

**2019-5001
Healthcare Brokerage Services
PROFESSIONAL PERFORMANCE ASSESSMENT**

The following Evaluation factors will be scored utilizing both objective and subjective scoring criteria. Each category is identified as subjective, objective or a combination of both. Please refer to the RFP, Section 4.3 for more detailed evaluation criteria.

Objective Scoring Criteria

5 Points = Total Applicability
4 Points = Substantial Applicability
3 Points = Average Applicability
2 Points = Limited Applicability
1 Point = Minimum Responsiveness

Subjective Scoring Criteria

5 Points = Excellent
4 Points = Above Average
3 Points = Average
2 Points = Below Average
1 Point = Poor

Yes/No Scoring Criteria

5 Points = Yes
0 = No

Evaluation Factor		Points	Weighted Average	Proposer's Response
II. ABILITY TO PERFORM THE WORK/ASSIGNED TEAM		0-5	10%	Response - This Category will consist of both objective and subjective factors.
1	Firm Name:		Objective	
2	Type of Organization (individual or sole proprietorship, professional corporation, corporation partnership, etc.):			
3	For the individual(s) responding to this Request: Name(s) Title(s) Address(es) Telephone number(s) Email Address(es)			
4	Provide the history of the firm, focusing on the employee benefits division. Describe any parent/subsidiary/affiliate relationships.			
5	Provide an organizational chart.			Proposer to provide organizational chart under Tab 2-A
6	How many employees are there in your company? Provide general job categories (i.e., management, sales, technical, customer service, etc.) and the related number of employees.			

7	List the individuals, their roles and qualifications who would be working directly with the Authority on administrative issues, questions and problem solving.		Objective	
7A	Provide resumes for personnel listed above.			Proposer to provide resumes under Tab 2-B
8	Categorize the number of clients each person in the firm is expected to manage by large (50 or more), medium, or small (less than 100) groups.			
9	Provide the number of clients currently being provided services on a - Broker basis - Consultant Basis			Broker: _____ Consultant: _____
10	Describe the form and amount of professional liability or errors and omissions insurance carried.		Subjective	
11	Do you see any potential conflicts of interest if awarded a contract? If yes, please elaborate.			
12	Provide last three years of financial statements (audited if available). Such financial information may be redacted from public record with the proposers request.			Proposer to provide financial statements for the last three years in Tab 2-C
13	Provide the firm's annual billings for the past three years and indicate the percentage that represents healthcare brokerage services. Such information may be redacted from public record with the proposer's request.			Proposer to provide annual billings for the past three years in Tab 2-D
14	Provide the firm's history of claims and litigation for the past three years and how these claims were resolved.			Proposer to provide firm's history of claims and litigation in Tab 2-E
Sub Total Category II. Ability to Perform the Work/Assigned Team				Total average of evaluation score using 10% weighted average for this category

III. Customer Service Commitment		0-5	10%	Response
		Subjective Factors (This Category is purely subjective and left to the interpretation of the evaluation committee based upon the information provided by the Proposer in this RFP)		
1	Describe your account services department and the established process for ensuring customer satisfaction.		Subjective	
2	Explain the turnover rate of your employees that perform the majority of the problem-solving administration and categorize them according to the group sizes listed above.			
3	Describe the type of training (industry, internal, computer, other) provided to update and build the skills for your employees.			
4	Do you provide employee communication services for your clients' employees? If so, please provide a general description of your capabilities.			
4A	Provide a sample of communication materials that have been distributed to other clients.			Proposer to provide samples in Tab 3-A
5	Explain your firm's assistance in facilitating employee meetings and annual open enrollments.			
6	Provide information on how many employees have been added to the staff in the past 12 months and how many have left the firm in the past 12 months.			
7	How many clients of similar size to CMHA have you lost in the last three years? Explain.			
Sub Total Category III. Customer Service Commitment		0.00	0.00	Total average of evaluation score using 10% weighted average for this category

IV. Proposed Reporting to be Provided (Frequency, Usefulness, Ease of Use)		0-5	10%	Response
		Subjective Factors (This Category is purely subjective and left to the interpretation of the evaluation committee based upon the information provided by the Proposer in this RFP)		
1	Describe your resources used to analyze medical and pharmacy claims.		Subjective	
2	Explain client's access to data for ad hoc queries.			
3	Describe any customized or ad hoc reporting capabilities. What is the cost of customization or ad hoc reports?			
4	Will your organization complete a provider analysis of physicians, clinics, and hospitals that treat the Authority's plan participants.			
5	Will your organization provide a wellness and preventive health analysis of the Authority's employees and claims experiences.			
6	If performance guarantees are routinely included in your service contracts, please provide a detailed description of the same.			
Sub Total of Category IV. Proposed Reporting to be Provided (Frequency, Usefulness, Ease of Use)				Total average of evaluation score using 10% weighted average for this category

V. Demonstrated Benefit Solutions for Similarly Situated Employers		0-5	10%	Response
		Subjective Factors (This Category is purely subjective and left to the interpretation of the evaluation committee based upon the information provided by the Proposer in this RFP)		
1	Describe the resources you have available to the Authority in managing benefits and provide a strategic outline consistent with the Authority's current and future business plans.			
2	<p>Explain your firm's approach to competitive marketing and placement of the Authority plans through:</p> <ul style="list-style-type: none"> - Development of marketing specifications - Identification of market conditions - Evaluation of proposals - Negotiations - Placement of insurance contracts for annual rewards 		Subjective	
3	Explain the process for "re-bidding".			
4	Explain the process for plan design changes.			
5	Submit a list of insurance companies, third party administrators and other providers for which the consultant is an authorized agent or broker.			
6	Describe a typical renewal process. What is your recommendation as to the number of vendors that should be solicited?			

7	Explain how you will provide cost savings to the Authority.		Subjective	
8	What resources do you use for benchmarking? What benchmarking data can you provide?			
8A	Provide form(s) of benchmarking data.			Proposer to provide form(s) in Tab 5-A
Sub Total of Category V. Demonstrated Benefit Solutions for Similarly Situated Employers				Total average of evaluation score using 10% weighted average for this category

VI. Cost Projections/Ongoing Review		0-5	10%	Response
		Subjective Factors (This Category is purely subjective and left to the interpretation of the evaluation committee based upon the information provided by the Proposer in this RFP)		
1	Explain how cost projections are developed in relation to the Authority's fiscal goals.			
2	Explain your firm's role in the management of insurance that includes: <ul style="list-style-type: none"> - Monthly (or quarterly) supervision and/or preparation of claims activity reports from carriers - Executive summary reports - Underwriting analysis for annual renewals - Annual financial projections for budgeting purposes - Alternative funding analysis 		Subjective	
3	How do you monitor the ongoing performance of insurance carriers?			
4	Identify the actuarial services to be used and provide their credentials.			
Sub Total of Category VI. Cost Projections/Ongoing Review				Total average of evaluation score using 10% weighted average for this category

VII. Plan Administration and Commitment to CMHA Legislative Compliance Oversight		0-5	10%	Response
		Subjective Factors (This Category is purely subjective and left to the interpretation of the evaluation committee based upon the information provided by the Proposer in this RFP)		
1	If applicable, provide the name and credentials of your in-house benefits attorney and the number of years he/she has provided counsel on benefits issues. Otherwise, provide the name and credentials for your external benefits attorney.			
1A	Provide resume for attorney described above.			Proposer to provide attorney's resume under Tab 7-A
2	How does your firm stay current with state regulations that impact multi-state employers?			
3	Indicate how the Authority will be notified of changes in federal, state, and/or local laws affecting the Authority.		Subjective	
4	Describe how you stay up with trends, best practices and latest developments in the health care industry.			
5	Explain the steps taken to become HIPAA compliant and maintain HIPAA compliance.			
Sub Total of Category VII. Plan Administration and Commitment to CMHA Legislative Compliance Oversight				Total average of evaluation score using 10% weighted average for this category

VIII. Experience in Employer Wellness Programs and Commitment to CMHA's		0-5	10%	Response
		Subjective Factors (This Category is purely subjective and left to the interpretation of the evaluation committee based upon the information provided by the Proposer in this RFP)		
1	Describe the tools used to assist the Authority in implementing/continuing its wellness program.		Subjective	
2	Provide examples of low-cost wellness tools.			
3	Explain how the Authority's wellness program will be evaluated and refined over time.			
4	Explain the process for measuring the success or failure of a wellness program.			
Sub Total of Category VIII. Wellness Programs				Total average of evaluation score using 10% weighted average for this category

IX. PAST PERFORMANCE: References		0-5	5%	Response
Proposers should provide five reference for work completed in the last five years. Any work for CMHA MUST be included.		This Category will consist of both Objective and Subjective Factors. Proposers will only be evaluated and scored on the projects identified by the proposer.		
1	Provide a list of references with contact name, phone number, and email address. Contact information must be accurate and current, if incorrect contact information is provided for any reference, the project categories as follows will receive a score of 0.		Objective	
Reference 1				
1	Identify the individual/company for whom the work was completed.		Subjective	
	Contact Name			
	Address			
	Telephone number			
	Email Address			
2	Categorize the number of clients in the company.			Large (500 or more) Medium Small (less than 100)
3	Was your firm the broker, consultant, or both?			
4	How many years has this individual/company been your client?			
5	Provide a brief description of the services performed.			
Reference 2				
1	Identify the individual/company for whom the work was completed.		Subjective	
	Contact Name			
	Address			
	Telephone number			
	Email Address			
2	Categorize the number of clients in the company.			<input type="checkbox"/> Large (500 or more) <input type="checkbox"/> Medium <input type="checkbox"/> Small (less than 100)
3	Was your firm the broker, consultant, or both?			
4	How many years has this individual/company been your client?			
5	Provide a brief description of the services performed.			

Reference 3				
1	Identify the individual/company for whom the work was completed.		Subjective	
	Contact Name			
	Address			
	Telephone number			
	Email Address			
2	Categorize the number of clients in the company.			<input type="checkbox"/> Large (500 or more) <input type="checkbox"/> Medium <input type="checkbox"/> Small (less than 100)
3	Was your firm the broker, consultant, or both?			
4	How many years has this individual/company been your client?			
5	Provide a brief description of the services performed.			
Reference 4				
1	Identify the individual/company for whom the work was completed.		Subjective	
	Contact Name			
	Address			
	Telephone number			
	Email Address			
2	Categorize the number of clients in the company.			<input type="checkbox"/> Large (500 or more) <input type="checkbox"/> Medium <input type="checkbox"/> Small (less than 100)
3	Was your firm the broker, consultant, or both?			
4	How many years has this individual/company been your client?			
5	Provide a brief description of the services performed.			
Reference 5				
1	Identify the individual/company for whom the work was completed.		Subjective	
	Contact Name			
	Address			
	Telephone number			
	Email Address			
2	Categorize the number of clients in the company.			<input type="checkbox"/> Large (500 or more) <input type="checkbox"/> Medium <input type="checkbox"/> Small (less than 100)
3	Was your firm the broker, consultant, or both?			
4	How many years has this individual/company been your client?			
5	Provide a brief description of the services performed.			
Sub total of category IX. References				Total average of evaluation score using 5% weighted average for this category

XI. GOLD PERFORMANCE STANDARDS		0-5	5%	Overall presentation - The firm's proposal as a direct reflection of the type of product the Authority may expect from the proposer exhibiting quality, creativity and professionalism.
1	Tabs utilized in correct format per Table 5 in Section 3.1.2 of the RFP.		Objective (Yes/No Scoring Criteria)	No Response Required from Proposer.
2	Correct information is in each section as required by the RFP.			
3	Binder is appropriate size allowing evaluators to easily maneuver through pages.			
4	Proposal has no spelling or grammar errors.			
5	All required information has been provided and executed where required.			
Sub Total of Category XI. Gold Performance Standards				Total average of evaluation score using 5% weighted average for this category