



MANATEE COUNTY  
FLORIDA

September 2, 2016

TO: All Interested Proposers

SUBJECT:

Request for Proposal (RFP) 16-2732JE  
Benefit Administration System

**ADDENDUM No. 1**

The following items are issued to add to, modify and clarify the Request for Proposal document. Proposals are to be submitted on **September 16, 2016 at 3:00 P.M.**, in conformance with the additions and revision listed herein.

**The deadline to submit all inquiries concerning interpretation, clarification or additional information pertaining to this RFP was August 26, 2016 at 5:00 P.M.**

**Proposer Note 1: Revised Proposal Date and Time Due**

The revised Proposal Date and Time Due is **September 16, 2016 at 3:00 P.M.**

**Proposer Note 2: Response to questions received from proposers through August 26, 2016 at 5:00 P.M. No additional questions shall be considered.**

1. Will Open Enrollment be active or passive?

**Response: This varies depending upon the promotion to County membership.**

2. If call center is a required service, please provide historical call center statistics:

- a. Total call volume during Open Enrollment?
- b. Total call volume throughout the year?
- c. Average duration per call?

**Response: The County does not require a call center service.**

3. What is the total number of carrier files sent in a month?

**Response: Weekly file sent to medical carrier. Bi-Weekly file sent to FSA vendor.**

FINANCIAL MANAGEMENT – PURCHASING DIVISION  
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4. Will Manatee County be requiring communications in any language other than English? If so, for what percentage of the population and in which languages?

**Response: No.**

5. Does the County require a one-time full dependent eligibility verification audit?

**Response: No**

6. If 'yes' to Question 5:  
a. What is the total number of employees who have one or more dependents?  
b. What the total number of dependents?

**Response: Refer to Request for Clarification #5**

7. How many new hires and life events occur on average each month?

**Response: 50 per month on average**

8. Does Manatee County require ongoing dependent eligibility management?

**Response: No**

9. How many COBRA instances occur on average each month?

**Response: The County currently has only six (6) COBRA instances. The County sends approximately 45 COBRA letters monthly.**

10. What is the average number of direct bills per month?

**Response: Refer to Request for Clarification #9**

11. For ACA management, what is the total employee population that needs to be considered?

**Response: The County is currently under contract with another vendor for ACA filing. The County is managing the measuring of employees internally. Total Employee population is approximately 3,200 employees. County will need data from the Benefit Administration System vendor of offers and elections of coverage.**

12. What is the current population enrolled into a FSA account?

**Response: Approximately 400 employees out of 3200 eligible.**

13. What are the challenges Manatee County is currently facing from the existing service providers?

**Response: Reporting needs related to historical data retention are not available; lack of a test environment; response time and follow through are inconsistent; minimal account and technical support; lack of flexibility of the system to accommodate ongoing needs.**

14. Why have you decided to contract for bid for these services at this time (fees, service issues, standard due diligence)?

**Response: Refer to Request for Clarification #13**

15. Can you identify any specific service issues with the current vendor(s)?

**Response: Refer to Request for Clarification #13**

16. Who will be responsible for phone enrollment support?

**Response: The County**

17. What are the deciding factors you will use to choose a vendor? Is there a published criteria?

**Response: Evaluation Factors can be located in Section D – Evaluation of Proposals.**

18. How important is pricing/cost?

**Response: Refer to Request for Clarification #17.**

19. What is the fee structure you are currently paying?

**Response: Per Employee per month**

20. Does the current vendor offer a dedicated client Account Manager?

**Response: Yes**

21. Does your current vendor/system provide electronic data to your carriers?

**Response: Yes**

22. Are you interested in any other services at this time?

**Response: All requested services can be found in Section B – Scope of Services of the RFP document.**

23. Are you interested in pricing on any other services?

**Response: Refer to Request for Clarification #22**

24. Do you support/offer Medicare Advantage Plans?

**Response: Not on a group plan but the County does offer retirees an option to select a Medicare Advantage Plan via a private Medicare Exchange Platform.**

25. Do you support Late Enrollment Payment?

**Response: No.**

26. What is the billing start date for this contract? Does it equal contract start date or go live?

**Response: This item shall be negotiated during the contract negotiation phase.**

27. Are you willing to require a separate Premium Trust Account for the collection of Retiree premiums?

**Response: It is the County's intent to not have a vendor collect retiree premiums. That function will remain with the County at the current time.**

28. How many different plan types do you offer?

**Response: Medical, Dental, Life, LTD, FSA, Deferred Compensation**

29. What are the rate structures of your medical plans?

**Response: Employee only; Employee+Spouse; Employee+Child(ren); Employee+Family**

30. How many insurance carriers handle your plans?

**Response: One (1) for medical and dental; One (1) for FSA; One (1) for Life' One (1) for LTD and Four (4) for deferred compensation.**

31. When is your Open Enrollment each year?

**Response: Open Enrollment is the last week of October and first week of November.**

32. Do you currently provide data feeds to these carrier(s)?

**Response: Yes**

33. Will there be a selection of finalist meeting?

**Response: Refer to Request for Clarification #17**

34. Can you shed some more light on the integration with the payroll system? Does this mean that we have to do a SSO with the system and hence payroll files are not needed?

**Response: The County expects the selected vendor to have the capability to send payroll data to the County's payroll vendor in an agreed upon format. The attached file layout is the requested layout by the County's current payroll system. No SSO is required.**

35. Does family with a husband, wife and 2 kids have to be treated as 4 independent employee records? If members are unique subscribers then what do the family tiers stand for?

**Response: Members are unique subscribers as they are eligible for different plan designs; however, the family tiers are associated with the Premium, not the plan levels (design).**

36. It says there are no family plans, all members are unique subscribers, however there are tiers. If there are tiers then it is a standard employee-dependent relationship, hence what do they mean by the terms "unique subscriber" and "no family plans"?

**Response: Refer to Request for Clarification #35**

37. Will the various preventative care activities results be sent to us in a file/census? Will we have to design eligibilities accordingly?

**Response: The County prefers a vendor who can provide efficiencies with the tracking of the preventative care as it relates to the confirmation of a particular plan level. However, the County will accept a vendor's proposal that allows for the vendor to accept a file listing out each employee and dependent and their approved plan level.**

38. Once again – integration with payroll systems – SSO?

**Response: Refer to Request for Clarification #34**

39. Can we please get a list of all providers and the benefits provided by each?

**Response: Medical / Aetna  
Dental / Aetna  
FAS / PayFlex  
Life / Securian  
LTD / Hartford  
Deferred Compensation / Fidelity, Nationwide, ICMA, Hartford**

40. Please provide more detail on the integration required with Towers Watson One Exchange Retiree Platform.

**Response: There is no current integration. This process is managed by the County currently, but the County is interested in vendors who can support a data feed to this vendor when plans are elected by retirees.**

41. Please provide more detail on the purpose of the MS Outlook integration – # 13

**Response: Disregard. The County prefers a vendor that can integrate with the Document Management System, OnBase.**

42. Please provide more information on Special OE options. What are these options? Do you just want different OE dates for certain groups of employees or certain plans? - #16

**Response: An example of a Special OE option would be when the County may want to offer a special Open Enrollment period for post-tax benefits such as additional life or ancillary benefits options. This would be for certain plan, not certain groups of employees.**

43. Please provide number of variations associated with Wellness Incentive program dollars (Health Bucks)

**Response: Employees and adult dependents can earn Healthbucks ranging from \$50 to over \$1,000 per year depending upon the activities they engage in.**

44. How should confidential information that is legally protected from public disclosure be presented? (e.g. Redacted and Non-Redacted versions for example?)

**Response: Refer to Section A.22 – Trade Secret in the RFP document.**

45. Will you require an email submission in addition to the printed and USB copies?

**Response: Refer to Section A.02 – Sealed & Marked Proposal**

46. Have any addenda been issued and/or will they be issued as a result of the questions posed by prospective responders?

**Response: There have been no addenda issued thus far.**

47. The RFP states that system should be provided "for activation" on or before March 1st 2017. Is it expected that the system be production ready with interfaces, modifications, loaded 2017 plans with existing employee enrollments migrated as of that time? If so, please list what functions and display is expected on this historical migrated data. If it is not, please specify what state of readiness is expected for the system and/or for what functions or populations.

**Response: Yes. The County expects historical data for viewing purposes and expect to be able to perform transactions such as carrier interfaces, payroll interfaces, new hire / enrollments, family status changes, terminations, etc.**

48. Is it required that the one employee login, conduct enrollment for their related family members in an all-at-once type of process, or is it allowable to cycle enrollment for each family member's medical election?

**Response: The Employee should be allowed to log onto the system and conduct enrollment for him/herself and everyone in the family under that same log in at the same time.**

49. Please confirm our understanding that the employee and their family member are to be considered together, as a related unit, for the purpose of determining the tier and therefore the rate displayed for all benefit types.

**Response: Confirmed**

50. Please confirm our understanding that the employee and their family member are to be considered together, as a related unit, for the purpose of carrier enrollment integrations. If so, does this integration follow the traditional approach to name the employee as the “plan” subscriber and relate the family member to the subscriber and not the plan directly? If this is not the case please specify the structure and how plans are related to the family members directly and how they are related to the subscriber.

**Response: Confirmed. Refer to Section B.01 – Background Information for explanation on how the employee and the family members are managed in a non-traditional manner.**

51. Please provide a complete set of detailed QE and Medical Plans selection examples with the expected system behavior and display.

**Response: Refer to Section B.01 – Background Information**

52. We understand from the RFP and website that the QE events, differing by member type, gate the medical plans with the lower cost share options. Please clarify when a QE has been met, when the ability to elect the lower plans is offered to the employee, on behalf of the member, and through what process this occurs. Please clarify what portion of this is to be automated based on a “regularly submitted file of QE events” managed outside the system.

**Response: The County is prepared to manage this process outside of the Benefit Administration System vendor selected; however will be open to explore options to add more efficiency in the future.**

53. What is the expected file definition in the “regularly submitted file of QE events”?

**Response: Monthly for new hires and annually for active employees.**

54. What is the scope of rules/frequency tied to the mentioned option of a QE event drop down, and what user role would access this control?

**Response: The Plan Administrator would have the access to this control and the County is asking for a custom field that would allow the County’s Plan Administrator to select from a drop down field the approved plan level. If this function is available, then a file upload of confirmed plan level would not be required.**

55. We understand from the RFP and website that the QE events, differing by member type, gate the medical plans. We also understand that the employee/member is not required to select the lower cost share plan if they don't want to. Please clarify if this option is held open, for the employee / member to elect the lower cost share plan or expired after annual enrollment?

**Response:** The “election” of the lowest plan level occurs as a result of the employee / member not engaging in the Qualifying Events. This “election” occurs before annual enrollment and is confirmed by County staff. During annual enrollment, there is no opportunity to change your plan level (either up or down) as that plan level was “elected” by the employee / member prior to annual enrollment. The only action in relation to the medical plan, at annual enrollment available to the employee is to add a dependent or drop a dependent. Plan levels cannot be adjusted at that time.

56. The RFP states that there are four tiers, however the 2016 Benefit Rate PDF on the website lists “Dependent Child—Age 26-30” as an available tier with zero employer share. Please clarify which is correct and then how this “Dependent Child—Age 26-30” is treated and related to the family tier determination rules.

**Response:** This is a rarely utilized additional rate for employees to elect for Dependents meeting the eligibility. The current system is not equipped to handle that tier and it is managed mutually within the payroll system, not the Benefit Administration System. The County wishes to explore management within the Benefit Administration System.

57. In the 2016 Benefit Rate PDF on the website the Life Rates are listed in \$1,000 increments. Is this only for the purpose of manual rate calculation? YES. Is the actual coverage amount the employee can select is a multiple of their salary from one times (100% paid) up to four times?

**Response:** Yes.

58. Please confirm that the medical coverage election is the only enrollment option that can be selected individually for the family member. For example; an employee Dental Plan selected is the only plan available for all covered family members.

**Response:** Yes.

59. Please list all the integrations desired by March 1st 2017, provide a technical diagram of your integration architecture and file specification, service call, and WSDL for each integration.

**Response:** The current integration architecture is not available at this time.

60. The RFP lists OnBase as the content management system and requires integration to the system. If the benefits administration solution included a content management solution for employees and administrators, would this integration still be required? If so, please outline the additional features OnBase is providing.

**Response:** This is a potential option; however the County would need to explore the details of that feature.

61. Please define and list the current values in the entity listed as "Agency".

**Response: Refer to Section B.01 – Background Information for a listing of the various agencies administered by the County.**

62. What functions or reports are focused on the "Agency" entity?

**Response: There are no different functions or reports required for Agency entities, but reporting needs to be available by Agency entity.**

63. The RFP states that the Wellness Program is managed outside the benefits administration platform. Please confirm that the requirement is to display, at the time of annual enrollment confirmation, only the total "Health Bucks" earned in the previous year and to display a reduction of the employee share by this "Health Bucks" amount. Also, please confirm that this is a one-time annual enrollment option and not a monthly tracked process. Please provide a file specification/sample file for the current upload. Please confirm that this is an employee-only program and is not tracked for the family members. If it is tracked at a member level is the amount uploaded each year at total of all family members?

**Response: The County expects to display the total for each Healthbuck category and the total along with a display of the premium reduction as a result of the Healthbucks. This is a one-time annual enrollment and not a monthly tracked process. A file specification / sample file for the current upload is attached to this Addendum No. 1. Healthbucks are displayed by each earning family member and the grand total is also displayed for the employee.**

64. Is the "Health Bucks" required to display for the entire year on change enrollment confirmation that may occur for an employee?

**Response: Yes, the Healthbucks should be displayed for the entire year and if a change in Healthbucks eligibility occurs (i.e. dropping a spouse who earned Healthbucks), the change on the payroll confirmation should reflect the Healthbucks Change.**

65. If an employee has not earned a "Health Bucks" amount, is it required to display the wellness program line and zero amounts in the annual enrollment confirmation?

**Response: Yes**

66. If an employee has earned more "Health Bucks" than the premiums for the elected plans, then what are the rules and expected benefit administration system behaviors?

**Response: The rules would move the overage to the next benefit election (i.e. medical>dental>flexible spending account).**

67. Are there any confidentiality rules for the Wellness categories like "Diabetes Mission Control" or "Prevent Diabetes" that are required to be enforced by the system?

**Response: The County would expect that the resulting contract with the successful proposer shall include confidentiality language.**

68. Is the benefits administration system expected to capture the employee's election to apply "Health Bucks" to an HSA account or fulfill an HSA account through an integration or setup application?

**Response: The County does not offer an HSA plan.**

69. Is the benefits administration system expected to maintain and display this "Health Bucks" amount in each payroll period and payroll integration file (two systems were listed in the RFP)? If so, please detail these as examples in the files, reports, or displays.

**Response: The County assumes that the integration with payroll will be one time annually for the entire population after annual enrollment and then throughout the year, the data provided to payroll will be new enrollees and changes only.**

**No additional questions will be considered after the issuance of this Addendum No. 1.**

Proposals are to be prepared as instructed in this Request for Proposal and shall be received at Manatee County Purchasing Division, Suite 803, 1112 Manatee Avenue West, Bradenton, FL 34205 on or before **3:00 P.M. on September 16, 2016.**

Cordially,



Jacob Erickson  
Contracts Negotiator

*DWW*