

Request for Proposals Third Party Administrative Services

Released on:	November 1, 2019
Proposal Due Date:	December 13, 2019 Proposals must be received via email and electronically date/time stamped on or before the proposal due date to the following inbox: rfpsubmissions@myseiubenefits.org For additional detail please visit the HBT RFP Web Page .
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Proposer Eligibility:	This procurement is open to individuals and entities that satisfy the minimum qualifications stated herein and are available to work in the states of Washington and Montana.

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0 DEFINITIONS AND ACRONYMS

AP	Agency Provider, caregivers employed by participating homecare agencies.
CPH	Cents per hour, the contribution employers must make towards health insurance and other benefits for every hour that caregivers work. The cents per hour contribution is determined by collective bargaining agreement (CBA).
Carina	A free service that matches verified Individual Providers (IP) with Medicaid in-home care clients. Carina works in partnership with SEIU 775 Benefits Group and DSHS to provide this service via a web-based application.
DSHS	The Washington State Department of Social and Health Services; currently the HBT's largest participating employer.
Eligible	Due to the funding nature of the CPH employers, there are groups of caregivers who have sufficient hours to be enrolled in health and dental coverage but may or may not be enrolled in this coverage. Health and dental coverage is on an opt-in basis and requires caregivers to complete an enrollment form. Similarly, there may be caregivers who have sufficient hours to utilize a wraparound benefit (such as free slip-resistant shoes) but choose not to utilize the benefit.
Enrolled	These are individuals who have met all eligibility requirements and are actually enrolled in those health and dental benefits. Coverage is on an opt-in basis. A caregiver does not become enrolled until he/she is sent over to the carrier on an 834.
Medicaid and Private Pay Hours	IPs and APs are most commonly supporting Medicaid patients. Patients, or clients, may also request additional private pay hours from agencies or home care aides.
Consumer Participation Hours	Medicaid has a consumer 'co-pay' of a number of hours that are considered Consumer Participation Hours. DSHS and participating agencies do not pay HBT contributions on Consumer Participations hours, Training Hours, or Paid Time Off (PTO) hours.
Caregivers/HCAAs	Home Care Aides, a.k.a. long-term care workers.
HBT	Health Benefits Trust. A Taft-Hartley Trust that is responsible for providing medical, prescription drug, vision, behavioral health and dental benefits to eligible caregivers in Washington and Montana.
IP	Individual Provider, caregiver employed by individual client. DSHS is the employer of record and remits payment to IPs for services they provide to their clients. In July 2021, this DSHS relationship will be replaced by two consumer-directed employers. See PPL and CD WA below.
Participants	HBT beneficiaries (including both premium and cents per hour employees).
MRC	SEIU 775 Member Resource Center, a call center that the SEIU 775 Benefits Group contracts with to provide customer service to members.
Public Partnerships Limited (PPL)	One of two new vendors selected by DSHS as part of the CDE (mandated implementation by 6/30/21). PPL is DSHS's current payroll vendor.

Consumer Direct Care Network (CD WA)	One of two new vendors selected by DSHS as part of the CDE (mandated implementation by 6/30/21).
ProviderOne	DSHS's current payroll system administered by PPL.
Salesforce	The platform used by the MRC to provide customer service.
TPA	Third Party Administrator.
TP	Training partnership. Washington state's second-largest educational institution by enrollment, providing more than 6 million hours of essential home care training since 2010.
PCORI Fee	A fee on issuers of specified health insurance policies and plan sponsors of applicable self-insured health plans that helps to fund the Patient-Centered Outcomes Research Institute (PCORI).
HIPAA	Health Insurance Portability and Accountability Act.

I INTRODUCTION

I.1 PURPOSE

The SEIU 775 Health Benefits Trust (HBT) is issuing this Request for Proposal (RFP) to execute a contract with one contractor to serve as the Third Party Administrator (TPA) for HBT. The selected contractor will also partner with Training Partnership (TP) and Carina by way of separate contracts. The awarded contractor will administer HBT health benefits eligibility, enrollment, and revenue collection as well as collect contributions for TP and Carina.

Ultimately, HBT is interested in establishing a long-term strategic relationship with an innovative partner who is able to deliver the full suite of TPA services and committed to helping HBT become a leader in health care purchasing. We are seeking a partner whose workplace values ensure stakeholders are treated with dignity and respect.

HBT reserves the right to amend this solicitation, reject any and all proposals, and to waive any irregularities.

HBT anticipates that the successful proposer will have the following capabilities:

- A. Prior experience administering benefits for a Taft-Hartley Trust preferred.
- B. Offer the full suite of TPA services defined in section 1.3, either directly or through subcontracts, which can support HBT's current and future strategic efforts.
- C. Ability to determine participant eligibility for HBT health benefits, which includes complex eligibility rules and multiple complex data exchanges.
- D. Ability to administer a multi-employer benefit, which involves the exchange of participant information with external entities.
- E. Have the resources available to provide dedicated technical and account management support to HBT staff and consultants during TPA transition, implementation, and on-going services.
- F. Provide comprehensive services related to HBT eligibility and enrollment, including a fully staffed call center and online enrollment platform.
- G. Information technology infrastructure which provides HBT with flexible, timely and secured access to detailed current and historical participant eligibility, enrollment, premium and benefit data.

- H. Highly skilled, market knowledgeable, and domestically located Engineering staff to design, test and implement software and system enhancements to fulfill the HBT's unique participant and business environment needs.
- I. Demonstrated communication expertise to enable the proposer to recommend, develop, distribute and support HBT participant communication channels and collateral needs, upon request.
- J. Ability to successfully collaborate with HBT's other third-party service providers and supply the necessary information to perform their respective duties.
- K. Facilitate employer contribution collection and reporting including collection of co-premium/premium payments.
- L. Provide financial administrative services for HBT including fund disbursements, financial statement creation, A/R reconciliation, and coordination with HBT's other financial and audit partners.
- M. Actively provide experience-based guidance and manage the plan to ensure Taft Hartley, HIPAA, and ERISA Compliance.

1.2 OVERVIEW OF THE SEIU 775 HEALTH BENEFITS TRUST

SEIU 775 Benefits Group

SEIU 775 Benefits Group includes a family of related organizations created and sponsored by the Service Employees International Union (SEIU) 775, the State of Washington (DSHS), and participating employers to advance the professionalism of the home care workforce through comprehensive health benefits, training and secure retirement. Caregivers are healthcare professionals who provide services to older adults and people with disabilities (clients).

SEIU 775 Benefits Group includes:

- **Health Benefits Trust (HBT):** A Taft-Hartley Trust that is responsible for providing medical, prescription drug, vision, behavioral health and dental benefits to eligible caregivers in Washington and Montana. In addition, HBT provides population health and safety services to caregivers. These benefits are provided to caregivers through the Washington State Legislature, which funded the development of the HBT in 2005.
- **Secure Retirement Trust (SRT):** A Taft Hartley Trust responsible for providing secure retirement benefits to caregivers in Washington and Montana.
- **Training Partnership (TP):** Washington state's second-largest educational institution by enrollment, providing more than 6 million hours of essential home care training since 2010.
- **Carina:** A free service that matches verified Individual Providers (IP) with Medicaid in-home care clients. Carina works in partnership with SEIU 775 Benefits Group and DSHS to provide this service via a web-based application.

The Health Benefits Trust (HBT)

HBT is an ERISA-regulated benefit plan created and sponsored by the SEIU 775, DSHS, and participating employers to provide health care coverage and other programs that improve the health of caregivers.

Currently, there are more than 50,000 caregivers working in Washington and Montana, of whom approximately 20,000 are enrolled in medical and dental coverage through HBT. HBT also provides multiple health and wellness benefits including EAP and third-party behavioral health support platform programs serving populations as large as 50,000, and a safety program that serves 36,000 caregivers.

HBT Strategy

HBT is growing rapidly and is actively engaged in a number of strategic initiatives spanning a variety of topics including eligibility and enrollment, population health and wellness, and value-based healthcare purchasing. In 2016, HBT moved from a fully funded to a self-funded platform. In 2018, HBT added three new vendors that provide health, wellness, and safety benefits to caregivers. In 2020, HBT is exploring the expansion of benefits to child dependents as well as consolidating HBT's portfolio of plans into three plan tiers that include standardized medical, dental, and wraparound benefits.

HBT continually evaluates its programs and responds quickly to both operational and participant health and wellness issues as they arise. As a result, HBT is interested in partnering with a TPA that has the experience and infrastructure needed to develop and advance organizational and administrative changes of varying scope and complexity throughout the year. HBT would like to find an agile partner who will help find simple, creative solutions that will result in an improved experience for our caregivers and participating employers.

Fostering strong partnerships with participating employers and external vendors is also a top priority for HBT. Operational processes should be efficient and reduce the administrative burden for the participating employers. Additionally, HBT strives to provide reliable exchanges of data with its various vendors with appropriate quality assurance processes and escalation pathways. HBT is looking for a thought partner that can help it evolve and provide streamlined and simple service to its population.

Population Demographics

GENDER MIX: 16% Male, 84% Female

AVERAGE AGE: 48

TOP LANGUAGES: English, Russian, Spanish, Cantonese, Korean, Vietnamese, Somali, Arabic. (16% Limited English Proficiency)

Employer Types & Funding Mechanisms

As a self-funded trust, HBT has two mechanisms for collecting funds to cover expenses.

Cents per Hour Employers: The coverage for 95% of participants is funded via an hourly contribution rate the employer pays for each hour worked by their employees. This rate is set by the collective bargaining agreement (CBA) between the employer and a union.

Premium Employers: The coverage for the remaining 5% of participants is funded through a monthly premium rate determined by HBT for each employee enrolled in coverage. These employers pay a set premium for their employees' coverage.

Employee Types

CPH Employees:

CPH employees fall into two categories, Individual Providers and Agency Providers. Caregivers who identify the State of Washington as their primary employer are called **Individual Providers (IPs)**. The State does not consider these caregivers employees of the State but does administer their payroll and acts as the bargaining employer for these caregivers. The IPs represent approximately 76% of the total caregivers in the system. The State sends IP hours to HBT three to four times a month. IPs are allowed to "claim" hours up to 12 months after providing care, so the hourly data typically includes a small percentage of historic hours. The contributions owed are based on the CBA in effect when the hours were worked.

Please note: The State will be transitioning to a different model to support the IPs called [Consumer Directed Employer \(CDE\)](#). At a high level, this will impact HBT by changing the file exchange and contribution submission duties from the State of Washington to two private organizations. While HBT does not have specifics regarding the transition at this time, it does know that the Washington state legislature has mandated implementation by 6/30/21.

Caregivers who submit hours through one of the fourteen (14) private agencies who participate in HBT via a CBA are called **Agency Providers (APs)**. The APs represent approximately 24% of the total caregivers in the system. APs are considered employees of the agencies and thus have additional rights to benefits (e.g. FMLA) that IP's, as independent contractors, do not. While relatively uncommon, agencies do submit historic hours on occasion although typically only one month "late" due to administrative issues.

Premium Employees:

HBT currently provides health insurance for five premium employers. The **premium employee** population consists of roughly 1,071 participants. This relationship demands its own administrative processes as the premium rates are set by HBT, but the eligibility criteria and member cost share are determined by the employer. The employer submits a roster once a month indicating which employees to enroll and TPA produces an invoice based on current rates.

Health Insurance Eligibility Criteria (See Appendix C: Visual 1 for detail)

The HBT uses criteria defined by the HBT Board of Trustees to determine eligibility for medical and dental insurance coverage. HBT retains full authority for eligibility and program criteria.

APs and IPs Eligibility: Benefits are available to caregivers who meet initial and on-going eligibility criteria, and who make a co-premium contribution of \$25 per month. To meet initial eligibility criteria, caregivers must work at least 80 hours per month for two consecutive months and complete and enrollment application. The example below demonstrates when a caregiver would begin coverage if they meet hours eligibility and complete their enrollment application.

A caregiver worked 80 hours in January and February. If the caregiver completes an application by March 15, their health coverage will begin on April 1.

To maintain coverage or meet ongoing eligibility criteria, caregivers must continue to work at least 80 hours per month. If a caregiver loses coverage for more than twelve consecutive months they will be required to meet initial eligibility criteria again.

Participant's eligibility data (hours worked) is currently received from participating employers (DSHS and Agencies) in different file formats. Participants may be employed by more than one employer and show up on multiple files. Hours are collected from all sources and are combined to determine a participant's eligibility for benefits. When enrolling in health coverage, participants designate a '**Home Employer**' which is where their co-premiums will be deducted. The TPA is required to receive and process eligibility and enrollment data from all sources accurately and in a timely manner, and deliver enrollment information to the carriers, vendors and eligible caregivers.

Premium Employees Eligibility: Premium Employers submit a roster of participants that should be enrolled for benefits. The current TPA receives a roster file and then flags the participants as eligible in the system (they do not have an "hours" eligibility criteria). The Premium Employers notify the TPA when an employee no longer meets eligibility requirements and needs to be removed.

Wraparound Benefits Eligibility Criteria

In addition to medical, prescription drug, vision, behavioral health and dental benefits, HBT also provides multiple wraparound health and wellness benefits. Currently they have varying eligibility criteria, but it is HBT's intent to standardize them in the future (reference Future State section below). The Enrollment & Eligibility Totals table below includes our current four wraparound benefit vendors and the total number of caregivers eligible to participate in the benefit.

Enrollment & Eligibility Totals

The following table includes both enrolled and eligible totals for our health plan and wraparound benefits. The first column contains the current enrolled population for our health plan i.e. caregivers who have met the outlined eligibility, submitted an application and whose information has been transmitted to the carrier.

In contrast, the final column contains information about our wraparound benefits. For wraparound benefits caregivers do not need to submit an enrollment application to participate in the benefit. The TPA generates a file of all caregivers who meet hours eligibility for a given wraparound benefit and transmits this securely to the vendor. Caregivers whose information is on the file can then access the benefit.

HBT Enrollment:	Enrollment by Plan:	Wraparound Benefit Eligibility Totals
Total enrolled: 22,237 AP enrolled: 5,086 IP enrolled: 16,103 Premium Employees: 1,048	<i>Medical</i> Kaiser Permanente WA HMO: 11,481 Kaiser Permanente WA POS: 5,769 Aetna PPO: 2,683 Kaiser Permanente Northwest: 2,294 <i>Dental</i> Delta Dental of Washington: 17,532 Willamette Dental: 3,558	<i>Wraparound Benefits</i> Ginger: 53,000 eligible Health Advocate (EAP): 53,000 eligible EPIC hearing: 20,000 eligible Caregiver Kicks (SR Max): 36,000 eligible

*Enrollment information accurate as of October 2019

Population Volatility (See Appendix C: Visual 1 for detail)

HBT enrollment is fluid, with an average of 12% of our population losing coverage each year. Of those participants who lose coverage, about half will regain HBT coverage during the plan year, and many will lose and regain coverage multiple times each year. This coverage change is usually due to temporary reductions in reported hours (not enough hours to meet the 80-hour minimum). The HBT refers to this phenomenon as “churn” and is currently exploring a variety of creative solutions to address these undesirable gaps in HBT coverage.

Please note, AP and IP coverage is terminated two months after the participant’s hours drop below 80. This is similar to how coverage is earned two months after the caregiver has met hours eligibility criteria. If the break in coverage is less than 12 months, coverage is automatically reinstated when monthly hours return to 80.

For example, if a caregiver works less than 80 hours in March, their coverage will lapse in May. If a caregiver subsequently works 80 hours in April, coverage will be reinstated in June. After 12 months without coverage,

caregivers are no longer eligible for automatic reinstatement and are treated as newly eligible (i.e. must meet the 2-month/80-hours requirement and resubmit enrollment forms).

Operational Vendor Partners

The HBT partners with external vendors to support the administration of HBT services.

HBT partners include:

Current Vendor	Description
DiMartino Associates	Broker <ul style="list-style-type: none"> Benefits consulting and brokerage services.
Member Resource Center (MRC)	Call Center <ul style="list-style-type: none"> MRC is operated by SEIU 775 and handles inquiries from caregivers about HBT enrollment and benefits (as well as employee training, Carina, and union participation). Offers customer service support in 14 languages. MRC directs escalated inquiries related to benefits eligibility and enrollment to the TPA services provider.
Milliman MedInsight	Claims Database and Analytics <ul style="list-style-type: none"> Claims data aggregator. Healthcare utilization reporting and analytics.
Lindquist	Employer Payroll Auditor <ul style="list-style-type: none"> Provides payroll audits of contributing employers.
Clark Nuber	HBT Accountant – Financial Statement Preparation <ul style="list-style-type: none"> Monthly, quarterly and year-end Financial Statement creation in collaboration with TPA’s records. Pays approved non-health plan vendor invoices on behalf of the HBT. (Benefits Group staff approves invoices)
Schoedel and Schoedel	HBT Auditor <ul style="list-style-type: none"> Audits financials for the HBT; interacts with Clark Nuber and TPA for information. Preparation of government reports or IRS Form 5500.
Amalgamated Bank	Banking and Custody Services <ul style="list-style-type: none"> Holds investments and places trades on behalf of HBT based on instructions from RBC Wealth Management. TPA delivers instructions manually per the Investment Policy Statement.
RBC Wealth Management	Investment Advisor <ul style="list-style-type: none"> Provides investment advice for Trustee consideration. Acts as a fiduciary 3(21) to HBT.
McKenzie Rothwell Barlow & Coughran P.S. (MRBC)	HBT ERISA Counsel <ul style="list-style-type: none"> Ensures that all plan documents meet ERISA requirements. Attends board meetings and committee meetings as needed. MRBC attends meetings as needed with each vendor as requested by HBT for compliance matters, review of documentation / communications.

Carrier, Provider & Vendor Partners:

Below is the list of current carriers/providers. HBT continues to innovate and pilot additional programs and may add or change benefits in the future.

Name	Function	TPA Interaction
Kaiser Permanente WA	Medical Carrier	834 files are transmitted weekly by TPA, each Tuesday and Thursday. TPA also pays monthly administration invoices, as well as weekly claims invoices.
Kaiser Permanente NW	Medical Carrier	834 files are transmitted weekly by TPA, each Tuesday and Thursday. TPA also pays monthly premium invoices.
Aetna	Medical Carrier	834 files are transmitted weekly by TPA, each Tuesday and Thursday. TPA also pays monthly administration invoices, as well as weekly claims invoices.
Delta Dental of Washington	Dental Carrier	834 files are transmitted weekly by TPA, each Tuesday and Thursday. TPA also pays monthly administration invoices, as well as weekly claims invoices.
Willamette Dental of Washington, Inc.	Dental Carrier	834 files are transmitted weekly by TPA, each Tuesday and Thursday. TPA also pays monthly premium invoices.
EPIC Hearing	Hearing Device Carrier	TPA generates weekly eligibility file and pays monthly administration invoices, as well as monthly claims invoices.
Health Advocate	Employee Assistance Program	TPA generates weekly eligibility file and securely transmits to vendor. TPA also pays monthly fee invoice.
Ginger	Behavioral Health Service	TPA generates monthly eligibility file for vendor.
Sav-RX	Prescription Drug Vendor for Aetna Plans	834 files are transmitted weekly by TPA, each Tuesday and Thursday. TPA also pays claims invoice on a ten-day cycle.
SR Max	Safety Shoe Vendor	TPA generates weekly eligibility file and transmits securely to vendor. TPA also pays and audits monthly invoice.

Plan Options

Current State (Please see Appendix C: Visual 2 for detail)

Plan A (Premium plan serving SEIU 775 staff, Working Washington staff and SEIU 775 Benefits Group staff)

Plan B (IP/AP plan serving all Washington State caregivers except those working for Catholic Community Services)

Plan C (Premium plan serving childcare providers)

Plan M (Premium plan serving Montana State caregivers)

Plan N (placeholder plan with no enrollment)

Plan R (AP plan serving Catholic Community Services)

Future State

HBT's portfolio includes 22 medical plans across three carriers, and dental plans with two carriers. In addition to medical and dental benefits, HBT offers wraparound benefits addressing behavioral health and safety with varying

eligibility requirements. These 22 medical plans vary only slightly in benefit design and cost. Some plans have as few as three participants. While HBT administers nearly two dozen plans, about 95 percent of its population resides within Plan B.

In an effort to reduce administrative complexity, HBT is planning to standardize its plan design in calendar year 2020. The proposed approach includes consolidating HBT’s portfolio into three plan tiers that include standardized medical, dental and wraparound benefits as part of a comprehensive package of benefits. These nine plans across the existing three medical carriers and two dental carriers would apply a consistent approach to benefit design and eligibility.

1.3 STATEMENT OF WORK

The awarded TPA will be responsible for the provision of the following administrative services for HBT, including but not limited to the following:

	Function	Description
I	Data Repository, Database Administration, & Data Management	<p><i>Data Repository and Database Administration</i></p> <ul style="list-style-type: none"> ● Create and manage logical database to hold proprietary and historical information related to HBT participation including demographic data, employer relationships, work history dating back to 2012, receipts files, rate tables and related attributes. ● Ability to ingest millions of rows of data during initial implementation phase. ● Ability to support the addition of 500,000+ detailed participant records each month. <p><i>Data Management & Exchange</i></p> <ul style="list-style-type: none"> ● Establish secure file transfer protocol mechanism for two-way data exchanges (<i>from employer and to employer</i>). ● Intake all hours files from all employers (including retroactive and negative hours) in varying formats and levels of detail. ● Provide an Employer facing interface to allow employers to submit hours data, demographic information, and view invoices and pay contributions. ● Perform file and data validations on received data, with error handling and correction processes. ● Consume and consolidate data into participant records while maintaining the integrity of the source data. ● Perform participant-wise identity resolution through master data management (MDM) including maintaining demographic updates and reference data. ● Standardize contact information using agreed upon methods (i.e. 2-line address, 9-digit zip, etc.). ● Store and make accessible results of any transformed or unified data. Provide tracking system and change logs for any updates received or performed on participant data. ● Ensure uniformity, consistency, and timeliness of data so that no one mechanism of display has information different than another. (I.e. Participant facing interface is using the same data as the Employer facing interface as is held in the database and is shared with the HBT) ● Ability to organize data in a manner that will meet reporting requirements consistently. (See below for details) ● Recognition that data is owned by HBT and regular access to the data is required. ● Disclosure and transparency of business logic and data processing rules, data dictionary, and cataloguing as necessary. ● UAT and QA process for any new business logic.

		<ul style="list-style-type: none"> ● Partner with internal HBT data, finance, compliance, and analytics teams.
2	Eligibility & Enrollment	<ul style="list-style-type: none"> ● (APs and IPs) Determine eligibility and calculate co-premium amount due. Invoice employers for co-premiums (co-premiums are paid via payroll deduction or check). ● (Premium Employers) Receive roster of eligible employees and invoice the employers for premiums due. ● Provide and maintain a fully functional eligibility and enrollment platform. Functions should include at a minimum: hours reported, demographic information, historical coverage, enrollment and eligibility calculation/confirmation. ● Leverage eligibility and enrollment data in external interfaces (i.e. a Participant facing interface providing direct access to our members) and data exchanges as needed. (See Customer Service Section for detail) ● Online and Paper Enrollment Application processing (enrollment form, enrollment confirmation/denial letter) ● 834 Creation and submission to carriers. ● COBRA Administration. ● FMLA and Paid FMLA Administration. ● Research and facilitate response to COB inquires (e.g., CMS demand letters).
3	Contribution Accounting	<ul style="list-style-type: none"> ● (APs) Collect hours data, calculate CPH, and invoice employers for the amount due. ● (IPs) Receive hours file and validate that the hours match the payment sent to the custodian. ● Facilitate Contribution Reporting: Maintain CBA records. Correspond with the employers when contribution income is reported incorrectly and inform them of corrective action required. ● Handle Employer Contributions: Receive and verify the accuracy of employer contributions and reports and maintain proper records of hours and contribution data. ● Implement Delinquency Control Procedures: Maintain controls over late reporting and contribution submission. Follow HBT's delinquency and collection policy. ● Maintain Employee Personal and Employment Data: Maintain accurate and up-to-date participant and beneficiary eligibility and enrollment records.
4	Financial Administration	<ul style="list-style-type: none"> ● Receive premium/co-premium contributions from participants and employers (via employer payroll deduction or employee self-pay). ● Coordinate the collection of any shortfalls or reconciliation of overpayments (per HBT Delinquency Policy) ● Prepare, process, and circulate for signature all HBT disbursements according to HBT procedures. ● Maintain accurate records of accounts, receipts and disbursements to meet standard audit requirements. ● Maintain complete balanced general ledger activity. Reconcile HBT bank accounts to the general ledger, and the Investment Manager's reports on HBT assets under management monthly. ● Prepare monthly financial reports to report earnings and expenses. ● Provide financial data and reporting coordination with HBT's financial administration partner. ● Reconcile accounts receivable (AR) for all types of revenues on financials across all systems. ● Compute insurance and other carrier premiums in accordance with the agreed rates and HBT's eligibility records for HBT's insured benefits.

		<ul style="list-style-type: none"> ● Pay appropriate fees related to HBT administration (e.g. PCORI fees). ● Pay HBT expenses (e.g. claims and premiums). ● Communicate with employers on when to make payroll deductions for co-premiums. ● Administration of incentive payments, involving coordination with carriers. ● Provide all requested financial records to HBT's external auditor selected by the Trustees. ● Cash Management Adherence: Manage the hold back of cash based on the policy (not all funds are transferred to the custodial account to ensure liquidity for expenses). ● The investment advisor provides trading instructions to the TPA who, in turn, provides to these instructions to the custodial bank. ● Provide monthly budget financial data and budget vs actual comparisons.
5	Compliance	<ul style="list-style-type: none"> ● Maintain and administer yearly compliance calendar (including compliance mailings, Privacy Notice, PCORI Fees, etc.). ● Track and maintain ACA required eligibility and enrollment records as it relates to 6055/6056 reporting, as well as report submission and annual participant mailing. ● Provide Audit support. ● Actively provide experience-based guidance and manage the plan to ensure Taft Hartley, HIPAA, and ERISA compliance. ● Maintain all documentation, files, and records having to do with HBT according to HBT's records retention policies. ● Compliance with HIPAA requirements as it pertains to PHI and data access and controls including data encryption in transit and at rest as well as other industry standard practices that allow the availability and ensure the integrity and confidentiality of the data. ● Provide on-going education and reminders to staff to help ensure a HIPAA-compliant environment. ● Reporting of suspected or actual breach within 24 hours (or sooner) of discovery. ● Provide a secure tunnel for email communications between TPA and HBT staff.
6	Customer Service / Participant Interface	<p><i>Call Center</i></p> <ul style="list-style-type: none"> ● Answer HBT calls about hours/eligibility, enrollment, plan information, wraparound benefit information, and participant interface questions, etc. (Monday - Friday, 8-6 PST at minimum.) ● Open to partnering with the HBT/MRC for ongoing training and knowledge transfer to ensure a consistent customer experience for caregivers. Including training documentation and sessions. ● Ability to augment customer service support staff quickly in the case of call volume increases, both anticipated and unexpected and serve as a backup to MRC during call center closures. (E.g., MRC staff meeting). ● Access and update a customer service tracking system and document call content in a location that allows for a seamless customer experience across all participant touchpoints (i.e., TPA, MRC, HBT). ● Receive and handle escalated customer service inquiries that are forwarded from the MRC in the same manner as other escalated inquiries. ● Provide live interpretation services (preferably in house, third-party language lines will be accepted). <p><i>Participant Interface</i></p> <ul style="list-style-type: none"> ● Provide Participant facing interface offering secure access to eligibility and enrollment status, providing visibility into hours worked/reported, allowing employers access to aid participants in filling out enrollment forms, providing visibility of eligibility and enrollment information, and accepting online co-premium payments.

		<p><i>Customer Service</i></p> <ul style="list-style-type: none"> ● Adopt core tenants of SEIU 775 Benefits Group’s Customer Experience Vision (See Appendix C: Visual 4 for detail) ● Provide excellent customer service that enables participants to feel empowered. ● Use plain language when possible. ● Provide a customer service dashboard for HBT to view metrics. Review metrics, call calibration and call center information on a minimum of a quarterly basis. ● Partner with SEIU 775 Benefits Group around metrics, allowing for new measures as the relationship evolves and business needs change.
7	Participant Onboarding & Communications	<ul style="list-style-type: none"> ● Annual Participant Communication Plan: Partner with SEIU 775 Benefits Group to ensure that all required mailings are distributed on time and in a manner that is both equitable and efficient (e.g. consolidating mailings, localizing material, using plain language). ● Support large scale campaigns including but not limited to changes to the health plan, vendor changes and additions, participant facing events and conferences, open enrollment, and other initiatives that impact participants. ● Collaborate with HBT teams to customize participant communication (branding, language, etc.). ● Provide communication materials with SEIU 775 Benefits Group direction to be used during new employee orientations, onboarding, and initial eligibility to health plan.
8	Navigation	<ul style="list-style-type: none"> ● Assist participants in understanding and using benefits and wraparound services. ● Educate participants about the benefits for which they are eligible and how eligibility works. ● Answer participant questions about their benefits and redirect to carriers/vendors as appropriate. ● Direct participants through understanding of the participant interface.
9	Technology and Security	<p><i>Technology</i></p> <ul style="list-style-type: none"> ● Properly implement system updates, enhancements and maintenance. ● Support for exchange of data between systems (SFTP or Secure API). <p><i>Security</i></p> <ul style="list-style-type: none"> ● Access control matrix for systems and files storing HBT data. ● Ability to implement and maintain file-level access controls. ● Ability to support file- and disk-level encryption as directed by HBT. Encryption should be performed with the Advanced Encryption Standard (AES) algorithm and a key size of 256 bits. ● Documented procedures for the creation of HBT work products. ● Ability to implement a file integrity monitoring system, including the receipt of hashed data, the generation of checksums, and the handling of mismatches. ● Ability to create and receive digitally signed data files. ● Ensure that HBT data is logically and/or physically separated from data of other clients. ● Documented and implemented backup strategy, with file redundancy and verified recovery practices. Demonstrated capacity to meet a Recovery Time Objective (RTO) of 48 hours. ● Maintain compliance with SOC2 and annually transmit a copy of SOC2 certification
10	Reporting	<ul style="list-style-type: none"> ● Monthly financial reports. ● Monthly delinquency reporting. ● Monthly Call Center and participant interface reporting. ● Monthly eligibility and enrollment reports based on plan, employer, and employee type. ● Provide options for standard and ad hoc reporting.

		<ul style="list-style-type: none"> ● Meet specific monthly service level targets and report results.
11	Account Management	<ul style="list-style-type: none"> ● Appoint a dedicated Account Manager (and supporting staff) who will be accountable for: <ul style="list-style-type: none"> ○ Facilitating the flow of communication between HBT and the TPA ○ Updating HBT on the status of projects at a regular cadence ○ Assisting with service escalations ○ Attending meetings as needed to represent TPA requirements and resources ● Provide a primary technical and operations contact with extensive knowledge of eligibility and enrollment system(s) to partner with HBT in developing solutions to expand access, streamline processes, and solve issues that arise. ● Provide effective system programming resources to assist with modifications to support HBT policies and procedures as needed. ● Documented business continuity plan that is periodically validated. ● Report out to HBT how HBT processes and policies are consistently observed and adhered to by the TPA.
12	Implementation	<ul style="list-style-type: none"> ● Provide a detailed implementation plan that includes scope, goals, key milestones, contingencies, risk mitigation, quality assurance processes, user acceptance testing, and resource planning. ● Appoint an experienced project manager to oversee the implementation and partner with the HBT staff following vendor selection. ● Appoint a dedicated technical liaison for data conversion and database maintenance. ● Facilitate regular implementation meetings that include HBT staff. Meetings may be face-to-face or telephonic at the HBT's discretion. ● Coordinate and cooperate with HBT business partners to ensure a smooth and orderly transition and implementation without service interruption. ● Negotiate a plan in good faith with the current TPA services provider to determine the nature and extent of the phase-in/phase-out services.

1.4 MINIMUM QUALIFICATIONS

Proposers responding to this RFP must meet the following minimum qualifications:

- A. Be licensed to conduct business in the state of Washington or commit to becoming licensed within thirty (30) calendar days of being selected as the successful proposer.
- B. Have the ability to provide the services outlined in the Statement of Work (Section 1.3) and the Supplemental Questionnaire (Appendix A).
- C. Agree to enter into a binding agreement with HBT to offer the services outlined in the Statement of Work (Section 1.3).
- D. Have the ability to provide the services outlined in the Supplemental Questionnaire (Appendix A).
- E. Have a minimum of five (5) years' experience performing administrative functions as a TPA. Provide a minimum of three (3) customer references (Taft Hartley administrative contacts preferred).
- F. Meet or exceed the data security standards provided by DSHS. (See HBT [RFP Web Page](#) for a copy)
- G. Meet or exceed the security of network and PHI as mandated by the HIPAA Privacy and Security Rules.
- H. Agree to enter into a Business Associate Agreement (BAA).
- I. Ability to pass a check of the LEIE (List of Excluded Individuals/Entities) and the General Services Administration (GSA) SAM databases demonstrating that the company or individual has not been excluded due to fraud or other criminal activity.

Proposers who do not meet and demonstrate these minimum qualifications will be rejected as non-responsive and will not receive further consideration. Any proposal that is rejected as non-responsive will not be evaluated or scored.

1.5 TERM

The initial term of the contract resulting from this RFP shall be for a period of 36 months from the date of signing, with the option to extend for additional term(s) or portions thereof. Extension for each additional term shall be offered at the sole discretion of the HBT and is subject to written mutual agreement.

1.6 FUNDING

Payment for cost of services provided under any contract that results from this RFP will be made based on an agreed upon amount and payment schedule. Therefore, a maximum level of available funding is not being identified at this time. Any contract awarded as a result of this RFP is contingent on the availability of funding.

2 GUIDELINES FOR SUBMITTAL

2.1 ANTICIPATED PROCUREMENT SCHEDULE

The dates listed below represent the anticipated procurement schedule. HBT reserves the right, in its sole discretion, to change the proposed schedule at any time that HBT determines such change would be in the best interest of HBT.

Changes to the procurement schedule after the RFP has been released, reflecting the change, may be communicated to all proposers.

Date	Time	Event
November 1, 2019		Issue solicitation document
November 12, 2019	4:00 p.m. (PST)	Deadline for vendors to submit questions
November 18, 2019		HBT to release answers to submitted questions
December 13, 2019	4:00 p.m. (PST)	Proposals due
On or Before December 27, 2019		Evaluation of written proposals complete, finalists notified
Between January 8-15, 2020		In-person finalist presentations
March 2, 2020	4:00 p.m. (PST)	Announcement of successful proposer
April 1, 2020		Anticipated award date
October 1, 2020		Anticipated go-live date with special enrollment window

2.2 QUESTION AND ANSWER PERIOD

Proposer questions and/or comments regarding this RFP will be allowed, consistent with the dates specified in the Anticipated Procurement Schedule (Section 2.1). All questions/comments must be submitted in writing to the Procurement Coordinator, Christina Johansen at rfpsubmissions@myseiubenefits.org. Official written responses will be provided for proposer questions received by the respective deadlines on the [HBT RFP Web page](#).

Verbal responses to questions will be considered unofficial and non-binding. Only written responses from the HBT Procurement Coordinator will be considered official and binding.

2.3 AUTHORIZED COMMUNICATION

Upon release of this RFP, all proposer communication concerning this solicitation must be directed to the Procurement Coordinator listed below.

Christina Johansen
Manager, Benefits Administration
206-605-8965
rfpsubmissions@myseiubenefits.org

2.4 PROPOSAL SUBMITTALS

Complete proposals must be received electronically on or before **December 13, 2019, 4:00 p.m. (PST)**.

Proposer shall submit one (1) electronic copy of the complete proposal to rfpsubmissions@myseiubenefits.org in the following manner:

- A. Complete entire Submittal Questionnaire (Appendix A) and Cost Proposal (Appendix B) and attach them to the email. Proposer must respond to each question/requirement. Failure to respond to any question/requirement may result in the proposal being deemed non-responsive and disqualified.
- B. Proposers are asked to send supplemental material as outlined in Appendix D (separate files are preferred).
- C. Clearly mark the subject line of the email: **Response to HBT RFP – VENDOR NAME**
- D. Complete all required documents (NDA, Conflict of Interest Release Form).
- E. Use a preferred software format, such as MS Office Suite or PDF.

Official time of receipt will be determined by the e-mail date and time received at the HBT's mail server in the rfpsubmissions@myseiubenefits.org inbox. HBT is not responsible for problems or delays with email when HBT's systems are operational. Proposals, if late or incomplete, may be rejected.

Once submitted, proposals may not be altered. All proposals and any accompanying documents become the property of HBT and will not be returned.

3 EVALUATION AND AWARD

3.1 OVERVIEW

HBT advertises this RFP as an opportunity for interested and qualified companies to submit proposals consistent with the Statement of Work stated herein. Proposers to this RFP are encouraged to submit their most comprehensive, innovative, and creative proposals.

All proposals will be carefully reviewed and evaluated for responsibility, capacity, business strength, qualifications, expertise, demonstrated experience, best value, and best match for the HBT with consideration given to quality, approach, timeliness, dedicated personnel, and value-added services.

The HBT may, at its sole discretion, select or reject all or portions of proposed service(s). As a part of the evaluation process, HBT may find it necessary to evaluate the addition or deletion of components of a proposal in order to make equivalent comparisons to other proposals.

HBT will select the proposal that best meets the needs of HBT and the population it serves.

The lowest-cost proposal submitted may not necessarily be viewed as the most responsive and responsible proposal when all factors have been considered; however, the cost proposal is an important factor in the determination of the selected proposal.

Upon completing evaluation of all proposals, HBT will select the most acceptable proposal. After selection, but prior to contract award, HBT reserves the unilateral right to negotiate any aspect of the proposal or proposed contract in any manner that best serves the needs of the HBT and is within the scope of the solicitation. Subject to successful negotiations and approval by the HBT Board of Trustees, HBT will enter into a contract with the selected company.

3.2 EVALUATION PROCESS

Responsiveness and Minimum Qualification (pass/fail)

Evaluators will review all proposals on a pass/fail basis to determine whether they address all of the elements of this RFP and meet all of the minimum qualifications described herein. Only responses that meet this minimum requirement will advance to the next round.

Evaluation of Proposal Submittal (scored)

Evaluators will review and score each element of the Submittal Questionnaire (Appendix A) and Cost Proposal (Appendix B). A calculation will be performed to establish a single score for each submittal. References will be solicited and scored for the top scoring proposers. Evaluators will review and approve the references.

Finalist Presentation (scored)

Top scorers will be invited to present their proposal in person. The finalist presentation is an opportunity for evaluators to meet the team and understand the details of the services being offered and to gain an understanding of the proposing vendor, their company and the proposed implementation and account team. An evaluation process will be followed to identify the successful proposer.

Board Approval (required)

The selection of the successful proposer, if any selection is made, will be made via an appropriate Board process.

3.3 NOTIFICATION OF SUCCESSFUL PROPOSER

All responsive proposers responding to this solicitation will be notified when HBT has determined the successful proposer.

APPENDIX A: SUBMITTAL QUESTIONNAIRE:

All proposals must respond to all of the questions below. Failure to respond to any question/requirement may result in the proposal being deemed non-responsive and disqualified. All questions will be scored.

I PROPOSER INFORMATION

1. Submit a letter on your company letterhead addressing the proposal. The letter should be signed by an officer of your company authorized to bind the organization to all comments made in the proposal. The letter shall attest that the statements made in the proposal are true and correct, and that the terms of the RFP are understood to be included as part of any agreement between your company and HBT. The letter shall include the name, address, phone number, and email address of the person(s) to contact who are authorized to represent your company.
2. Confirm that you can meet all of the minimum requirements described in RFP Section 1.4 (Minimum Requirements).
3. Describe your organization and its history, legal structure, ownership, affiliations and related parties. Supply an organizational chart that includes the department/divisions and positions; be sure to include those individuals with ultimate responsibility for the HBT account. Also include the physical location(s) of all facilities that will provide services for HBT, appropriate business licenses and other governing documents. Please describe any parent/subsidiary/affiliate relationships that would be involved in the servicing of this relationship.
4. Do you anticipate any changes to your organization's basic ownership structure or any other significant changes in the organization within the next twenty-four (24) months? If so, please describe.
5. Have any principals have left your organization in the last twenty-four (24) months (including retirement)? If applicable, identify the individual and the reason for the departure.
6. Describe your experience performing administrative functions as a TPA.
 - a. How long have you provided the services described in this RFP?
 - b. How many open enrollment seasons have you completed? Please provide a sample open enrollment project timeline and participant packet for reference.
 - c. What is your largest, smallest, and average client, based upon benefit eligible employees in the system?
 - d. Do you provide services to work forces similar to our participants? Please provide examples.
7. Describe your experience administering benefits for other Taft-Hartley Health Trusts. Include the total number of Taft-Hartley Health Trusts you currently have and the duration of each relationship, size, number of covered lives, and what carriers do they have experience with?
8. Please state whether subcontractors (e.g. technology vendors, outsourced call center, etc.) will be used to perform any of the services described in this RFP or in fulfillment of contract requirements. If subcontractors will be used, state their name, the nature of services to be performed, address, telephone, email, federal tax identification number, and anticipated dollar value of each subcontract. If no information is submitted, the HBT will assume that subcontractors will not be used. HBT will accept proposals that include third party involvement only if the proposer agrees to take complete responsibility for all actions of such subcontractors.
9. Provide a statement of the financial viability/stability of your company and any certification statuses.
10. Has your firm been subject to an investigation by any regulatory body since January 1, 2017? If so, identify the agency involved, the subject of the investigation and the status or result.

11. Describe any pending litigation, or litigation within the last 5 years, relating to the services you are proposing.
12. HBT is seeking a partner whose workplace values translate into a customer experience that treats our diverse participant population and all stakeholders with dignity and respect. Please provide a copy of your company's diversity, equity and inclusion policy, fair labor standards, as well as any supplemental materials that demonstrate your organization's commitment to diversity, equity and inclusion.
13. Please provide your firm's workplace mission and culture statements.
14. Please share your firm's client retention statistics for the last three years. Have any Taft-Hartley Trusts departed within the last three years? If so, please name the Trust and reason for departure.

2 REQUIRED SERVICES

1. Data Repository, Database Administration & Data Management

1. Describe your process to intake hours securely from all employers in various file formats, perform data validations, and consolidate them into one master file. What is the employer experience like?
2. Please describe the interface employers would use to submit hours data, demographic information, and view invoices and pay contributions.
3. How do you receive and verify the accuracy of employer reports and maintain proper records of this? Describe your error handling process.
4. Describe your data control practices (e.g. alerts) if files are not received or sent as scheduled, and detection processes relative to data issues contained in any file received. What is the process for reporting and resolving these issues?
5. Describe your processes for master data management and identity resolution.
6. Describe your process for building a database or data repository that meets the needs of HBT for the storage of participant records. Include a data model (Entity Relationship Diagram) that conforms to your understanding of the facts and dimensions that are required to execute on the contract.
7. Describe any third-party data cleansing services you have experiences with or use (i.e. Informatica, Experian).
8. Prepare a data flow diagram that describes your understanding of the inputs and outputs of the data moving from / through the source systems including your placement as the TPA, naming any and all known services and data environments that will be used (i.e. SQL Database, SFTP drop site, AWS).
9. How is data made available to internal HBT staff? Provide information on the preferred method of data exchange between you and HBT and any access or restrictions placed on the data (i.e. proprietary business logic).
10. What technology stack is used to store and manage data? Is data stored on-premise or in the cloud?
11. Describe your QA & UAT process for incorporating new or modifying existing business logic and provide an example.

2. Eligibility and Enrollment Administration

1. Describe how your organization would calculate and process the unique eligibility and enrollment rules for HBT as described below:
 - a. APs and IPs: To meet initial eligibility criteria, caregivers must work at least 80 hours per month for two consecutive months. (e.g. caregiver worked 80 hours in January and February. If the caregiver completes an application by March 15, their health coverage will begin on April 1). To maintain coverage, caregivers must continue to work at least 80 hours per month. Automatic reinstatement upon meeting the 80-hour requirement is available for up to 12 months. After 12 months of non-coverage, caregivers are no longer eligible for reinstatement and are treated as

newly eligible (i.e. must meet the 2-month/80-hours requirement and resubmit and enrollment application).

- b. Premium Employees: Premium Employers submit a roster of participants that are eligible and should be enrolled for benefits.
2. Provide samples of regular eligibility and enrollment reports you provide to clients and indicate the frequency they are issued and the format(s) in which these reports are available. Also, provide samples of ad-hoc reports and indicate the degree of customization that is available. Discuss how assumptions and criteria used to pull various metrics are documented, and how the reports are validated. Technical and query language is encouraged.

3. Contribution Accounting

- 1. Do you provide contribution collection services for other clients including but not limited to Taft-Hartley Trusts?
 - a. How do you calculate and validate employer contributions due (for CPH employers and Premium Employers)? Please describe any limitations in your capabilities.
 - b. Describe in detail how your system processes Employer contributions (determined by the CBA). How does the process work?
 - c. What systems/data transmissions are standard to collect hours and determine/collect Cents Per Hour (CPH) invoice amount?
 - d. Can you map your collection process to established file layouts? Explain.
 - e. Demonstrate an ability to manage the unique timing of hours and payment receipts as well as claiming and other adjustments. (AP hours are submitted once a month on the 20th with payment received on the 10th of the following month, IP hours are submitted 2-3 times per month with payment received by the 10th of the following month)
- 2. Describe your Delinquency Control Procedures including process for:
 - a. Late reporting and contribution submission.
 - b. Verifying the accuracy of employer reports and maintaining proper records of this?
 - c. Reporting delinquencies with various parties concerned (employer, union officers, HBT's legal counsel) regarding over/under payment amounts and delinquent accounts.

4. Financial Administration

- 1. Do you provide the following services? If yes, please describe standard handling and any limitations in your capabilities:

Service	Standard Handling Procedures	Any Limitations?
Bank account reconciliation		
Maintain complete balanced general ledger activity		
Contribution and Accounts Receivable reporting		
Accounts Receivable aging		
Cash management adherence		
Monthly financial reporting to report earnings and expenses		

Monthly budget financial data and budget vs actual comparisons		
Computation insurance and other carrier premiums in accordance with the agreed rates and HBT's eligibility records for HBT's insured benefits		
Administration of incentive payments, involving coordination with carriers		

2. What is your procedure for processing premium/co-premium contributions from participants and employers? Including:
 - a. Coordinating with employers for payroll deductions.
 - b. Accepting payments directly from caregivers through an online enrollment platform (ACH, check, credit).
 - c. Processing Co-premium Payment refunds including management of returned or uncashed checks.
 - d. Coordinating the collection of any shortfalls (Delinquency process).

5. Compliance

1. Describe your internal auditing policies/procedures and quality control measures that are in place to ensure financial and procedural accuracy. Include a sample policy.
2. What is your approach to informing HBT of any compliance related issues and managing the resolution of breaches?
3. Describe any systems and policies/procedures in place to ensure compliance with ERISA, Taft Hartley, ACA Legislation and HIPAA Privacy and Security Rules.
4. Describe the type of compliance support included in your proposal and any fees that apply.
5. What is your approach to managing the compliance of HBT? Please provide any sample compliance calendars or compliance management plans you have.
6. How do you keep plan sponsors informed and updated on any regulatory and legislative changes?

6. Customer Service / Participant Interface

HBT values high-quality customer service and is interested in partnering with a TPA that can offer comprehensive caregiver support (both telephonically and electronically).

HBT receives approximately 1,000 participant inquiries each month (See Appendix C visual 3 for detail). Currently, participant inquiries are directed to one of the following two call centers:

- The Member Resource Center (MRC), is operated by SEIU 775 and handles inquiries from caregivers about HBT enrollment and benefits (as well as employee training and union participation). The MRC supports HBT's diverse population by offering customer service support in 14 languages. The MRC directs escalated inquiries related to benefits eligibility and enrollment to the TPA services provider.

- Customer Service Call Center through our TPA service provider. The TPA services provider is expected to handle inquiries from participants and employers. Both the MRC and the HBT’s TPA services provider are expected to also deliver customer service support for various custom benefits.

Call Center

- I. Describe in detail your organization’s approach to customer service, and how your organization plans to handle inquiries about HBT eligibility and enrollment. Please address the following topics:
 - a. The physical location(s) of the customer service facility that would process and handle participant and employer inquiries for HBT, including the total number of staff employed at this facility, the average staff turnover rate, and the number of employees you anticipate will be necessary to support this account.
 - b. Hours of operation.
 - c. Monthly performance statistics and reporting available, including average speed of answer, first call resolution, problem resolution time, call volume, wait times, abandonment rates, participant satisfaction rates. How is the information made available to us?
 - d. Describe the system used for tracking customer service inquiries (is it proprietary?). Will you be able to provide access to the MRC/HBT?
 - e. Protocols for escalated inquiries. What are your case management procedures for calls that cannot be satisfactorily resolved at the point of call? Describe call turnaround times and follow up processes.
 - f. What approach channels are available (email, phone, chat, text, social media, etc.) Can your representatives’ email, text, or fax responses and documents to participants?
 - g. Policies and procedures for complaints, including a sample template document that you use to respond to customer complaints.
 - h. The number of medical plan groups for which you currently provide customer service, including the number of Taft-Hartley groups.
 - i. Capability to provide HBT staff with read-only access to customer service logs.
 - j. Describe your Quality Assurance process for customer service procedures.
 - k. Describe how you handle peak call volumes/augment support staff.
2. Please identify your toll-free service center standards. Please include below for each of the last three calendar quarters, statistics related to actual performance.

	Q1 2019	Q2 2019	Q3 2019
Number of calls			
Average length of calls			
Average response time			
Percentage of calls requiring follow-up			
Call abort rate			
Percentage of incoming calls totally handled via VRS versus toll-free live service center representative assistance			

Percentage of service requests handled via website and mobile sites/apps versus call center and VRS			
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3. Have you split Customer Service with other vendors before, and how would you propose to work with the MRC (including supporting technology)? How will you approach documenting/updating call content in a system/location that allows for a seamless customer experience across all participant touchpoints (i.e., TPA, MRC, HBT)?
4. HBT is committed to providing exceptional customer service to all of our participants. Describe the way your organization assists participants who are not proficient in the English language. Do you have translation services in house or outsourced?
5. What type of help can your call center representatives offer to participants trying to use your participant website or mobile sites or apps? If a participant elects to move from the website or mobile site/app to a call center service representative, describe the interface between the site/app and the service representative.
6. What type of training is required for new employees before they work on client plans? What type of on-going training do your employees complete each year? What role does the client play in training, if any?
7. Do you provide one main contact for the daily administrative needs of HBT? How do you typically communicate notable trends or call spikes to clients?
8. VRS
 - a. Describe the services available through your voice response system. (e.g. address change, eligibility confirmation, etc.)
 - b. Are VRS services available in multiple languages?
 - c. Does your VRS utilize natural language technology?
 - d. Is the menu easy for participants to use? Does it include “help” information? Please describe the structure in detail.
 - e. Is the VRS available 24/7? If not, what are the standard hours of operation?
 - f. Can a participant elect to move from the VRS to a service representative? When and what services are available?
 - g. How often is the data on the VRS updated?

Participant Interface

- I. HBT is committed to offering participants an online web interface for eligibility and enrollment. Currently, co-premiums are usually collected via payroll deduction, however co-premiums may also be self-paid. The ideal participant facing interface will offer secure access to eligibility and enrollment status, provide visibility into hours worked/reported, and accept online self-payment for co-premiums. The ideal participant interface will also allow employers access to aid participants in filling out enrollment forms and view eligibility and enrollment information.
 - a. Describe the services available through your participant interface.
 - b. Describe your online enrollment platform. Include information about special features if applicable.
 - c. Is the portal interface-based or application-based? Is it a custom build or out of the box solution?

- d. Can this be branded? To what extent? How is the data processed, what is the processing time, and where does the data reside? Is there a manual review or validation? What is the outgoing message after a participant submits their information?
2. Is the participant interface available in multiple languages? Describe the way your organization assists participants who are not proficient in the English language on the participant interface.
3. Can the website be configured so that different users can only view or change certain information? If so, please describe these capabilities.
4. For web access, please indicate the browsers supported.
5. Describe how our staff, employers, and participants are trained to use your website (live training, documentation, communication plan, etc.).
6. Describe your e-delivery capabilities, including e-signature.
7. Describe the services available through mobile devices. Do you provide any text alerts via mobile devices? If so, please describe. If mobile devices are available, please indicate the operating systems supported (iOS, Android, etc.)
8. Describe how participants are authenticated on the website or mobile device and how that authentication is integrated with the VRS or call center.
 - a. Can you support single sign on coordination with other vendor platforms?
9. Describe how data is secured within the system (i.e., audit trail, confirmations).
10. Describe the level of customization available for clients using your internet and mobile services. (branding, language, etc.)
11. Are the web and mobile sites and applications available 24/7? If not, what are the standard hours of account access and transactional availability?

7. Participant Onboarding & Communications

SEIU 775 Benefits Group has a marketing and communication team that produces a variety of participant-facing content, including social media posts, as well as various other print and digital communications. HBT is interested in partnering with a TPA that can support this important work by offering engagement strategies and working cooperatively to develop custom communication for HBT participants.

- I. Describe how you would work with HBT's internal teams in the area of participant communication. Address the following topics and provide sample communication materials where needed:
 - a. Briefly describe your background and experience in providing participant-facing communication.
 - b. Describe your experience and ability developing and distributing an Annual participant communication plan.
 - c. Discuss your ability to develop customized communication strategies and materials to enhance our participant's understanding of health care and inspire them to be healthy.
 - d. Provide sample Newly Eligible packets, Annual Enrollment materials, or health improvement program materials.
 - e. Provide samples of different types of standard participant-facing communication, including the key elements as part of your standard communication package included in your proposal.
 - f. Discuss your ability and willingness to customize and co-brand participant-facing communication, both print and digital.
 - g. Identify non-standard elements to a communication program you may provide for an additional charge.
 - h. Describe your ability to target messages to certain participants.

2. Do you provide a dedicated marketing and communication resource?

8. Navigation

The HBT is looking for a partner that can provide navigation services to the population we serve. These services aim to help caregivers better understand the benefits that are available and help them to navigate which option works best for their needs. This includes providing educational information about the different plans, eligibility rules, enrollment procedures, etc.

1. Describe the services and educational content available through your participant website.
2. Describe the services and educational content available through mobile applications.
3. Describe the extent to which content is localized.
4. Are participants able to call a representative for assistance understanding their benefits? If so, what is a representative able to assist participants with? Are there any limitations?

9. Technology and Security

1. Describe your key systems, specifically identifying the following information (e.g. eligibility, core administration, customer service, etc.):
 - a. Product system name and version; commercially available or custom developed including system service providers.
 - b. Internally or externally maintained, including size and location of technical support team.
 - c. System hardware and software platform.
 - d. When the system was first put into production.
 - e. Your experience with the system.
 - f. Amount of configuration and customization associated with the system.
 - g. Location of data center(s) where data will be housed.
 - h. Business continuity infrastructure across geo-locations.
 - i. Data security capabilities.
 - j. Data retention and storage, including the ability to maintain and provide access to historical data.
 - k. Service level agreements (including uptime) and maintenance windows.
 - l. Testing environments available, refresh schedules.
 - m. Location, number, skills, and experience of developers.
 - n. Timeline and features planned for future modifications or enhancements.
 - o. Customer options for accessing and extracting participant data for the purposes of HBT internal data warehouse updates and reporting.
2. Provide an overview of your IT infrastructure set-up and provide information about your security and business continuity procedures.
3. Describe the policies, procedures, data encryption, and technical measures your company employs to prevent unauthorized access or alteration, fraud, theft, misuse or physical damage to hardware (including disaster recovery / business continuity and intrusion testing), software, communication networks and data. Describe all of your data validation and audit procedures, your backup procedures including daily backups, as well as how you handle confidentiality.
4. Provide a capability inventory and roadmap(s) for applicable technology / platforms (e.g. VRS, participant interface, and employer interface). Be able to describe how technology investments are determined and the role the customer has in shaping those decisions.

5. Please describe your system enhancement and release process and timeline including the frequency of the releases, how projects are prioritized, how enhancements are designed, and how quality control is ensured.
 - a. Describe your approach to implementing and customizing your environment for complex customers relative to configuration vs. programming.
 - b. Frequency and timing of software releases including both major and interim releases.
 - c. Testing methodology utilized for releases including programmer testing, regression testing, client team testing and client acceptance testing. Essentially, describe your change and control procedures.
 - d. How do customers engage in User Acceptance Testing?
 - e. Do you provide advance notification to clients of any software releases and the contents of each release?
6. Can you pass a check of the General Services Administration (GSA) database demonstrating that the company or individual has not been excluded due to fraud or other criminal activity?
7. Describe your ability to consume and transmit data files – formats, frequencies, degree of automation, etc. Specifically describe:
 - a. Do you provide data in one of the following formats: SFTP, Secure API encrypted over SSL?
 - b. Capability to accept a client-side identifier that can be referenced against a vendor customer contact record and pass it back to the client-side application.
 - c. Confirm that any vendor data pushed to the receiving client application via SFTP will be cataloged and supported by a meta-data master file that dictates the content checksums, file name(s), batch number, and processing order. Please describe any limitations your organization may experience with this.
 - d. Retention policy on transmitted files and source data.
8. HBT's largest participating employer is the State of Washington (DSHS). The eligibility and enrollment file exchange that must occur between DSHS and the HBT eligibility and enrollment TPA is a highly complex, multi-step process involving four (4) data files requiring reconciliation of hours eligibility and co-premium deductions. The current system DSHS uses is called ProviderOne. Describe your experience working with governmental agencies including data/file transfers.
9. Describe your data validation and audit procedures. Please include details regarding file integrity monitoring (i.e., hashing, checksums, etc.) capabilities and processes, if applicable. Do you report the results of these audits to your clients?
10. In the event of a service failure detected by the client application, whether through SFTP, Secure API connection or upon reading files, will your solution provide codes that the asynchronous client application can use to interpret if a retry is possible? Are failed SFTP pushes retried automatically by your solution when the service is next available? Where client-side error codes are received, are they automatically alerted to the requisite client-side support email or SMS alert system?
11. Provide a data dictionary within your solution to clearly provide transparency into any and all data lineage from source raw data, transformations and calculations, business data definitions, acceptable list-of-values by field, and data types that are applicable to HBT based on the description above. HBT will require that updates are made in real time as new terms are added or definitions changed.
12. Is reference and transactional data made available in all of complete form, separate fields, or API object calls? Is it possible to break up the files or API calls by volume to enable the client solution to ingest it in parallel or synchronous batches?

13. Describe your data use policies as it relates to protection of PII/PHI. Provide HBT with copies of all data use/data protection policies.
14. Confirm that you understand and agree that all data is the sole property of HBT and may not be used in any way to market other products or sold to other organizations.

10. Reporting

1. Please fill in the following table addressing reporting capabilities and provide sample reports/screen captures of your standard reports.

Report Type	Description of Reporting Capabilities	Delivery Method and Format	Timing and Cadence
Monthly Financial Reports			
Monthly Call Center Reporting			
Monthly Web Statistics			
Monthly eligibility and enrollment reports			
SLA Reporting			
SOC-2 Report			
Options for Ad-hoc reporting			

11. Account Management

1. Please describe how your organization will manage our account during the transition and on an ongoing basis.
2. Identify the employee(s) who would interact with HBT including staff size, location, experience, and turnover. Please include the bio of the person(s) who will be dedicated to support of HBT. Please define the role of the primary contact(s).
3. Please describe the typical interactions we would have with our support team during transition and on an on-going basis. Indicate the type of interaction, the frequency, and the medium.
4. What is the average number of clients managed by the relationship manager or plan administrator for plans of this size?
5. Provide a primary technical contact with extensive knowledge of contractor eligibility and enrollment system(s). Please identify this contact, specify their office location(s), and provide a description of their relevant experience and years within the organization.
6. Provide adequate system programming resources to assist with modifications to current HBT policies and procedures as needed. Please identify these resources, specify their office location(s), and provide a description of their relevant experience and years within the organization.
7. What do you see as top risks when administering a plan of our size and with our demographics? How do you manage those risks?
8. How do you allow for performance feedback from the client? How do you monitor customer satisfaction?

12. Implementation

1. Provide a detailed work plan that specifies all critical milestones necessary to ensure a smooth implementation. Include definitions of activities, persons responsible for each major task, and a timetable of events. Identify an experienced project manager.
2. Provide a description of your implementation team, including the backgrounds of each team member. Will the implementation team also act as the on-going service team? Will you provide a dedicated implementation team?
3. What involvement will be required from HBT during the implementation process? What meeting cadence will be required?
4. How will you coordinate with previous administrators and HBT to recover data necessary for the effective administration of the plan? HBT will require a copy of all data transferred. What quality assurance procedures will be used?
5. How will you review and determine accuracy and completeness of data provided for implementation? What type of audit(s) will be performed to ensure integrity of data upon conversion?
6. Will you be able to process interim payments according to HBT documents and procedures pending final review of accuracy and completeness of data?

3 Vendor Interaction

Please respond to the following questions for each vendor.

Vendor	Experience Working with Vendor Y/N	Limitations or concerns related to the responder working with this vendor
Lindquist (Employer Payroll Auditor)		
Schoedel and Schoedel (HBT Auditor)		
Clark Number (HBT Accountant)		
Amalgamated Bank (Banking and Custody)		
RBC Wealth Management (Investment Advisor)		
Kaiser Permanente WA (Medical Carrier)		
Kaiser Permanente NW (Medical Carrier)		
Aetna (Medical Carrier)		
Delta Dental of Washington (Dental Carrier)		
Willamette Dental of Washington, Inc (Dental Carrier)		
EPIC Hearing (Hearing Device Carrier)		
Health Advocate (Employee Assistance Program)		
Ginger (Behavioral Health Service)		

Sav-Rx (Pharmacy Benefit Manager)		
SR Max (Safety Shoe Vendor)		

4 PERFORMANCE GUARANTEES

- 4.1** HBT desires a contract for TPA services that is customer-focused and that includes reasonable performance-guarantees related to the products and services outlined in the Statement of Work (Section 1.3). Provide a detailed proposal that outlines a performance guarantee structure for the products and services described in the Statement of Work (Section 1.3) and the Supplemental Questionnaire (Appendix A, Section 2). Please include the cadence of the report, the delivery method, and a sample report.

5 REFERENCES

- 5.1** List the names and contact information for the authorized representatives of 5 clients for whom you provide or have provided TPA services and who are similar in size and complexity to HBT. The references should address the quality and performance of the account team that would be assigned to the HBT account. Please provide Taft-Hartley references, and contacts that interface with the account team regularly on operational issues.

Client Name	Contact Name	Contact Address & Phone Number	Service Provided	Year they Became a Client	Taft Hartley Y/N

APPENDIX B: COST PROPOSAL

Please provide a detailed proposal including line-item documentation showing the costs associated with each element of the proposal. If services beyond the scope of this RFP are included, identify those services separately and the corresponding fees. If services are proposed for future consideration, identify those services separately and the corresponding fees. If your proposal includes performance guarantees with associated financial assurances, identify those as well. Please also describe the process used for estimating development and project management costs.

EXPENSES

Please attach a schedule of all expenses covering each of the services and activities in the Statement of Work Section I.3, as well as the information we have provided about HBT. Also, please identify if the expense is:

- one time or on-going
- performance adjustable charge
- breakpoint impacted
- discount oriented
- typically plan sponsor paid (billed and billing frequency)
- paid through indirect compensation from third parties
- managed through an ERISA/plan expense account
- guaranteed (and length of guarantee)

Use the specific information provided in this RFP about HBT in determining and illustrating your expenses. If assumptions are necessary, please fully explain your assumptions and quote the related expenses on a unit cost basis, if possible.

In addition to the expense schedule, please respond specifically to the following:

1. What are the start-up/conversion costs?
2. When do the ongoing costs begin, relative to the Implementation timeline?
3. How long will you guarantee specific expenses?
4. What are the factors you consider in determining future increases and when they are to occur?
Describe any events that would trigger a renegotiation of the fee.
5. Are there additional charges made at the time of plan changes we initiate or for legislated or regulated changes?
6. Describe what, if any, plan consulting services are included and related hourly charges and out-of-pocket expenses.
7. How are expenses adjusted if a sizable number of participants are added or removed from HBT (such as either acquisition or divestiture or partial plan termination)?
8. Please describe any other indirect compensation arrangements that may relate to the services you would provide to HBT.
9. Please describe any compensation for termination of the contract for services.
10. Please indicate if your standard agreement includes a contractual limitation on liability and, if so, the amount.
11. In addition to the expense schedule, please identify any other service or activity not covered on the "Services and Activities" listing below (e.g. postage, handling, supplies, servicing commissions, etc.). Please be specific.

Fee and Expense Schedule

Use the Statement of Work in Section I.3, as well as the information we have provided about HBT to complete the chart below. Identify all assumptions used.

Fee/Expense	Service/Activity Covered	Fee Methodology and Frequency, Guarantee Period, or other Comments
<p>Describe each type of fee or expense being proposed for HBT.</p> <p>Indicate the amount of the fee by type (e.g. fixed Fee for Service, or Capitated / Per Participant Per Month, or Per Transaction, or Pass Through, etc.).</p>	<p>For each type of fee, include all covered services from the Service/Activity Listing</p>	<p>For each type of fee, describe how the fees are deducted or invoiced.</p> <p>For each type of fee, describe the frequency with which each fee is deducted or invoiced.</p> <p>For each type of fee, define any guarantee period.</p> <p>Include any other notes or explanations for each type of fee.</p>

Assumptions:

Services Not Included

Use the Statement of Work in Section I.3, as well as the information we have provided about HBT to list any services not included in the fee quotes above. For each, please explain why the service/activity is not included in your fee quote.

Services/Activities Not Included	Explanation

APPENDIX C: SUPPLEMENTAL DOCUMENTS

I: SEIU 775 Benefits Group Eligibility and Enrollment Visual

Initial Eligibility: To become eligible for the first time and enrollment timing

1. Work 80+ hours for 2 consecutive months.
2. Have an application on file with TPA electing coverage.



Ongoing Eligibility: To maintain eligibility on an ongoing basis

1. Work 80+ hours each month.



Regaining Eligibility: Becoming eligible again after losing eligibility

1. Work 80+ hours a month within 12 months of having coverage.
- *If it has been more than 12 months since the caregiver had coverage then they have to meet initial eligibility criteria again.



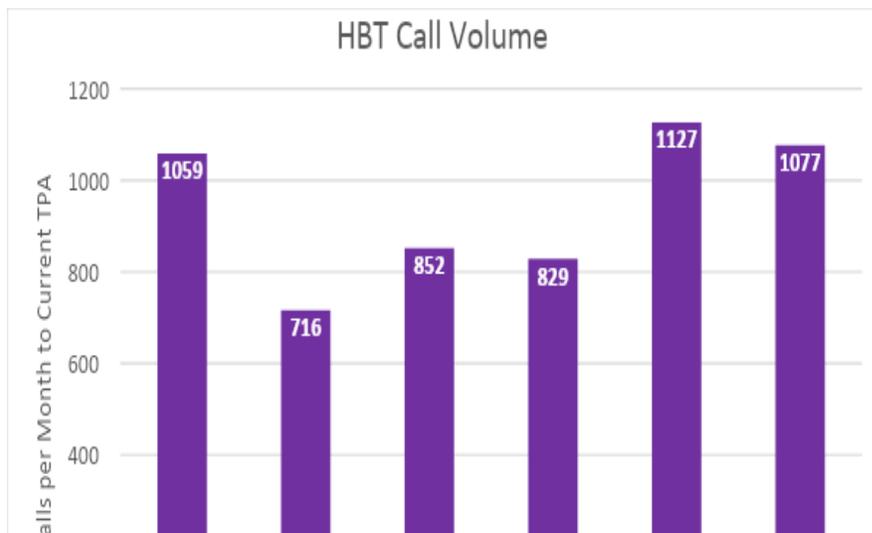
2: Wraparound Eligibility Table

Wraparound Eligibility – Current State

	WA HCAs	Plans B/R	Plan A	Plans C/925	Plan M	Plan N
Caregiver Kicks	80+ hrs for all	80+ hrs for all				
Health Advocate EAP	1+ hrs for all, inc. family	1+ hrs for all, inc. family				
Ginger text-based coaching	1+ hrs for all	1+ hrs for all				
Ginger video visits		80+ hrs for HBT enrolled	KPWA members receive	KPWA members receive		
Epic Hearing		80+ hrs for HBT enrolled			Receive	
Dental coverage		Delta & Willamette for HBT enrolled	Delta & Willamette	Delta for Plan C	Delta	

3: Health Benefits Trust Call Center Volume

- Average Handle Time is between 6 and 7 minutes.



4: SEIU 775 Benefits Group Customer Values

<https://www.myseiubenefits.org/wp-content/uploads/2019/11/Customer-Values-Training.pdf>

5: SEIU 775 Health Benefits Trust Webpage

<https://www.myseiubenefits.org/health-benefits-trust/>

APPENDIX C: REQUESTED SUPPLEMENTAL SCHEDULES

Please provide the following materials along with your questionnaire response:

1. Sample Services Agreement or Contract
2. Organizational Chart / Proposed HBT Servicing Team Bios (Proposer Information #3)
3. Diversity Policy & Fair Labor Standards (Proposer Information #12)
4. Workplace Mission and Culture Statements (Proposer Information #13)
5. Internal auditing policies/procedures (Compliance #1)
6. Sample compliance calendars or compliance management plans (Compliance #5)
7. Access to Demonstration of the Employer and Participant Interfaces if available (Participant Interface #1a)
8. Sample Key Participant Communications Materials (Participant Onboarding & Communications #1e)
 1. Newly Eligible packets
 2. Annual Enrollment materials
 3. Health improvement program materials
9. Detailed Overview of Technology Platform(s) (Technology and Security #1)
10. Business Continuity & Data Security Policy (Technology and Security #5)
11. Data use/data protection policies (Technology and Security #13)
12. Sample Standard Plan Sponsor Reports (Reporting #1)
 1. Financial Reports
 2. Call Center Reports
 3. Web Activity Statistics
 4. Monthly eligibility and enrollment reports
 5. SLA Reports
 6. SOC-2 Report
 7. Ad-Hoc Reporting Samples
13. Sample Implementation Plan and Timeline (Implementation #1)