

## **AGENT OF RECORD SCOPE OF SERVICE**

The primary purpose of this RFQ is to select a qualified firm to serve as an Agent of Record for the City of Riviera Beach for Health, Dental, Life, Vision, STD, Prepaid Legal, employee assistance and the other supplemental programs for group Health insurances.

**The City is particularly interested in a broker who can offer creative, innovative approaches, with a proven track record, that allows the City to maintain quality programs and contain or reduce costs.**

The selected firm will demonstrate the capacity to favorably negotiate rates, benefits services with various group insurance providers to ensure the CITY receives the best values for desired coverages. The scope of services may include but is not limited to the following:

### **Analysis and Reporting**

1. Analyze existing coverage and identify or develop cost saving alternative benefit strategies and plans.
2. Assist in the development of long-range goals and strategies, including making projections of potential savings.
3. Provide analysis and recommendations based on utilization and performance reports, statistical/or financial reports and plan specific data.
4. Assist the City in monitoring and analyzing experience trends and providing timely alerts on changing patterns and appropriate recommendations.
5. Provide, maintain and update comparison reports of other public and private companies benefit plans offerings and costs to determine their competitiveness with the City's program. Provide information on other municipalities of comparable size and location will be doing with their benefits in the upcoming year.
6. Provide financial and/ or performance reviews of self-funded and fully insured plans and programs.
7. Be available to provide various types of reports as needed, such as cost analysis for benefits changes, and other statistical, financial, forecasting, trend, labor negotiations or experience reports.
8. Advise and assist the City in evaluating and selecting among coverage alternatives such as plan coverage's, deductibles, co-payments, out of pocket payments, etc.
9. Review coverage documents and invoices to assure coverage has been correctly issued and billed.
10. Advise the City on potential gaps or overlaps in coverage's.
11. Resolve claims dispute, coordinate resolution with carrier on all issues including but not limited to claims, coverage, enrollment and billing.

12. Assist with COBRA/HIPAA administration audits, 5500s, forms and questions as needed.
13. Assist the City with Benefit Renewals through ensuring that all providers that meet City needs receive proposals and seek alternative coverage if requested.
14. Assist the City with Benefit Plan Design to contain cost and maximize benefit effectiveness.
15. Analyze and report utilization trends and cost. Help to provide management and staff overview education on how best utilize and limit premium increases.
16. Maintain full and accurate records with respect to all matters and services provided on behalf of the City's benefit plans and programs. Provide the City staff or officials all spreadsheets, assumptions and calculations upon completion of any project performed on behalf of the City's benefit plans and programs.

### **Annual Renewal Process, Evaluation and Compliance**

1. Assist with setting up the renewals timing schedule annually. Assist with writing, reviewing, analyzing, and presenting Requests for Proposals during renewals. Provide side by side reporting for City review. Prepare and/or review and advise on contract renewals.
2. Establish a strategy for benefits, both annually and five years projections based on the City's trends. Consider trends, union negotiations, prospective legislations, new delivery systems and geographic health-care practices to make long term projections.
3. Provide written update on new State or Federal legislation or judicial decisions impacting the City and suggested action or changes in operations or procedures to assure compliance.
4. Provide advice on data practice, records retention and privacy issues. Research benefits questions and provide advice to the City as needed.
5. Insurance coverage proposed shall be provided for employee/ retirees and dependents. Coverage will maximize group savings while maintaining a benefit plan comparable to the current if not better Benefit plans.
6. Periodic review (no less than bi annually) of the City's health insurance programs, specific coverage(s) etc.
7. Assist City Human Resources Risk Management Division staff with annual audit to ensure compliance with all mandated reporting and posting/ notice requirements for benefit plans.
8. Assist in developing communication materials and tools for conducting dependent verification audits.
9. Annual (March) estimates of renewal rates and cost trends and assist City staff in preparing of budget figures.

10. Conduct thorough and applicable market research in preparation for annual renewals.
11. Provide onsite training to City staff as needed, regarding regulatory updates and /or best practice seminars for the effective administration of benefit plan.
12. Representation in all negotiations with providers on various topics, including, but not limited to, premiums, benefit levels and plan design, performance measures and guarantees, contractual terms and conditions, and quality assurance standards.
13. Attend, coordinate and assure proper training of individuals who are assisting with open enrollment are knowledgeable with City benefits to assist employees during open enrollment meetings.
14. Coordinate, develop and produce Employee Benefits Handbook/Guide.
15. Assist Human Resources Risk Management Division with the coordination of employee benefit and wellness fair.

### **Liaison and Problem Intervention**

1. Provide prompt response to questions and requests is an absolute requirement. It is expected that there will be more than one individual within the firm capable of addressing possible concerns of the City.
2. Provide day-to day consultation on plan interpretation and problem resolution, including but not limited to, explanation of plans, assisting employees/ retirees with selecting plans that meet their needs and geographic location, and transitioning retirees from early retiree plans to Medicare-coordinated plans.
3. Provide timely customer service and assistance to staff, employees and retirees with issues involving provider billing, claims, vendor service issues/problems., advocacy for services, disputes, interpretation of contracts and services, changes and general troubleshooting.
4. Establish relationships with those providers that will most greatly benefit the needs of the City.
5. Act as an advocate or ombudsman in appeal, arbitration or court process between the City and the providers on unresolved issues if needed; provide advice when needed to enforce City, employee, retiree or their dependents' rights.

### **Other Service Requirements**

1. Assist in the development and/or purchasing of web site technologies to support n-line enrollments, changes and employee education to assist employees/retirees in self-management benefits, and to reduce the related administrative demands on City staff.

2. Assist in the re-development of our employee wellness program to improve employee health and reduce employee and retiree health-care costs.
3. In addition Agent of record will provide additional service to employees. These services will be covered at the expense of Agent of Record. Furthermore, after six (6) months, these additional programs will be reviewed to determine continuation of such programs. If the program implemented is unsuccessful, the City will modify the program element to the needs of employees.
4. At a minimum, attend two (2) monthly on site visits to facilitate and assist employees in the resolution of outstanding insurance issues.