

Patricia A. Peshka
Purchasing Agent



Joseph J. Solomon
Mayor

City of Warwick
Purchasing Division
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The following notice is to appear on the City of Warwick's website Tuesday, February 18, 2020. The website address is <http://www.warwickri.gov/bids>.

**CITY OF WARWICK
PROPOSALS REQUESTED FOR**

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

Specifications are available in the Purchasing Division, Warwick City Hall, Monday through Friday, 8:30 AM until 4:30 PM on or after Tuesday, February 18, 2020.

Sealed proposals will be received by the Purchasing Division, Warwick City Hall, 3275 Post Road, Warwick, Rhode Island 02886 up until 11:00 AM, Tuesday, March 10, 2020. The proposals will be opened publicly commencing at 11:00 AM on the same day in the Lower Level Conference Room, Warwick City Hall.

Awards will be made on the basis of the lowest evaluated or responsive proposal price. Please note that no proposals can be accepted via email or fax.

The City of Warwick, in addition to soliciting bids in response to this RFP, may consult, consider, and make an award for any and all open bid offers for a comparable unit as sought herein at the following websites:

RI State MPA: <https://www.ridop.ri.gov/contract-portal/>

NASPO: <https://www.naspo.org/>

NJPA (National Joint Powers Alliance): <https://www.njpacoop.org/cooperative-purchasing>

MHEC (Massachusetts Higher Education Consortium): <https://www.mhec.net/>

Individuals requesting interpreter services for the hearing impaired must notify the Purchasing Division at 401-738-2013 at least 48 hours in advance of the proposal opening date.

Original Signature on File

Patricia A. Peshka
Purchasing Agent

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

Acknowledgement of Addendum (if applicable)

Addendum Number	Signature of Bidder
_____	_____
_____	_____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY ADDRESS: _____

BIDDER'S SIGNATURE: _____

BIDDER'S NAME (PRINT): _____

TITLE: _____ TEL. NO.: _____

EMAIL ADDRESS: _____*

*Please include your email address. Future proposals will be emailed, unless otherwise noted.

=====

II. AWARD AND CONTRACT:

The CITY OF WARWICK, acting as duly authorized through its Purchasing Agent/Finance Director/Mayor, accepts the above proposal and hereby enters into a contract with the above party to pay the proposal price upon completion of the project or receipt of the goods unless another payment schedule is contained in the specifications. All terms of the specifications, both substantive and procedural, are made terms of this contract.

DATE: _____

RFP2021-015

Purchasing Agent

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

CERTIFICATION & WARRANT FORM*

**This form must be completed and submitted with sealed bid.
Failure to do so will result in automatic rejection.**

Any and all bids shall contain a certification and warrant that they comply with all relevant and pertinent statues, laws, ordinances and regulations, in particular, but not limited to Chapter 16- Conflicts of Interest, of the Code of Ordinances of the City of Warwick. Any proven violation of this warranty and representation by a bidder at the time of the bid or during the course of the contract, included, but not limited to negligent acts, either directly or indirectly through agents and/or sub-contractors, shall render the bidder's contract terminated and the bidder shall be required to reimburse the City for any and all costs incurred by the City, including reasonable attorney fees, to prosecute and/or enforce this provision.

Signature

Date

Company Name

Address

Address

***This form cannot be altered in any way**

**CITY OF WARWICK
NOTICE TO BIDDERS**

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

If you received this document from our homepage or from a source other than the City of Warwick Purchasing Division, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Division cannot be responsible to provide addenda if we do not have you on record as a plan holder.

Proposals received prior to the time of the opening will be securely kept, unopened. No responsibility will be attached to an officer or person for the premature opening of a proposal not properly addressed and identified. No proposals will be accepted via facsimile or email.

The opening of proposals will be in the order established by the posted agenda and the agenda will continue uninterrupted until completion.

Once an item has been reached and any proposals on that item has been opened, no other proposals on that item will be accepted and any such proposal will be deemed late.

The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap for any position for which the employee or applicant is qualified and that in the event of non-compliance the City may declare the contractor in breach and take any necessary legal recourse including termination or cancellation of the contract.

A bidder filing a proposal thereby certifies that no officer, agent, or employee of the City has a pecuniary interest in the proposal or has participated in contract negotiations on the part of the City, that the proposal is made in good faith without fraud, collusion, or connection of any kind with any other bidder for the same call for proposals, and that the bidder is competing solely in his own behalf without connection with, or obligation to, any undisclosed person or firm.

All proposals should be submitted with one (1) original, ten (10) copies, and twelve (12) electronic copies in a sealed envelope, which should read: *YOUR COMPANY NAME* plainly marked on the exterior of the envelope as well as “RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits.”

All proposals submitted become the property of the City and the Schools and will not be returned. If the company intends to submit **confidential or proprietary information** as part of the proposal, **any limits on the use or distribution of that material should be clearly delineated in writing. This information should be submitted in a sealed envelope, clearly labeled confidential** and where it should be submitted in the response. Please be advised of the Freedom of Information Act as it may pertain to your submittal.

Should you have any questions regarding this proposal, please contact Meghan Sloan and Danielle Chaplick, Marsh & McLennan Agency, New England, LLC, 101 Huntington Ave., Suite 401, Boston, MA 02199 or meghan.sloan@marshmma.com and danielle.chaplick@marshmma.com

All proposals should be written in ink or typed. If there is a correction with whiteout, the bidder must initial the change.

Negligence on the part of the bidder in preparing the proposal confers no rights for the withdrawal of the proposal after it is open.

Any deviation from the specifications must be noted in writing and attached as part of the bid proposal. The bidder must indicate the item or part with the deviation and indicate how the proposal will deviate from specifications.

The IRS Form W-9 available on www.warwickri.gov should be completed and submitted with the proposal if the bidder falls under IRS requirements to file this form.

For a bid to be awarded to a corporation, limited liability company or other legal entity, prior to commencing work under the awarded bid, that corporation, company or legal entity may be required to provide to the Purchasing Agent a **Certificate of Good Standing from The Rhode Island Secretary of State** dated no more than thirty (30) days prior to the date upon which the bid approval was made. **Please note that no other State's Certificate of Good Standing will be accepted.**

If required, the successful bidder will provide said **State of Rhode Island's Certificate of Good Standing** within ten (10) calendar days after notification or the City reserves the right to rescind said award.

All bids and rates must be guaranteed for a minimum of a twelve-month period beginning July 1, 2020 and expiring June 30, 2021. Priority consideration will be given to bids that will guarantee premium rates and/or administration/retention charges for more than one year and which include rate caps. Early termination penalties, if any, should be clearly stated as to the terms and obligations of both parties. Term contracts may be extended for one (1) additional term upon mutual agreement unless otherwise stated.

The contractor must carry sufficient liability insurance and agree to indemnify the city against all claims of any nature, which might arise as a result of his operations or conduct of work.

The City is exempt from the payment of the Rhode Island Sales Tax under the 1956 General Laws of the State of Rhode Island, 44-18-30, Paragraph I, as amended.

On behalf of the City, the Purchasing Agent reserves the right to reject any and all proposals, to waive any minor deviations or informalities in the proposals received, and to accept the proposal deemed most favorable to the interest of the City. The Schools separately reserves the right to reject any and all proposals, to waive any minor deviations or informalities in the proposals received, and to accept the proposal

deemed most favorable to the interest of the Schools.

The successful bidder must comply with all Rhode Island Laws applicable the public works projects, including, but not limited to provisions of Chapter 13 of Title 37 of the Rhode Island General Laws, pertaining to prevailing wage rates, and all other applicable local, state and federal laws.

The City and/or the Schools reserve the right to terminate the contract or any part of the contract in the best interests of the City and/or the Schools, upon 30-day notice to the contractor. The City and/or the Schools will incur no liability for materials or services not yet ordered if it terminates in the best interests of the City and/or Schools. If the City and/or Schools terminate in the interests of the City and/or Schools after an order for materials or services have been placed, the contractor will be entitled to compensation upon submission of invoices and proper proof of claim, in that proportion which its services and products were satisfactorily rendered or provided, as well as expenses necessarily incurred in the performance of work up to time of termination.

No extra charges for delivery, handling or other services will be honored. All claims for damage in transit will be the responsibility of the successful bidder. Deliveries must be made during normal working hours unless otherwise agreed upon.

All costs directly or indirectly related to the preparation of a response to this solicitation, or any presentation or communication to supplement and/or clarify any response to this solicitation which may be required or requested by the City of Warwick will be the sole responsibility of and will be borne by the respondent.

If the respondent is awarded a contract in accordance with this solicitation and if the respondent fails or refuses to satisfy fully all of the respondent's obligations thereunder, the City of Warwick will be entitled to recover from the respondent any losses, damages or costs incurred by the City and/or the Schools as a result of such failure or refusal.

The City and the Schools reserve the right to award in part or full and to increase or decrease quantities in the best interest of the City.

Any quantity reference in the proposal specifications are estimates only, and do not represent a commitment on the part of the City of Warwick and/or School Department to any level of billing activity. It is understood and agreed that the agreement will cover the actual quantities ordered during the contract period.

The City and Schools reserve the right to rescind award for non-compliance to proposal specifications.

In accordance with the City of Warwick Resolution #R-11-7, this proposal requires that vendors automatically extend the contract for two (2) months after the contract expires at the price contained in the expiring contract.

The successful bidder must adhere to all City, State and Federal Laws, where applicable.

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A. OVERVIEW

The City of Warwick (the City) and Warwick Public Schools (the Schools) are pursuing a collaborative bid process to examine the most economical solutions for purchasing medical, pharmacy, stop loss and dental insurance benefits for their combined employee populations. In doing so, Marsh and McLennan Agency, New England (Marsh) has been contracted to work with the City and Schools as its Consultant for the evaluation of its programs and to provide recommendations to the City, Schools and Council accordingly. The City and Schools are seeking bids that include both self-insured (ASO) fees, as well as fully insured proposals both independently and collectively as one entity.

The City maintains a self-insured arrangement purchased through WB Community Health purchasing collaborative and Blue Cross Blue Shield of RI. The City has approximately 1,152 employees currently enrolled in its existing health benefits program and currently offers four plan options, Healthmate Coast-to-Coast, a preferred provider organization, Classic Blue, an indemnity plan, Blue Solutions, a High Deductible Health Plan and Blue Chip, a point of service plan. In addition to these plans, the City also provides Work Related Injury (WRI) benefits and Medicare supplemental coverage. The program is currently offered through the WB Community Health (purchasing collaborative) and Blue Cross Blue Shield of RI.

Warwick Public Schools (the Schools) maintain a self-insured arrangement purchased through WB Community Health (purchasing collaborative) and Blue Cross Blue Shield of RI as well. The Schools have approximately 1,420 employees enrolled in their existing health benefits program and offers Healthmate Coast to Coast a preferred provider organization and Classic Blue, which is an indemnity plan. In addition to these plans, the Schools also provide Work Related Injury (WRI) benefits as part of their self-insured arrangement.

The City and the Schools also purchase individual stop-loss insurance from WB Community Health and Blue Cross Blue Shield of RI. The City and Schools retain the first \$250,000 of exposure for each claimant. Currently, the stop-loss insurance is with Blue Cross Blue Shield of RI.

B. DATA FILES AND INFORMATION REQUESTS

Marsh and McLennan Agency will provide the following information and data files for both the City and Schools upon secure email by sending a written request to Meghan.Sloan@marshmma.com.

1. Current benefit plan design specifications
2. Most recent 24 months of medical/pharmacy claims
3. Most recent 24 months of dental claims
4. Current medical and dental enrollment
5. Medical and Dental Provider Lists (most recent 12 months)

C. RFP SPECIFICATIONS

The City and the Schools are interested in a long-term relationship with a partner that will provide a high-quality product at the lowest pricing possible. As municipal budgets continue to get cut, keeping healthcare and dental costs under control is paramount to the long term fiscal condition of the City and the Schools. The City and the Schools are seeking pricing both independently and together as one entity for the following services and coverage identified below:

Self-Insured Arrangement (Medical & Pharmacy)	Fully Insured Arrangement (Medical & Pharmacy)	Stop Loss Insurance (if providing)	Stop Loss Insurance (if providing)	Dental Insurance	Dental Insurance
Administrative Services Only (ASO)	Fully Insured Rates	Individual Specific Stop Loss Insurance	Aggregate Stop Loss Insurance	Administrative Services Only (ASO)	Fully Insured Rates
City	City	City	City	City	City
Schools	Schools	Schools	Schools	Schools	Schools
Both Combined	Both Combined	Both Combined	Both Combined	Both Combined	Both Combined

As part of your company's and/or purchaser's proposals, you are expected to meet these minimum requirements accordingly for both the City and Schools as follows:

Specifications
Medical Claims Administration
Pharmacy Claims Administration and Formulary Management
Wellness Program Platform and Management
Disease Management
Compliance
Utilization Reviews
Coordination of Benefits
Open Enrollment Support

D. REQUIREMENTS

In order satisfy the criteria of becoming a qualified bidder, each carrier proposing *must* comply with the following terms:

<p>Monthly Claims Reporting</p>	<p>Provide a monthly report via email or online portal with all paid claims identifying dollar amount charged, dollar amount paid, member cost share and relationship prescribed by HIPAA regulations. In addition, provide a monthly high cost claimant report including the parameters used for the monthly claims reporting however including diagnosis.</p>
<p>Provider Disruption Reports</p>	<p>A report of all providers and facilities utilized by City and Public School members will be available for the medical and dental program. Bidders must indicate whether each provider and facility participates with their proposed network solution. For any bidder responding that utilizes the Blue Cross Blue Shield of RI network, you do not need to provide this report.</p>
<p>Network Discounts</p>	<p>Using the template provided, indicate your provider discounts by setting: hospital, physician, lab, imaging and pharmacy.</p>
<p>Stop Loss Lasers</p>	<p>Indicate whether you will laser any individuals based off provided reporting and if so, at what level. Indicate if you offer no-new lasers upon renewal.</p>
<p>Rate Guarantees</p>	<p>Specify if offering a multi-year agreement and if so, early termination penalties, if any, should be clearly stated as to the terms and obligations of both parties.</p>
<p>Wellness Program</p>	<p>Provide a wellness program scope, content and cost as specified. <i>Please note: For any new Health Provider, the City must be able to maintain oversight of its existing wellness program.</i></p>
<p>Quote Forms</p>	<p>Please provide the applicable quote forms starting in Section Number 5 of this RFP</p>

E. EVALUATION CRITERIA

The evaluation of proposals will be based on the following criteria:

Category	Weighting
Overall cost to provide services	50%
Multi-year administrative fee and/or premium guarantees	15%
Network Disruption (including ancillary networks)	15%
Ability to provide comparable coverage	20%

F. SUBMISSION REQUIREMENTS

Bidder Questions	All questions and requests for clarification concerning this RFP shall be directed in writing to both Meghan Sloan: Meghan.Sloan@marshmma.com and Danielle Chaplick: Danielle.Chaplick@marshmma.com at Marsh & McLennan Agency New England.
Questionnaire	Proposals must answer all questions in the same order asked in this RFP for any line of business quoted. The list of questions should be clearly identified and follow suit with the format(s) found in the applicable Sections (1-3). A response to this proposal that does not respond to all questions in this RFP will be deemed incomplete and may be rejected.
Submission Requirements	All proposals should be submitted with one (1) original, ten (10) copies and twelve (12) complete electronic versions, preferably in PDF format, in a sealed envelope, which should read: YOUR COMPANY NAME and plainly marked on the exterior of the envelope “RFP2021-015 City of Warwick and Warwick Public Schools Medical, Pharmacy and Dental Insurance Benefits” .
Review Process	The proposals will be reviewed by the City’s consultant, Marsh & McLennan Agency, New England and a recommendation will be made to the City Council and the School Committee accordingly by April 1, 2020.
Submission & Materials	All proposals submitted become the property of the City and the Schools and will not be returned. If the company intends to submit confidential or proprietary information as

	<p>part of the proposal, any limits on the use or distribution of that material should be clearly delineated in writing. This information should be submitted in a sealed envelope, clearly labeled confidential and where it should be submitted in the response. Please be advised of the Freedom of Information Act as it may pertain to your submittal.</p> <p>This RFP may be modified or withdrawn by the City and/or the Schools at any time.</p>
<p>Benefit Plans & Designs</p>	<p>Bids are expected to mirror the City and School’s current benefit plan designs as specified within the supporting documents. Therefore, any subsequent deviations from the current benefit plan designs should be noted clearly within the submission.</p>
<p>Rates</p>	<p>All rates must be guaranteed for a minimum of a twelve-month period beginning July 1, 2020. Proposals that will guarantee premium rates and/or administration/retention charges for more than one year (including rate caps) will be considered as well.</p> <p>Pease identify any early termination penalties that may be applicable to both the City and Schools.</p> <p>As specified in the above Section, please submit rates (and designs) for the City, the School and both combined as one entity.</p>
<p>Proposals</p>	<p>All proposals must conform to Rhode Island laws and mandated benefits/policy provisions.</p> <p>Please note that all Sections pertinent to the programs your organization is bidding on <u>must</u> be completed and submitted with all proposals.</p>

The City and the Schools recognize the development and implementation of these programs will require significant effort in planning and careful execution. For this reason, strict adherence to the following timetable will be followed:

Date	Action
February 18, 2020	RFP Released
March 10, 2020	Bid Responses Due
TBD	Consultant's report to the School Committee with Vendor Award Recommendation
TBD	Consultant's report to City Council with Vendor Award Recommendation
July 1, 2020	Effective Date of Plan

SECTION 1

MEDICAL ASO - QUESTIONNAIRE

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

A. GENERAL PROVISIONS:
1. Confirm the quoted plan designs are in compliance with the Affordable Care Act (ACA) and state legislation, including any requirements mandated as of the proposed effective date.
2. Confirm that upon termination you will provide complete medical and Rx run-out services for 12 months, including but not limited to claim processing, customer service, reporting, etc. Confirm any additional fees to administer, if any.
3. Confirm what is included in your administrative fee and what services and programs are charged separately.
B. PROVIDER NETWORK & ACCESS TO CARE:
1. Describe your process for transitioning care for a member with an ongoing condition who is under the care of a provider who is not in your network.
2. Please provide a disruption analysis using the providers that were accessed by plan participants in the past 12 months. You will receive this list upon emailing Marsh & McLennan for the data request. This requirement is not necessary for the incumbent insurer.
3. Please provide a listing of your provider discounts broken down as follows: a. Hospital b. Physician c. Lab/Imaging
4. Please provide a Geo-Access report.
5. Indicate the number of providers and facilities in your network in RI and the US.
C. WELLNESS BENEFITS & SERVICES:
1. Please specify what your annual wellness budget will be for the City and Schools?
2. Please provide an overview of your wellness programs available to the City and School employees? a. Are biometric screenings available? b. Will there be a portal available? c. Please provide examples of employee wellness-related communications. d. Please identify any additional costs not included within the proposed wellness budget.
3. All non-uniform municipal hourly and salary employees can participate in a wellness program that provides a payment incentive for completing healthy activities such as a physical exam. Can your organization provide monthly reporting on employee participation that the City may use to administer its incentive program? Are there extra fees for this reporting?

D. CLINICAL MANAGEMENT SERVICES:

1. With regard to your identification and management of high dollar claims:
 - a. Is there a trigger diagnosis list?
 - b. Is there a specific dollar threshold for review?
2. Will you offer financial guarantees regarding the effectiveness of your Disease Management programs? If yes, indicate your proposed guarantees.
3. Indicate if you provide specific Disease Management programs in the following conditions:
 - i. Asthma
 - ii. Breast Cancer
 - iii. Coronary Artery Disease
 - iv. Chronic Obstructive Pulmonary Disease
 - v. Diabetes
 - vi. End Stage Renal Disease
 - vii. Heart Disease
 - viii. Hypertension
 - ix. Infertility
 - x. Joint Replacement
 - xi. Low Back Pain
 - xii. Mental Illness / Depression
 - xiii. Obesity
4. Are your Disease Management Programs “opt-in” (i.e., member must actively agree to participate) or “opt-out” (i.e., member is automatically enrolled unless they decline to participate)?
5. Will you offer any additional dollars for targeted clinical program management for both the City and Schools?

E. CLAIMS ADMINISTRATION:

1. Provide an overview of how your organization adjudicates claims from submission to payment.

F. REPORTING

1. Please confirm that you will provide the following utilization and cost reporting at no additional charge:
 - a. Monthly Paid Medical Claims
 - b. Monthly Paid Prescription Drug Claims
 - c. Monthly Enrollment (Subscriber & Member)
 - d. Monthly Paid Premium, if fully-insured
 - e. Monthly Large Claimants, including prognosis/diagnosis, relationship status, Active/Inactive Status
 - f. Quarterly and Plan Year utilization reports for both medical and prescription drug
 - g. Report of Providers Utilized including # of visits and claims paid

2. Please Confirm that reports will be provided electronically via e-mail in a modifiable format (e.g. excel) and may be accessed through an online portal.
3. ACA Reporting: Does your organization provide the required reports for ACA reporting that include the demographic data for employees and dependents? Is there an extra fee?
<i>G. PROGRAM QUALITY:</i>
1. Please describe your grievance procedure for members.
2. Please provide a copy of your performance guarantees.
3. Please describe your efforts to ensure quality care among RI providers for your membership.
<i>H. OPEN ENROLLMENT AND COMMUNICATIONS:</i>
1. Please confirm that you will attend all Open Enrollment meetings for the City and Schools during annual enrollment periods.
2. Please indicate any communication materials provided to enrollees to enhance health awareness (e.g., newsletters, targeted mailings, etc). <ul style="list-style-type: none"> a. Is there any additional cost for these materials? b. Are materials provided online or mailed in hardcopy?
3. Will there be a communications budget for both the City and Schools?
4. Will you be able to facilitate educational sessions for employees and retirees related to relevant health insurance topics such as HSAs?
<i>I. COLLABORATIVE PURCHASING GROUPS:</i>
1. Please specify what products may or may not be offered collectively.
2. Please include the standard operating procedures for entering and exiting your Group as follows: <ul style="list-style-type: none"> a. What data will you need to from the City and Schools to enter? b. What is the annual notification date to exit? c. Are there any exit penalties or costs should the City and/or Schools opt out at any time? d. Please provide the provisions as it pertains to any shared dividend programs or surpluses you may offer.
3. If your program is self-insured, are you providing stop-loss insurance and if so who is the vendor?
4. Please provide 24 months of financial performance of your purchasing group. In addition, provide a list of which communities joined or terminated with your purchasing group within the last 24 months.
5. Please provide a complete copy of any and all agreements that may be required to be signed by the City and Schools in order to participate in your purchasing group.
<i>BILLING</i>

1 . Can your organization provide one monthly bill to both the City and the Public Schools which breaks down each specific group and indicates how many individuals and family plans? The City and Public School also need a summary page as a roll up of all divisions.

OTHER

1 . What innovative approaches does your firm or purchaser employ to control pharmacy spend and how can this be beneficial to the City of Warwick and Public Schools?

2 . What new ideas has your firm or purchaser been executing to help municipalities control rising healthcare costs?

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SECTION 2

DENTAL QUESTIONNAIRE

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

A. GENERAL PROVISIONS
1. Please provide a self-insured ASO fee for both the City and Schools individually and combined. Also include expected claims cost for both the City and Schools individually and combined.
2. Please provide a fully insured rate for both the City and Schools individually and combined.
3. Describe your work with municipalities to implement and administer dental benefits.
B. PROVIDER NETWORK & ACCESS TO CARE:
1. Please provide a disruption analysis using the providers that were accessed by plan participants in the past 12 months. You will receive this list upon emailing Marsh & McLennan for the data request. This requirement is not necessary for the incumbent insurer.
2. Please provide a listing of your provider discounts (see Section 8).
3. Please provide a Geo-Access report.
C. REPORTING:
1. Please provide copies of standard reports available (such as claims, enrollment, utilization, etc.) <i>a.</i> Please confirm you will send monthly claims and enrollment reports.
D. OPEN ENROLLMENT & COMMUNICATIONS:
1. Please describe the resources available during open enrollment for both the City and Schools. Is there an additional cost to ship benefits/communication materials?
E. HEALTH MANAGEMENT:
1. Describe your work related to preventative programs, as well as any integrated approaches with medical plans to drive better outcomes related to diseases that are clinically associated with dental.
F. QUALITY:
1. Please provide a copy of your performance guarantees.

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SECTION 3

STOP LOSS QUESTIONNAIRE

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

A. GENERAL PROVISIONS :
1. How long is the proposal valid? How long are the fees/rates guaranteed after issue? Would you be willing to guarantee second year renewal costs on a “not to exceed” basis? Are you willing to provide a multiple year rate guarantee? If so, please provide the rates for the subsequent years.
2. Describe how rates are established in the second and subsequent years.
3. Under what circumstances do you reserve the right to review the experience and change the rate structure off-anniversary? Do changes in plan enrollment during the policy year give you the right to adjust rates off-anniversary? If so, please indicate the percentage change in enrollment that would trigger the right to re-rate.
4. When does renewal underwriting take place with respect to the anniversary date. Are you able to provide firm renewal rates to Marsh & McLennan Agency at least 90 days prior to the anniversary date?
5. Please include a sample stop loss policy / contract for review.
6. Please include a copy of your company’s most recent financial report. Also, please include history on your organization including: how long has your company been in the stop loss business, approximate number of stop loss clients and the approximate total stop loss premium.
B. CLAIMS ADMINISTRATION :
1. Please describe specific stop loss claim reconciliation in the event that claims exceed the specific level. What is the average turn-around-time on reimbursements once all required documentation is received?
C. REPORTING
1. Confirm if there are any additional fees for reporting?

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SECTION 4

STOP-LOSS COVERAGE QUOTE SPECIFICATIONS

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

(Applicable to stop loss providers only). Below are the stop loss levels and subsequent benefits that should be considered in response to the stop loss bid:

Specification(s)	Benefit
Individual Stop Loss Contract Period (Incurred and Paid):	City: 12/24 and Public Schools: 24/12
Benefits Covered:	Medical and Rx
Specific Deductible:	\$250,000
Stop Loss Maximum:	Unlimited (per enrolled member)

The City and Public Schools do not currently have aggregate stop loss coverage.

SECTION 5

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

QUOTE FORM – MEDICAL/PHARMACY ASO

**RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy &
Dental Insurance Benefits**

ASO Quote (Monthly Administrative Fee): City Only			
Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working Rate for Family

ASO Quote (Monthly Administrative Fee): Schools Only			
Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working Rate for Family

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

ASO Quote (Monthly Administrative Fee): City and Schools Combined			
Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working Rate for Family

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

QUOTE FORM – MEDICAL/PHARMACY- Insured

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

Fully Insured Quotes (Monthly Premiums): City Only		
Plan Name	Employee Only	Family Only

Fully Insured Quotes (Monthly Premiums): Schools Only		
Plan Name	Employee Only	Family Only

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

Fully Insured Quotes (Monthly Premiums): City and Schools Combined		
Plan Name	Employee Only	Family Only

SECTION 6

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

QUOTE FORM – DENTAL (ASO)

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

ASO Quote (Monthly Administrative Fee): City Only			
Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working Rate for Family

ASO Quote (Monthly Administrative Fee): Schools Only			
Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working Rate for Family

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

ASO Quote (Monthly Administrative Fee): City and Schools Combined			
Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working Rate for Family

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

QUOTE FORM – DENTAL (Insured)

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

Fully Insured Quotes (Monthly Premiums): City Only		
Plan Name	Employee Only	Family Only

Fully Insured Quotes (Monthly Premiums): Schools Only		
Plan Name	Employee Only	Family Only

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

Fully Insured Quotes (Monthly Premiums): City and Schools Combined		
Plan Name	Employee Only	Family Only

SECTION 7

QUOTE FORM - MEDICAL STOP LOSS INSURANCE

CITY QUOTE SPECIFICATIONS

Assumptions

Specific Stop Loss Level:
Specific Stop Loss Maximum:

Contract Period

Coverage:

Incurred:

Paid:

Aggregate Corridor:

Aggregate Maximum:

Minimum Aggregate Deductible:

Specific Stop Loss

Monthly Per Subscriber Rates:

Aggregate Stop Loss

Monthly Per Subscriber Rates:

Monthly Attachment Factor:

	Option 1			Option 2		
	Quote 1	Quote 2	Quote 3	Quote 1	Quote 2	Quote 3
	City Only			Schools Only		
Specific Stop Loss Level:	\$250,000	\$275,000	\$300,000	\$250,000	\$275,000	\$300,000
Specific Stop Loss Maximum:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Coverage:	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Incurred:	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
Paid:	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Aggregate Corridor:	125%	125%	125%	125%	125%	125%
Aggregate Maximum:	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Minimum Aggregate Deductible:	95%	95%	95%	95%	95%	95%

Notes:

Each vendor is required to quote on at least one option above. You need not provide quotations for both options however, you may do so. Please quote net of all broker/agent Commissions. Please indicate your pricing for No Lasers and separate pricing for coverage that would allow Lasers if available.

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

QUOTE FORM - MEDICAL STOP LOSS INSURANCE (continued)

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

SCHOOLS QUOTE SPECIFICATIONS

Assumptions

Specific Stop Loss Level:
Specific Stop Loss Maximum:

Contract Period

Coverage:

Incurred:

Paid:

Aggregate Corridor:

Aggregate Maximum:

Minimum Aggregate Deductible:

Specific Stop Loss

Monthly Per Subscriber Rates:

Aggregate Stop Loss

Monthly Per Subscriber Rates:

Monthly Attachment Factor:

Option 3					
Quote 1	Quote 2	Quote 3			
City & Schools					
\$250,000	\$275,000	\$300,000			
Unlimited	Unlimited	Unlimited			
Medical & Rx	Medical & Rx	Medical & Rx			
24	24	24			
Months	Months	Months			
12	12	12			
Months	Months	Months			
125%	125%	125%			
2,000,000	2,000,000	2,000,000			
95%	95%	95%			

Notes:

Each vendor is required to quote on at least one option above. You need not provide quotations for both options however, you may do so. Please quote net of all broker/agent Commissions. Please indicate your pricing for No Lasers and separate pricing for coverage that would allow Lasers if available.

SECTION 8

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

**NETWORK DISCOUNT ANALYSIS FOR MEDICAL AND DENTAL
(MEDICAL)**

**RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy &
Dental Insurance Benefits**

1. Please provide your current average provider discounts for each of the zip codes below.

“Average Discount” should be “Discount Savings” over “Eligible Charges” expressed as a percentage.

If the values recorded below do not meet these definitions, a detailed explanation of how the factors have been calculated must be provided.

"Discount Savings" is defined as the difference between the total "Eligible Charge" and the sum of the net payment to network providers and the employee cost share.

"Eligible Charges" is defined as the provider charge after the exclusion of amounts over the plan's reasonable and customary limits, and the exclusion of amounts not covered due to plan limitations and exclusions, duplicate charges and coordination of benefits.

Zip Code	Average Discount			
	Inpatient	Outpatient	Ancillary	Professional
02889				
02886				
02888				
02816				
02818				
02852				
02893				
02921				
02920				
02879				
TOTAL				
National Avg.				

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

**NETWORK DISCOUNT ANALYSIS FOR MEDICAL AND DENTAL
(DENTAL)**

1. Please provide your current average provider discounts for each of the zip codes below. Exclude orthodontics.

“Average Discount” should be “Discount Savings” over “Eligible Charges” expressed as a percentage.

If the values recorded below do not meet these definitions, a detailed explanation of how the factors have been calculated must be provided.

"Discount Savings" is defined as the difference between the total "Eligible Charge" and the sum of the net payment to network providers and the employee cost share.

"Eligible Charges" is defined as the provider charge after the exclusion of amounts over the plan's reasonable and customary limits, and the exclusion of amounts not covered due to plan limitations and exclusions, duplicate charges and coordination of benefits.

Zip Code	Average Discount		
	General/ Family Dentists Only	Specialists Only	Combined General/ Family/Specialists
02889			
02886			
02888			
02816			
02818			
02852			
02893			
02920			
02921			
02879			
TOTAL			
National Avg.			

CITY OF WARWICK

PROPOSAL AND CONTRACT FORM

TITLE OF SPECIFICATION: RFP 2021-015 City of Warwick and Warwick Public Schools
Medical, Pharmacy and Dental Insurance Benefits

I. PROPOSAL:

WHEREAS, the CITY OF WARWICK and WARWICK PUBLIC SCHOOLS has duly asked for proposals for performance of services and/or supply of goods in accordance with the above-indicated specifications.

The person or entity below does irrevocably offer to perform the services and/or furnish the goods in accordance with the specifications, which are hereby incorporated by reference in exchange for the proposal price below;

This offer shall remain open and irrevocable until the CITY OF WARWICK and/or the WARWICK PUBLIC SCHOOLS has accepted this proposal or another proposal on the specifications or abandoned the project.

The bidder agrees that acceptance below by the CITY OF WARWICK and/or the WARWICK PUBLIC SCHOOLS shall transform the proposal into a contract.

Pricing as Submitted

Continued next page

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

(PRICING SHEET MAY NOT BE CONFIDENTIAL)

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

ADMINISTRATION SERVICES PRICING – MEDICAL PLANS

Rates for Administration Services, Per Subscriber, Per Month

SELF-INSURED ADMINISTRATION FEE

City Only

(Per Contract, Per Month) \$ _____
(Figures)

(Words*)

Schools Only

(Per Contract, Per Month) \$ _____
(Figures)

(Words*)

City and Schools Combined

(Per Contract, Per Month) \$ _____
(Figures)

(Words*)

Indicate length of rate guarantee: _____

NOTE: In case of discrepancy between the written words and those in figures, the written words shall govern.

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

(PRICING SHEET MAY **NOT** BE CONFIDENTIAL)

RFP2021-015 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

ADMINISTRATION SERVICES PRICING – DENTAL PLANS

Rates for Administration Services, Per Subscriber, Per Month

SELF-INSURED ADMINISTRATION FEE

City Only

(Per Contract, Per Month)

\$ _____
(Figures)

(Words*)

Schools Only

(Per Contract, Per Month)

\$ _____
(Figures)

(Words*)

City and Schools Combined

(Per Contract, Per Month)

\$ _____
(Figures)

(Words*)

Indicate length of rate guarantee: _____

NOTE: In case of discrepancy between the written words and those in figures, the written words shall govern.

CITY OF WARWICK
BIDDING PROCEDURES

QUESTIONNAIRE

TITLE OF SPECIFICATION: RFP2021-015 City of Warwick & Warwick Public Schools
Medical, Pharmacy & Dental Insurance Benefits

Kindly acknowledge receipt of proposal specifications by completing this form and returning it to the Warwick Purchasing Division, 3275 Post Rd., Warwick, RI 02886.

1. Did the specifications appear to be:
Too restrictive? Yes ___ No ___
Too loosely structured? Yes ___ No ___
Explain:
2. Was sufficient time allowed to respond to these specifications? Yes ___ No ___
3. Did any of the following prevent you from bidding?
Bid surety? Yes ___ No ___
Performance and Payment Bond? Yes ___ No ___
Department of Labor Requirements? (such as prevailing wages & benefits) Yes ___ No ___
Insurance requirements? Yes ___ No ___
4. Was your preference not to bid because of the payment schedule of the City of Warwick? Yes ___ No ___
5. Did your work schedule prevent you from bidding? Yes ___ No ___
6. *Do you wish to remain on a bidder's list?* Yes ___ No ___

COMMENTS OR ADDITIONAL EXPLANATIONS TO THE ABOVE QUESTIONS:

Your response to this survey will allow the Warwick Purchasing Division to evaluate bidding procedures and make necessary revisions to assist the majority of bidders.

Thank you for your participation.

COMPANY NAME: _____ BIDDER'S NAME: _____

ADDRESS: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELE. #: _____ DATE: _____