable, responsive offeror whose proposal is determined to be the best value offer resulting from negotiation, taking into consideration the relative importance of price and other factors set forth in the Request for Proposal.