

REQUEST FOR PROPOSAL

CONSULTANT SERVICES FOR



SJVIA

**San Joaquin Valley
Insurance Authority**

RELEASE DATE: January 5, 2026

DUE DATE: January 30, 2026, by 5:00 pm PST

OVERVIEW

The San Joaquin Valley Insurance Authority (SJVIA) was established on October 6, 2009, by the County of Fresno and the County of Tulare to leverage combined purchasing power, achieve economies of scale, and reduce administrative costs associated with employee health benefits.

SJVIA is a Joint Exercise of Powers Authority (JPA) formed under California law to procure medical, pharmacy, dental, and vision benefit programs for governmental entities. For Plan Year 2026, SJVIA includes the following participating entities:

ENTITY	EMPLOYEE TOTAL	MEMBER TOTAL
County of Fresno	6,072	10,759
County of Tulare	3,149	4,632

Pursuant to the Joint Exercise of Powers Act, SJVIA operates as a separate legal entity and is governed by a seven-member Board of Directors. Four Directors are appointed by the County of Fresno and three by the County of Tulare. All Directors are members of their respective Boards of Supervisors.

Effective January 1, 2026, SJVIA will enter its seventeenth year of operation. For Plan Year 2026, SJVIA offers two medical network options: Anthem Blue Cross and Kaiser Permanente. In addition, SJVIA provides dental, vision, and prescription drug coverage through Delta Dental, Vision Service Plan (VSP), and CarelonRx (Anthem Pharmacy).

Additional information regarding SJVIA may be found at www.sjvia.org or by reviewing the *Joint Exercise of Powers Agreement Creating the San Joaquin Valley Insurance Authority (January 1, 2016)*.

Request for Proposals

The SJVIA is requesting proposals from qualified firms to provide health benefits consulting and administrative services. Preferred qualifications of vendors include:

- Experienced with the administration, best practices, and marketplace of California public sector benefit programs
- Able to provide clear underwriting and actuarial analysis and present information to the Board of Directors
- Experienced with oversight and guidance administering self-funded health benefit plans
- Experienced in administering RFP/RFQ processes and negotiating enhanced benefits and lower costs

SJVIA has been under contract with Keenan & Associates since February 3, 2017 for health benefits consulting and administrative services. The current agreement is set to expire on December 31, 2026.

It is SJVIA's intent to enter into a new agreement with the winning bidder on or before June 1, 2026. The contract with the successful proposer will be for an initial term of three (3) years, with the option to renew for up to two (2) additional one-year periods. The SJVIA reserves the right to terminate the agreement with thirty (30) days' written notice.

The selected contractor must comply with all HIPAA requirements, as outlined in *Exhibit A – Sample Agreement*.

KEY DATES

RFP Issue Date	January 5, 2026
Vendor Questions Due	January 14, 2026 @ 5:00 PM PST Email to: SJVIA-admin@fresnocountyca.gov
RFP Closing Date	January 30, 2026
Finalist Interviews	February 17 – 25, 2026
Successful Vendor Selected	May 1, 2026 (SJVIA Board Meeting)
Agreement Effective Date	June 1, 2026

PROPOSAL IDENTIFICATION SHEET

RESPONDENT TO COMPLETE AND RETURN WITH PROPOSAL

Our proposal is attached and identified as: _____

The undersigned agrees to furnish the service stipulated at the prices and terms stated in the cost proposal.

Work services will commence within _____ calendar days after signing of the final contract.

Company: _____

Address: _____

Zip: _____

Signed by: _____

Print Name

Print Title

() ()

Telephone Fax Number E-mail Address

Date: _____

TRADE SECRET ACKNOWLEDGEMENT

Each proposal submitted is a public record under the California Public Records Act (Cal. Gov. Code, secs. 7920.000 and following) and is therefore open to inspection by the public as required by Section 7922.525 of the California Government Code. This section generally states that “every person has a right to inspect any public record”. The SJVIA will not exclude any proposal or portion of a proposal from treatment as a public record except information that is properly submitted as a “trade secret” (defined below) and determined by the SJVIA to be a “trade secret” (if not otherwise subject to disclosure, as stated below). Information submitted and marked as “proprietary”, “confidential” or under any other terms that might state or suggest restricted public access will not be excluded from treatment as public record.

“Trade secrets” as defined by Section 7924.510 of the California Government Code are not treated as a public record under that section. This section defines trade secrets as:

“...Trade secrets,” as used in this section, may include, but are not limited to, any formula, plan, pattern, process, tool, mechanism, compound, procedure, production data or compilation of information that is not patented, which is known only to certain individuals within a commercial concern who are using it to fabricate, produce, or compound an article of trade or a service having commercial value and which gives its user an opportunity to obtain a business advantage over competitors who do not know or use it.”

Such information must be submitted in a separate PDF file named “Trade Secret”. Bidders must include a clear and concise statement that sets out the reasons for confidentiality in accordance with the foregoing definition of “trade secret”. Examples of information not included trade secrets are pricing, cover letter, promotional materials, references and the like.

Information identified by bidder as “trade secret” will be reviewed by SJVIA’s legal counsel, who retains sole discretion to determine conformance or non-conformance to this definition.

Information that is properly identified as “trade secret” and which the SJVIA determines to conform to the definition will not become public record (if not otherwise subject to disclosure, as stated below). The SJVIA will safeguard this information in an appropriate manner, provided however, in the event of a request, demand, or legal action by any person or entity seeking access to the “trade secret” information, the SJVIA will inform the bidder of such request, demand, or legal action, and the bidder shall defend, indemnify, and hold harmless the SJVIA, including its officers and employees, against any and all claims, liabilities, damages, or costs or expenses, including attorney’s fees and costs, relating to such request, demand or legal action, seeking access to the “trade secret” information.

Information identified by bidder as trade secret and determined to be in conformance with the California Government Code definition shall be excluded from the proposal and deleted by the SJVIA. Information determined by SJVIA legal counsel to not fall under the definition of a “trade secret” will be subject to disclosure pursuant to applicable law.

The SJVIA shall not in any way be liable or responsible for the disclosure of any proposals or portions thereof, if they are not (1) submitted in a separate PDF that is plainly marked “Trade Secret” ; and (2) if disclosure is required or allowed under the provision of law or by order of Court.

Vendors are advised that the SJVIA does not wish to receive trade secrets and that vendors are not to supply trade secrets unless they are absolutely necessary.

TRADE SECRET ACKNOWLEDGEMENT

I have read and understand the above "Trade Secret Acknowledgement."

I understand that the SJVIA has no responsibility for protecting information submitted as a trade secret if it is not delivered in a separate PDF plainly marked "Trade Secret." I also understand that all information my company submits, except for that information submitted in a separate document plainly marked "Trade Secret," are public records subject to disclosure or inspection by the public. This is true no matter whether my company identified the information as proprietary, confidential or under any other such terms that might suggest restricted public access.

Enter company name on appropriate line:

_____ has submitted information identified as Trade
(Company Name) Secrets in a separate marked document.**

_____ has **not** submitted information identified as Trade
(Company Name) Secrets.

ACKNOWLEDGED BY:

Signature () Telephone

Print Name and Title Date

Address

City State Zip

**Bidders brief statement that clearly sets out the reasons for confidentiality in conforming with the California Government Code definition.

DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS

In their proposal, the bidder is required to disclose if any of the following conditions apply to them, their owners, officers, corporate managers and partners (hereinafter collectively referred to as “Bidder”):

- Within the three-year period preceding the proposal, they have been convicted of, or had a civil judgment rendered against them for:
 - fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction;
 - violation of a federal or state antitrust statute;
 - embezzlement, theft, forgery, bribery, falsification, or destruction of records; or
 - false statements or receipt of stolen property.
- Within a three-year period preceding their proposal, they have had a public transaction (federal, state, or local) terminated for cause or default.

Disclosure of the above information will not automatically eliminate a Bidder from consideration. The information will be considered as part of the determination of whether to award the contract and any additional information or explanation that a Bidder elects to submit with the disclosed information will also be considered. If it is later determined that the Bidder failed to disclose required information, any contract awarded to such Bidder may be immediately voided and terminated for material failure to comply with the terms and conditions of the award.

Any Bidder who is awarded a contract must sign an appropriate Certification Regarding Debarment, Suspension, and Other Responsibility Matters. Additionally, the Bidder awarded the contract must immediately advise the SJVIA in writing if, during the term of the agreement: (1) Bidder becomes suspended, debarred, excluded or ineligible for participation in federal or state funded programs or from receiving federal funds as listed in the system for award management (<http://www.sam.gov>); or (2) any of the above listed conditions become applicable to Bidder. The Bidder will indemnify, defend and hold the SJVIA harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility or other matter listed in the signed Certification Regarding Debarment, Suspension, and Other Responsibility Matters.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTIONS

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

CERTIFICATION

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature:

(Printed Name & Title)

Date:

(Name of Agency/Company)

SCOPE OF SERVICES

The selected vendor will be expected to work closely with the SJVIA Board and staff to help manage the ongoing success of the JPA programs. This will include a wide range of services including benefits consulting, client service, financial analysis, actuarial modeling, contract renewals and negotiations, and program marketing and communication support. Ideally, the selected vendor will have at least 1 consultant dedicated to the SJVIA with additional support-based specialty (e.g. – underwriting, marketing, wellness, compliance, legal review).

The selected vendor acknowledges that the SJVIA is governed by a board of local elected officials, and staffed by local government employees, without health benefits expertise, and without expertise in self-funded pooled-risk plan rate development, actuarial valuations, reserve requirements, reserve calculations, or rate-setting for a self-funded pooled-risk plan. In performance of consulting services, the vendor shall at all times conform to the standard of care in the industry for a full-service health benefits consultant to a complex, self-funded client such as the SJVIA. The selected vendor's conformance to that standard of care if selected and awarded the agreement for these services includes, but is not limited to, the following:

1. The vendor shall perform as an informed, experienced, and highly educated advisor providing expert advice that is delivered in an educational, informational, competent, reliable, consistent, and objective manner.
2. The vendor shall conduct a review of all information and data used in calculations for rate-setting, reserving, and renewal projections, including, but not limited to, a review of employee census and enrollment data to ensure that the enrollment data used in calculations are reasonable and correctly stated. This includes, but is not limited to, a verification and comparison of SJVIA-reported cash flows and reserve levels and the information used in the experience-reporting and funding projections.
3. A qualified health actuary shall conduct or supervise the vendor's renewal analysis. The vendor shall provide an actuarial report that enables the SJVIA to make well-informed decisions, including current and future funding requirements of the Insurance Programs, rate-setting, reserve types, and reserve levels.
4. The vendor shall provide sufficient information to allow the SJVIA to make informed decisions, including scenarios regarding the effects of the Consultant's recommendations.
5. The vendor shall adequately explain the risks to the SJVIA of the vendor's proposed rates and strategies.
6. The vendor shall provide a clear and concise explanation of the renewal funding assumptions, including the funding effects of differing assumptions such as enrollment assumptions, trend assumptions, lag assumptions, large claim assumptions, plan design changes, and negotiated contracts.

7. The vendor shall provide a clear and concise explanation of limitations in the renewal data that would affect the SJVIA's decision-making, including, but not limited to, plan eligibility, enrollment, enrollment elections, turnover, cash-flow, existing reserve levels, medical and prescription drug trends, plan design changes, and large claims, as well as the effects of other internal and external drivers of costs, such as participating entities' labor negotiations and member enrollments and terminations.

Subject to any changes and additions as may be mutually agreed by the parties in writing, the selected vendor will provide the SJVIA a wide range of services, including, but not limited to the following key support categories and services:

1. Strategic Planning

- Annual strategic planning meeting with SJVIA Board and staff
- Develop reports outlining the agreed upon strategic initiatives
- Quarterly meetings covering the progress of strategic initiatives
- Ongoing meetings with current participating entities
- Ongoing feedback covering benefit alternatives
- Author agenda items two weeks prior to SJVIA meetings and drive the preparation for the meetings
- Attend [SJVIA Board meetings](#), present information and respond to questions
- Participate in weekly calls with SJVIA principals
- Provide timely and accurate updates regarding the Regulatory Compliance

2. Financial Monitoring and Reporting

- Develop annual budgets for SJVIA programs
- Provide quarterly summary loss experience reports to the SJVIA
- Provide quarterly reports covering actual versus budgeted costs
- Provide year-end financial reports on the programs in consultation with the SJVIA Auditor-Treasurer
- Work with the SJVIA to develop the annual financial report
- Provide other financial reporting including actuarial valuations
- Benchmark costs by specific line of coverage
- Provide underwriting for participating entities
 - Collect and present detailed claims/utilization results
- Data & claims analysis and reporting

- Alert SJVIA principals immediately to any claims trends that may result in adverse actions to the SJVIA's rates or financial stability.
- Develop and present Executive Claims Report at SJVIA Board meetings

3. Renewal Services:

- Annual renewal planning meeting with SJVIA to set objectives
- Renewal meetings with program carriers/vendors
- Preliminary renewal report to SJVIA
- Negotiations with all carriers/vendors regarding financial and benefit terms
- Market programs for viable alternatives as necessary
- Final renewal report to SJVIA with recommendations on actions
- Work with SJVIA to communicate renewals to all participating entities
- Clarify/confirm final renewal terms with SJVIA and all carriers/vendors
- Coordinate bids for stop-loss and actuarial audit (GASB 10)

4. Renewal Rate Setting:

- Review program rating models with the SJVIA Board and staff
- Develop initial renewal rates using actuarial models and performing the required actuarial valuations
- Develop recommended final renewal rate action and individual participating entity rates
- Discuss rating methods and processes with members as needed
- Preliminary renewal report to SJVIA
 - Have preliminary renewal underwriting complete for presentation to the SJVIA Board at the annual July meeting
 - Gather all claims data for all participating entities
 - Determine loss ratio for SJVIA and participating entities
 - Project renewal costs based on established underwriting parameters
 - Review plan relative value differentials
- Review rating results and models as needed
 - Meet and discuss with SJVIA Underwriting Committee
- Project, review and adjust reserve requirements
 - Perform actuarial certification of anticipated rates and reserves
- Present final rating action to the SJVIA Board of Directors

5. Vendor Management:

- Work with the SJVIA to identify and address any vendor issues
- Work with vendors to address billing, claim payment, and other service issues

- Review and track vendor contracts and agreements for accuracy
- Work to develop performance agreements where appropriate
- Meet with vendor's senior management team to assure the highest level of service to the SJVIA members

6. Compliance Services:

- Review current programs with regard to overall compliance
- Provide compliance updates and alerts
- Recommend necessary compliance procedures to the SJVIA and participating entities
- Review the impact of proposed and enacted legislation on SJVIA programs
 - Recommend applicable plan modifications to comply with the Regulatory Compliance
 - Monitor legislative initiatives, regulatory developments, court cases and industry changes, and analyze their impact on the SJVIA
 - Evaluate the design of benefit plans and review relevant documents such as summary plan descriptions, required Summary of Benefit and Coverage, insurance contracts, and employee benefit communications

7. Participating Entity Support Services:

- Assistance with difficult service/vendor issues
 - Dedicated claims manager/advocate
- Assistance with participating entity and employee level communication pieces
- Provide educational support to understand new program options developed by the SJVIA
- Prompt response to SJVIA staff on any day-to-day questions or issues requiring assistance
- Coordinate and host a weekly meeting and/or conference call regarding SJVIA operations
 - Prepare agenda and forward-looking calendar for review prior to meetings
 - Ongoing contract management
 - Bring legal issues to SJVIA legal counsel's attention.
- SJVIA Wellness Program
 - Assist with all aspects of health management programs, program launch and ongoing strategic account management and reporting
 - Help coordinate onsite wellness programs

- Coordinate annual “Walking Works” challenge between participating entities including sponsor/vendor communication, marketing materials, sponsor giveaways and daily reporting to participating entities

8. Day to Day Program Management

- Interface with eligibility reporting firms
- SJVIA Board meeting preparation
 - Prepare meeting agendas and agenda items/materials to allow sufficient time, as determined by SJVIA staff, for review and preparation of SJVIA Board meeting packets
 - Adhere to Brown Act and internal SJVIA timing issues for posting agenda items
 - Present items to SJVIA Board as directed by SJVIA staff
 - Record and distribute minutes of Board meetings

9. PBM Management Services

- Evaluation of PBM Services
 - Conduct annual reviews of PBM services, contract compliance, and performance guarantees
 - Develop and monitor corrective action plans for identified deficiencies
 - Perform ongoing follow-up to ensure compliance and effective program management
 - Update pharmacy rates and effect contract addenda as needed
 - Recommend renewal, modification, or termination of PBM contracts
- Pharmacy Benefit Consulting Services
 - Review pharmacy benefit packages options and assist SJVIA in selecting best option for their business needs
 - Evaluate and recommend options for managing specialty pharmacy products
 - Analyze the performance of the retail, mail order, and specialty pharmacy benefit option and make recommendations to improve the management of the drug cost trends
 - Select clinical and other optional programs of behalf of SJVIA or assist SJVIA in making selections on their own behalf
 - Assist SJVIA in securing and interpreting utilization and other key reports
 - Provide independent oversight for the formulary
 - Provide oversight of performance of rebate agreements between the PBM and drug companies on behalf of SJVIA

- Meet with SJVIA at least once quarterly to review drug plan performance and identify recommended changes going forward before final renewal. This review, with Contractor's recommendations, must occur prior to the Board meeting addressing final renewal.
- Account Management Services
 - Manage the ongoing relationship and communications with the PBM including SJVIA specific eligibility and benefit updates
 - Represent and advocate for the SJVIA's needs to the PBM
 - Participate in all PBM and SJVIA meetings related to pharmacy benefit and mail order services
- Underwriting Services
 - Project preliminary and final funding/renewal calculations
 - Perform financial and utilization analysis of paid claims with quarterly, semi-annual or annual reporting
 - Generate drug cost trend analysis based on market, SJVIA group (e.g., coalition), and individual SJVIA basis
 - Perform annual risk assessment projecting future value of claims vs. existing claims data
 - Develop IBNR (incurred but not reported) claims reserves
 - Supply monthly/quarterly reports on premium, claims and lives loss ratio and funding, claims and lives loss ratio
 - Perform claims lag analysis
 - Provide annual accounting true-up or profit/loss analysis as needed
- Auditing Services
 - Perform quarterly review of all claims paid
 - Ensure contract compliance and appropriate rebate administration.
 - Keep the Board members apprised of industry updates and provide recommendations and guidance
 - Provide specific oversight on emerging Specialty Rx trends
- PBM Implementation Services
 - Facilitate implementation of the new PBM services including transition of benefit design, formulary, eligibility and pre-existing prior authorization approvals to new PBM

VENDOR RESPONSE SECTION

Vendor shall provide the following information in a separate section of their proposal entitled "Vendor Response Section". Vendors shall restate each question and then provide the vendor response.

1. Organizational Background

- Provide a brief history of your organization, including:
 - Year founded and number of years in operation
 - Core lines of business
 - Number and location of offices, and total number of employees. State whether any of the services described herein will be performed at any firm office outside California, and if so, what services will be performed outside the State and where these services will be performed
 - Corporate structure and ownership of your organization.

2. Assigned Account Team

- Describe the proposed account team assigned to this engagement, including:
 - Team size and functional roles
 - Relevant professional credentials, licenses, and certifications of the vendor key personnel who will be assigned to SJVIA, who will not be substituted without SJVIA consent.
 - Specific experience supporting California public sector clients
 - Identification of key personnel who will serve as primary points of contact

3. Public Sector Experience

- Describe your experience working with the following types of public entities:
 - Joint Powers Authorities (JPAs)
 - Counties
 - Cities and municipalities
 - Special districts or other public entities
- Provide examples of your experience with entities having 500 or more benefit-eligible employees, highlight experience supporting California public sector entities operating collaborative, multi-employer, or large-scale benefit programs (excluding risk-sharing pools) including:
 - Type of public entity (e.g., county, city, JPA, special district)
 - Size of the covered population
 - Governance or coordination structure supported
 - Scope of services provided
 - Length of engagement
 - Key outcomes or results achieved

4. Client References

- Provide at least three (3) California public sector client references, preferably including:
 - Counties
 - Cities or municipalities
 - Joint Powers Authorities

5. Client Retention and Departures

- Identify any California public sector clients that have terminated or not renewed services with your organization within the past five (5) years.
- For each client, provide:
 - Type of public entity (e.g., county, city, JPA, special district)
 - Approximate size of the covered population
 - Length of engagement
 - Reason for termination or non-renewal (as represented by the client or proposer)
 - Whether services were replaced by another consultant or brought in-house

6. Cost, Risk, and Utilization Management Strategies

- Describe the strategies you have implemented to manage health care cost, financial risk, and utilization for California public sector benefit programs including:
 - Methods used to control and forecast health care costs
 - Approaches to managing utilization trends and high-cost claimants
 - Risk mitigation strategies in self-funded or partially self-funded arrangements
 - Client size and plan structure
 - Examples of measurable outcomes achieved

7. Stop-Loss Coverage and Captive Market Solutions

- Describe your approach to stop-loss coverage analysis and recommendations for self-funded public sector groups, including:
 - Evaluation of specific and aggregate stop-loss options
 - Strategies for navigating hard market conditions
 - Experience advising clients on solutions available within the captive market
 - Creative or alternative approaches used to manage premium volatility and long-term risk
- Provide California public sector examples where available.

8. Self-Funded Risk Management Experience

- Provide detailed examples of how you have assisted California public sector clients in managing financial and operational risk within self-funded health plan arrangements.
 - For each example, include:
 - Type of public entity and covered population size

- Plan structure (e.g., self-funded, partially self-funded)
- Key financial risks identified (e.g., large claims, volatility, adverse utilization)
- Risk mitigation strategies implemented (e.g., plan design changes, funding strategy, stop-loss adjustments, clinical programs)
- Timeframe for implementation
- Quantifiable results achieved (e.g., cost trend changes, reserve stabilization, improved predictability)

9. Plan Design and Funding Strategy Consulting

- Describe how you assist clients in evaluating and selecting health plan funding arrangements, with an emphasis on:
 - Self-funded strategies
 - Alternative plan designs
 - Cost-saving and efficiency opportunities

10. Multi-Year Strategic Planning

- Describe your process for developing multi-year benefit strategies, including:
 - Cost-containment initiatives
 - Risk mitigation approaches
 - Long-term financial and program sustainability planning

11. Underwriting Capabilities

- Describe your underwriting capabilities and approach for self-funded health plans, including:
 - Data sources utilized
 - Cost projection methodologies
 - Assumptions used and stress-testing practices

12. Claims and Cost Driver Analysis

- Describe the tools and methodologies used to:
 - Evaluate claims experience
 - Identify utilization patterns
 - Analyze cost drivers and emerging risks

13. Benchmarking Data

- Describe the benchmarking data and comparative analyses you provide that are specific to:
 - California public sector employers
 - Similarly situated public entities

14. Client Reporting

- Provide descriptions or samples of standard client reports delivered, including:
 - Claims and utilization analysis
 - Financial performance reporting

- Wellness or population health outcomes (if applicable)

15. Measuring Success

- Explain how your organization measures the effectiveness and value of its consulting and administrative services.

16. Regulatory Monitoring, Interpretation, and Client Communication

- Describe your experience advising clients on regulatory compliance, including:
 - Employer reporting obligations
 - Nondiscrimination requirements
 - Other applicable federal, state, or local regulations
- Describe in detail how your organization monitors, interprets, and responds to changes in federal and California health care regulations affecting public sector employers including:
 - Sources used to track regulatory changes
 - Internal processes for legal or compliance review and interpretation
 - How regulatory impacts are assessed for California public sector clients
 - Methods and frequency of communicating regulatory updates to clients
 - Examples of recent regulatory changes and how those changes were operationalized

17. Regulatory Compliance Support and Risk Mitigation

- Provide detailed examples of how you have assisted California public sector clients in achieving and maintaining compliance with federal, state, and local employee benefits–related regulations, and in mitigating compliance-related financial and operational risk.
- For each example, include:
 - Type of public entity and size of covered population
 - Regulatory areas addressed (e.g., health care reform, nondiscrimination rules, eligibility and enrollment requirements, reporting obligations, audit readiness)
 - Specific compliance risks identified
 - Actions taken to address or mitigate those risks
 - Coordination with client staff, legal counsel, or third-party vendors
 - Outcomes achieved, including avoidance or resolution of penalties, findings, or corrective actions

18. Independent Dispute Resolution (IDR) – California

- Please describe your firm’s approach to supporting employer-sponsored health plans with **California Independent Dispute Resolution** matters, including but not limited to disputes arising under California’s surprise billing and balance billing laws.
- In your response, please address:
 - Your experience handling or supporting IDR cases in California, including the volume and types of disputes managed.

- Your process for identifying, tracking, and escalating potential IDR-eligible claims.
- The roles and responsibilities of your firm versus the employer, carrier, TPA, or legal counsel during the IDR process.
- How you ensure compliance with applicable California laws, timelines, and regulatory requirements.
- Your approach to data analysis, documentation preparation, and outcome tracking related to IDR cases.
- Any proactive strategies you use to minimize future IDR disputes and related financial exposure for the plan.
- How you communicate IDR activity, outcomes, and trends to plan sponsors.

19. Technology Platforms

- Identify and describe the technology platforms provided, including:
 - Enrollment and eligibility systems
 - Reporting and analytics dashboards
 - Data integration and file-feed capabilities

20. Eligibility, Billing, and Data Accuracy

- Describe the processes used to ensure accuracy and timeliness in:
 - Eligibility management
 - Billing and reconciliation
 - Vendor file feeds and data exchanges

21. Public Procurement Compliance and Transparency

- Describe how your organization ensures compliance with:
 - California public procurement requirements
 - Conflict-of-interest laws and regulations
 - Transparency, audit, and reporting expectations
- Include a description of internal controls, documentation practices, and governance support mechanisms.

22. Claims Resolution and Escalation Support

- Describe your approach to resolving complex claims issues and supporting members with escalated concerns.

23. Performance Guarantees and Service Level Agreements (SLAs)

- Describe in detail the performance guarantees or service level agreements your organization offers to California public sector clients including:
 - Specific performance metrics tracked (e.g., response times, reporting timeliness, enrollment accuracy, issue resolution)
 - Measurement and reporting methodologies
 - Remedies or corrective actions if SLAs are not met
 - Whether guarantees are contractual and enforceable

- Examples of SLA performance monitoring and enforcement with public sector clients

24. Case Studies

- Provide case studies demonstrating your ability to:
 - Reduce costs
 - Improve outcomes
 - Enhance regulatory compliance for California public sector clients

25. Disclosure of Affiliations and Conflicts of Interest

- Describe any affiliations, relationships, or financial interests your organization or key personnel have that could create a potential or perceived conflict of interest in providing services to California public sector clients including:
 - Any ownership, partnership, or investment relationships with vendors, insurers, other benefits consulting firms, or other service providers in the public sector benefits space
 - Relationships with subcontractors, consultants, or captive arrangements that may be used to support services under this RFP
 - Policies or procedures your organization follows to identify, manage, and mitigate potential conflicts of interest
 - Any past instances where a conflict was identified and how it was addressed

PROPOSAL CONTENT REQUIREMENTS

It is important that the vendor submit their proposal in accordance with the format and instructions provided under this section. Doing so will facilitate the evaluation of the proposal. It will limit the possibility of a poor rating due to the omission or mis-categorization of the requested information. Responding in the requested format will enhance the evaluation team's item by item comparison of each proposal item. The vendor's proposal may be placed at a disadvantage if submitted in a format other than that identified below.

Bidders must submit their proposals electronically in .pdf format, no later than the proposal closing date and time as stated in this RFP. Proposals must be submitted to:

SVIA-Admin@fresnocountyca.gov

Merely offering to meet the specifications is insufficient and will not be accepted. Each bidder shall submit a complete proposal with all information requested. Supportive material may be attached as appendices. All pages, including the appendices, must be numbered.

Vendors are instructed not to submit confidential, proprietary and related information within the request for proposal. If you are submitting trade secrets, it

must be electronically submitted in a separate .pdf file clearly named “TRADE SECRETS” and marked as Confidential, see Trade Secret Acknowledgement section).

The content and sequence of the proposals will be as follows:

- I. COVER LETTER: A one-page cover letter and introduction including the company name and address of the bidder and the name, address and telephone number of the person or persons to be used for contact and who will be authorized to make representations for the bidder.
- II. PROPOSAL IDENTIFICATION SHEET
- III. TABLE OF CONTENTS
- IV. CONFLICT OF INTEREST STATEMENT: The Contractor may become involved in situations where conflict of interest could occur due to individual or organizational activities that occur within the SJVIA. In this section, the bidder should address the potential, if any, for conflict of interest and indicate plans, if applicable, to address potential conflict of interest. This section will be reviewed by SJVIA Counsel for compliance with conflict of interest as part of the review process. The Contractor shall comply with all federal, state and local conflict of interest laws, statutes and regulations.
- V. TRADE SECRET ACKNOWLEDGEMENT – Sign where required.
- VI. CERTIFICATION – DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS
- VII. EXCEPTIONS: This portion of the proposal will note any exceptions to the requirements and conditions taken by the bidder. This portion should also include comments and proposed changes, if any, to the sample agreement (Exhibit A). If exceptions are not noted, the SJVIA will assume that the bidder's proposals meet those requirements.
- VIII. SCOPE OF SERVICES:
 - A. Bidders shall use this section to describe the essence of their proposal.
 - B. This section should be formatted as follows:
 1. A general discussion of your understanding of the requested services, the Scope of Work proposed and a summary of the features of your proposal.
 2. A detailed description of your proposal as it relates to each item listed under the Scope of Services section of this RFP. Bidder's response should be stated in the same order as are the Scope of Services items.

Each description should begin with a restatement of the Scope of Services item that it is addressing. Bidders must explain their approach and method of satisfying each of the listed items.

- C. When reports or other documentation are to be a part of the proposal, a sample of each must be submitted. Reports should be referenced in this section and submitted in a separate section entitled "REPORTS."
- D. A complete description of any alternative solutions or approaches to accomplishing the desired results.
- E. Bidders should include a proposed exhibit to the sample contract (Exhibit A) to define the scope of services under an agreement in that form.

IX. VENDOR RESPONSE SECTION: This section shall include:

- A. Bidders must restate each question in its entirety and provide a corresponding response.

X. VENDOR COMPANY DATA: This section shall include:

A. Qualifications and Related Experience:

1. Confirm that you serve as a consultant or broker, independently, and are not affiliated with any insurance company, third party administrative agency or provider network.
2. Current Workload: Provide a listing of your individual's/firm's current and projected workload. The bidder shall include a graph or other informational diagram/format indicating the allocated and available man-hours. Indicate how the SJVIA account will fit into the total workload of the Consultant during the contract period.
3. Copies of the audited Financial Statements for the last three (3) years for the agency or program that will be providing the service(s) proposed. If audited statements are not available, compiled or reviewed statements will be accepted with copies of three years of corresponding federal tax returns. This information is to be provided after the RFP closes, if requested. **Do not provide with your proposal.**
4. Describe all lawsuit(s) or legal action(s) that are currently pending; and any lawsuit(s) or legal action(s) that have been resolved within the last five (5) years, including:
 - Location filed, name of court and docket number

- Nature of the lawsuit or legal action

5. License Sanctions: List any regulatory or license agency sanctions within the past five (5) years.

XI. COST PROPOSAL: Quotations will be prepared in the format requested. The SJVIA seeks a flat fee retainer for the consultation services requested. List the portion of your fee that you are willing to place at risk that will be linked directly to performance objectives established mutually by the consultant and the SJVIA. Additionally, include details and rates/fees for all services, materials, equipment, etc. to be provided or optional under the proposal. Bidders should include a proposed exhibit to the sample contract (Exhibit A) to define the compensation under an agreement in that form.

XII. INSURANCE REQUIREMENTS

1. Required Policies

Without limiting the SJVIA's right to obtain indemnification from the Contractor or any third parties, Contractor, at its sole expense, shall maintain in full force and effect the following insurance policies throughout the term of this Agreement.

(A) Commercial General Liability. Commercial general liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis. Coverage must include products, completed operations, property damage, bodily injury, personal injury, and advertising injury. The Contractor shall obtain an endorsement to this policy naming the SJVIA, its officers, agents, employees, and volunteers, individually and collectively, as additional insureds, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insureds will apply as primary insurance and any other insurance, or self-insurance, maintained by the SJVIA is excess only and not contributing with insurance provided under the Contractor's policy.

(B) Automobile Liability. Automobile liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for property damages. Coverage must include any auto used in connection with this Agreement.

(C) Workers Compensation. Workers compensation insurance as required by the laws of the State of California with statutory limits.

- (D) Employer's Liability. Employer's liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for disease.
- (E) Professional Liability. Professional liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Three Million Dollars (\$3,000,000). If this is a claims-made policy, then (1) the retroactive date must be prior to the date on which services began under this Agreement; (2) the Contractor shall maintain the policy and provide to the SJVIA annual evidence of insurance for not less than five years after completion of services under this Agreement; and (3) if the policy is canceled or not renewed, and not replaced with another claims-made policy with a retroactive date prior to the date on which services begin under this Agreement, then the Contractor shall purchase extended reporting coverage on its claims-made policy for a minimum of five years after completion of services under this Agreement.
- (F) Molestation Liability. Sexual abuse / molestation liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence, with an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis.
- (G) Technology Professional Liability (Errors and Omissions). Technology professional liability (errors and omissions) insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence and in the aggregate. Coverage must encompass all of the Contractor's obligations under this Agreement, including but not limited to claims involving Cyber Risks.
- (H) Cyber Liability. Cyber liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence. Coverage must include claims involving Cyber Risks. The cyber liability policy must be endorsed to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor.

Definition of Cyber Risks. "Cyber Risks" include but are not limited to (i) Security Breach, which may include Disclosure of Personal Information to an Unauthorized Third Party; (ii) data breach; (iii) breach of any of the Contractor's obligations under [identify the Article, section, or exhibit containing data security obligations] of this Agreement; (iv) system failure; (v) data recovery; (vi) failure to timely disclose data breach or Security Breach; (vii) failure to comply with privacy policy; (viii) payment card liabilities and costs; (ix) infringement of intellectual property, including but not limited to infringement of copyright, trademark, and trade dress; (x) invasion of privacy, including release of private information; (xi)

information theft; (xii) damage to or destruction or alteration of electronic information; (xiii) cyber extortion; (xiv) extortion related to the Contractor's obligations under this Agreement regarding electronic information, including Personal Information; (xv) fraudulent instruction; (xvi) funds transfer fraud; (xvii) telephone fraud; (xviii) network security; (xix) data breach response costs, including Security Breach response costs; (xx) regulatory fines and penalties related to the Contractor's obligations under this Agreement regarding electronic information, including Personal Information; and (xxi) credit monitoring expenses.

If the Contractor is a governmental entity, it may satisfy the policy requirements above through a program of self-insurance, including an insurance pooling arrangement or joint exercise of powers agreement.

2. Additional Requirements

- (A) Verification of Coverage. Within 30 days after the Contractor signs this Agreement, and at any time during the term of this Agreement as requested by the SJVIA's Manager or the SJVIA's Board, the Contractor shall deliver, or cause its broker or producer to deliver, to the SJVIA's Manager, at 2220 Tulare Street, 16th Floor, Fresno, California 93721, or sjvia-admin@fresnocountyca.gov, and by mail or email to the person identified to receive notices under this Agreement, certificates of insurance and endorsements for all of the coverages required under this Agreement.
 - (i) Each insurance certificate must state that: (1) the insurance coverage has been obtained and is in full force; (2) the SJVIA, its officers, agents, employees, and volunteers are not responsible for any premiums on the policy; and (3) the Contractor has waived its right to recover from the SJVIA, its officers, agents, employees, and volunteers any amounts paid under any insurance policy required by this Agreement and that waiver does not invalidate the insurance policy.
 - (ii) The commercial general liability insurance certificate must also state, and include an endorsement, that the SJVIA, its officers, agents, employees, and volunteers, individually and collectively, are additional insureds insofar as the operations under this Agreement are concerned. The commercial general liability insurance certificate must also state that the coverage shall apply as primary insurance and any other insurance, or self-insurance, maintained by the SJVIA shall be excess only and not contributing with insurance provided under the Contractor's policy.

- (iii) The automobile liability insurance certificate must state that the policy covers any auto used in connection with this Agreement.
 - (iv) The professional liability insurance certificate, if it is a claims-made policy, must also state the retroactive date of the policy, which must be prior to the date on which services began under this Agreement.
 - (v) The technology professional liability insurance certificate must also state that coverage encompasses all of the Contractor's obligations under this Agreement, including but not limited to claims involving Cyber Risks, as that term is defined in this Agreement.
 - (vi) The cyber liability insurance certificate must also state that it is endorsed, and include an endorsement, to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor.
- (B) Acceptability of Insurers. All insurance policies required under this Agreement must be issued by admitted insurers licensed to do business in the State of California and possessing at all times during the term of this Agreement an A.M. Best, Inc. rating of no less than A: VII.
- (C) Notice of Cancellation or Change. For each insurance policy required under this Agreement, the Contractor shall provide to the SJVIA or ensure that the policy requires the insurer to provide to the SJVIA, written notice of any cancellation or change in the policy as required in this paragraph. For cancellation of the policy for nonpayment of premium, the Contractor shall, or shall cause the insurer to, provide written notice to the SJVIA not less than 10 days in advance of cancellation. For cancellation of the policy for any other reason, and for any other change to the policy, the Contractor shall, or shall cause the insurer to, provide written notice to the SJVIA not less than 30 days in advance of cancellation or change. The SJVIA in its sole discretion may determine that the failure of the Contractor or its insurer to timely provide a written notice required by this paragraph is a breach of this Agreement.
- (D) SJVIA's Entitlement to Greater Coverage. If the Contractor has or obtains insurance with broader coverage, higher limits, or both, than what is required under this Agreement, then the SJVIA requires and is entitled to the broader coverage, higher limits, or both. To that end, the Contractor shall deliver, or cause its broker or producer to deliver, to the SJVIA's Manager certificates of insurance and endorsements for all of the coverages that have such broader coverage, higher limits, or both, as required under this Agreement.

- (E) Waiver of Subrogation. The Contractor waives any right to recover from the SJVIA, its officers, agents, employees, and volunteers any amounts paid under the policy of worker's compensation insurance required by this Agreement. The Contractor is solely responsible to obtain any policy endorsement that may be necessary to accomplish that waiver, but the Contractor's waiver of subrogation under this paragraph is effective whether or not the Contractor obtains such an endorsement.
- (F) SJVIA's Remedy for Contractor's Failure to Maintain. If the Contractor fails to keep in effect at all times any insurance coverage required under this Agreement, the SJVIA may, in addition to any other remedies it may have, suspend or terminate this Agreement upon the occurrence of that failure, or purchase such insurance coverage, and charge the cost of that coverage to the Contractor. The SJVIA may offset such charges against any amounts owed by the SJVIA to the Contractor under this Agreement.
- (G) Subcontractors. The Contractor shall require and verify that all subcontractors used by the Contractor to provide services under this Agreement maintain insurance meeting all insurance requirements provided in this Agreement. This paragraph does not authorize the Contractor to provide services under this Agreement using subcontractors.

AWARD CRITERIA

Selection of the winning bidder will be based on the following criteria. Please note that the list below is **not** ordered by level of importance; proposals will be judged on how well they meet all of the criteria. The SJVIA shall be the sole judge in the ranking process and reserves the right to reject any or all bids. False, incomplete or unresponsive statements in connection with this proposal may be sufficient cause for its rejection.

1. Cost:

- A.** Cost, as submitted in the Cost Proposal section. The SJVIA intends to award the contract to the proposing firm whose proposal is determined to be most advantageous to the SJVIA, taking into account both technical merit and price.

2. Capability and Qualifications:

- A.** The vendor has demonstrated that it has the qualifications, including staff, experience and resources to provide the consultation services requested by the SJVIA.

- B.** The service descriptions address all the areas identified in the RFP, including the services as set forth in the Scope of Services that will fulfill the SJVIA's consultation service needs.
- C.** The vendor has demonstrated the ability to provide actuarial services as well as relative data reporting, such as tabulate, analyze and summarize pertinent data, including claims, trends and premiums, into actionable recommendations.
- D.** The vendor has clearly explained its knowledge and understanding of the needs of the SJVIA associated with providing the services requested, including:
 - i. The broad landscape of employee health benefits;
 - ii. Employee Benefits product markets;
 - iii. Applicable laws, regulations, statutes; and
 - iv. Effective operating principles required to provide this consulting service.
- E.** The vendor has current relevant experience in a comparable or similar public agency.

3. Management Plan:

- A.** The vendor has demonstrated that its organizational plan and management structure are adequate and appropriate for comprehensive implementation of the requested consultation services.