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Miami-Dade County, Florida

RFP No. 892

## SCOPE OF SERVICES

### **Background**

There are approximately 35,000 employees eligible for this Program (refer to **Attachment A, Census**). Retirees are not eligible to participate. With the start of the 2015 Plan Year, new employees will be eligible for benefit coverage on the first day of the month following (or coincident to) 60 days of employment. Part-time employees must consistently work 60 hours biweekly to be eligible and remain eligible for benefits. Newly hired executives, as identified by the County, are eligible for coverage on their first day of employment. For the plan claims experience, refer to **Attachment B, Historical Plan Utilization**. The County's utilizes a three-tier rate structure. For the County Historical Vision Rates, refer to **Attachment C, County Historical Rates**.

### **Program Overview and Plan Benefits**

The County's Vision Program is currently insured by CompBenefits Insurance Company through their OPTIX Vision Plan. A copy of the **Optix Vision Benefits Summary and Provider Booklet** is included in **Attachment D**. This attachment reflects the current plan design and the minimum coverage that shall be provided under the proposed plan provisions, except to the extent that the County has requested changes herein. The County is considering plan enhancements in two areas which include the lenses and frames (refer to below provisions). In considering these enhancements the County is requesting that Proposers provide both the mirror plan option and rates. In addition, Proposers should propose the cost for adding these enhancements to the plan. The County, at its sole option, will select the plan that is most beneficial to the County employees for Plan Year 2015.

- Increase non-panel allowance for bifocal lenses from \$50 to \$60 and trifocal lenses from \$60 to \$80.
- Increase panel wholesale allowance for frames from \$45 to \$60.

Proposer shall submit their vision plan design for any proposed Program by completing **Attachment E, Proposed Vision Plan Design Chart**. The County is not interested in a discounted vision program. Meaning the County is not soliciting for a plan that simply offers a percentage off the provider's fee, rather than a defined benefit. The selected Proposer shall administer the Program in accordance with all applicable state and federal laws.

*Note:* The County recognizes the existence of Florida Statutes, Section 624.1275, as such any commission, service fee or other form of agent remuneration must be included in the rate proposal.

### **Qualification Requirements**

#### **A. Minimum Qualification Requirement:**

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The Proposer shall be licensed, at the time of proposal due date, by the State of Florida, Office of Insurance Regulation, to provide the plan services for which the proposal is being submitted for.

*(Note: The above requirement is a continuing condition of award, as the selected Proposer must maintain this minimum qualification throughout the duration of the contract).*

**B. Preferred Qualifications:**

The Proposer should:

1. Have a minimum "A- Rating" from A.M. Best and a Financial Classification of "VII" or higher as of the most recent rating.
2. Possess at least five (5) years of experience providing similar services to those requested herein for groups of 5,000 employees or greater.

**General Information**

1. Effective January 1, 2015, new employees will be eligible for benefits coverage on the first day of the month following (or coincident to) 60 days of employment. Any part-time employee who consistently works at least 60 hours bi-weekly and has completed 60 continuous days of employment is eligible for coverage. If an election is made, coverage is effective the first day of the month following completion of the eligibility period without any actively-at-work exclusion. Executives, as identified by the County, are eligible for coverage on their first day of employment.

Dependent eligibility is defined as follows:

- a) Spouse or Domestic Partner (unless an eligible County employee).
  - b) Married or unmarried natural children (whether or not they live with the employee), children of a domestic partner, adopted children, stepchildren or a child for whom the employee has been appointed a legal guardian pursuant to a valid court order to the end of the calendar year in which the child turns 26. The selected Proposer will require proof of eligibility if the child's last name differs from the employee's.
  - c) Coverage for an unmarried dependent child may be continued beyond age 26 if the child is mentally or physically disabled. Proof of disability may be required.
2. All underwriting requirements shall conform to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), where applicable. The

Proposer shall review the HIPAA Business Associate Agreement included in the County's Form of Agreement herein as **Appendix C**. The selected

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Proposer is required to execute this agreement as part of any award issued as a result of this Solicitation.

- (a) Employees who do not enroll within their initial benefits eligibility period, and do not satisfy a HIPAA special enrollment qualifying event, may not enroll until the following annual open enrollment period with a January 1 effective date.
  - (b) All employees and dependents enrolled as of December 31, 2014 are eligible for coverage with no actively at work exclusion.
3. The following rules apply for adding dependents:
- (a) New Dependents - A dependent of an insured may be added to the Program by submitting an application within 45 days (60 days for newborns) of acquiring the dependent status. The employee must enroll the dependent within 45 days after the marriage, registration of Domestic Partnership or birth/adoption of a child (60 days for newborns). Coverage for a new spouse or Domestic Partner is effective the first day of the month following receipt of the application. Coverage for a newborn, child placed for adoption, or adopted is effective as of the date of birth or the earlier of 1) placement for adoption, or 2) adoption date. The change in rate, if applicable, is effective the first day of the month following the birth or the earlier of 1) placement for adoption or, 2) adoption date.
  - (b) If eligible employees have declined coverage for themselves or their dependents because of other insurance coverage and the other coverage ends, they may request enrollment within 45 days after the other coverage ends.
  - (c) Change in Family Status - A dependent may be added to or deleted from the Program at any time during the year under HIPAA or IRS section 125 provisions. Proof of the change in family status must be submitted at the same time of change request. Refer to item 3(a) above for information on adding a new dependent.

In accordance with Florida Statute 641.31(9)a: If a Change in Status (CIS) Form (provided herein as **Attachment I**) is received by the County within the first 31 days from birth, the rate is waived for the first 31 days. If the CIS Form is received after the first 31 days, but within 60 days of the birth, the new rate will be charged retroactive to the date of birth. The same applies when adding an adopted child or child placed for adoption. The rate is waived if the CIS Form is received by the County within the first 31 days from the earlier of: a) adoption, or b) placement for adoption. If the CIS Form is received after the first 31 days, but within 45 days of the event, the new rate will be charged retroactive to the earlier of: a) adoption or b) placement for adoption.

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Payroll changes to delete a dependent, other than those events specified in this paragraph, become effective the first day of the pay period following receipt by the County. Payroll changes for the purpose of adding a newborn are processed in accordance with Florida Statute 641.31(9) a.

4. Employee membership terminates on the last day of the pay period for which applicable payroll deductions are made after the date the employee ceases active work for any reason other than an approved leave of absence.

**Administrative and Related Services**

The selected Proposer shall:

5. Consent to the County's self-billing process as the Vision Plan shall be administered on a self-billing fee/premium rate remittance basis. Premiums to the selected Proposer shall be paid based on the amount of employees who voluntarily elect to take part in the Vision Plan.
6. Consent to bi-weekly bank wire-transfers of fee/premium payments which will be remitted for the prior pay period. The selected Proposer shall grant a 30 day grace period for active and paid leave status employees.
7. Administer appropriate procedures to carefully monitor the status of over-age unmarried dependent children and dependent children of Domestic Partner (up to 26 years old) to ensure satisfactory proof of eligibility is obtained and that coverage complies with Federal and State regulations, including COBRA status. Dependent children and dependent children of Domestic Partner losing group coverage due to age or loss of dependent status must be notified of their coverage continuation rights. The selected Proposer shall notify the County within 60 days after the open enrollment effective date (January 1<sup>st</sup> of each year) of any discrepancies in eligibility including employee name, dependent to be deleted and any change in coverage level.
8. Provide all COBRA administration, including mailing of initial COBRA notification after receiving notification of a qualifying event from the County. Required services include billing of beneficiaries and collection of appropriate premiums.
9. Issue HIPAA Notices of Privacy Practices to all new enrollees.
10. Provide HIPAA certificates of coverage within 30 days of coverage termination.
11. Verify all dependent eligibility at initial enrollment. Additionally, overage dependents and dependents with different last names other than Members' last name, shall be verified at each subsequent Plan Year's open enrollment. The selected Proposer shall verify eligibility for new hires and

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new enrollees and dependents within 30 days and notify the County of any discrepancies in eligibility 60 days.

12. Perform a bi-weekly reconciliation of accounts based on bi-weekly eligibility tapes provided by the County. The selected Proposer shall notify the County in writing within 10 days of any discrepancies, to include Subscriber name, Subscriber identification number, name of ineligible dependent and change in coverage level, found in its reconciliation efforts, if any.
13. Implement a Quality Control/Assurance Program that provides for continual monitoring of the services provided to the County and incorporate a self-inspection system. The Quality Control/Assurance Program shall also include methods for monitoring, identifying, and correcting deficiencies in the quality of service provided to the County and reporting the results of the Program to the County's Project Manager annually, or upon request from the County.
14. Apprise the County on the selected Proposer's process and proficiency in measuring general satisfaction amongst existing members through sourcing mechanisms. The County anticipates receiving an annual report from the selected Proposer detailing the results and findings of satisfaction analysis.
15. Provide local account representative who shall be physically located in the Miami-Dade/Broward County area and have full account management capabilities. The account representative shall assist the County in facilitating all vision plan matters and related Services listed herein.
16. Provide an Account Executive/Manager and account management team who shall:
  - a) Devote the necessary time to manage the account and be responsive to County needs pertaining to this Scope of Services (this includes being available for frequent telephone calls and on-site consultations with the County staff located in Miami, FL);
  - b) Provide the County with the mobile phone numbers and email addresses of all key account management personnel;
  - c) Be thoroughly familiar with all of the selected Proposer's operational and administrative functions that relate to the County's account; and,
  - d) Serve as an advocate for the County to effectively advance action items through the selected Proposer's corporate approval structure.
17. Provide a toll-free customer service line with representatives who speak English, Spanish and Creole during the County's normal business hours (Monday – Friday, 8:00 a.m. to 5:00 p.m. Eastern Standard Time). The selected Proposer shall also provide an Automated Call Intake/Response System that has a "call distribution" feature with message capability for after hours. Return calls to Members and Subscribers shall be completed within

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24 hours of receipt of message by the selected Proposer's automated system.

18. Provide a customized benefits website for the use of County and JHS employees and dependents. Website shall be available for the term of the contract resulting from this Solicitation – and shall include exclusively the County's vision program's summary of plan benefit materials and a listing of all network Providers, claims and reimbursement forms and other necessary documents. All forms and documents shall also be provided via electronic format to the County for posting on its intranet and internet website.
19. Implement Miami-Dade County in a timely fashion for a January 1, 2015 plan effective date, with open enrollment scheduled for October/early November of 2014. Selected Proposer shall include coordination of data processing systems and an outline of delivery time for printed materials, including ID cards, claim forms, etc. to be presented to the County within 30 days from contract effective date.
20. Formulate operational Performance Guarantee Standard Provisions (refer to **Attachment H, Performance Guarantee Standard Provisions**) which shall include the selected Proposer's implementation work plan and will put a certain portion of penalty amount at risk for completion of such tasks.
  - a) Implementation;
  - b) Setting up eligibility data (Members, Subscriber, dependents, effective dates, etc.);
  - c) Claims turnaround time;
  - d) Claims process, payment and financial accuracy;
  - e) Production of accurate Member and Subscriber correspondence, including but not limited to, ID Cards, Summary Plan Design and reports; and,
  - f) Customer service.

Selected Proposer's compliance with Performance Guarantee Standard Provisions shall be measured annually at the end of each Plan Year and shall remain in effect for the duration of any contract issued, and renewal options exercised, as a result of this Solicitation.

21. Ensure that the claims processing system is fully integrated with the County's eligibility system. The selected Proposer shall maintain and verify eligibility for coverage of all benefits.
22. Allow the County, or its representative, in addition to the rights contained herein, the right to perform an annual audit of all claims, utilization management files, financial data and other information relevant to the County's account, with reasonable notice. The results of this independent audit may determine additional premiums at risk for any non-compliance with the Performance Guarantee Standard Provisions.

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23. Provide an Annual Premiums versus Claims Utilization Report to the County within 45 days of the end of each Plan Year. The County reserves the right to request additional reports on an as-needed basis, in addition to, a yearly Survey Results Report to determine member satisfaction.
24. Prepare any and all reports which may, initially or at any future date, be required by the Internal Revenue Service, Department of Labor, and/or any other governmental agency.
25. Provide a minimum of 24 months of historical data upon termination of contract.

**Enrollment/Communications Provisions**

The selected Proposer shall:

26. Provide promotional enrollment materials to the County at least 45 days prior to the start of the County's annual open enrollment period, anticipated to be late October/early November 2014. Enrollment materials shall be provided in printed format in an adequate amount, at the County's discretion. The County may also require the selected Proposer to provide enrollment materials in alternate formats (i.e., Braille, large print and/or audio compact disk). Printing and production of material costs are the sole responsibility of the selected Proposer.
27. Draft materials primarily including, but not limited to, the Summary Plan Description (SPD), etc., at least 45 days prior to the Plan Year effective date, January 1st. The selected Proposer shall print and mail the SPD directly to Members' homes at no additional cost to the County, with additional supplies made available to the County, as deemed necessary by the County.
28. Mail identification (ID) card to each enrolled Member within 5 business days from the date of receipt of each eligibility tape, excluding weekends and holidays. Temporary ID printing capability shall be available at the selected Proposer's website, when any of the following events occur:
  - a) Change in coverage option;
  - b) Change in coverage tier; and/or
  - c) A replacement/duplicate card is requested.
29. Identify Members by Social Security number **and/or** employer ID number, as required by the County. The confidentiality of Member Social Security numbers is of the utmost importance to the County and the selected Proposer shall bear the responsibility of protecting the privacy and legal rights of the Members and Subscribers.

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30. Distribute all communication materials to the various County locations no later than 2 weeks prior to the start of the County's open enrollment period. The Proposer shall receive written approval from the County on all booklets, and any and all other employee communications, prior to their printing. Additionally, the County retains the right to prohibit distribution of any materials that build false or misleading statements, create reference to any plan other than the selected Proposer's plan, or any other materials or "giveaways" which the County deems to be inappropriate.
31. Review its plan-specific information listed in the County's Employee Benefits Handbook (refer to **Attachment F, 2014 Benefits Handbook**) for accuracy and provide any updates to the County annually, no later than September 1st for the upcoming Plan Year. The County will finalize and publish the Benefits Handbook. The County shall retain final approval authority over all communication material.
32. Consent to the use of the current Miami-Dade County Enrollment Form (refer to **Attachment G, Enrollment Form**) and other County-specific forms and materials, as deemed necessary by the County.
33. Consent to the use of the County's on-line enrollment process. The County currently uses web enrollment for the annual open enrollment and anticipates continued use of web enrollment for ongoing enrollments.
34. Provide sufficient personnel to attend all program implementation meetings and subsequent open enrollment meetings (approximately 45) on a schedule set by the County and JHS. Selected Proposer's personnel shall have access to County employees on County premises, as determined by the County. Selected Proposer's personnel (i.e., Account Executive/Manager/Representative, etc.) shall attend periodic meetings throughout the Plan Year, scheduled by the County, with reasonable notice given.
35. Consent to no minimum participation requirement levels, nor corresponding adjustments of rates or premiums, due to changes in participation levels as a result of the Solicitation or during the term of the contract, including any renewals any extensions thereof.
36. Consent to receiving eligibility data, in an electronic format, or in hard copy paper form, as deemed necessary by the County.
37. Update eligibility data within 2 business days from the date of file receipt from the County. The selected Proposer shall notify the County of any issues delaying the update of information, within 2 business days from the data upload.
38. Provide a single point of contact for the purpose of facilitating County submission requests regarding eligibility and enrollment information,

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coordinating any internal distribution of such information through the selected Proposer's organization, as well as expediting any necessary transfer of data to third party administrators.

**Fiduciary Protection**

In addition to the other insurance requirements stated in the contract (refer to Section 5.0, Article 10 "Indemnification and Insurance" herein), the selected Proposer shall provide indemnification and liability protection for the clinical and non-clinical administration components of this Program. The selected Proposer shall indemnify and hold the County harmless from any clinical, professional, or administrative decisions made by the selected Proposer rendering services, including the administration of the appeals process.

**Premium Guarantee**

All rates shall be guaranteed for the initial contract term of two (2) years, January 1, 2015 through December 31, 2016, independent of actual enrollment or any other rate contingencies. The selected Proposer shall provide the renewal rates for the first two year option period by June 1<sup>st</sup> 2016, and by June 1<sup>st</sup> 2018 for the second two-year option period and June 1<sup>st</sup> 2020 for the third two-year. The renewal rates are subject to negotiations and acceptance by the County.