



**REQUEST FOR STATEMENT OF QUALIFICATIONS  
FOR  
EMPLOYEE BENEFITS INSURANCE  
BROKER AND CONSULTING SERVICES**

Issue Date: May 15, 2017

Submission Deadline: June 15, 2017

Request To: Kelly Padilla



## **Request for Statement of Qualifications for Employee Benefits Insurance Broker and Consulting Services**

### **INTRODUCTION:**

The Colorado Springs Housing Authority (CSHA) is seeking statements of qualifications from experienced firms who can provide employee benefit programs that best meet the needs of employees, their dependents and the CSHA; to assist the organization in utilizing their plans effectively.

There are approximately 56 employees that are eligible to participate in the CSHA Health Insurance Program. Eligibility for benefits is determined by the CSHA Executive Management Team, in accordance to all Federal, State and local laws and regulations.

### **GENERAL INSTRUCTIONS:**

Insurance brokers licensed in the State of Colorado are invited to submit five (5) hard copies and one (1) electronic proposal copy of the RFQ on a portable thumb drive in write protected PDF format, outlining their qualifications, competence and capability to provide group health insurance products and related services for CSHA. Statements of Qualifications are limited to 30 pages, excluding cover and index tabs. The purpose of this process is to choose a Broker of Record to represent the CSHA in matters concerning medical (including prescription coverage), dental, vision, life and accidental death and dismemberment for a minimum period of twelve (12) months, with an annual renewal clause, subject to the subsequent mutual agreement of CSHA and the selected consultant at a date mutually agreed on, or after January 1, 2018.

The response shall be made in the format provided and the complete response, together with any and all additional materials, shall be enclosed in a sealed envelope addressed and delivered no later than 3:00 p.m., Thursday, June 15, 2017, to the following address:

**Colorado Springs Housing Authority  
Attn: Kelly Padilla  
PO Box 1575 MC 1490  
831 S Nevada, 2<sup>nd</sup> Floor  
Colorado Springs, CO 80901-1575**

The sealed envelope shall be marked on the outside lower left corner with the words "RFQ for Employee Benefits Insurance Broker & Consulting Services". It is the organization's sole responsibility to ensure that their response is received prior to the scheduled closing time for receipt of Statement of Qualifications. No corrected or resubmitted Statements will be accepted after the deadline. Faxed responses are not appropriate for submission and will not be accepted or considered.

This Request for Statement of Qualifications does not commit the Colorado Springs Housing Authority to award a contract or pay any costs incurred in the preparation of a response to this request. CSHA reserves the right to accept all or part of any responses or to cancel in part or in its entirety this Request for



Statement of Qualifications. CSHA further reserves the right to accept the response that it considers to be in its best interest.

All requirements must be addressed in your proposal. Non-responsive proposals will not be considered. All responses, whether selected or rejected, shall become the property of the Colorado Springs Housing Authority. Firms are responsible for checking the website periodically for any updates or revisions to the RFQ.

The RFQ is not an authorization to approach the insurance marketplace on CSHA's behalf. CSHA specifically requests that no contract, survey or solicitation of insurance markets be made on behalf of CSHA, and that no insurance market reservation be made by or for any bidder with respect to insurance or related services to be provided by CSHA. Failure to comply with this request will be grounds for disqualification.

### **Requests for Information**

Questions related to this RFQ must be submitted in writing to Kelly Padilla at [klp@csha.us](mailto:klp@csha.us) no later than June 08, 2017. Specify "RFQ for Employee Benefits Insurance Broker" in the subject line. To the extent that a question causes a change to any part of the RFQ, an addendum shall be issued addressing such.

### **OVERVIEW:**

CSHA is seeking statements of qualifications from experienced and qualified licensed brokers to provide consulting and insurance brokerage services for the Colorado Springs Housing Authority current and future employee benefits, including group medical (includes prescription coverage), dental, vision and life. The CSHA seeks a consultant and broker that is well versed in the benefits market, experienced in advising agencies and works well with various levels of staff and management. Submitted proposals must meet all requirements set forth in this Request for Statement of Qualifications (RFQ).

Benefitted employees and qualified dependents are eligible to receive some level of each of the aforementioned benefits.

- A. Medical Insurance: Eligible benefitted employees may select from one of the following plans:
  - i. CIGNA: Local Plus Base Plan
  - ii. CIGNA: OAP Choice Buy Up
- B. Dental Insurance:
  - i. Companion Life Dental
  - ii. Alpha Beta – Care POS
- C. Vision Insurance:
  - i. Vision Service Plan (VSP)
  - ii. EyeMed
- D. Life Insurance:
  - i. CSHA provides one and one half (1.5) times employee salary for Life & ADD
  - ii. Personnel may purchase additional Life, Spousal and Child coverages paid from employee funds



*Summary of Benefit Plans will be provided to the firm awarded the proposal for services.*

## **SCOPE OF SERVICES:**

CSHA is seeking to name a Broker of Record for employee insurance benefits and is looking for continuity of services in the rapidly changing area of employee benefits. CSHA is particularly interested in a broker who can offer creative, innovative approaches, with a proven track record, that allows CSHA to maintain quality programs and contain or reduce costs.

The selected broker will perform a full range of benefit program services related to the acquisition, implementation, maintenance, communication and improvement of CSHA's employee insurance benefits. The selected broker shall provide services, including, but not limited to, the following:

### **1. Analysis and Reporting**

- a. Analyze existing coverage and identify or develop cost-saving alternative benefit strategies and plans.
- b. Assist in the development of long-range goals and strategies, including making projections of potential savings.
- c. Provide analysis and recommendations based on utilization and performance reports, statistical and/or financial reports and plan specific data.
- d. Assist CSHA in monitoring and analyzing experience trends and providing timely alerts on changing patterns and appropriate recommendations.
- e. Provide, maintain and update comparison reports of other organizations of similar size benefit plan offerings and costs to determine their competitiveness with CSHA programs.
- f. Provide a cost benefit analysis to CSHA for insourcing/outsourcing COBRA administration.
- g. Provide financial and/or performance reviews of self-funded and fully insured plans and programs.
- h. Be available to provide various types of reports as needed, such as cost analysis for benefit changes, and other statistical, financial, forecasting, trend, or experience reports.
- i. Prepare and present reports on trends and new products as requested.
- j. Regularly monitor and evaluate performance measures and guarantees for providers.
- k. Maintain full and accurate records with respect to all matters and services provided on behalf of CSHA's benefit plans and programs.



- l. Provide up to date reporting tools relating to the Affordable Care Act (ACA), other Federal, State and local regulatory requirements. (Summary of Benefits, PICORI fees, 1095 reporting, etc.)
- m. Ensure CSHA has appropriate ERISA guidelines to avoid penalties and fees.

## **2. Liaison and Problem Intervention**

- a. Act as a liaison between CSHA and insurance providers.
- b. Provide day-to-day consultation on plan interpretation and problem resolution, including but not limited to the explanation of plan coverage.
- c. Provide timely customer service and assistance to staff, employees and retirees with issues involving provider billing, claims, vendor service issues/problems, advocacy for service, disputes, interpretation of contracts and services, changes and general troubleshooting.
- d. Attendance as needed at meetings with CSHA personnel to facilitate and assist in the management of CHSA's employee benefit plans.
- e. Act as an advocate in appeal, arbitration or court process between CSHA and providers on unresolved issues if needed. Provide advice when needed to enforce CSHA employee and dependent rights.
- f. Assist CSHA in proactive mitigation of negative impacts or disruption of services to employees and/or dependents from benefit and/or provider network changes.

## **3. Compliance**

- a. Assist with ongoing plan administration and ensure that programs are in compliance with all Federal, State and local legislation.
- b. Provide on-site training to CSHA personnel as needed regarding regulatory updates, or best practice trainings for effective administration of benefit plans.
- c. Review and disseminate information to staff on new or revised Federal, State and/or local legislation that impacts benefits programs.
- d. Develop and/or assist in developing communication materials and tools for conducting dependent verification audits.

## **4. Annual Renewal Process and Evaluation**



- a. Establish a strategy for benefits; consider trends, prospective legislations, new systems, health-care practices, and other variables that impact long term utilization of select providers.
- b. Review and make cost-saving recommendations regarding the modification of plan design, benefit levels, premiums, communications and quality of current employee and retiree benefit plans.
- c. Recommend appropriate premium rates to maintain viability of plans, to ensure that quality and cost-effective benefits are provided by carriers.
- d. Annual estimates of renewal rates and cost trends.
- e. Conduct thorough and applicable market research in preparation for contract renewals.
- f. Representation in all negotiations when requested with providers on various topics, including, but not limited to, premiums, benefit levels and plan design, performance measures, contractual terms, conditions and quality assurance.
- g. Make recommendations for items of negotiation with providers; benefit levels, plan design, premiums, and quality of service, performance measures, and other applicable terms as needed.
- h. Review rate proposals to ensure underlying assumptions are appropriate and accurate to CSHA.
- i. Provide communication development and support for the annual open enrollment period, new benefit offerings and/or changes to existing benefit plans.
- j. Attendance at annual Benefit Enrollment meeting as requested.

## **5. Other Service Requirements**

- a. Assist with Employee Wellness programs as required; improve employee health and reduce employee health-care costs for short and long term benefit.
- b. Assist in web technologies to support on-line enrollments, changes and employee education to promote self-management of benefits.
- c. Provide timely responses to technical questions/issues presented by CSHA staff.
- d. Provide regular and timely communication needed for effective administration of benefit plans.
- e. Develop additional benefits communications specific to the needs of CSHA's employees.
- f. Work collaboratively with CSHA personnel.



- g. Review and evaluate current administrative processes related to enrollment and billing. Recommend and assist with implementation of administrative process enhancements.

## **6. Contract Type**

It is anticipated that the agreement resulting from this solicitation, if awarded, will be a firm contract.

## **7. Proposal Format and Content**

- a. **Profile of Firm:** This section shall include the firm name, date established and the address of the organization. Include a brief description of the firm's history, size, growth, philosophy and culture, number of employees, number of years in business, including background in providing like service to organizations that possess similar characteristics of CSHA. Include organization's financial stability, capacity and resources. Identify who is authorized to sign agreements and represent the organization in matters related the Statement of Qualifications.
- b. **Qualifications of the Organization:** This section shall include a brief description of the organization's qualifications and summary of previous experience on similar or related engagements. Provide a list of clients from the past five (5) years, including any and all Housing Authorities or similar clientele. Provide pertinent insurance programs negotiated for those entities; number of employees, time period services provided, and individuals who may be contacted for references.
  - i. The organization shall have at least five (5) consecutive years of experience in Colorado brokerage and benefits consulting. The organization shall have provided such services to organizations whose populations are similar in size and need as CSHA.
  - ii. The organization must be legally authorized to do business in the State of Colorado and shall meet all licensing and other requirements imposed by Federal, State and local regulatory agencies.
  - iii. The organization shall have qualified management staff, possessing comprehensive knowledge of benefit administration.
  - iv. The organization shall possess knowledge of applicable laws, regulations and codes and shall be familiar with local conditions and trends relating to group insurance in Colorado.
  - v. List key individuals who will be assigned to the account, their qualifications, disciplines and resumes; specifically the representative(s) handling CSHA's account directly.



1. Identify key personnel names, describe areas of responsibility, education, experience and professional qualifications.
2. List experience and education requirement standards for Account Managers, specifically listing benefit administration and client management.

## **8. Services**

- a. A complete description of services to be provided. Include both services outlined in this written request, as well as additional recommended services, including a description of any and all unique brokerage, technical or consulting services the organization will offer CSHA. Please specify services that may be provided by the organizations partner(s) or affiliates.
- b. A description of the group medical, dental, vision, life, accidental death and dismemberment premium volume handled by the organization.
- c. A list of principal insurance markets utilized by the organization; listing should be categorized by line of coverage – medical, dental, vision and life.
- d. A description of technical or professional support available at no extra cost through the organization; such as legal counsel, communications, technology, or other areas.
- e. Complete and submit Attachment A, Consultant Questionnaire, with your Statement of Qualifications.

## **9. Cost/Pricing Information**

Provide the organization's cost/pricing for services requested. Include whether pricing is based on an annual fee, fee for service, commission, or a combination, or if cost is allocated to vendor contracts. Identify any split commission or joint marketing arrangements with other agents, brokers, firms or associations.

CSHA reserves the right to review and/or audit any records of the selected broker related to commissions, fees, etc. related to CSHA's account.

Additionally, prior to award of a contract, the successful organization may be required to submit two (2) years of their most recently completed financial statements, including footnotes and auditor's opinion, or other financial instruments that would establish the organization's ability to complete obligations of the contract resulting from this solicitation.

## **10. Legal**

- a. Is there any pending legal action alleging violation of the law that your firm is involved with? If so, please describe such pending action.





- b. Have there been any settlements or judgments involving any actions within the last five (5) years? Please describe each settlement or judgment, including the nature of the action and amount of recovery.

## **11. Insurance**

Organization awarded a contract must provide Certificates of Insurance showing evidence of general and professional liability insurance coverage.

## **12. References**

Please provide references from three (3) current clients for whom your firm provided services similar to what is being requested in this RFQ. Indicate the company name, contact person and contact number.

## **13. Other**

Proposals shall also include:

- a. Descriptions of any affiliations or business relationships with any employee, officer, manager, employee or tenant associated with the Housing Authority.
- b. Details of any changes in ownership that have occurred in the past three (3) years. Details of any anticipated mergers, transfers, ownership, management or departure of key personnel within the next twelve (12) months.
- c. Identify any potential conflicts of interests.

## **14. Evaluation and Selection**

- a. Qualification of the Firm:
  - i. Technical experience in performing work of closely similar nature, experience with creative cost containment methods, reputation and ability to reach a wide array of insurance markets and provide innovative service. Record of completing work on schedule, strength and stability of firm, technical experience and strength and stability of proposed subcontractors; client references.
- b. Staffing and Project Organization:
  - i. Qualifications of staff, particularly key personnel, level of involvement in performing related work; logic of project organization; evidence of ability to provide service in a prompt, thorough, innovative and professional manner; adequacy of labor commitment.



- c. Project Requirements:
  - i. Demonstrated understanding of the scope of services and potential problem areas; project approach, work plan, and quality assurance program.
- d. Cost and Price:
  - i. Reasonableness of the total price and competitiveness with other offers received.

## **15. Evaluation/Selection Procedure**

A Selection Committee will evaluate the proposals submitted and establish a list of finalists based on pre-established criteria. The names of the committee members will not be revealed prior to the reviews. The rating and/or evaluation forms will not be revealed.

As part of the finalist evaluation, The Selection Committee may require organizations to make an oral presentation. The presentation will be required to provide supplemental information and the opportunity for CSHA to meet and assess the proposed managers/members of the organization's team. Additionally, CSHA Selection Committee members may visit the organization's office(s) to meet with key personnel and tour the facilities.

CSHA reserves the right to select the organization which, in CSHA's opinion, will provide the most responsive and responsible services. CSHA is not bound to award the contract based solely on the lowest bid submitted.

## **16. Award**

Award determination date is Wednesday, August 1, 2017. When the Selection Committee has completed the review, negotiations may be conducted for the extent of services to be rendered. Because CSHA may award without conducting negotiations the proposal submitted shall contain the organization's most favorable terms and conditions.

Award is contingent upon completion of a satisfactory contractual arrangement between the selected organization and CSHA. Unsuccessful candidates will be notified that CHSA has selected a representative. Notices will be sent out utilizing USPS.

In the performance of the terms of the agreement resulting from this proposal, the organization agrees that they will not engage in, nor permit, any employee or subcontractor, from engaging in discrimination in employment or persons because of race, color, religion, national origin or ancestry, age, sex, familial status, sexual orientation or disability of such persons.



ATTACHMENT A – Consultant Questionnaire

Please submit answers to ALL questions. Use additional sheets if necessary.

Has your firm established any limitation on the number of clients you intend to accept? What is your client to consultant ratio?
Give an example that demonstrates your organization’s ability to be proactive in finding opportunities to enhance services to CSHA.
If you become CSHA’s consultant, outline your transition plan with dates, tasks and responsible parties.
How do you track and communicate legislative updates to your clients? Provide a sample of legislative updates.
Provide an example that demonstrates your firm’s ability to be proactive in finding opportunities to enhance benefits and services.
Provide examples that demonstrate your organization’s negotiation skills to bring down costs.
How do you monitor and report provider performance; provide an example.
Do you have a benefits attorney who could render opinions to CSHA? If so, what is the cost of this service?
What does your organization provide for developing Open Enrollment and New Employee Orientation materials?
Do you provide a benefits Intranet site for personnel? If so please provide information.
Please list and describe any products or services you feel are a market differentiator for your organization.

