



CITY OF LAKE CITY

RFP-003-2009

GROUP HEALTH INSURANCE

**DATE OF PUBLIC OPENING:
November 21, 2008 @ 3:00 P.M.**

LOCATION FOR PUBLIC OPENING

**City Hall
Council Chambers
2nd Floor
205 North Marion Avenue
Lake City, FL 32055**

<http://www.lcfla.com/purchasing.htm>

All responses must be date and time stamped received no later than 3:00 P.M. on, November 21, 2008 by the City of Lake City to be considered responsive.

Scott Reynolds, City Manager: _____
Date

Advertised in LCCR: November 7, 2008

Advertised <http://www.lcfla.com/purchasing.htm>

REQUEST FOR PROPOSALS

Sealed proposals marked "REQUEST FOR PROPOSALS FOR GROUP HEALTH INSURANCE" will be received by the City of Lake City, Florida until 3:00 P.M. on Friday, November 21, 2008, at the office of Purchasing and Contracting, 205 North Marion Ave. Lake City, FL 32055, at which time all proposals will be opened and only names of offeror's will be read aloud. All received proposals will be time and date stamped, and absolutely no proposals will be accepted after the aforementioned date and time. Specifications may be obtained from the Purchasing & Contracting Department.

All services must be performed in accordance with the request for proposals, requirements, and any other documents prepared for this request. **Proposers must submit six (6) copies of their proposals.**

The City of Lake City reserves the right to reject any and all proposals, to re-advertise, and to enter into contract determined to be in its best interest.

SCOPE

The City of Lake City, Florida is soliciting proposals for group health insurance coverage for its employees, officials and retirees. A copy of the current benefits and accompanying rates are included with this Request for Proposals.

CONTRACT PERIOD

The contract period for proposals should include the 12 month period beginning January 1, 2009. Regardless of actual enrollment, the initial rates should be guaranteed for 12 months.

PROPOSAL QUESTIONS

All questions concerning this RFP must be submitted in writing to:

Dorothy H. Tyre
Director of Finance
205 North Marion Avenue
Lake City, FL 32055
tyret@lcfla.com

Telephone: (386) 719-5800
Fax: (386) 758-5488

MINIMUM QUALIFICATIONS OF PROPOSER

No proposal will be accepted by the City where the organization providing insurance coverage has a rating from any of the following rating firms which is less favorable than the rating specified below.

Rating Firm

A.M. Best
Moody's
Standard & Poor's
Weiss Ratings, Inc.

Minimum Rating

B+
Baa3
BBB-
B

NEGOTIATIONS

Based on the written proposals, the City may elect to enter into negotiations with one or more of the proposer's.

CONTRACT AWARDS

The City anticipates entering into a contract with the Proposer who submits the proposal judged by the City to be most advantageous. Preference will be given to proposals based on rates, benefits, provider networks and financial strength of the organization providing insurance.

FORM OF PROPOSALS

The City requests that each proposer provide rates based on a 2-tier rate structure for the two (2) benefit plans currently offered to employees. The plans should be offered as part of a package. If the proposer is unable to exactly match the benefits, you are requested to match the benefits as closely as possible and notate the deviations from the current benefit structure.

OTHER REQUIRED INFORMATION

Proposers should include in their proposals the following information:

- Network directories for the appropriate products being proposed.
- Explanation for how out of network claims are paid.
- Completion of attached questionnaire form.
- Completion of attached form explaining Network Discounts.

PROPOSAL SUBMISSION AND WITHDRAWAL

Six completed responses to this RFP must be submitted to the City in sealed envelopes or boxes marked "REQUEST FOR PROPOSALS FOR GROUP HEALTH INSURANCE"

Proposals will be received at:

City of Lake City
Attention: Purchasing and Contracting
205 North Marion Avenue
Lake City, FL 32055

Proposals are due by 3:00 PM, Friday, November 21, 2008. Proposals received after that time will be returned to the sender unopened. Due to the irregularity of the mail, the City cautions Proposers to assure actual delivery of proposals prior to the deadline. Once opened, proposals become the property of the City and cannot be withdrawn.

ATTACHMENTS

1. Paid claims for the group for last 2 years.
2. List of current large claims in excess of \$25,000
3. Description of current plans and current rates
4. Employee census.

**CITY OF LAKE CITY, FLORIDA
QUESTIONNAIRE FORM
HEALTH INSURANCE**

	Yes	No
1. Comply with 120 day notice requirement of any rate change/renewal?		
2. Attend monthly meetings with Risk Management and Agent to discuss claims experience?		
3. Provide monthly claims experience reports? Provide other detailed experience reports annually, or as needed to evaluate claims and overall experience, trend, etc.?		
4. Provide and mail ID cards to Members prior to renewal effective date?		
5. Do you provide COBRA administration? If Yes, what is the cost? _____		
If No, can you contract with a Company/TPA to administer COBRA and what is the cost? _____		
6. Will a Service Representative be assigned as a direct contact for Risk Management and Agent to access for customer service, membership & billing, and claims issues?		
7. Will a Service Rep(s) be provided to assist with Plan Implementation and annual Open Enrollment meetings to explain benefits to employees?		
8. Will Open Enrollment packets be developed and provided for employees annually?		
9. Is a Mail Order Benefit included in your proposed Plans? What is the copay amount and how many days supply? What company provides your mail order service?		
10. Do you provide Disease/Case Management for claimants? Explain how you contact claimants and provide information and services to them:		
11. Provide physical on-site Annual Health Fair, blood screenings and Health Risk Assessment for employees?		
12. Provide Health Coaches for employees to access 24 hours a day for		

13. Provide an instructor to conduct health seminar/classes on various health wellness topics and also on explaining plan benefits monthly or semi-monthly?		
14. Provide copies of Health and Wellness information to Risk Management and Agent for distribution to employees and retirees?		
15. Provide 5 copies of your Florida Northeast Region Provider Directory.		
16. List the hospitals in Columbia and Alachua County that are currently included in your network:		
17. How many of your participating providers are accepting new patients?		
18. What Independent clinical labs in Columbia and Alachua County are currently included in your Network?		
19. In the plan designs proposed, how are independent clinical labs covered and what is the cost/coinsurance to members?		
20. On the plans proposed, please clarify what the hospital benefit is? Is it a flat copayment per admission? Does the deductible apply? If so, how much? Is it deductible and coinsurance? If so, how much?		
21. Clarify what is included in the Member's Maximum out of Pocket? Deductibles, copays, coinsurance, etc. If certain copays, etc., are not included, please specify what these are.		
22. Complete the attached Network Discount Analysis for Columbia and Alachua County. It is very important that this information be completed in full. This information is required to compare network discounts and the overall impact to claims experience.		
23. Explain how members traveling or living out of State will access your network and how their patient dollar responsibility will be calculated.		

24. The City of Lake City reserves the right to extend the contract for three (3) additional one (1) year periods upon mutual agreement of the City and the Successful Offeror. Provide the rating methodology that your underwriters used to arrive at your proposed rates and the methodology that will be used for future renewals?

Completed and submitted by:		
_____	_____	
Name and Title	Date	

Network Discounts for 2007

Geographic Area: Columbia and Alachua County, Florida

Dates: Claims incurred 01/01/2007 through 12/31/2007 and paid through 03/31/2008

Using paid claims information on your **Group** book of business, please provide the following information for Columbia and Alachua County, Florida for the time period indicated for each network you are proposing.

- Exclude pending, denied, duplicate, Medicare-primary, and other secondary claims.
- Exclude prescription drug (retail and mail-order), dental, and vision hardware claims.
- Exclude individual denied services within a valid claim. For example, if one service provided during an office visit is not covered, exclude that service.

PPO Network			
Category	a) Total \$ Billed	b) Total \$ Allowed*	Discount**
Hospital Inpatient			
Hospital Outpatient			
Physicians - Inpatient			
Physicians - Outpatient			

Labs & other services

POS Network			
Category	a) Total \$ Billed	b) Total \$ Allowed*	Discount**
Hospital Inpatient			
Hospital Outpatient			
Physicians – Inpatient			
Physicians – Outpatient			

Labs & other services

HMO Network			
Category	a) Total \$ Billed	b) Total \$ Allowed*	Discount**
Hospital Inpatient			
Hospital Outpatient			
Physicians - Inpatient			
Physicians – Outpatient			

Labs & other services

***Total \$ Allowed** = allowed amount before application of any deductibles, copays, coinsurance, etc.

** **Discount** = a) minus b) divided by a)

Note: Please provide documentation and/or references to validate the discounts provided.

SIGNATURE SHEET

**City of Lake City
RFP-003-2009: Group Health Insurance**

I, the undersigned, do hereby acknowledge I have read all the requests listed herein and have submitted my proposal accordingly. I have submitted all documentation required.

Company Name: _____

Principal Location of the Company: _____

Authorized Principal in Charge of Project: _____

Type or print name as signed above: _____

Direct telephone: (_____) _____

Fax Number: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Local Location if different from above: _____

Authorized Person in Charge of Project at this Location: _____

Signature: _____

Type or print name as signed above: _____

Direct telephone: (_____) _____

Fax Number: (_____) _____

Cell Phone: (_____) _____

Email: _____

**SWORN STATEMENT UNDER SECTION
287.133(3)(n), FLORIDA STATUTES ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Proposal No._____.
2. This sworn statement is submitted by _____ whose business address is_____ and (if applicable) its Federal Identification No.(FEIN) is _____. If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement_____.
3. My name is _____ and my relationship to the entity named above is_____.
4. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to, and directly related to, the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentations.
5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes means:
 - a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The Ownership by one person of shares constituting a controlling interest in another

7. I understand that a “person” as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity.
8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

_____Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, nor any affiliate of the entity have been charged with an convicted of a public entity crime subsequent to July 1, 1989.

_____The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with, and convicted of a public entity crime subsequent to July 1, 1989, and (Please indicate which additional statement applies)

_____There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order)

_____The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order)

_____The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by, or pending with, the Department of General Services)

Signature: _____ Date _____

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority, _____ who
after first being sworn by me, affixed his/her signature in the space provided above on
this _____ day of _____ 20____.

Notary Public, State at large

My Commission Expires:

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.

NON-COLLUSION AFFIDAVIT OF PROPOSER

STATE OF _____

COUNTY OF _____

_____, being duly sworn, deposes and says that:

1. He/She is _____ of _____ the proposer
Title Company Name
that has submitted the attached proposal;

2. He/She is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;

3. Such Proposal is genuine and is not a collusive or sham proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, connived, or agreed, directly or indirectly, with any other proposer, firm or person to submit a collusive or sham Proposal in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other proposer, firm, or person to fix the price or prices in the attached proposal or any other proposer, or to fix any overhead, profit or cost element of the proposal price or the proposal price of any other proposer, or to secure through any collusion, connivance, or unlawful agreement any advantage against the City of Lake City, Florida or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

SIGNED _____

TITLE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20__.

Notary Public, State of Florida My Commission Expires: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.

DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, _____ (print or type name of firm) publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.

- Informs employees about the dangers of drug abuse in the work place, the firm’s policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893, of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee’s community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.

“As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein”

Authorized Signature

Date Signed

State of Florida

County of _____

Sworn to and subscribed before me this ____ day of _____ 20 ____.

Personally known _____ or Produced Identification _____
(Specify type of identification)

Signature of Notary
My Commission Expires: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.

REFERENCES

As per the General Specifications Section, below is a list of at least three (3) client/customer references including company name, address, contact person, telephone number and length of time services provided. (Note: only list those client/customers in which a similar type of equipment/product of scope of work/service was provided.)

1. Company Name: _____
Address: _____
Business Phone #: _____
Contact Person: _____
Length of time services provided: _____
2. Company Name: _____
Address: _____
Business Phone #: _____
Contact Person: _____
Length of time services provided: _____
3. Company Name: _____
Address: _____
Business Phone #: _____
Contact Person: _____
Length of time services provided: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.