

Greater Tompkins County Municipal Health Insurance Consortium

Health Benefits Consulting Services RFP

The following questions and answers shall become an addendum to the RFP:

1.) Are there any addendums to the proposal that have been released?

This is the first Addendum to the RFP.

2.) Is this proposal tied around work currently being done by the incumbent or another organization?

The incumbent consultant currently performs the majority of the work outlined in the RFP.

3.) Is selection of the TPA, PBM, UR/Case Management, and PPO and stop loss carrier part of the engagement or does another party handle this, plus are all or a subset anticipated to be bid out this year?

- **TPA & PBM- Third Party Administrator (Health) and Pharmacy Benefits Manager -** The consultant shall assure compliance of the contracts. It is anticipated that a RFP to audit health claims shall be issued in 2014, and the consultant would oversee the RFP process, as well as provide an analysis. It is not anticipated that the TPA and PBM services will be bid out in 2014.
- **UR – Utilization Review-** Currently this is provided on a macro level by the TPA, PBM, and the consultant. It is aligned with requirements of the NY State Department of Financial services.
- **Case Management** is provided by the TPA and PBM.
- **Stop Loss** - The procurement of a stop loss policy is a duty of the consultant.

4.) The RFP lists 6-12 board meetings per year, so please confirm how often consultant provided exhibits or work specific to the meetings.

The Consultant is expected to provide significant amounts of exhibits for the all of the board meetings. Reports range from budget vs. actual expenditures and revenues, trend analysis, explanations of updates on industry legislation, and much more. The Board of Directors meeting minutes listed on the Consortium website indicates the volume of reporting provided by the incumbent.

*****ADDITION TO ITEM 1.13**

It is noteworthy to state that currently there is a demand for the consultant's presence and reporting to most of the committees:

Joint Committee on Plan Structure & Design – mention of this committee was erroneously left off the list of committees in the original RFP.

The GTCMHIC Joint Committee on Plan Structure and Design is made up of municipal and labor representatives. This Committee examines and reports out their recommendations to the Board of Directors on any changes of the Health Insurance Consortium benefit plans. **Meets approximately monthly (12)**

Audit Committee

After the first year of the Consortium's operations, the New York State Department of Financial Services conducted an extensive audit of the Consortium's policies, procedures, methods, appointments, and financial health. Thus, the Audit Committee was created to respond to the auditor's requests and findings.

The purpose of the Audit Committee is to oversee the integrity of the Consortium's financial statements, the compliance with accounting and auditing requirements, and the performance of the internal and external auditors. We shall assist and advise the Consortium's Board of Directors in fulfilling its oversight responsibilities for the financial reporting process, internal controls, performance of external and internal auditors, and compliance with various laws and regulations. The Audit Committee reviews all contracts for auditor and non-audit services provided by the independent public accountants and recommended action to the Board. **Meets approximately monthly (12)**

Finance Committee

The Finance Committee provides invoice approval, quarterly results analysis, paid claims trend data review, municipal payout review, in house record keeping review, and a variety of other financial activities. **Meets approximately bi-monthly (6)**

Other Committees that meet as needed – New Member, Executive, Appeals, EAP, Flex Spending.

Total other meetings approximately (12)

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