**STATE OF MISSISSIPPI**

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**STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE MANAGEMENT BOARD**

**REQUEST FOR PROPOSAL**

**FOR**

**HEALTH AND LIFE INSURANCE CONSULTING SERVICES**

**May 23, 2017**

Contact information for this request for proposal:

Health and Life Insurance Consulting Services RFP

c/o DFA - Office of Insurance

501 North West Street

Suite 901-B Woolfolk Building

Jackson, Mississippi 39201

InsuranceRFP@dfa.ms.gov

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INTRODUCTION

## Overview and Process

The State of Mississippi State and School Employees Health Insurance Management Board (Board) is seeking a vendor to provide health and life insurance consulting services to the Board relating to its management of the State and School Employees’ Life and Health Insurance Plan (Plan). The Department of Finance and Administration’s (DFA) Office of Insurance provides administrative support to the Board and is coordinating this Request for Proposal (RFP). The Board desires to contract with a firm that specializes in providing consulting services to large self-insured health plans, and has prior experience directly related to the services requested in this RFP. The effective date of this contract will be October 1, 2017. This contract will be for four (4) years with an option to renew for one (1) year at the Board’s discretion. This contract shall be governed by the applicable provisions of the Mississippi Personal Services Contract Review Board (PSCRB) Rules and Regulations Manual, a copy of which is available from the Mississippi State Personnel Board located at 210 E. Capitol Street, Suite 800, Jackson, Mississippi 39201, or by accessing their website at www.mspb.ms.gov.

A copy of this RFP, including any subsequent amendments, along with a copy of all questions from vendors and responses to those questions, will be posted on DFA’s website at www.dfa.ms.gov under the heading “Bid and RFP Notices”. Before the award of any contract, the proposer will be required to document to the Board that it has the necessary capabilities to provide the services specified in this RFP. The proposer may also be required to provide additional client references, as well as related project experience detail in order to satisfy the Board that the proposer is qualified. The Board may make reasonable investigations, as it deems necessary and proper, to determine the ability of the proposer to perform the work, and proposer shall be required to furnish to the Board all information that may be requested for this purpose. The Board reserves the right to reject any proposal if the proposer fails to provide the requested information and/or fails to satisfy the Board that the proposer is properly qualified to carry out the obligations of the contract and to complete the work described in this RFP.

The Plan’s health insurance component is a self-insured, non-ERISA health insurance plan, currently providing health insurance coverage to approximately 190,000 participants. Eligible participants include active, retired, and COBRA employees (and their enrolled dependents) of the State’s agencies, universities, community/junior colleges, school districts, and public library systems. Plan participants are located primarily within the State of Mississippi, although a small number of participants reside in other states. Additional information describing the Plan can be found in the *2017 Plan Document* located in Appendix B.

The Plan’s life insurance component consists of a flex-funded, fully-insured group term life insurance policy underwritten by Minnesota Life Insurance Company (Securian). This policy currently insures nearly 95,000 covered lives, totaling approximately $5.8 billion in coverage. Eligible participants include active and retired employees of the State’s agencies, universities, community/junior colleges, school districts, and public library systems. Refer to the *2017 Plan Document* in Appendix B and the *Calendar Year 2016 Actuarial Report* in Appendix C, for more information on the life insurance coverage available under the Plan.

The Board’s current consulting contract with PricewaterhouseCoopers, LLC, is scheduled to expire on September 30, 2017, necessitating the need for this RFP.

The Board also currently contracts with the following vendors to assist in managing the Plan:

**Blue Cross & Blue Shield of Mississippi** Third Party Medical Claims Administrator

**Prime Therapeutics, LLC**  Pharmacy Benefit Manager

**ActiveHealth Management, Inc.**  Medical Management/Population Health Vendor

**Mr. Wm. Lynn Townsend, FSA, MAAA** Consulting Actuary

**Cavanaugh** **Macdonald** **Consulting**, **LLC** OPEB Actuary

**Claim Technologies, Inc.** Claim and Performance Review Services

**Truven Health Analytics, LLC** Decision Support Services

## Purpose and Goals

The purpose of this solicitation is to select and contract with a vendor to provide health and life insurance consulting services to assist the Board in its management of the State and School Employees’ Life and Health Insurance Plan (Plan). The Board seeks to enter into a four-year indefinite quantity contract effective October 1, 2017, in which the utilization will vary depending on the number and complexity of projects undertaken by the Board. While the need for consulting services varies from year to year, the Board has utilized an average of 650 hours per year over the past five years. The Board desires to contract with a firm that specializes in providing consulting services to large self-insured health plans, and has prior experience directly related to the services requested in this RFP. The vendor (consultant) selected by the Board will assist the Board by providing such services as requested by the Board for which the consultant has the technical capability to render. These services will include, but not be limited to, providing guidance in federal and state regulations, assisting the Board in the selection and implementation of a third party medical claims administrator, pharmacy benefit manager, medical management/population health vendor, decision support system vendor, and life insurance company; providing recommendations regarding benefit plan design; providing estimates regarding the cost and/or savings associated with benefit plan design changes; assisting the Board in preparing requests for proposals for other services required by the Board; and providing technical assistance as needed. The Plan’s consulting actuary provides actuarial analyses on a fiscal year and calendar year basis and recommends premium structure for health and life insurance programs. The Plan’s consulting actuary and consultant typically collaborate with analyzing the costs/savings associated with proposed benefit changes. A more detailed listing of services is contained under the **Scope of Services** located in **Section 3**.

## Instructions to Proposers

**Proposals must be received in the DFA’s Office of Insurance in Jackson, Mississippi by 2:00 p.m. Central Daylight Time, June 23, 2017. Any proposal received after the deadline will not be considered. Proposals submitted by fax or by electronic mail will not be accepted.**

1. Proposals must be submitted in writing to the following address:

**Health and Life Insurance Consulting Services RFP**

**c/o DFA - Office of Insurance**

**501 North West Street**

**Suite 901-B Woolfolk Building**

**Jackson, Mississippi 39201**

1. Submit one clearly marked original response with signed proposal cover letter, signed **Statutory Requirement** disclosure statement (see **Section 6**), signed **Statement of Compliance** (see **Section 7**), signed **Acknowledgement of Answers to Vendor Questions**, and signed **Acknowledgement of RFP Amendments** (see **Section 1**), only if an amendment is posted. Include four identical copies of the original response include one electronic copy of the complete proposal including all sections in Microsoft Office ® format with appendices in the appropriate Microsoft Office ® format or Portable Document Format (PDF) on flash drive or compact disc. Failure to sign and return these required documents may result in disqualification of the proposal.

**The Board understands that the proposer may consider some of the information provided in the proposal to be proprietary. If any portion of the proposal is considered proprietary, the vendor should also include an additional electronic copy in PDF of the complete proposal, including all appendices and exhibits, with all trade secrets or confidential commercial or financial information redacted. Refer to Item 6 below for additional information regarding the treatment of confidential information contained in your proposal.**

1. To prevent opening by unauthorized individuals, all copies of the proposal must be sealed in the package, and the package must be marked, “Proposals – Do Not Open.” A label containing the information from the RFP cover page must be clearly typed and affixed to the package in a clearly visible location.
2. Label and tab the sections of the proposal as follows:

Tab 1 - Introduction

Tab 2 - Minimum Vendor Requirements Confirmation

Tab 3 - Scope of Services Confirmation

Tab 4 - RFP Questionnaire with Responses

Tab 5 - Fee Schedule

Tab 6 - Statutory Requirement

Tab 7 - Statement of Compliance

Tab 8 - Acknowledgement of RFP Amendments, if any posted

Tab 9 - Acknowledgment of Answers to Questions, if any posted

Tab 10 - Resumes for Key Staff

Tab 11 - Communication samples

Tab 12 - Any Additional Information

1. Number each page of the proposal. Multiple page attachments and samples should be numbered internally within each document, and not necessarily numbered in the overall page number sequence of the entire proposal. The intent of this requirement is that the proposer submit all information in a manner so that it is clearly referenced and easily located.
2. **The Board requests that each page of the printed proposal that the proposer considers confidential be conspicuously marked by being printed on a different color paper than non-confidential pages and be marked in the upper right hand corner of each page with the word “CONFIDENTIAL.” Confidential information may be identified by alternate font color and/or type on electronic copies of the proposal. Failure to clearly identify trade secrets or confidential commercial or financial information may result in that information being released subject to a public records request. Failure to clearly identify trade secrets or confidential commercial or financial information may result in that information being released subject to a public records request (see 1.12 Mississippi Public Records Act/Confidentiality of Proposals)**
3. Please respond to **Section 3 *– Scope of Services*** by restating each service listed and confirm your intention to provide the service as described by stating, “*Confirmed*”. If your organization can provide the service, but not exactly as described, state, “*Confirmed, but with exceptions*”, and state the specific exceptions. If your organization intends to provide a listed service through a subcontractor, state, “*Confirmed, service will be provided through subcontractor*”, and name the subcontractor. If your organization is currently unable to provide a listed service, respond by stating, “*Unable to provide this service*”. Any additional details regarding these services should be provided in your responses to the questionnaire, or as additional information included as an appendix to your proposal.
4. In preparing your written response to any RFP question or request for information, you are required to repeat each question, including the number, or requirement followed by your response. Please provide complete answers and explain all issues in a concise, direct manner. If you cannot provide a direct response for some reason (e.g., your organization does not collect or furnish certain information), please indicate the reason rather than providing general information that fails to answer the question. “Will discuss” and “will consider” are not appropriate answers.
5. If you do not agree with an item(s) in any section of this RFP or draft Consulting Services Contract (see Appendix A), then you must list the item(s) on the signed Statement of Compliance (see **Section 7**).

**NOTE:** **Clauses in italic blue type in the draft Consulting Services Contract (see Appendix A) are required by PSCRB and/or DFA, and are nonnegotiable.**

1. All information requested is considered important. If you have additional information you would like to provide, include it as an appendix to your proposal. It is the proposer’s sole responsibility to submit information relative to the evaluation of its proposal and the Board is under no obligation to solicit such information if it is not included with the proposal. The Board will use the information contained in your proposal in determining whether you will be selected for contract negotiations. The Board will consider the proposal an integral part of the contract and will expect you to honor all representations made in your proposal.
2. If the Board determines that the proposer has altered any language in the original RFP, the Board may, at its sole discretion, disqualify the proposer from further consideration. The RFP issued by the Board is the official version and will supersede any conflicting RFP language subsequently submitted in proposals.
3. All documentation submitted in response to this RFP and any subsequent requests for information pertaining to this RFP shall become the property of the Board and will not be returned to the proposer.
4. Failure to provide all requested information and in the required format may result in disqualification of the proposal. The Board has no obligation to locate or acknowledge any information in the proposal that is not presented under the appropriate outline according to these instructions and in the proper location.

## Important Dates

|  |  |
| --- | --- |
| **May 23, 2017** | RFP Released |
| **June 9, 2017** | Intent to Propose/Questions due at DFA-Office of Insurance by 2:00 PM CDT |
| **June 13, 2017** | Board Responses to Vendor Questions Released  |
| **June 23, 2017** | Proposals Due at DFA-Office of Insurance by 2:00 PM CDT |
| **July 5, 2017** | Finalists Selected |
| **July 10 – 14, 2017** | Presentations by Finalists  |
| **July 26, 2017** | Consultant Selected and Contract Award Notification  |
| **September 27, 2017** | Contract Executed  |
| **October 1, 2017** | Service Effective Date |
|  |  |

The Board anticipates proposers selected as finalists to make presentations in Jackson, Mississippi. The Board will not incur any expense for such presentation. **Due to the constraints of the RFP timeline and the relative importance of presentations in the evaluation process, interested vendors are encouraged to be prepared to accommodate this schedule.**

## Intent to Propose

All potential proposers are requested to submit their Intent to Propose no later than June 9, 2017 by 2:00 PM CDT. Notice may be submitted via email to InsuranceRFP@dfa.ms.gov. The Intent to Propose should indicate your organization’s primary contact, direct telephone number, and e-mail address. The submission of an Intent to Propose does not obligate your company to submit a proposal. Likewise, potential proposers are encouraged, but not required, to submit an Intent to Propose.

## Questions and Acknowledgment of Responses

Questions from potential proposers must be submitted in writing via e-mail, and must be received no later than 2:00 PM CDT, June 9, 2017, in order to receive a response DFA. Proposers are encouraged to submit questions prior to the deadline as they arise. Responses to questions will be made available on DFA’s website at [**www.dfa.ms.gov**](http://www.dfa.ms.gov/Content/BidandRFP.htm) under “Bid and RFP Notices” on June 13, 2017. Responses to questions will be treated as amendments to the RFP and will require acknowledgment. It is the proposer’s sole responsibility to monitor the website for responses to questions.

## Statutory Requirement

In accordance with Section 25-15-9(1)(a) of the Mississippi Code Annotated, each entity that submits a proposal in response to this RFP must provide a signed disclosure statement detailing any services or assistance it provided during the previous fiscal year to the Board and/or DFA in the development of the State and School Employees’ Health Insurance Plan. The statement must include a detailed description of the proposer’s participation in the development of the Plan, as well as any resulting compensation received from the Board and/or DFA during the previous fiscal year. If you did not provide such assistance to the Board and/or DFA, you must indicate in your signed disclosure statement that this provision does not apply to you. A list of persons, agents, and corporations who have contracted with or assisted the Board in preparing and developing the Mississippi State and School Employees’ Health Insurance Plan and a copy of the statutory requirement are contained in**Section 6 *– Statutory Requirement***.

## Statement of Compliance Requirement

Please carefully review the information located in**Section 7 *– Statement of Compliance*** and include a copy **signed by an officer, principal, or owner** of the organization with your completed proposal. Failure to submit a signed Statement of Compliance may result in your proposal being eliminated from further consideration.

**If you object to any of the terms and conditions included in the draft Consulting Services Contract (see Appendix A), or any requirements listed in this RFP, please note and explain your objections on the Statement of Compliance. Clauses in italic blue type in the draft Consulting Services Contract (see Appendix A) are required by PSCRB and/or DFA, and are not negotiable.**

## Corrections and Clarifications

The Board reserves the right to request clarifications or corrections to proposals. Any proposal received which does not meet the requirements in **Section 1.3 *– Instructions to Proposers****,* the requirements in**Section 2 *– Minimum Vendor Requirements***, or comply with other proposal requirements of this RFP, including clarification or correction requests, may be considered non-responsive and eliminated from further consideration.

## Right of Negotiation

Discussions and negotiations regarding price and other matters may be conducted with a proposer who submits a proposal determined to have reasonable likelihood of being selected for award, but a proposal may be accepted without such discussions. The Board reserves the right to further clarify and/or negotiate with the proposer evaluated best following completion of the evaluation of proposals but prior to contract execution, if deemed necessary by the Board. The Board also reserves the right to move to the next best proposer if negotiations do not lead to an executed contract with the best proposer. The Board reserves the right to further clarify and/or negotiate with the proposer on any matter submitted.

## Acknowledgment of RFP Amendments

Should an amendment to the RFP be issued, it will be posted on DFA’s website at [www.dfa.ms.gov](http://www.dfa.ms.gov/Content/BidandRFP.htm) under “Bid and RFP Notices”. Proposers must acknowledge receipt of any amendment to the RFP by signing and returning the amendment form with the proposal, by identifying the amendment number and date in the space provided for this purpose on the amendment form, or by letter. The acknowledgment must be received by DFA by the time and at the place specified for receipt of proposals. Please monitor the website for amendments to the RFP. Board responses to vendor questions will be treated as amendments to the RFP and will require acknowledgment.

## Mississippi Public Records Act/Confidentiality of Proposals

Note that submitted proposals, including accompanying attachments, are subject to the “Mississippi Public Records Act of 1983,” codified as Miss. Code Ann. §§ 25-61-1 *et seq.*, (1972, as amended) and exceptions found in Miss. Code Ann. § 79-23-1 (1972, as amended). The Board understands that the proposer may consider some of the information provided in the proposal to be trade secret and/or proprietary. The Board requests that each page of the proposal that proposer considers confidential be on a different color paper than non-confidential pages and be marked in the upper right hand corner with the word “**CONFIDENTIAL**.” Failure to clearly identify trade secrets or confidential commercial or financial information will result in that information being released subject to a public records request. For this reason, the Board requests that proposer provide one electronic copy in portable document format (.PDF) of the complete proposal, including all exhibits and appendices, with all trade secrets or confidential commercial or financial information redacted to be released immediately upon receipt of a public records request for proposals. The vendor will still have 30 days to seek a court-issued protective order as provided in *Rule 1.7 Third Party Information* of the *Public Information Policy* of the DFA. State law provides that a proposer can request prior to the release of any information that the proposer designates as trade secrets or confidential commercial or financial information, that proposer will be notified by the Board of the request for the information and given sufficient time to seek protection from the appropriate court. **If proposer does not obtain protection from the appropriate court, all information supplied whether marked confidential or not, may be released.** The Board will accept no additional restrictions on the release of information contained in your proposal.

## Modification or Withdrawal of a Proposal

A proposer may withdraw a submitted proposal by submitting a written notification for its withdrawal to the Board, signed by the proposer, and e-mailed, or mailed to the Board at the address provided in**1.3 Instructions to Proposers**prior to the time and date set for proposal opening. The Board shall not accept any amendments, revisions, or alterations to proposals after the due date unless requested by the Board. Late proposals shall not be considered for award and the proposer shall be so notified as soon as practicable.

## Cost of Proposal Preparation

All costs incurred by the proposer in preparing and delivering its proposal, making presentations, and any subsequent time and travel to meet with the Board regarding its proposal shall be borne at the proposer’s expense.

## Proposal Evaluation

All proposals received in response to this RFP by the stated deadline will receive a comprehensive, fair, and impartial evaluation. Consensus scoring will be used in the evaluation process. Consensus scoring involves a solidarity or general agreement of opinion among evaluators, based on information and data contained in the RFP responses. The evaluation of any proposal may be suspended and/or terminated at the Board’s discretion at any point during the evaluation process at which the Board determines that said proposal and/or proposer fails to meet any of the mandatory requirements as stated in this RFP, the proposal is determined to contain fatal deficiencies to the extent that the likelihood of selection for contract negotiations is minimal, or the Board receives reliable information that would make contracting with the proposer impractical or otherwise not in the best interests of the Board and/or the State of Mississippi.

An evaluation committee will evaluate the proposals using a three-phase process, consisting of Compliance, Analysis, and Finalist phases. The evaluation process, including the evaluation factors and weights, is described below:

**Compliance Phase** - In this phase of the evaluation process, all proposals received will be reviewed to determine if the following mandatory requirements of this RFP have been satisfied:

1. Proposal submission deadline met
2. Required format followed
3. Signed original proposal, requested number of copies of proposal, and complete electronic copy of proposal in Microsoft Office® format on flash drive or compact disc and redacted copy of proposal and redacted electronic copy
4. Minimum Vendor Requirements met
5. Scope of Services Confirmation
6. Signed Statutory Requirement disclosure statement
7. Signed Statement of Compliance with high degree of acceptance
8. Signed Acknowledgment of Responses to Vendor Questions, if any posted
9. Signed Acknowledgement of RFP Amendment(s), if any posted
10. Duration of proposal requirement met
11. Narrative questionnaire answered
12. Required proposal attachments provided

**Weight – This phase of the evaluation is considered Pass/Fail.**

Failure to comply with these requirements may result in the proposal being eliminated from further consideration. Those proposers passing the Compliance Phase will be evaluated further. The Board reserves the right to waive minor informalities in a proposal in this phase of the evaluation.

**Analysis Phase** - In this phase of the evaluation process, the evaluation committee will utilize consensus scoring to determine numerical scores for each qualified proposal received, relative to the cost and technical merits of each proposal. Areas are listed in order of their relative importance and weight:

1. Plan for Performing the Required Services (40%) – The quality and completeness of the vendor’s solutions and action plans for providing the services identified, demonstrating understanding, responsiveness, effectiveness, efficiency, and value to the Board in proposed approach.
2. Pricing (35%) – The competitiveness of the proposed fees.
3. Technical Capability (25%) – The personnel, equipment, and facilities to provide timely access to comprehensive research and consulting services; the ability to technically implement and maintain the structure and resources for providing all services listed in this RFP, demonstrating where applicable the ability to perform the service reflected by technical training, education and general experience of staff.

Upon completion of the Analysis Phase, the evaluation committee will review and compare the numerical scores from among the remaining vendors in order to determine finalists. The top scoring vendor, as well as all other vendors with scores with ten points of the top scoring vendor, will be named as finalists and will be further evaluated.

**Finalist Phase** – In this phase of the evaluation process, the evaluation committee will seek to determine from among the finalist which proposal is the most advantageous to the Board. This phase consists of the following components:

1. Record of Past Performance of Similar Work (Experience and Qualifications) – From among the finalists, vendor references will be contacted to verify demonstration of an acceptable level of past performance for programs of a similar size and complexity as the Board. The Board reserves the right to consider historical information regarding the proposer, whether gained from the proposer’s proposal, conferences with the proposer, references, or any other source during the evaluation process. This may include, but is not limited to, information from any state or federal regulatory entity. **Weight – This component of the evaluation is considered pass/fail.**
2. Finalist Presentations – Individual finalist presentations will be held in Jackson, Mississippi, to allow Board members, and staff the opportunity to conduct technical interviews of the vendors, and to confirm/clarify information provided in the submitted proposals and/or otherwise gathered during the evaluation process. **Weight – A maximum of 5 points may be added to or subtracted from the finalist’s numerical score derived from the Analysis Phase.**
3. Best and Final Offer – At the Board’s discretion, all finalists may be given the opportunity to provide a “best and final offer” relative to their financial proposal. The Board will notify finalists if a “best and final offer” may be submitted, and will establish a date and time for submission. Although a finalist is under no obligation to submit such an offer, and such “best and final” offer should include any applicable revised financial exhibits and must be sign by an appropriate representative of the vendor. If a finalist chooses to not to make a “best and final offer”, the financial proposal included in the vendor’s response to the Request for Proposal will be considered as the “best and final offer”. NOTE: Unsolicited “best and final offers”, including but not limited to such offers submitted by non-finalists, will not be accepted. **Weight – The “best and final offer” will be factored into the “Price” category, and a revised numerical score will be calculated.**

Upon completion of the evaluation of proposals, the evaluation committee will determine the top scoring proposal and provide a recommendation to the Board. The Board will make a determination as to the proposal deeded most advantageous to the Board and will authorize contract negotiations with the successful vendor. Subsequent to such authorization by the Board, all proposing vendors will be notified of the contract award, and will be afforded the opportunity to participate in a post-award debriefing. Subsequent to approval by the Board to enter into contract negotiations with the selected vendor, all proposing vendors will be notified of the contract award.

## Post-Award Vendor Debriefing

Pursuant to PSCRB Rules and Regulations Sections 7-112 through 7-112.07, the vendor may request a post-award debriefing, in writing, by U. S. mail or electronic submission. The request must be made within three (3) business days of notification of the contract award. A debriefing is a meeting and not a hearing. Therefore, legal representation is not required. Should the vendor prefer to have legal representation present, the vendor must notify the DFA and identify the attorney. The DFA shall be allowed to schedule and/or suspend and reschedule the debriefing at a time when a representative from the Office of the Mississippi Attorney General’s office can be present. For additional information regarding the process and procedure for the Post-Award Vendor Debriefing, please refer to the PSCRB Rules and Regulations that may be found at [www.mspb.ms.gov](http://www.mspb.ms.gov/personal-service-contract-review-board/pscrb-rules-regulations.aspx)

## Right to Consider Historical Information

The Board reserves the right to consider historical information regarding the proposer, whether gained from the proposer’s proposal, conferences with the proposer, references, or any other source during the evaluation process. This may include, but is not limited to, information from any state or federal regulatory entity.

## Right to Reject, Cancel and/or Issue another RFP

The Board specifically reserves the right to reject any or all proposals received in response to the RFP, cancel the RFP in its entirety, or issue another RFP.

# MINIMUM VENDOR REQUIREMENTS

The following minimum vendor requirements are mandatory. Failure to meet any of these requirements will result in disqualification of the proposal submitted by your organization. Please respond by restating each requirement, including the number, listed below with documentation that proves specifically how your organization meets that requirement. Note that for purposes of fulfilling the minimum vendor requirements, except as otherwise indicated, “consultant” refers to the primary contracting vendor only, not including any proposed subcontractors. Please include in your responses the total number of years and types of experience of your organization. If, in the opinion of the evaluation committee, you fail to prove that your organization meets any of these minimum requirements, the proposal will be disqualified from further evaluation. You will be notified if the proposal is disqualified, and you will have an opportunity to provide additional information to prove your organization does meet the minimum requirements.

**Please respond by restating each vendor requirement and document how your organization meets these minimum criteria.** This should be the second section of your proposal.

### The proposing organization must have at least ten (10) years of experience as an organization in providing the type and scope of consulting services to be procured through this competitive process, with at least five (5) years of this experience with large public entity clients. The determination of the length of time an entity has provided these services will be based upon the initial date the entity established a contractual relationship to provide such consulting services. The proposing organization must provide sufficient detail to demonstrate it has the minimum required experience in working with programs similar in size and complexity to the Plan by providing a client reference(s). For each client, the list must specify:

#### Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,

#### The type of work your organization provided to the client,

#### The number of covered lives in the client’s group,

#### Contract effective dates for the time period(s) your organization provided services to the client.

### The individual who will act as the Board’s primary contact shall be at a minimum a senior level consultant, and shall have at least ten (10) years of health insurance consulting of experience, with at least five (5) years of this experience in providing consulting services to self-insured health plans consisting of at least 100,000 covered lives. The proposing organization must provide sufficient detail to demonstrate that the proposed primary contact has the minimum required experience in working with programs similar in size and complexity to the Plan by providing a client reference(s). For each client, the list must specify:

#### Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,

#### The type of work your organization provided to the client,

#### The number of covered lives in the client’s group,

#### Contract effective dates for the time period(s) your organization provided services to the client.

### The proposing organization must be an independent entity. A company that owns or operates an insurance company, medical claims administrator, pharmacy benefit manager, or similar organization shall not be considered qualified. Additionally, if the majority ownership of the proposing organization is an insurance company or similar organization referenced in this item, the proposing organization will not be considered qualified. The proposing organization must provide sufficient detail to demonstrate its standing as an independent entity. Please confirm.

### All services performed on behalf of the Board must be provided within the United States. Please confirm.

# SCOPE OF SERVICES

This section contains information on services and procedures that the consultant must provide, or adhere to, in servicing the Board’s account, either directly or through identified subcontractors. The descriptions are not all-inclusive, but are provided to alert you to services or procedures that may require additional planning or programming on your part. The following is a list of services the Board expects the successful proposer to provide.

Please respond by restating each service listed below, including the number, and confirm your intention to provide the service as described, respond by stating, “*Confirmed*”. If your organization can provide the service, but not exactly as described, respond by stating, “*Confirmed, but with exceptions*”, and state the specific exceptions. If your organization intends to provide a listed service through a subcontractor, respond by stating, “*Confirmed, service will be provided through subcontractor*”, and name the subcontractor. If your organization is currently unable to provide a listed service, respond by stating, “*Unable to provide this service*”. Any additional details regarding these services should be provided in your responses to the questionnaire, or as additional information included as an appendix to your proposal.

### Be proactive in presenting recommendations and ideas to the Board regarding the management of the Plan;

### Provide assistance to the Board in preparation of Request(s) for Proposals that include, but are not limited to, third party medical claims administrator, medical management/population health vendor, pharmacy benefit manager, decision support system vendor, and life insurance company;

### Assist the Board with the development of performance standards relating to vendors’ performance of services to the Board and assist in evaluation of the performance of vendors;

### Provide assistance to the Board in designing the integration of the vendors for the Plan and managing implementations and transitions, and evaluating the performance of vendors under contract with the Board;

### Research pertinent issues regarding the Plan and provide reports documenting research, findings, and recommendations;

### Provide timely and accurate communication to the Board on changes in federal and state statutes and regulations that may impact the Plan;

### Provide assistance to the Board in determining benefit design for the Plan and the costs/savings associated with any benefit changes;

### Review various reports submitted by any vendor selected by the Board, and make recommendations on the format and content of the reports, for the overall purpose of making the reports useful and meaningful to the Board;

### Work with Board vendors as directed by the Board to facilitate the provision of necessary services to the participants of the Plan;

### Provide analysis of provider pricing, geographic distribution, and other necessary analytical activities for evaluation of potential providers to the Plan;

### As requested by the Board, testify before the State Legislature, Legislative Budget Committee, Performance Evaluation and Expenditure Review Committee, Insurance Advisory Council, and testify or provide assistance in connection with any legal proceedings in which the Board or the State of Mississippi is a party in relation to the services provided under this contract;

### Maintain full and accurate records with respect to all matters covered under the contract. Additionally, at the request of the Board, the consultant shall provide the Board all spreadsheets, assumptions, and calculations upon completion of any project authorized and funded by the Board in a format acceptable to the Board;

### Maintain throughout the contract period professional liability coverage at a minimum of $1,000,000 per occurrence, $3,000,000 aggregate. It is the responsibility of the consultant to annually provide the Board current insurance certificate(s) to document proof of coverage, with the initial proof (certificate of coverage) reflecting the required insurance type and amounts to be submitted to the Board within thirty (30) days of the date the contract is executed; and

### As requested by the Board, provide other such services for which the consultant has the technical capability to render.

# QUESTIONNAIRE

## General

1. Provide the name, title, mailing address, e-mail address, and telephone number of the contact person for this proposal.
2. State the full name of your organization, and provide the address, and telephone number of your principal place of business and any location at which the proposed services will be performed.
3. Describe your organizational structure. Indicate whether your organization operates as a corporation, partnership, individual, etc. If it is incorporated, include the state in which it is incorporated, and list the names and occupations of those individuals serving on your organization’s Board of Directors.
4. How long has the organization been in business providing services similar to those requested in this RFP? Please indicate the month and year in which your organization was established.
5. List the name and principal occupation or business of any person or entity owning 10% or more of your organization.
6. Describe any changes in the organizational structure that have occurred within your organization over the past twenty-four months or are anticipated during the next twenty-four months including, but not limited to, addition or elimination of product or business lines, mergers, acquisitions, etc.
7. Describe any ownership or name changes your organization has been through in the past three years. Are any ownership or name changes planned?
8. What was the average number of employees of the organization during calendar year 2016? Please list the net change in the number of employees in your organization from December 2015 to December 2016, with explanation if change is significant.
9. List the office that will service the Board. If it is located at a different address than the home office, provide the complete address, phone number, and facsimile number for this office.
10. State if the proposed account executive, any officers or principals and/or their immediate families are, or have been within the preceding twelve months, employees of the State of Mississippi.
11. Provide a brief description of any outside vendors or subcontractors that will be involved in providing key services detailed within your proposal. Please include the term of your current contract with each vendor or subcontractor. Describe the nature of the relationship with the subcontractor, including any ownership interest.
12. Has your organization ever been involved in a lawsuit involving any area covered by this RFP? If yes, provide details including dates and outcomes.
13. During the past five (5) years, has your organization, related entities, principals or officers ever been a party in any material criminal litigation, whether directly related to this RFP or not? If so, provide details including dates and outcomes.
14. Has your organization been cited or threatened with citation within the last three years by federal or state regulators for violations of any federal, state, or local law or federal, state or local regulation? If the answer is yes, please describe the circumstances in detail.
15. Has your organization had any HIPAA breaches or incidents determined to be reportable to the U.S. Department of Health and Human Services (DHHS) within the last three years? If the answer is yes, please describe the circumstances and the corrective action in detail.
16. Confirm that your organization is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transaction by any federal department or agency, or by any political subdivision or agency of the State of Mississippi.
17. The consultant shall cooperate with the Board and with all other contractors of the Board with respect to ongoing coordination and delivery of services and in any transition of responsibilities. Confirm you will comply with this requirement.
18. Please confirm the proposal is valid for at least 180 days subsequent to the date of submission.

## Account Management

1. Provide the name(s) of the consultant(s) who will provide services to the Board and a brief statement as to why each consultant is qualified to perform this work. Specifically identify the account executive who will serve as the primary contact for the Board. The Board understands that consultants will be assigned to projects based on the type of project to be undertaken and the expertise and experience of the individual consultant. For example, based on a consultant’s expertise and experience, the proposer may assign the consultant to assist in the selection and implementation of a third party medical claims administrator, but may assign a different consultant to assist in the selection of a life insurance company. Briefly identify the area(s) of expertise for each consultant.
2. Provide a complete resume for each consultant who will provide services to the Board, including detailed information on any special training or designations. Provide each person’s total number of years of experience related to the services being requested in the RFP. Please include these resumes as an appendix to your proposal in Tab 10.
3. The Board must have prompt and direct access throughout the contract period to the consultant(s). Address in detail how your company will provide access of the consultant(s) to the Board.

## Consulting Services

1. Detail your ability to monitor regulatory and legislative developments at both the state and federal level, and how this will be communicated to the Board.
2. Does your firm conduct surveys of major private and public employers to determine trends in benefit plans and their administration? What are the specific topics of surveys you have conducted during 2016? Are results routinely provided to clients? Please provide copies of recent surveys.
3. Are you currently working or have you previously worked with Truven Health Analytics or a similar decision support system vendor? If you have experience with Truven Health Analytics (formerly Thomson Reuters Healthcare, Inc.), provide the name, title, address, and phone number of your contact. If you have not worked with Truven Health Analytics, but have worked with other decision support system vendors, provide the vendor’s name and the name, title, address, and phone number of your contact.
4. Describe your ability to research and assist clients with regulatory items such as the Affordable Care Act (ACA), Health Insurance Portability and Accountability Act (HIPAA), including the Administrative Simplification and Security Rule provisions, specifically as it relates to the Standards for Privacy of Individually Identifiable Health Information.
5. Describe your ability to assist the Board in health policy issues (e.g. infertility, opioid epidemic, vaccinations etc.). Provide recent examples of this type of work with other states.
6. Explain in detail your ability to provide expertise and experience in the areas of health benefit plan analysis and design. Explain in detail the types of analyses you have conducted relative to benefits analysis and design for health plans with at least 100,000 employees.
7. Explain in detail the types of analyses you have conducted relative to provider pricing (e.g., fee schedules, DRG rates, APC pricing, capitated) and geographic location. What types of software and databases are used by your company to perform these analyses?
8. Explain in detail your ability and experience developing provider rates on a capitated basis and measuring the performance of entities compensated on a capitated basis.
9. Explain in detail your experience and ability to provide expertise in the area of term life insurance benefit design for a group plan. Explain in detail the types of work you have performed in this area.
10. Explain in detail your experience and ability to provide expertise in the review and selection process of a life insurance company for a large group term plan.
11. Explain in detail your organization’s experience pertaining to the selection of a medical management/population health vendor.
12. Explain in detail your experience and ability to provide expertise in the selection, transition, and implementation of a third party medical claims administrator for a health plan with at least 100,000 covered lives, including, but not limited to, the following:

#### The key elements you think are critical in selecting a third party medical claims administrator and how you evaluate these;

#### How you would assist in managing the transition and implementation of a third party medical claims administrator? Include a detailed time line for implementation and task list for the selection of a third party medical claims administrator and your typical level of involvement in each task including the number of staff and their responsibilities that are typically assigned to assist the client in this process. Confirm your agreement to provide on-site staff during critical periods, if requested by the Board;

#### A list of the most frequent problems you have encountered during previous third party medical claims administrator transitions and how these problems were resolved;

#### The types of review of file layouts, data dictionaries, etc., you would recommend performing to ensure the efficient and timely transfer of data between the incumbent and new third party medical claims administrator. Your explanation should include, but not be limited to, claims history and eligibility;

#### Provide examples of the types of forms you typically use during a transition, including, but not limited to, task lists, data transfer specification, benefits specification, etc.;

#### The types of performance standards you would recommend be placed on the third party medical claims administrator; and

#### Provide a recent example of the selection and implementation plan of a third party medical claims administrator for a health plan with at least 100,000 covered lives that was managed by your company. Explain in detail how your company’s experience and expertise benefited the client.

1. Explain in detail your experience and ability to provide expertise in the selection, transition, and implementation of a pharmacy benefit manager for a health plan with at least 100,000 covered lives, including, but not limited to, the following:

#### The key elements you think are critical in selecting a pharmacy benefit manager and how you evaluate these;

#### How you would assist in managing the transition and implementation of a pharmacy benefit manager? Include a detailed time line for implementation and task list for the selection of a pharmacy benefit manager and your typical level of involvement in each task including the number of staff and their responsibilities that are typically assigned to assist the client in this process. Confirm your agreement to provide on-site staff during critical periods, if requested by the Board;

#### A list of the most frequent problems you have encountered during previous pharmacy benefit manager transitions and how these problems were resolved;

#### The types of review of file layouts, data dictionaries, etc., you would recommend performing to ensure the efficient and timely transfer of data between the incumbent and new pharmacy benefit manager. Your explanation should include, but not be limited to, claims history and eligibility;

#### Provide examples of the types of forms you typically use during a transition, including, but not limited to, task lists, data transfer specification, benefits specification, etc.

#### The types of performance standards you would recommend be placed on the pharmacy benefit manager; and

#### Provide a recent example of the selection and implementation plan of a pharmacy benefit manager for a health plan with at least 100,000 covered lives that was managed by your company. Explain in detail how your company’s experience and expertise benefited the client.

1. The Board may request the consultant to provide information on current medical practices and procedures. Describe your medical staff (e.g. physicians, registered nurses) available to assist the Board in medical inquiries.

## Client Service and Communications

1. Do you publish newsletters and other informative publications that are routinely provided to your clients? If so, please provide recent samples.
2. Have you prepared reviews of topics related to the health and life insurance fields that are routinely provided to your clients? If so, please provide recent sample copies.

## References

In addition to the references provided in Section 2, Minimum Vendor Requirements, provide references which are self-insured and/or public entity clients. If two or more of the following reference requirements are met by the same client, list additional clients so that there are at least three (3) clients listed for each section. If you are unable to provide three (3) clients for each reference, provide as many as you have and indicate in the response additional references meeting this requirement are not available.

1. List three current self-insured and/or public entity clients for whom your company provides services related to health plan benefits analysis and design. For each client, the list must specify:

#### Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,

#### The type of work your organization provided to the client,

#### The number of covered lives in the client’s group,

#### Contract effective dates for the time period(s) your organization provided services to the client.

1. List three current self-insured and/or public entity clients for whom your company is aiding in the selection and/or the implementation of a third party medical claims administrator. For each client, the list must specify:

#### Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,

#### The type of work your organization provided to the client,

#### The number of covered lives in the client’s group,

#### Contract effective dates for the time period(s) your organization provided services to the client.

1. List three current self-insured and/or public entity clients for whom your company is aiding in the selection and/or implementation of a pharmacy benefit manager. For each client, the list must specify:

#### Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,

#### The type of work your organization provided to the client,

#### The number of covered lives in the client’s group,

#### Contract effective dates for the time period(s) your organization provided services to the client.

1. List three current self-insured and/or public entity clients for whom your company is assisting in the benefit design and/or selection of a life insurance company. For each client, the list must specify:

#### Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,

#### The type of work your organization provided to the client,

#### The number of covered lives in the client’s group,

#### Contract effective dates for the time period(s) your organization provided services to the client.

1. List all public entity clients that have discontinued use of your services since January 1, 2015, and your understanding for their discontinued use of your services. Include for each the client name, a contact person, full address, and telephone, membership size, list of services you provided, duration of relationship, and the reason for termination.

## Financial

1. Complete the Fee Schedule located in **Section 5 *– Fee Schedule***. Confirm that all fees are guaranteed through the potential five (5) yearduration of the contract and are not subject to escalation for any reason, unless the contract is duly amended.
2. Confirm there are no other costs to the Board other than those listed in the **Section 5 *– Fee Schedule*** that will be charged for the services described in this RFP or for any other services proposed by you.
3. Confirm that you agree to comply with the Board’s requirements regarding compensation, as follows:

#### The fees listed in **Section 5 – Fee Schedule**, shall constitute the entire compensation due to the consultant for services and all of the consultant’s obligations hereunder regardless of the difficulty, materials, or equipment required. The fees include, but are not limited to, all applicable taxes, fees, general office expense, overhead, profit, and all other direct and indirect costs, incurred or to be incurred, by the consultant. No additional compensation will be provided by the Board for any expense, cost, or fee not specifically authorized by the contract, or by written authorization from the Board.

#### The fees listed in **Section 5 – Fee Schedule** are firm for the

1. Compensation to the consultant for travel, meals and/or lodging shall be allowed subject to the following criteria:
	1. In order to be compensable by the Board, travel expenses must be reasonable and necessary for the fulfillment of the project and contractual obligations;
	2. Air travel reimbursement will be limited to “Coach” or “Tourist” class rates, and must be supported by a copy of an original invoice;
	3. Meals and lodging expenses will be reimbursed in the amount of actual costs, subject to the maximum per diem as defined in the Federal Register. A copy of all hotel receipts must be provided. A copy of meal receipts is not necessary;
	4. Taxi fares, reasonable rental car expenses, and airport parking expenses will be reimbursed in the amount of actual costs, and must be supported by a copy of an original receipt/invoice;
	5. Personal automobile mileage and related costs are not compensable expenses;
	6. Time spent in “travel status” is not compensable. Unit rates in **Section 5 *– Fee Schedule*** are to be charged for actual hours worked only and shall not include travel time.

#### The Board shall not provide any prepayments or initial deposits in advance of services being rendered. Only those services agreed to by contract shall be considered for reimbursement or compensation by the Board. Payment for any and all services provided by the consultant to the Board and/or the Plan shall be made only after said services have been duly performed and properly invoiced.

#### The consultant shall submit all invoices in a form acceptable to the Board with all of the necessary supporting documentation prior to the payment of allowable costs. Such invoices will, at a minimum, include the appropriate descriptions of the services being billed or other bases for charges included in **Section 5 – Fee Schedule**. Details will be determined during contract negotiations.

#### The payment of an invoice by the Board shall not prejudice the Board’s right to object or question any invoice or matter in relation thereto. Such payment by the Board shall neither be construed as acceptance of any part of the work or service provided nor as an approval of any costs invoiced therein. Consultant’s invoice or payment shall be subject to reduction for amounts included in any invoice or payment theretofore made which are determined by the Board, on the basis of audits, not to constitute allowable costs. Any payment shall be reduced for overpayment, or increased for underpayment on subsequent invoices. For any amounts which are or shall become due and payable to the Board and/or the Plan by the consultant, the Board reserves the right to (1) deduct from amounts which are or shall become due and payable to the Board under contract between the parties; or (2) request and receive payment directly from the consultant within fifteen (15) days of such request, at the Board’s sole discretion.

#### The Board reserves the right to deduct from amounts which are or shall become due and payable to the consultant under the contract between the parties any amounts which are or shall become due and payable to the Board by the consultant. Notwithstanding anything to the contrary herein, any reduction of payments to shall be made only with the prior agreement of both parties. In addition, in the event of termination of the contract for any reason, the Consultant shall be paid for services rendered and allowable expenses incurred up to the effective date of termination.

#  FEE SCHEDULE

Complete the following Fee Schedule and submit with your proposal.

Our organization’s unit rates (hourly charges) to provide consulting services to the State of Mississippi State and School Employees Health Insurance Management Board are listed below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5\*** |
| Consultant |  |  |  |  |  |
| Technical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**\*** *Optional Renewal Year*

The fees listed above are firm for the duration of the contract and are not subject to escalation for any reason unless the contract is duly amended. No additional compensation shall be provided by the Board for any expense, cost, or fee not specifically authorized by the resulting contract. The Board will not pay any upfront fees prior to the October 1, 2017 contract effective date. All fees or charges related to any service to be provided must be identified. By submission of this proposal, we hereby certify that the fees submitted in response to the RFP have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other proposer or competitor relating to those fees, the intention to submit a proposal, or the methods or factors used to calculate the fees proposed. By submission of this proposal, we hereby certify that we have not retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

# STATUTORY REQUIREMENT

Section 25-15-9(1)(a), Mississippi Code Ann., states in part:

*“…The board may employ or contract for such consulting or actuarial services as may be necessary to formulate the plan, and to assist the board in the preparation of specifications and in the process of advertising for the bids for the plan. Those contracts shall be solicited and entered into in accordance with Section 25-15-5. The board shall keep a record of all persons, agents and corporations who contract with or assist the board in preparing and developing the plan. The board in a timely manner shall provide copies of this record to the members of the advisory council created in this section and those legislators, or their designees, who may attend meetings of the advisory council. The board shall provide copies of this record in the solicitation of bids for the administration or servicing of the self-insured program. Each person, agent or corporation that, during the previous fiscal year, has assisted in the development of the plan or employed or compensated any person who assisted in the development of the plan, and that bids on the administration or servicing of the plan, shall submit to the board a statement accompanying the bid explaining in detail its participation with the development of the plan. This statement shall include the amount of compensation paid by the bidder to any such employee during the previous fiscal year. The board shall make all such information available to the members of the advisory council and those legislators, or their designees, who may attend meetings of the advisory council before any action is taken by the board on the bids submitted. The failure of any bidder to fully and accurately comply with this paragraph shall result in the rejection of any bid submitted by that bidder or the cancellation of any contract executed when the failure is discovered after the acceptance of that bid….”*

In accordance with Section 25-15-9(1)(a) of the Mississippi Code, each entity that submits a proposal in response to this RFP **must provide a disclosure statement detailing any services or assistance it provided during the previous fiscal year to the Board and/or DFA in the development of the Plan including any resulting compensation for these services. If you did not provide such assistance to the Board and/or DFA, indicate in your statement that this provision does not apply to you.**

**Failure to provide this disclosure statement may result in your proposal being eliminated from further consideration**.

The following is a list of persons, agents, and corporations who have contracted with or assisted the Board in preparing and developing the State of Mississippi State and School Employees’ Health Insurance Plan within the past fiscal year:

**Vendors:**

ActiveHealth Management, Inc.

Blue Cross & Blue Shield of Mississippi

Cavanaugh Macdonald Consulting, LLC

Claim Technologies Incorporated

PricewaterhouseCoopers, LLP

Prime Therapeutics LLC

Wm. Lynn Townsend, FSA, MAAA

Truven Health Analytics, LLC

**State and School Employees Health Insurance Management Board Members**:
Laura D. Jackson (Chairman) – Executive Director, Department of Finance and Administration

Christopher J. Burkhalter (Vice-Chairman) – Consulting Actuary, Burkhalter Consulting Actuaries

Dr. Glen Boyce – Commissioner, Institutions of Higher Learning

Mike Chaney – Commissioner, Mississippi Insurance Department

Mark Formby – Chairman, Workers’ Compensation Commission

Larry Fortenberry – President, Executive Planning Group

Kelly Hardwick – Executive Director, State Personnel Board

Dr. Andrea Mayfield – Executive Director, Mississippi Community College Board

Pat Robertson – Executive Director, Public Employees’ Retirement System

Dr. Carey Wright – State Superintendent of Education

The Honorable Videt Carmichael – Chairman, Senate Insurance Committee

The Honorable Gary Chism – Chairman, House Insurance Committee

The Honorable Eugene Clarke – Chairman, Senate Appropriations Committee

The Honorable John Read – Chairman, House Appropriations Committee

**Previous Board Members Serving within the past fiscal year:**

Deanne Mosley – former Executive Director, State Personnel Board

Liles Williams – former Chairman, Mississippi Workers’ Compensation Commission

The Honorable Herb Frierson – former Chairman, House Appropriations Committee

**Department of Finance and Administration, Office of Insurance Staff:**

Richard D. Self – State Insurance Administrator

Cindy Bradshaw – Deputy Director

Chris Shaman – Director, Benefits and Participant Services

Rick Fava – Director, Pharmacy Benefits Management

Steven May – Director, Accounting and Analysis

Terri Ashley – Director, Compliance and Audit

Julia Bryan – Director, Special Programs

# STATEMENT OF COMPLIANCE

This Section contains the Statement of Compliance. If you object to any of the terms and conditions included in the draft contract provided in *Appendix A – Draft Consulting Services Contract*, or any requirements listed in this RFP, please note and explain your objections on the Statement of Compliance.

Statement of Compliance

We agree to adhere to all conditions and requirements as set forth in the Mississippi State and School Employees Health Insurance Management Board’s Request for Proposal for Consulting Services Vendor, dated May 23, 2017, including the conditions contained in the draft contract included as *Appendix A – Consulting Services Contract*, except as listed below:

**We hereby certify that the fees submitted in response to the RFP have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other proposer or competitor relating to those fees, the intention to submit a proposal, or the methods or factors used to calculate the fees proposed.**

**We hereby certify that we have not retained any person or agency on a percentage, commission, or other contingent arrangement to secure a contract.**

An original signature is required below.

 Name Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title Company

Please have the appropriate officer sign this statement and include it as a part of your proposal.