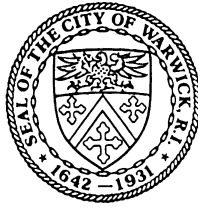


Patricia A. Peshka  
Purchasing Agent



Frank J. Picozzi  
Mayor

**City of Warwick**  
Purchasing Division  
3275 Post Road  
Warwick, Rhode Island 02886  
Tel (401) 738-2013  
Fax (401) 737-2364

The following notice is to appear on the City of Warwick's website Wednesday, February 24, 2021. The website address is <http://www.warwickri.gov/bids>.

**CITY OF WARWICK  
PROPOSALS REQUESTED FOR**

**RFP2022-006 City of Warwick 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 Wednesday, February 24, 2021.

Sealed bids will be received by the Purchasing Division, Warwick City Hall, 3275 Post Road, Warwick, Rhode Island 02886 up until 11:00 AM, Wednesday, March 17, 2021. The bids will be opened publicly commencing at 11:00 AM on the same day in the Lower Level Conference Room, Warwick City Hall. *Please note due to COVID-19, only one person from each company may attend the bid opening. Employees and visitors must adhere to social distance guidelines. All visitors are advised to wear masks.*

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

The City of Warwick, in addition to soliciting bids in response to this bid, 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 bid opening date.

**Original Signature on File**

Patricia A. Peshka  
Purchasing Agent

**PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL**

**Acknowledgement of Addendum (if applicable)**

<b>Addendum Number</b>	<b>Signature of Bidder</b>
_____	_____
_____	_____

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: \_\_\_\_\_  
RFP2022-006

\_\_\_\_\_  
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 statutes, 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**

**RFP2022-006 City of Warwick 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, five (5) copies, and eighteen (18) electronic copies in a sealed envelope, which should read: *YOUR COMPANY NAME* plainly marked on the exterior of the envelope as well as “RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits.”

All proposals submitted become the property of the City 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](mailto:meghan.sloan@marshmma.com) and [danielle.chaplick@marshmma.com](mailto: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](http://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.

The City is engaged in a one year contract and subsequent renewal cycle. Pursuant to this RFP solicitation, the City wishes to seek proposals for a three-year contractual period. All bids and rates must be guaranteed for a minimum of a twelve-month period beginning July 1, 2021 and expiring June 30, 2022. Priority consideration will be given to bids that will guarantee premium rates, administration fees, retention charges or rate caps for more than one year, preferably three years. Early termination penalties, if any, should be clearly stated as to the terms and obligations of both parties. Term contracts may be extended for two, one (1) year additional terms 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 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 reserve the right to terminate the contract or any part of the contract in the best

interests of the City, upon 30-day notice to the contractor. The City will incur no liability for materials or services not yet ordered if it terminates in the best interests of the City. If the City terminate in the interests of the City 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 as a result of such failure or refusal.

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

The City maintains a self-insured arrangement purchased through West Bay Community Health purchasing collaborative and Blue Cross Blue Shield of RI. The City has approximately 1,112 employees and retirees enrolled in its existing health benefits program and 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 West Bay Community Health (purchasing collaborative) and Blue Cross Blue Shield of RI.

The City also purchase individual stop-loss insurance from West Bay Community Health and Blue Cross Blue Shield of RI. The City retains 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 the City upon secure email by sending a written request to [Meghan.Sloan@marshmma.com](mailto: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 is 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 constrict, keeping healthcare and dental costs under control is paramount to the long term fiscal condition of the City. The City is seeking 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

As part of your company's and/or purchaser's proposals, you are expected to meet these minimum requirements for the City 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 to satisfy the criteria of becoming a qualified bidder, each carrier proposing *must* comply with the following terms:

<p><b>Monthly Claims Reporting</b></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><b>Provider Disruption Reports</b></p>	<p>A report of all providers and facilities utilized by City members will be available for the medical and dental program. Bidders must indicate whether each provider and facility participates with their proposed network solution. <i>For any bidder responding that utilizes the Blue Cross Blue Shield of RI network, you do not need to provide this report.</i></p>
<p><b>Network Discounts</b></p>	<p>Using the template provided, indicate your provider discounts by setting: hospital, physician, lab, imaging and pharmacy.</p>
<p><b>Stop Loss Lasers</b></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><b>Rate Guarantees</b></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 obligation. The City is interested in reviewing up to three-year rate guarantees and/or caps.</p>
<p><b>Wellness Program</b></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><b>Quote Forms</b></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

<b>Bidder Questions</b>	All questions and requests for clarification concerning this RFP shall be directed in writing to both Meghan Sloan: <a href="mailto:Meghan.Sloan@marshmma.com">Meghan.Sloan@marshmma.com</a> and Danielle Chaplick: <a href="mailto:Danielle.Chaplick@marshmma.com">Danielle.Chaplick@marshmma.com</a> at Marsh & McLennan Agency.
<b>Questionnaire</b>	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). <b>A response to this proposal that does not respond to all questions in this RFP will be deemed incomplete and may be rejected.</b>
<b>Submission Requirements</b>	All proposals should be submitted with five (5) copies, and fifteen (18) 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 <b>“RFP2022-006 City of Warwick Medical, Pharmacy &amp; Dental Insurance Benefits”</b> .
<b>Review Process</b>	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 accordingly on or before April 1, 2021.
<b>Submission &amp; Materials</b>	All proposals submitted become the property of the City and will not be returned. If the company intends to submit <b>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.</b> This information should be submitted in a <b>sealed envelope, clearly labeled confidential</b> 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. This RFP may be modified or withdrawn by the City at any time.
<b>Benefit Plans &amp; Designs</b>	Bids are expected to mirror the City'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.
<b>Rates</b>	<p>All rates must be guaranteed for a minimum of a twelve-month period beginning July 1, 2021. Proposals that will guarantee premium rates and/or administration/retention charges or rate caps for more than one year, preferably three years, are preferred. Please identify any early termination penalties that may be applicable to the City.</p> <p>As specified in the above Section, please submit rates (and designs) for the City.</p>
<b>Proposals</b>	<p>All proposals must conform to Rhode Island laws and mandated benefits/policy provisions.</p> <p><b>Please note that all Sections pertinent to the programs your organization is bidding on <u>must</u> be completed and submitted with all proposals.</b></p>

The City recognizes 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:

<b>Date</b>	<b>Action</b>
February 24, 2021	RFP Released
March 3, 2021	All bidder questions due to Danielle Chaplick and Meghan Sloan by March 3, 2021. All questions will be made public by March 8, 2021.
March 17, 2021	Bid Responses Due
On or before April 1, 2021	Consultant's report to City Council with Vendor Award Recommendation
July 1, 2021	Effective Date of Plan

**SECTION 1**

**MEDICAL ASO - QUESTIONNAIRE**

**RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits**

<b>A. GENERAL PROVISIONS :</b>	
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.
4.	Provide expected medical claims projection for the City.
<b>B. PROVIDER NETWORK &amp; ACCESS TO CARE :</b>	
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.
<b>C. WELLNESS BENEFITS &amp; SERVICES :</b>	
1.	Specify what your annual wellness budget will be for the City.
2.	Provide an overview of your wellness programs available to City 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 the City?

***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?
<b><i>G. PROGRAM QUALITY:</i></b>
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.
<b><i>H. OPEN ENROLLMENT AND COMMUNICATIONS:</i></b>
1. Please confirm that you will attend all Open Enrollment meetings for the City 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"> <li>a. Is there any additional cost for these materials?</li> <li>b. Are materials provided online or mailed in hardcopy?</li> </ul>
3. Will there be a communications budget for the City?
4. Will you be able to facilitate educational sessions for employees and retirees related to relevant health insurance topics such as HSAs?
<b><i>I. COLLABORATIVE PURCHASING GROUPS:</i></b>
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"> <li>a. What data will you need to from the City to enter?</li> <li>b. What is the annual notification date to exit?</li> <li>c. Are there any exit penalties or costs should the City opt out at any time?</li> <li>d. Please provide the provisions as it pertains to any shared dividend programs or surpluses you may offer.</li> </ul>
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 in order to participate in your purchasing group.
<b><i>BILLING</i></b>
1. Can your organization provide one monthly bill to the City which indicates how many individuals and family plans? The City 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?
- 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**

**RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits**

<b>A. GENERAL PROVISIONS</b>
1. Please provide a self-insured ASO fee. Also, include expected claims cost for the City.
2. Please provide a fully insured rate for the City.
3. Describe your work with municipalities to implement and administer dental benefits.
<b>B. PROVIDER NETWORK &amp; ACCESS TO CARE:</b>
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.
<b>C. REPORTING:</b>
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.
<b>D. OPEN ENROLLMENT &amp; COMMUNICATIONS:</b>
1. Please describe the resources available during open enrollment for the City. Is there an additional cost to ship benefits/communication materials?
<b>E. HEALTH MANAGEMENT:</b>
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.
<b>F. QUALITY:</b>
1. Please provide a copy of your performance guarantees.

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**SECTION 3**

**STOP LOSS QUESTIONNAIRE**

**RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits**

<b>A. GENERAL PROVISIONS :</b>
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>B. CLAIMS ADMINISTRATION :</b>
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?
<b>C. REPORTING</b>
1. Confirm if there are any additional fees for reporting?

*All proposals submitted become the property of The City 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.*

**SECTION 4**

**STOP-LOSS COVERAGE QUOTE SPECIFICATIONS**

**RFP2022-006 City of Warwick 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:

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

The City does not currently have aggregate stop loss coverage.

**SECTION 5**

**PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL**

**QUOTE FORM – MEDICAL/PHARMACY ASO**

**RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits**

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

**Indicate length of administrative fee rate guarantee:**

\_\_\_\_\_

**PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL**

**QUOTE FORM – MEDICAL/PHARMACY- Insured**

**RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits**

<b>Fully Insured Quotes (Monthly Premiums): City</b>		
<b>Plan Name</b>	<b>Employee Only</b>	<b>Family Only</b>


**Indicate whether your organization can provide the following and if so, for what length of time:**

**Premium rate guarantee: Yes \_\_\_\_ and length of time \_\_\_\_ OR No \_\_\_\_**

**Rate cap guarantee: Yes \_\_\_\_ and length of time \_\_\_\_ OR No \_\_\_\_**

**SECTION 6**

**PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL**

**QUOTE FORM – DENTAL (ASO)**

**RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits**

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

**Indicate length of administrative fee rate guarantee:**

\_\_\_\_\_

**QUOTE FORM – DENTAL (Insured)**

**RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits**

<b>Fully Insured Quotes (Monthly Premiums): City</b>		
<b>Plan Name</b>	<b>Employee Only</b>	<b>Family Only</b>

**Indicate whether your organization can provide the following and if so, for what length of time:**

**Premium rate guarantee: Yes \_\_\_\_ and length of time \_\_\_\_ OR No \_\_\_\_**

**Rate cap guarantee: Yes \_\_\_\_ and length of time \_\_\_\_ OR No \_\_\_\_**

**SECTION 7**

**QUOTE FORM - MEDICAL STOP LOSS INSURANCE**

**RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits**

**PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL**

**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:

Quote Specifics		
Quote 1	Quote 2	Quote 3
City		
\$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:**

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  
(MEDICAL)**

**RFP2022-006 City of Warwick 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
<b>02889</b>				
<b>02886</b>				
<b>02888</b>				
<b>02816</b>				
<b>02818</b>				
<b>02852</b>				
<b>02893</b>				
<b>02921</b>				
<b>02920</b>				
<b>02879</b>				
<b>TOTAL</b>				
<b>National Avg.</b>				

## NETWORK DISCOUNT ANALYSIS (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			
<b>TOTAL</b>			
<b>National Avg.</b>			

**CITY OF WARWICK**

**PROPOSAL AND CONTRACT FORM**

**TITLE OF SPECIFICATION:** RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits

I. PROPOSAL:

WHEREAS, the CITY OF WARWICK 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 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 shall transform the proposal into a contract.

**Pricing as Submitted**

**Continued next page**

**PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL**

**RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits**

**ADMINISTRATION SERVICES PRICING – MEDICAL PLANS**

Rates for Administration Services, Per Subscriber, Per Month

**SELF-INSURED ADMINISTRATION FEE**

**City**

(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**

**RFP2022-006 City of Warwick 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\*)

**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:** RFP2022-006 City of Warwick 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: \_\_\_\_\_