REQUEST FOR PROPOSALS

For

COBRA Administrative Services



The Nebraska State College System 1327 H Street, Suite 200, Lincoln, NE 68508

Release Date: March 8, 2022

Questions Due: March 22, 2022

Response to Questions: April 5, 2022

Proposals Must be Received By: April 19, 2022

No Later Than: 2:00 p.m. Central Time

(not public opening)

Contract Award Date: May 3, 2022

Effective Date: September 1, 2022

All documents pertinent to this Request for Proposal will be posted on the Nebraska State College System website (http://www.nscs.edu/). While every effort will be made to send information directly to all identified potential vendors, it is the vendor's responsibility to periodically check the website for the most current information.

Nebraska State College System

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REQUEST FOR PROPOSAL NOTICE

Notice is hereby given that the Nebraska State College System (NSCS) will accept Proposals for COBRA Administrative Services until 2:00 p.m. Central Time on Tuesday, **April 19, 2022.**

All Proposals shall be clearly identified as *COBRA Administrative Services*. One (1) hard copy and one (1) digital copy (on flash drive) of your Proposal (one must be marked as Original) should be forwarded to the NSCS at the following address:

Nebraska State College System Attn: Kristin Divel 1327 H Street, Suite 200 Lincoln, NE 68508

There will not be a formal opening of the proposals, but proposals will be opened at 2:00 p.m. Central Time on Tuesday, **April 19, 2022.**

Proposals received after 2:00 p.m. Central Time on **April 19, 2022** will not be considered and will be returned unopened. Any proprietary information submitted with your proposal must be in a sealed envelope marked "Proprietary." Digital copies of proprietary information should NOT be provided.

Proposals will be evaluated, and the successful vendor(s) will be determined and approved by the NSCS and its designated representative. The NSCS reserves the right to reject any or all proposals, waive formalities and to select the vendor, benefits and services that best meet the needs of the NSCS and its employees. The NSCS reserves the right to select and terminate any servicing agent, agency, company or administrator.

Inquiries, clarification, requests for proposal forms and questionnaires should be requested in writing or via email. All correspondence regarding this request for proposal should be directed to:

Kristin Divel
Vice Chancellor for Employee Relations
Direct: 402-471-2505
E-mail: kdivel@nscs.edu

BACKGROUND AND GENERAL INFORMATION

The Nebraska State College System (NSCS) is seeking proposals for COBRA Administrative Services. The purpose of this Request for Proposal is to gather information from your organization relative to the NSCS required scope of service and key selection criteria. Organizations selected as finalists may be expected to address more detailed issues regarding financial and other specifics of their organization and operations. These same finalists may be expected to participate in interviews with NSCS System Office staff and College representatives.

The NSCS has adopted and sponsors the three (3) following group health plans: Employee Assistance Plan, Vision Plan and Flexible Spending Account Plan. The NSCS is required to offer continuation of coverage to certain individuals pursuant to the provisions of the Public Health Service Act and the Internal Revenue Code for eligible employees and their dependents. Currently, the NSCS operates these COBRA benefits through a third-party provider, ASI COBRA, LLC.

The NSCS invites proposals from qualified organizations to administer the COBRA Administrative Services. Applicants are required to have a minimum of five years of experience in administering this type of service. Experience in offering COBRA services to public entities (especially in Nebraska) is also desirable.

Note: Any proprietary information submitted with your proposal must be in a sealed envelope marked "Proprietary." Digital copies of proprietary information should NOT be provided. Information not marked as Proprietary will be subject to re-release pursuant to future public record requests. Proprietary information may only include specific parts of the proposal that are not subject to the Nebraska Public Records Act such as private company financial information.

SCOPE OF SERVICE

It is the intent of the NSCS to enter into an agreement with the selected service provider for administration of the COBRA services for three (3) benefits consisting of the Employee Assistance Plan (Continuum EAP), Vision Plan (Ameritas VSP) and Flexible Spending Account Plan (ASI Flex).

The selected service provider will agree to start contractual services effective September 1, 2022.

With respect to the COBRA services, the selected firm will:

- Provide a designated representative who is knowledgeable about all aspects
 of COBRA services and is always accessible by phone or email during
 regular working hours to address emergency or non-emergency issues posed
 by the NSCS.
- 2. Provide the NSCS with access to a representative who can effectively address all legislative and legal questions regarding COBRA laws and regulations.
- 3. Provide for informational material necessary to communicate the COBRA options in an understandable manner for eligible employees.
- 4. Administer the services in full compliance with the Public Health Service Act and Internal Revenue Service requirements.
- 5. Assure in writing that no employees of the successful vendor will attempt to sell any other products not specifically a part of this COBRA Plan or enroll any State College employee in any insurance plan, savings plan, or deferred compensation plan or other benefit program that is not specifically provided for in this RFP.
- 6. Determine whether a Qualifying Event has occurred.
- 7. Determine who is eligible to receive COBRA coverage.
- 8. Determine when required COBRA notices must be furnished and provide all required COBRA notices to employees, spouses, dependents, and Qualified Beneficiaries.
- 9. Receive all required COBRA notices from employees, spouses, dependents, and Qualified Beneficiaries.
- 10. Determine the date by when COBRA elections must be made and provide all necessary election forms.

- 11. Receive and process duly executed COBRA election forms received from Qualified Beneficiaries.
- 12. Determine whether a COBRA Continuation Coverage election is valid.
- 13. Determine the duration of Continuation Coverage and whether an event has occurred terminating coverage.
- 14. Design, print and send initial premium notice and payment coupons to Qualified Beneficiaries who have elected Continuation Coverage stating the amount of the monthly premium and due dates for Continuation Coverage.
- 15. Design, print and send notices of premium shortages.
- 16. Design, print and send notices of cancellation for failure to make timely payment.
- 17. Design, print and send notices of cancellation because eligibility is ending.
- 18. Design, print and send notices of premium changes and new payment coupons.
- 19. Receive, process, and forward to the NSCS amounts received as premiums from Qualified Beneficiaries for Continuation Coverage. Retain any applicable administrative fees and send the remaining amounts to the NSCS via check(s) made payable to the applicable carrier.
- 20. Print and send new employee COBRA notices.
- 21. Establish, maintain, and update an eligibility report to all carriers identified by the NSCS. Updated eligibility reports will be produced weekly for each carrier, and vendor will send such reports to the NSCS.

- 22. Establish, maintain, and update a roster containing the names of all participants who elect Continuation Coverage under the plans and provide such roster to the NSCS.
- 23. Upon receipt of premium payments from Qualified Beneficiaries for Continuation Coverage, deposit such amounts with the vendor's bank in an account established by and in the name of the vendor, until such amounts are required to be remitted to the NSCS. Such amounts will be sent to the NSCS via check(s) made payable to the applicable carrier. Maintain and render accounting of the premiums received from Qualified Beneficiaries for Continuation Coverage, and remit the amounts collected to the NSCS at such times and in such manner as may be agreed upon by the vendor and NSCS, but not more frequently than monthly.

PROPOSAL EVALUATION CRITERIA

The NSCS will evaluate proposals based on the needs of the NSCS and its employees. The following criteria will be used in evaluating each of the vendor responses:

- The plan provider's ability to assist the NSCS in meeting its administrative needs as discussed in the Background and General Information and Scope of Services sections.
- 2. Compliance with specifications, responsiveness to requirements and adequacy of information provided.
- 3. Competitive financial proposal.
- 4. Ability to comply with applicable State and Federal laws and regulations.
- 5. Financial position of vendor.
- 6. Vendor's relevant experience, qualifications, and success in providing the services outlined in this RFP.
- 7. Stability of rates and fees over time.
- 8. Ability to provide the NSCS with requested reports.
- 9. Other criteria identified by the NSCS as important in evaluation of submitted proposals.

CONDITIONS AND STIPULATIONS

You are invited to submit your Proposal for COBRA Administrative Services based on the information contained in this Request for Proposal. Unless a specific note is made to the contrary, we will assume that your Proposal conforms to the NSCS specifications.

You are invited to ask questions during the proposal process and to seek additional information, if needed. All questions should be submitted in writing to Kristin Divel. Questions must be received no later than Tuesday, March 22, 2022. A written response to all questions will be provided on the NSCS website on Tuesday, April 5, 2022.

- The NSCS reserves the right to accept or reject any or all proposals and to waive formalities and select the carrier and benefit options that best meet the needs of the NSCS and its employees. The objective of the NSCS is to select a carrier who will provide the best possible service at the best possible cost while meeting the Request for Proposal specifications. The NSCS is not obligated to award the contract based on cost alone.
- Any proposed deviations to any part of these specifications must be submitted in writing as a part of the questionnaire, (question #1) and clearly identified in the appropriate section of the Proposal. Any deviation deemed to be significant by the NSCS will disqualify the Proposal.
- ➤ Failure to identify any such deviation(s) shall not in the future accrue to the disadvantage of the NSCS or any qualified participant or dependent in any manner.
- The vendor awarded the business shall submit properly executed contracts to the NSCS no later than Tuesday, May 24, 2022.
- Successful vendor shall be required to include a disclosure statement of any potential conflict of interest that the firm may have due to other clients, contracts or interest associated with this project.
- All Providers must be in <u>full compliance</u> with Nebraska and Federal requirements relating to the requested coverage or administration of such benefits, including (but not limited to):
 - State and Federal privacy requirements
 - o Drug Free Workplace
 - Nondiscrimination/Fair Labor Standards
 - Americans with Disabilities Act
 - E-Verify

- An account representative must be available to the NSCS on an on-going basis.
- The selected vendor shall refer any inquiries relating to potential legal claims against the NSCS to the NSCS Chancellor.

VENDOR ORGANIZATION QUESTIONNAIRE

Note: A complete response to this questionnaire must accompany all Requests for Proposal. A response such as "See Proposal" is **not** sufficient unless there is proper reference to the specific section of the proposal addressing the question. Please be specific in your answers.

Please list the question as stated with your response immediately following the question.

Deviations

 Does your Proposal contain <u>any</u> deviations from the benefits, general conditions, stipulations or other provisions of the specifications? If yes, provide details in a separate cover letter. Otherwise, confirm that you have responded according to Proposal conditions.

Fees

- 2. Are the fees quoted in this Proposal firm and guaranteed for the term of the contract? The initial contract period is September 1, 2022 through August 31, 2023 with the option to renew for five (5) additional one (1) year terms.
- Provide the per-employee cost to administer services described within the proposal. Said fees may be based on a lump sum amount or a cost per employee per month.
- 4. Are additional services available beyond what is described within the RFP and/or your proposal? If so, what are these services and the fees for the services in detail?
- 5. Is this Proposal tied to any other benefit offer?

Vendor Information

- 1. Provide a legal description and a brief history of your organization.
- 2. Please describe the COBRA services you provide to your own employees.
- 3. How long have you been conducting business in Nebraska?
- 4. What experience has your company had with public sector entities?
- 5. Describe any merger/acquisition plans or other major organizational changes under consideration by your company.
- 6. How many employees are covered by COBRA plans for which you act as administrator?
- 7. What attributes distinguish your organization from the competition?
- 8. Describe the financial condition of your organization. Provide copies of your most recent financial statement.
- Describe the capabilities and information available on your website or employer portal.
- 10. Does your organization outsource administration for any of the services you provide? If so, please explain and identify the other vendors that would be providing services to our employees.

ADMINISTRATION SECTION

- 11. Please describe the services included with your proposal to manage and safeguard the COBRA plan funds.
- 12. What standard reports are available? Are there additional costs associated with any of these reports? How frequently are these reports available?
- 13. In addition to the standard reports presented in your proposal, do you provide any additional reports on request? Is there a charge? If yes, please provide additional cost.
- 14. Please provide your detailed enrollment plan. Your description should contain sample communication documents, enrollment forms and a timeline for a September 1, 2022, effective date.
- 15. Can you accept eligibility information electronically?

- 16. What additional resources are available to your clients' benefits team?
- 17. Describe your company's disaster recovery and contingency plans. Have you ever tested or actually implemented these plans?
- 18. Do you have a designated contact for the NSCS? Is this person a dedicated contact for the NSCS? Or, is there a general customer service contact for insured members? Please provide the name, contact information, and years of experience with your company.

CLAIMS SECTION

- 19. What are your processing standards for turnaround time, procedural accuracy and financial accuracy?
- 20. Describe your internal quality assurance processes for service administration.

CUSTOMER SERVICE SECTION

- 21. Describe the range of both administrative and member services provided by your organization.
- 22. Describe how you will handle, process and reply to employee inquiries.
- 23. Is there a toll-free number or online website support available to answer questions from participants? What are your customer service department hours?
- 24. Describe the structure and staffing of your customer service office, including the number of customer service representatives.
- 25. Does the plan comply with all State and Federal mandates? If no, please explain.
- 26. Provide the names and telephone numbers of five (5) clients, preferably in the State of Nebraska, with whom you have had a working relationship, as a reference for the NSCS. Include the number of participants for each group. (Preferably, the references should be governmental or educational units.) Include two (2) groups that recently terminated coverage.

| Signature (Authorized Representative) | Title |
|---------------------------------------|-------|
| Company | Date |
| Telephone Number | Email |