

Attachment A – SCOPE OF CONSULTATION SERVICES

I. INTENT

To provide a broad range of health benefits consulting services, in the management of the County of Fresno health benefits programs provide standard benefits consulting regarding plan design, funding, pricing/negotiations, administration and communication issues.

II. SCOPE OF PRIMARY CONSULTATION SERVICES – HEALTH BENEFITS

1. ADMINISTRATIVE SERVICES:

a. Advice and Administration

- i. Provide advice on plan design and coverage options
- ii. Review and analyze vendor documents, including but not limited to contracts, policies and coverage booklets, provide interpretations and recommendations
- iii. Review, analyze and report on health plan utilization reports

b. Strategic Benefit Design Assistance

- i. Provide specific advice to conduct strategic benefit design and planning based on the County's needs, claims history, local conditions and legislative changes
- ii. Develop strategy and program design for all lines and groups of coverage
- iii. Provide resources with experience in each line of coverage (i.e. – Pharmacy Benefit Management)
- iv. Determine methods of reporting plan performance for the purpose of recommending strategies to lower cost and maintain quality.
- v. Review existing plans and plan performance
- vi. Assess existing programs – financial, operational and utilization goals
- vii. Identify short-term and long-term opportunities for the County
- viii. Recommend wellness and disease management strategy with a focus on measuring the return on investment of such efforts
- ix. Share marketplace trends and perspectives
- x. Provide assistance developing and analyzing competitive benefits surveys of benchmarked companies

c. Communications

- i. Provide editorial and compliance review of County-produced benefit communications
- ii. Provide input and review Open Enrollment communications including memos, materials and presentations for employee meetings
- iii. Coordinate with vendors as necessary; leverage availability of vendor communication materials and resources
- iv. Review vendor's plan summaries/Evidence of Benefits for benefit accuracy and basic compliance

- v. Provide assistance in the development and analysis of employee surveys for various plans
- d. Legal Compliance Issue Support and Legislative Updates
 - i. Provide advice and interpretation on all local, state, and federal benefit regulations impacting the County health plans
 - ii. Notify the County of necessary steps towards compliance with new legislation impacting County health plans.
 - iii. Review renewal actions check for technical accuracy and consistency
 - iv. Monitor insurance companies for financial solvency
 - v. Assistance with interpretation of COBRA, HIPAA, ADA/FEHA, Early Retiree Reinsurance Program (the Patient Protection and Affordable Care Act), etc
 - vi. Access to legal professionals for research of specific issues related to the County health benefits program

2. DATA ANALYSIS AND REPORTING:

- a. Monitor, analyze and report monthly claim experience, identifying trends and changes in large claims activity on a monthly basis
- b. Monitor, analyze and report claim utilization data in a format that is clear, concise and actionable

3. VENDOR RELATIONS:

- a. RFP and Contract Development
 - i. Assist the County in drafting and conducting health plan RFPs including the release of the RFP, collection, analysis and summary of proposals received
 - ii. Establishment of appropriate vendor performance guarantees in collaboration with the County
- b. Initial and Renewal Negotiations and Analysis
 - i. Provide services to assist in management of vendor contract compliance through contracting and renewal periods
 - ii. Conduct annual strategic sessions with vendors to discuss performance, opportunities, and updates; monitor overall industry performance
 - iii. Development financial projections; identify opportunities for discussion/negotiation with vendors including assumptions, methodology, experience, etc
 - iv. Provide data driven renewal analysis and negotiation with all providers
 - v. Review renewal actions check for technical accuracy and consistency
 - vi. Review final vendor contracts
 - vii. Provide executive summary report of results of negotiations and final rates/fees
- c. Vendor Management
 - i. Attend vendor meetings as requested by the County
 - ii. Provide input in management of overall vendor performance

- iii. Provide services to assist in management of vendor compliance throughout the year
- iv. Assist with vendor contract, performance guarantees and service delivery monitoring
- v. Coordinate with vendors as necessary; leverage availability of vendor communication materials and resources

4. ACTUARIAL, UNDERWRITING AND FISCAL SUPPORT:

- a. Provide actuarial cost projects for various plan feature changes and improvements
- b. Actuarially develop rates for self-funded prescription plan
- c. Analyze rates developed by the San Joaquin Valley Insurance Authority from an independent actuary perspective
- d. Analyze and recommend plan funding alternatives
- e. Prepare financial projections from alternatives benefit designs and/or employee contributions

III. SCOPE OF POSSIBLE ANCILLIARY/VOLUNTARY CONSULTATION SERVICES

1. Life, Disability and other Voluntary Benefits

- f. Analyze and recommend plan design options for the County plans
- g. Assist in the RFP process for benefit options
- h. Assess potential bidder's financial strength as it relates to proposals to the County
- i. Act as broker of record for plans that are executed with the County of Fresno
- j. Analyze and recommend additional services that may be offered alongside ancillary benefit options (i.e. – vendors may offer eligibility management or other services as part of their proposal)