



**BOARD OF CONTRACT AND SUPPLY  
CITY OF PROVIDENCE, RHODE ISLAND**

# REQUEST FOR PROPOSALS

**Item Description: MEDICAL INSURANCE (3-YEAR CONTRACT WITH TWO 2-YEAR OPTIONS FOR RENEWAL)**

**Procurement/MinuteTraq #: 47360**

**Date to be opened: 11/18/2024**

**Issuing Department:** Department of People and Culture | Total Rewards (HR/Benefits)

## **QUESTIONS**

- Please direct questions related to the bidding process, how to fill out forms, and how to submit a bid (Pages 1-8) to the Purchasing Department.
  - Email: [purchasing@providenceri.gov](mailto:purchasing@providenceri.gov)
    - Please use the subject line “**Solicitation Question**”
- Please direct questions relative to the Minority and Women’s Business Enterprise Program and the corresponding forms (Pages 9-13) to the MBE/WBE Outreach Director for the City of Providence, Grace Diaz
  - Email: [gdiaz@providenceri.gov](mailto:gdiaz@providenceri.gov)
    - Please use subject line “**MBE WBE Forms**”
- Please direct questions relative to the specifications outlined (beginning on page 14) to the issuing department’s subject matter expert:
  - Name: Roxanne Lowe
  - Title: Principal
  - Email Address: [Roxanne.lowe@mercer.com](mailto:Roxanne.lowe@mercer.com)

**and**

  - Name: Emily Knaus
  - Title: Principal
  - Email Address: [Emily.knaus@mercer.com](mailto:Emily.knaus@mercer.com)

## **Pre-bid Conference**

There is no pre-bid conference scheduled for this item.

**Deadline for questions submissions:** October 28, 2024 by 2:00 PM (EST).

## INSTRUCTIONS FOR SUBMISSION

**Meeting Date: 11/18/2024**

Bids may be submitted up to **2:15 P.M.** on the above meeting date at the **Department of the City Clerk, Room 311, City Hall, 25 Dorrance Street, Providence.** At 2:15 P.M. all bids will be publicly opened and read at the Board of Contract Meeting in Conference Room 305, on the 3<sup>rd</sup> floor of City Hall.

- Bidders must submit **2 copies** of their bid in sealed envelopes or packages labeled with the captioned **Item Description** and the **City Department to which the solicitation and bid are related and must include the company name and address on the envelope as well.** (On page 1).
- If required by the Department, please keep the original bid bond and check in only one of the envelopes.
- Communications to the Board of Contract and Supply that are not competitive sealed bids (i.e. product information/samples) should have “**NOT A BID**” written on the envelope or wrapper.
- Only use form versions and templates included in this solicitation. If you have an old version of a form do not recycle it for use in this bid.
- The bid envelope and information relative to the bid must be addressed to:

**Board of Contract and Supply  
Department of the City Clerk – City Hall, Room 311  
25 Dorrance Street  
Providence, RI 02903**

**\*\*PLEASE NOTE: This bid may include details regarding information that you will need to provide (such as proof of licenses) to the issuing department before the formalization of an award.**

*This information is NOT requested to be provided in your initial bid by design.*

**All bids submitted to the City Clerk become public record. Failure to follow instructions could result in information considered private being posted to the city’s Open Meetings Portal and made available as a public record. The City has made a conscious effort to avoid the posting of sensitive information on the City’s Open Meetings Portal, by requesting that such sensitive information be submitted to the issuing department only at their request.**

## **BID PACKAGE CHECKLIST**

Digital forms are available in the City of Providence Purchasing Department Office or online at <http://www.providenceri.gov/purchasing/how-to-submit-a-bid/>

The bid package **MUST** include the following, in this order:

- Bid Form 1: Bidder's Blank as the cover page/ 1<sup>st</sup> page (*see page 6 of this document*)
- Bid Form 2: Certification of Bidder as 2<sup>nd</sup> page (*see page 7 of this document*)
- Bid Form 3: Certificate Regarding Public Records (*see page 8 of this document*)
- Bid Form 4: Affidavit of City Vendor (*see pages 9 and 10 of this document*)
- Forms from the Minority and Women Business Enterprise Program: Based on Bidder Category. *See forms and instructions enclosed (pages 11-112) or on:*  
<https://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/>

**\*Please note: MBE/WBE forms must be completed for EVERY bid submitted and must be inclusive of ALL required signatures. Forms without all required signatures will be considered incomplete.**

- Bidder's Proposal/Packet: Formal response to the specifications outlined in this RFP, including pricing information and details related to the good(s) or service(s) being provided. Please be mindful of formatting responses as requested to ensure clarity.
- Financial Assurance, *if requested* (as indicated on page 5 of this document under "Bid Terms")

**All of the above listed documents are REQUIRED.** (With the exception of financial assurances, which are only required if specified on page 5.)

***\*\*\*Failure to meet specified deadlines, follow specific submission instructions, or enclose all required documents with all applicable signatures will result in disqualification, or in an inability to appropriately evaluate bids.***

## **NOTICE TO VENDORS**

1. The Board of Contract and Supply will make the award to the lowest qualified and responsible bidder.
2. In determining the lowest responsible bidder, cash discounts based on preferable payment terms will not be considered.
3. Where prices are the same, the Board of Contract and Supply reserves the right to award to one bidder, or to split the award.
4. No proposal will be accepted if the bid is made in collusion with any other bidder.
5. Bids may be submitted on an “equal in quality” basis. The City reserves the right to decide equality. Bidders must indicate brand or the make being offered and submit detailed specifications if other than brand requested.
6. A bidder who is an out-of-state corporation shall qualify or register to transact business in this State, in accordance with the Rhode Island Business Corporation Act, RIGL Sec. 7-1.2-1401, et seq.
7. The Board of Contract and Supply reserves the right to reject any and all bids.
8. Competing bids may be viewed in person at the Department of the City Clerk, City Hall, Providence, immediately upon the conclusion of the formal Board of Contract and Supply meeting during which the bids were unsealed/opened. Bids may also be accessed electronically on the internet via the City’s [Open Meetings Portal](#).
9. As the City of Providence is exempt from the payment of Federal Excise Taxes and Rhode Island Sales Tax, prices quoted are not to include these taxes.
10. In case of error in the extension of prices quoted, the unit price will govern.
11. The contractor will **NOT** be permitted to: a) assign or underlet the contract, or b) assign either legally or equitably any monies or any claim thereto without the previous written consent of the City Purchasing Director.
12. Delivery dates must be shown in the bid. If no delivery date is specified, it will be assumed that an immediate delivery from stock will be made.
13. A certificate of insurance will normally be required of a successful vendor.
14. For many contracts involving construction, alteration and/or repair work, State law provisions concerning payment of prevailing wage rates apply ([RIGL Sec. 37-13-1 et seq.](#))
15. No goods should be delivered, or work started without a Purchase Order.
- 16. Submit 2 copies of the bid to the City Clerk, unless the specification section of this document indicates otherwise.**
17. Bidder must certify that it does not unlawfully discriminate on the basis of race, color, national origin, gender, gender identity or expression, sexual orientation and/or religion in its business and hiring practices and that all of its employees are lawfully employed under all applicable federal, state and local laws, rules and regulations. (See Bid Form 2.)

## **BID TERMS**

1. Financial assurances may be required in order to be a successful bidder for Commodity or Construction and Service contracts. If either of the first two checkboxes below is checked, the specified assurance **must accompany** a bid, or the bid will not be considered by the Board of Contract and Supply. The third checkbox indicates the lowest responsible bidder will be contacted and required to post a bond to be awarded the contract.
  - a)  A certified check for \$\_\_\_\_\_ must be deposited with the City Clerk as a guarantee that the Contract will be signed and delivered by the bidder.
  - b)  A bid bond in the amount of \_\_\_\_\_ per centum (%) of the proposed total price, must be deposited with the City Clerk as a guarantee that the contract will be signed and delivered by the bidder; and the amount of such bid bond shall be retained for the use of the City as liquidated damages in case of default. Any person signing a bid bond as an attorney-in-fact shall include with the bid bond an original, or a photocopy or facsimile of an original, power of attorney.
  - c)  A performance and payment bond with a satisfactory surety company will be posted by the bidder in a sum equal to one hundred per centum (100%) of the awarded contract.
  - d)  No financial assurance is necessary for this item.
2. Awards will be made within **nighty (90) days of bid opening**. All bid prices will be considered firm, unless qualified otherwise. Requests for price increases will not be honored.
3. Failure to deliver within the time quoted or failure to meet specifications may result in default in accordance with the general specifications. It is agreed that deliveries and/or completion are subject to strikes, lockouts, accidents, and Acts of God.

### **The following entry applies only for COMMODITY BID TERMS:**

4. Payment for partial delivery will not be allowed except when provided for in blanket or term contracts.

### **The following entries apply only for CONSTRUCTION AND SERVICE BID TERMS:**

5. Only one shipping charge will be applied in the event of partial deliveries for blanket or term contracts.
6. Prior to commencing performance under the contract, the successful bidder shall attest to compliance with the provisions of the Rhode Island Worker's Compensation Act, [RIGL 28-29-1, et seq.](#) If exempt from compliance, the successful bidder shall submit a sworn Affidavit by a corporate officer to that effect, which shall accompany the signed contract.
7. Prior to commencing performance under the contract, the successful bidder shall, submit a certificate of insurance, in a form and in an amount satisfactory to the City.

**BID FORM 1: Bidders Blank**

1. Bids must meet the attached specifications. Any exceptions or modifications must be noted and fully explained.
2. Bidder's responses must be in ink or typewritten, and all blanks on the bid form should be completed.
3. The price or prices proposed should be stated both in **WRITING** and in **FIGURES**, and any proposal not so stated may be rejected. **Contracts exceeding twelve months must specify annual costs for each year.**
4. Bids **SHOULD BE TOTALED** so that the final cost is clearly stated (unless submitting a unit price bid), however **each item should be priced individually**. Do not group items. Awards may be made on the basis of *total* bid or by *individual items*.
5. All bids **MUST BE SIGNED IN INK.**

**Name of Bidder (Firm or Individual):**

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Contact Email \_\_\_\_\_

Address: \_\_\_\_\_

Agrees to bid on (Write the "Item Description"

here): \_\_\_\_\_

If the bidder's company is based in a state *other than Rhode Island*, list name and contact information for a local agent for service of process that is *located within Rhode Island*

\_\_\_\_\_

Delivery Date (if applicable): \_\_\_\_\_

Name of Surety Company (if applicable): \_\_\_\_\_

Total Amount in Writing\*: \_\_\_\_\_

Total Amount in Figures\*: \_\_\_\_\_

***\*If you are submitting a unit price bid, please insert "Unit Price Bid"***

***Use additional pages if necessary for additional bidding details.***

\_\_\_\_\_  
Signature of Representation

\_\_\_\_\_  
Title

BID FORM 2: Certification of Bidder

(Non-Discrimination/Hiring)

Upon behalf of \_\_\_\_\_ (Firm or Individual Bidding),

I, \_\_\_\_\_ (Name of Person Making Certification),

being its \_\_\_\_\_ (Title or "Self"), hereby certify that:

1. Bidder does not unlawfully discriminate on the basis of race, color, national origin, gender, sexual orientation and/or religion in its business and hiring practices.
2. All of Bidder's employees have been hired in compliance with all applicable federal, state and local laws, rules and regulations.

I affirm by signing below that I am duly authorized on behalf of Bidder,

on

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Representation

\_\_\_\_\_  
Printed Name

**BID FORM 3: Certificate Regarding Public Records**

Upon behalf of \_\_\_\_\_ (Firm or Individual Bidding),

I, \_\_\_\_\_ (Name of Person Making Certification),

being its \_\_\_\_\_ (Title or "Self"), hereby certify an understanding that:

1. All bids submitted in response to Requests for Proposals (RFP's) and Requests for Qualification (RFQ's), documents contained within, and the details outlined on those documents become public record upon receipt by the City Clerk's office and opening at the corresponding Board of Contract and Supply (BOCS) meeting.
2. The Purchasing Department and the issuing department for this RFP/RFQ have made a conscious effort to request that sensitive/personal information be submitted directly to the issuing department and only at request if verification of specific details is critical the evaluation of a vendor's bid.
3. The requested supplemental information may be crucial to evaluating bids. Failure to provide such details may result in disqualification, or an inability to appropriately evaluate bids.
4. If sensitive information that has not been requested is enclosed or if a bidder opts to enclose the defined supplemental information prior to the issuing department's request in the bidding packet submitted to the City Clerk, the City of Providence has no obligation to redact those details and bears no liability associated with the information becoming public record.
5. The City of Providence observes a public and transparent bidding process. Information required in the bidding packet may not be submitted directly to the issuing department at the discretion of the bidder in order to protect other information, such as pricing terms, from becoming public. Bidders who make such an attempt will be disqualified.

I affirm by signing below that I am duly authorized on behalf of Bidder,

on

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Representation

\_\_\_\_\_  
Printed Name



## BID FORM 4: Affidavit of City Vendor

Per our Code of Ordinances [Sec. 21.-28.1 \(e\)](#), this form applies to a) the business, b) any political action committee whose name includes the name of the business, c) all persons holding ten (10) percent or greater equity interest or five thousand dollars (\$5,000.00) or greater cash value interest in the business at any time during the reporting period, d) all executive officers of the business entity, e) any spouse or dependent child of any individual identified in a) through d) above.

Executive officers who are not residents of the state of Rhode Island are exempted from this requirement.

Per [R.I.G.L. § 36-14-2](#), "Business" means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized in law through which business for profit or not for profit is conducted.

Name of the person making this affidavit: \_\_\_\_\_

Position in the "Business" \_\_\_\_\_

Name of Entity \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

The number of persons or entities in your entity that are required to report under [Sec. 21.-28.1 \(e\)](#): \_\_\_\_\_

### Read the following paragraph and answer one of the options:

Within the 12 month period preceding the date of this bid submission with the City of Providence, or with respect to the contracts that are not in writing within the 12 month period preceding the date of notification that the contract has reached the \$100,000 threshold, have you made campaign contributions within a calendar year to (please list all persons or entities required under [Sec. 21.-28.1 \(e\)](#)).

a. Members of the Providence City Council?  Yes  No

- If Yes, please complete the following:

Recipient(s) of the Contribution:

Contribution Date(s):

Contribution Amount(s):

b. Candidates for election or reelection to the Providence City Council?  Yes  No

- If Yes, please complete the following:

Recipient(s) of the Contribution:

Contribution Date(s):

Contribution Amount(s):

c. The Mayor of Providence?  Yes  No

- If Yes, please complete the following:  
Recipient(s) of the Contribution:  
Contribution Date(s): Contribution Amount(s):

- d. Candidates for election or reelection to the office of Mayor of Providence?  Yes  No
- If Yes, please complete the following:  
Recipient(s) of the Contribution:  
Contribution Date(s): Contribution Amount(s):

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Signed under the pains and penalties of perjury.

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Position

## MBE/WBE Participation Plan

**Please complete separate forms for each MBE/WBE subcontractor/supplier to be utilized on the solicitation.**

Bidder's Name:					
Bidder's Address:					
Point of Contact:					
Telephone:					
Email:					
Procurement #:					
Project Name:					
Which one of the following describes your business' status in terms of Minority and/or Woman Owned Business Enterprise certification with the State of Rhode Island? (Check all that apply).	<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> Neither MBE nor WBE		
<p>This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity at the time of bid. The MBE/WBE Directory can be found <a href="#">here</a>. Please visit, the <a href="#">City's MBE/WBE page</a> for details of the program (e.g. instructions and requirements).</p> <ul style="list-style-type: none"> <li><b>Nonprofit organizations are not required to complete the rest of this form.</b></li> <li><b>Construction projects unable to identify subcontractors prior to bid submission (e.g. Design Build) are required to provide updates to the MBE/WBE Outreach Office</b></li> </ul>					
Name of Subcontractor/Supplier:					
Type of RI Certification:	<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> Neither		
Address:					
Point of Contact:					
Telephone:					
Email:					
Detailed Description of Work to Be Performed by Subcontractor or Materials to be Supplied by Supplier Per the Scope of Work provided in the RFP					
Total Contract Value (\$):		Subcontract Value (\$):		Participation Rate (%):	
Anticipated Date of Performance:					
I certify under penalty of perjury that the forgoing statements are true and correct.					
<b>Prime Contractor/Vendor Signature</b>			<b>Title</b>		
<b>Date</b>					
<b>Subcontractor/Supplier Signature</b>			<b>Title</b>		
<b>Date</b>					

**\*If you did not meet the 20% MBE/WBE combined participation goal, submit a Waiver Request Form.**

**MBE/WBE Waiver Request Form**

**Fill out this form only if you did not meet the 20% MBE/WBE participation goal. State-certified MBE or WBE Prime Bidders are NOT REQUIRED to fill out this form.**

Submit this form to the City of Providence MBE/WBE Outreach Director, Grace Diaz, at [gdiaz@providenceri.gov](mailto:gdiaz@providenceri.gov) or [mbe-wbe@providenceri.gov](mailto:mbe-wbe@providenceri.gov), for review **prior to bid submission**. This waiver applies only to the current bid which you are submitting to the City of Providence and does not apply to other bids your company may submit in the future. **In case a waiver is needed, City Department Directors should not recommend a bidder for an award if this form is not included, absent or is not signed by the city of Providence MBE/WBE director.**

Prime Bidder: \_\_\_\_\_ Contact Email and Phone \_\_\_\_\_  
 Company Name, Address: \_\_\_\_\_ Trade \_\_\_\_\_  
 Project /Item Description (as seen on RFP): \_\_\_\_\_

To receive a waiver, you must list the certified MBE and/or WBE companies you contacted, the name of the primary individual with whom you interacted, and the reason the MBE/WBE company could not participate on this project.

MBE/WBE Company Name	Individual's Name	Company Name	Why did you choose not to work with this company?

I acknowledge the City of Providence's goal of a combined MBE/WBE participation is 20% of the total bid value. I am requesting a waiver of \_\_\_\_\_ % MBE/WBE (20% minus the value of **Box F** on the Subcontractor Disclosure Form). If an opportunity is identified to subcontract any task associated with the fulfillment of this contract, a good faith effort will be made to select MBE/WBE certified businesses as partners.

\_\_\_\_\_  
 Signature of Prime Contractor /  
 or Duly Authorized Representative

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of City of Providence  
 MBE/WBE Outreach Director /  
 or Duly Authorized Representative

\_\_\_\_\_  
 Printed Name of City of Providence  
 MBE/WBE Outreach Director

\_\_\_\_\_  
 Date Signed

# BID PACKAGE SPECIFICATIONS

## Overview

The City of Providence is seeking qualified firms to provide medical insurance coverage to city employees. The following proposal and its attachments should not be discussed with anyone outside your firm. Any organization violating this requirement will immediately be eliminated from consideration in the request for proposal process. Any questions regarding the proposal or attachments should be directed to Mercer Health & Benefits, LLC.

## PURPOSE OF MARKETING

The objective of this marketing is to evaluate a medical administrator and network and prescription drug plan administrator. The City desires to develop partnerships with “best in class” vendors for all aspects of benefits delivery. We are requesting proposals on the following coverage:

- Medical Insurance with Pharmacy Carved In
- Medical Insurance with Pharmacy Carve Out

Bidders have the opportunity to provide proposals on medical coverage only, medical coverage with a pharmacy carve-in arrangement and/or medical coverage with a pharmacy carve-out arrangement. If you wish to provide a bid on the pharmacy carve-in coverage and/or carve-out coverage, please follow the instructions on the Pharmacy RFP found at the link below on the City’s website. If you wish to bid on the pharmacy coverage, you must respond to the Pharmacy RFP found at the link below.

Link to the Pharmacy RFP including instructions to be followed:

<https://www.providenceri.gov/purchasing/openrfpsummary/>

**The City reserves the right to decline a bid or not award business based on the best interests of The City of Providence.**

## Scope of Work

### THE CITY’S HEALTH CARE OBJECTIVES

The City is seeking to partner with a medical health benefit that will meet the following objectives:

- Demonstrates outstanding capabilities in account management, member services, claims administration and overall health plan performance
- Has strong provider networks and the flexibility to modify as needed for The City
- Manages the finances of the medical benefit program to optimize cost/value
- Willing to offer performance guarantees with meaningful metrics and significant financial penalties
- Provides comprehensive reporting capabilities, including standard reports as well as a commitment to supplying ad hoc reporting as needed
- Displays a commitment to being a good business partner with respect to adopting specific compliance processes and contract language deemed critical by The City

### CURRENT BENEFIT OFFERINGS

Medical benefits are currently with Blue Cross Blue Shield of Rhode Island (BCBSRI). Pharmacy benefits are currently with CVS Caremark (CVS).

### BACKGROUND INFORMATION

The City has approximately 4,800 active employees, 2,200 pre-65 retirees and 3,800 post-65 retirees currently enrolled in The City’s health plan. There are 43 health plan options. Please see the 2024 SPD’s and SBC’s for more detail on benefit plan designs. Pharmacy benefits are carved out and administered by CVS.

BCBSRI has been the City's medical claims administrator since July 1, 2009. The City has been utilizing the PPO network through BCBSRI since July 1, 2009. The City currently offers a wellness credit to those that complete required activities (registration on wellness app, registration on telemedicine app, annual well visit and dental exam) and a designated number of optional activities that could include a health assessment and biometric screening. The wellness program administered by VirginPulse is based on a point system tracked and managed by VirginPulse. The city would like to explore similar offerings through the Medical carrier they partner with for July 1, 2025.

- The City is currently self-insured with BCBSRI
- The City currently has \$1 million specific deductible for stop loss coverage with BCBSRI. This is a 12/24 contract term. No aggregate coverage.
  - WRI has a \$1 million specific deductible. This is a 12/24 contract term.
- The City of Providence has employees in the following areas:
  - City Administration
  - Fire
  - Information Technology Services
  - Legal
  - Police
  - Public Works (Water, Wastewater, Public Works)
  - Teachers
  - Pre and Post Retirees

#### **TERM OF CONTRACT**

The initial term of the contract(s) resulting from this RFP will be for three (3) years with two additional 2-year options for renewal. The City reserves the right to renew the contracts, upon agreement between the City and the vendor, for additional two-year periods.

#### **EFFECTIVE DATE OF CONTRACT**

July 1, 2025

#### **VENDOR RESPONSIBILITIES**

- Initial year fees shall be guaranteed for three (3) years with two additional two (2) year extensions. After that time, fee changes will only be allowed one time per plan year. Fees and complete renewal package must be provided to the City no less than 180 days prior to the effective date of each renewal period.
- Vendor shall provide assistance during the implementation process, including but not limited to information support at employee meetings.
- Vendor shall share and receive data from the City's current and future vendor partners
- Vendor shall be available for monthly (or as needed) meetings with the City's total rewards / benefit staff to discuss outstanding issues.
- Monthly paid claim reports shall be provided to the City within twenty (20) business days of the end of each month.
- Vendor shall provide quarterly utilization reports and be available for quarterly meetings to review reports.
- Annual paid claims reports shall be provided to the City within thirty (30) business days of the end of the year.
- Vendor shall be available during open enrollment employee meetings.

- Vendor shall provide communication materials as needed.
- The vendor shall work with the City and other vendors to coordinate wellness initiatives.
- Vendor shall be capable and willing to support the City in benefit plan modifications, including but not limited to benefit plan consolidation, if requested by the City.
- Vendor shall provide high claims data reports as needed but no less than monthly.
- Vendor shall provide annual forecast estimates for budget and funding purposes.
- Vendor shall support the City in storage, transmission, and communication of employer to employee data including but not limited to employee plan selections, plan enrollment, file feeds or otherwise via a benefits administration system or alternative systematic means.
- If vendor subcontracts for any part of this work, primary vendor will be responsible for all actions of any subcontractor.
- A claims representative shall meet with employees monthly at City Hall to discuss EOB's and claim concerns, if requested by the City.
- Vendor will store, transmit, communicate, and safeguard identifiable employee health information in a manner consistent with and as required by applicable federal and state laws and regulations.
- All health data transactions shall utilize the final formats, standards and identifiers as promulgated by HHS under HIPPA

## Proposed Schedule

### GENERAL TIMELINE

The timeline for the evaluation and implementation is outlined below:

Activity	Date
• RFP issued	October 21, 2024
• Questions due	October 28, 2024
• Responses to questions provided	November 4, 2024
• Completed proposals due to Mercer and The City	November 18, 2024
• Mercer & City of Providence analyze proposals	November 18, through December 18, 2024
• Finalist Meetings (if needed)	January 2025
• Final Vendor Decision / Notify Carriers	January/February 2025
• Commence Implementation / Weekly Calls /Meetings	February 2025
• Implementation	February/March 2025
• Commence Open Enrollment	May 2025, dates TBD
• Commence New Plan Year / Post-Implementation	July 1, 2025

**The timeline outlined above is subject to change.** We will attempt to alert you as soon as possible if the timeline changes.

*Please note that all bidders are expected to have the appropriate staff available for the finalist presentations and site visits during the times indicated above.*

### PROPOSAL SUBMISSION AND SUPPORTING DOCUMENTATION

Proposals must be submitted to The City of Providence no later than 2:15pm EST, November 18, 2024 (see page 2 with additional details).

**Proposals:** Please send 1 electronic copy of this proposal to: Roxanne.Lowe@mercerc.com and Emily.Knaus@mercerc.com

In addition, please send 1 hard copy of the RFP to the Office of the City Clerk by November 18, 2024 2:15 pm

Providence City Hall  
Attention: Office of the City Clerk – Room 311  
25 Dorrance Street  
Providence, RI 02903

All questions can be directed to Roxanne Lowe at (617) 747-9312 or Emily Knaus at (857) 205-6512. Questions may also be emailed: [Roxanne.lowe@mercer.com](mailto:Roxanne.lowe@mercer.com) and [Emily.knaus@mercer.com](mailto:Emily.knaus@mercer.com). **Under no circumstances should you contact the City of Providence directly regarding this proposal.**

**The proposals must be received to Mercer electronically, and to Providence City Hall (hard copies) no later than 2:15 PM EST on November 18, 2024 – ABSOLUTELY NO EXCEPTIONS. Any proposals received after the due date requested will not be considered.**

**The following items must be opened and completed along with your proposal to provide a complete response package:**

**Medical Documents for Completion:**

- Attachment A – Proposed Medical Fees
- Attachment B – Proposed Performance Guarantees
- Attachment C – Medical Questionnaire
- Attachment D – Geo-Access Form
- Attachment E – Provider Disruption Analysis
- Attachment F – Finalist Questionnaire

**Medical Documents for Reference:**

- Attachment G – City of Providence Census
- Attachment H – Current Rates
- Attachment I – 2024 SBCs (provided separately in PDF Documents)
- Attachment J – 2021, 2022 and 2023 Claims & Enrollment Experience
- Attachment K – Current medical account structure

## Evaluation Criteria

The following criteria will be used in the overall selection of the vendor(s) for these services:

- Financials – *maximum 50 points*
  - ASO Fees
  - Ancillary Fees
  - Provider Discounts
  - Value Based Contracting/Pay for Performance arrangements
  - Performance Guarantees
  - Network Discount Guarantees
  - Proposed allowances for wellness, communication, pre-implementation audit and data feeds
- Evaluation of Network – *maximum 20 points*
  - Strong geographic access to network for City population
  - Provider disruption
  - Provider negotiation and discounts
  - Ability to manage costs



- Account Management – *maximum 15 points*
  - Prior experience with the City or other municipalities
  - Local Rhode Island based account management team
  - Attendance for all calls and required meetings
  - Ability and commitment to administering current and requested plan designs and Coordination of Benefits and Work Related Injury programs
  - Provide a response to the City within 24 hours on any questions or requests
  - Experience in partnering with the City’s vendor partners
  - Proactive account management with established estimated turnaround time for inquiries
  - Account team including their case load, type of accounts and average size of other clients
  - Claims administration and philosophy of member claim experience, including turnaround time for responses to claim inquiries
  - Communications
  - Health management and advocacy program offerings
  - Ability to provide wellness solution to Providence, or provide required data if Providence was to partner with a 3<sup>rd</sup> party wellness vendor.
  - Additional tools and resources available to the City
- Technical – *maximum 15 points*
  - Implementation support
  - Open enrollment support
  - Online employer and employee portal such as a benefits administration system
  - Data feed support
  - Robust monthly reporting package
  - Ability to provide ad-hoc reporting to the City

## SUPPLEMENTAL INFORMATION

If the issuing department for this RFP determines that your firm's bid is best suited to accommodate their need, you will be asked to provide proof of the following prior to formalizing an award.

An inability to provide the outlined items at the request of the department may lead to the disqualification of your bid.

*This information is **NOT** requested to be provided in your initial bid that you will submit to the City Clerk's office by the "date to be opened" noted on page 1. This list only serves as a list of items that your firm should be ready to provide on request.*

**All bids submitted to the City Clerk become public record. Failure to follow instructions could result in information considered private being posted to the city's Open Meetings Portal and made available as a public record.**

**You must be able to provide:**

- Business Tax ID will be requested after an award is approved by the Board of Contract and Supply.
- Proof of Insurance.
- Certificate of Good Standing with the Rhode Island Secretary of State.



**BOARD OF CONTRACT AND SUPPLY  
CITY OF PROVIDENCE, RHODE ISLAND**

**CITY OF PROVIDENCE STANDARD TERMS & CONDITIONS**

1. The terms “you” and “your” contained herein refer to the person or entity that is a party to the agreement with the City of Providence (“the City”) and to such person’s or entity’s employees, officers, and agents.
2. The Request For Proposals (“RFP”) and these Standard Terms and Conditions together constitute the entire agreement of the parties (“the Agreement”) with regard to any and all matters. By your submission of a bid proposal or response to the City’s RFP, you accept these Standard Terms & Conditions and agree that they supersede any conflicting provisions provided by bid or in any terms and conditions contained or linked within a bid and/or response. Changes in the terms and conditions of the Agreement, or the scope of work thereunder, may only be made by a writing signed by the parties.
3. You are an independent contractor and in no way does this Agreement render you an employee or agent of the City or entitle you to fringe benefits, workers’ compensation, pension obligations, retirement or any other employment benefits. The City shall not deduct federal or state income taxes, social security or Medicare withholdings, or any other taxes required to be deducted by an employer, and this is your responsibility to yourself and your employees and agents.
4. You shall not assign your rights and obligations under this Agreement without the prior written consent of the City. Any assignment without prior written consent of the City shall be voidable at the election of the City. The City retains the right to refuse any and all assignments in the City’s sole and absolute discretion.
5. Invoices submitted to the City shall be payable sixty (60) days from the time of receipt by the City. Invoices shall include support documentation necessary to evidence completion of the work being invoiced. The City may request any other reasonable documentation in support of an invoice. The time for payment shall not commence, and invoices shall not be processed for payment, until you provide reasonably sufficient support documentation. In no circumstances shall the City be obligated to pay or shall you be entitled to receive interest on any overdue invoice or payment. In no circumstances shall the City be obligated to pay any costs associated with your collection of an outstanding invoice.
6. For contracts involving construction, alteration, and/or repair work, the provisions of applicable state labor law concerning payment of prevailing wage rates (R.I. Gen. Laws §§ 37-13-1 et seq., as amended) and the City’s First Source Ordinance (Providence Code of Ordinances §§ 21-91 et seq., as amended) apply.
7. With regard to any issues, claims, or controversies that may arise under this Agreement, the City shall not be required to submit to dispute resolution or mandatory/binding arbitration. Nothing prevents the parties from mutually agreeing to settle any disputes using mediation or non-binding arbitration.
8. To the fullest extent permitted by law, you shall indemnify, defend, and hold harmless the City, its employees, officers, agents, and assigns from and against any and all claims, damages, losses, allegations, demands, actions, causes of action, suits, obligations, fines, penalties, judgments, liabilities, costs and expenses, including but not limited to attorneys’ fees, of any nature whatsoever arising out of, in connection with, or resulting from the performance of the work provided in the Agreement.
9. You shall maintain throughout the term of this Agreement the insurance coverage that is required by the RFP or, if none is required in the RFP, insurance coverage that is considered in your industry to be commercially reasonable, and you agree to name the City as an additional insured on your general liability policy and on any umbrella policy you carry.
10. The City shall not subject itself to any contractual limitations on liability. The City shall have the time permitted within the applicable statute of limitations, and no less, to bring or assert any and all causes of action, suits, claims or demands the City may have arising out of, in connection with, or resulting from the performance of the work provided in the Agreement, and in no event does the City agree to limit your liability to the price of the Agreement or any other monetary limit.
11. The City may terminate this Agreement upon five (5) days’ written notice to you if you fail to observe any of the terms and conditions of this Agreement, or if the City believes your ability to perform the



**BOARD OF CONTRACT AND SUPPLY  
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terms and conditions of this Agreement has been materially impaired in any way, including but in no way limited to loss of insurance coverage, lapsing of a surety bond, if required, declaration of bankruptcy, or appointment of a receiver. In the event of termination by the City, you shall be entitled to just and equitable compensation for any satisfactory work completed and expenses incurred up to the date of termination.

12. Written notice hereunder shall be deemed to have been duly served if delivered in person to the individual or member of the firm or entity or to an officer of the entity for whom it was intended, or if delivered at or sent by registered or certified mail to the last business address known by the party providing notice.
13. In no event shall the Agreement automatically renew or be extended without a writing signed by the parties.
14. You agree that products produced or resulting from the performance of the Agreement are the sole property of the City and may not be used by you without the express written permission of the City.
15. For any Agreement involving the sharing or exchange of data involving potentially confidential and/or personal information, you shall comply with any and all state and/or federal laws or regulations applicable to confidential and/or personal information you receive from the City, including but not limited to the Rhode Island Identity Theft Protection Act, R.I. Gen. Laws § 11-49.3-1, during the term of the Agreement. You shall implement and maintain appropriate physical, technical, and administrative security measures for the protection of, and to prevent access to, use, or disclosure of, confidential and/or personal information. In the event of a breach of such information, you shall notify the City of such breach immediately, but in no event later than twenty-four (24) hours after discovery of such breach.
16. The Agreement is governed by the laws of the State of Rhode Island. You expressly submit yourself to and agree that any and all actions arising out of, in connection with, or resulting from the performance of the Agreement or relationship between the parties shall occur solely in the venue and jurisdiction of the State of Rhode Island or the federal court located in Rhode Island.
17. The failure of the City to require performance of any provision shall not affect the City's right to require performance at any time thereafter, nor shall a waiver of any breach or default of this Agreement constitute a waiver of any subsequent breach or default or a waiver of the provision itself.
18. If any term or provision of this Agreement, or the application thereof to any person or circumstance shall, in any extent, be invalid or unenforceable, the remainder of this Agreement shall not be affected thereby, and each term and provision shall be valid and enforceable to the fullest extent permitted by law.