



**SEDGWICK COUNTY, KANSAS
FINANCE DEPARTMENT
DIVISION OF PURCHASING**

525 N. Main, Suite 823 ~ Wichita, KS 67203

Phone: 316 660-7255 Fax: 316-383-7055

<http://www.sedgwickcounty.org/finance/purchasing.asp>

**REQUEST FOR PROPOSAL
#17-0012
EMPLOYEE FLEXIBLE SPENDING ACCOUNT ADMINISTRATION**

March 24, 2017

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Employee Flexible Spending Accounts. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal. Responses are due no later than 1:45pm CDT, April 25, 2017.

All contact concerning this solicitation shall be made through the Division of Purchasing. Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Division of Purchasing in writing. Failure to comply with these guidelines may disqualify the Proposer’s response.

Sincerely,

Kara Kingsley
Buyer

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I. About this Document

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 65, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

II. Background

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties with a population estimated at more than 508,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,800 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County, through the Department of Human Resources, administers employee enrollment in the County's benefits program consisting of Medical/Pharmacy, Flexible Spending, Life, Dental and Vision. The Sedgwick County Division of Human Resources coordinates an annual open enrollment period for county employees. This is usually done in October of each year.

Sedgwick County has offered Health Care Reimbursement and Dependent Care Flexible Spending Account Programs to employees since 1996. The County contributes (\$75 single/\$150 2-person/\$220 family) to a Health Care Flexible Spending Account for each employee that is currently enrolled in health care benefits and completes an annual preventive exam and enters the date before the deadline. The current contract will end on December 31, 2017. The selected vendor will begin providing services effective at 12:01 A.M., January 1, 2018, with 2018 funds being available at that time. The County's current plan design for the Health and Dependent Care Flexible Spending Accounts is as follows:

Eligible Participants	All active full-time employees and benefited part time employees.
Waiting Period	No waiting period.
Plan Year	Calendar year 1/1 through 12/31
Grace Period	2-½ months (March 15) after the Plan year ends to submit incurred bills.
Plan Year Close-out	May 15th ¹ of each year.
Enroll/Contribution Format	Electronic
Contribution Limits:	Health Care: \$2,600 annually Dependent Care: \$5,000 annually (\$2,500 if married and filing separately)
Contribution Frequency	Deductions taken bi-weekly from payroll.
Contribution Changes	All IRS established “Family status” changes. Eligible from 31 days of the status event.
Draft Frequency	Bi-weekly
Minimum Reimbursement	\$50.00 during the plan year. Any amount during the grace period.
Account Statements (Employer & Employee)	Quarterly by mail, up-to-date by website.

Historical experience for the past two years is as follows:

	Health Care	Dependent Care
2017 Plan Year		
Total Number of Employees Elections	1,032	90
Amount of Annual Contribution (YTD as of 3/4/2017)	\$53,212.80	\$10,011.73
2016 Plan Year		
Total Number of Employees Elections	1,126	102
Amount of Annual Contribution	\$1,341,816.24	\$254,256.00

See Attachment B for specific breakout of employer vs. employee contributions

III. Project Objectives

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Employee Flexible Spending Account Benefits. The following objectives have been identified for this contract:

- A. Acquire Employee Flexible Spending Account Administration meeting the parameters, conditions and mandatory requirements presented in the document.

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- B. Establish contract pricing, starting January 1, 2018, with the vendor that has the best proven “track-record” in performance, service and customer satisfaction.
- C. Acquire Employee Flexible Spending Account Administration with the most advantageous overall cost to the County.

IV. Submittals

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) original **AND** one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Kara Kingsley
Sedgwick County Division of Purchasing
525 N. Main, Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CDT, TUESDAY, April 25, 2017**. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Proposal responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m. CDT, on the due date. No information other than the respondent’s name will be disclosed at bid opening.

V. Scope of Work

The following requirements outline the design and performance requirements for this RFP. Requirements are provided to assist vendors in submitting a thorough response that meets the county’s objectives. Content in this section will be addressed in the questionnaire to follow.

- A. Provide administration services each plan year, plus an additional 2 ½ month grace period, for the Sedgwick County Flexible Spending Account benefits.
- B. Assist the county in developing and designing educational informational pamphlets, vouchers, claim forms, and other documentation necessary for administration of the plan.
- C. Present informational seminars to county employees as requested.
- D. Assist in initial and subsequent enrollment of each employee as requested.
- E. Have ability to electronically receive enrollment census information in a HIPAA approved interface layout.
- F. Provide a debit card for employees at no cost.
- G. Audit monthly and reconcile individual employee account contribution vs. use to include list of reimbursement account participants including identifying information, records of contributions and resulting balances.
- H. Records of account use/draw downs and resulting balances.
- I. Publish a business hours toll free telephone number (800#) on all account communication provided to participants.
- J. Assist the county in creation of an “FAQ” form about the expense eligibility rules, benefits of tax savings, etc.
- K. Issue electronic usage/invoice report subsequent to monthly audit and reconciliation. Report to include:
 - 1. Number of participants
 - 2. Total reimbursements paid by category, Health and Dependent Care
 - 3. Administrative costs to be paid
 - 4. Usage period dates
 - 5. Description of services

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- L. Provide at no cost and in a timely manner all data and written or recorded material pertaining to this contract.
- M. Provide complete plan administration, accounting, data processing, and cost control and quality assurance.
- N. Provide forms, procedures and training to administrative staff of the county to submit the required forms/files to the vendor to perform the duties outlined in this document.
- O. Provide an interactive website that details individual account information including contributions, draw down, and balance for employee use.
- P. Receive, review, and pay reimbursement requests.
- Q. Reimbursement checks and direct deposits will be issued from a general account maintained in the name of the vendor.
- R. Payment for reimbursement will be done at the will of the vendor through a county obtained zero balance account.
- S. Provide each account holder a quarterly account statement with details including usage and balance.
- T. As deemed necessary by vendor and the county, send notices to participants of changes in laws.
- U. Process employee's reimbursement for total annual contribution, without going over, at any point during the plan year.

VI. Sedgwick County's Responsibility

- Notify vendor on a bi-weekly basis of benefits elections, changes, or termination of employment of participants.
- Remit payment, as applicable, to zero balance account held in the name of Sedgwick County to ensure vendor has continuous access for reimbursements.
- Have the discretion to withdraw any funds remaining in the account ninety-one (91) days following the end of each Plan Year.
- Remit monthly payment in ACH form to vendor for administrative costs.
- Assign a single point of contact.
- Be responsible for employee contribution up to the annual contribution amount if employment is terminated prior to total annual contribution being secured.

VII. Proposal Terms

A. Questions and Contact Information

Any questions regarding this document must be submitted in writing to Kara Kingsley at kara.kingsley@sedgwick.gov by 5:00 p.m. CDT Wednesday, April 5, 2017. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at www.sedgwickcounty.org/finance/purchasing.asp, under view current RFQs and RFPs; to the right of the RFP number by 5:00 p.m. CDT Friday, April 7, 2017. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.

B. Minimum Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer's response. Proposers shall:

1. Have a minimum of 3 years' experience in providing services similar to those specified in this RFP.
2. Have an expertise understanding of industry standards and best practices.
3. Have experience in managing projects of comparable size and complexity to that being proposed.
4. Have knowledge of and comply with all currently applicable, and as they become enacted

during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.

5. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
6. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
7. Have proper certifications(s) and/or license(s) for the services specified in the RFP
8. Provide project supervision (as required) and quality control procedures.
9. Have appropriate material, equipment and labor to perform specified services.
10. Have most recent annual financial audit information available for view at any time.
11. Comply with the Sedgwick County HIPPA Business Associate Agreement.
12. Vendor will sign a banking agreement accepting responsibility for any failure to exercise ordinary care or for its own, or its employee's willful misconduct with regard to withdrawals from the county's zero balance account.
13. Attend county health and wellness fair on Columbus Day in October of each year

C. [Evaluation Criteria](#)

The selection process will be based on the responses to this RFP and live demonstrations or interviews, if required. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints. County staff will judge each response as determined by the scoring criteria below:

Component	Points
a. Meeting or exceeding all solicitation conditions and instructions as outlined herein to include clarity, completeness, and comprehensiveness of the response	25
b. Proven ability to provide high quality service	25
c. Qualifications and expertise	25
d. The most advantageous proposal as determined by the County	25
Total Points	100

Any final negotiations for services, terms and conditions will be based, in part, on the firm's method of providing the service and the fee schedule achieved through discussions and agreement with the county's review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.

D. [Request for Proposal Timeline](#)

The following dates are provided for information purposes and are subject to change without notice. Contact the Division of Purchasing at (316) 660-7255 to confirm any and all dates.

Distribution of Request for Proposal to interested parties	March 24, 2017
Questions and clarifications submitted in writing by 5:00 p.m. CDT	April 5, 2017
Addendum Issued	April 7, 2017
Sealed Proposal due before 1:45pm CDT	April 25, 2017
Evaluation Period	April 25 – May 31, 2017
Board of Bids and Contracts Recommendation	June 8, 2017
Board of County Commission Award	June 14, 2017

E. [Contract Period and Payment Terms](#)

A contractual period will begin January 1, 2018, following Board of County Commissioners (BoCC) approval of the successful firm(s) and continue for a period of three (3) years with two (2) one (1) year options to renew.

It is the intent of Sedgwick County to lock the terms, conditions, and costs for the initial three (3) year period. Each vendor should clearly delineate exception if an escalation/de-escalation approach is being proposed. All pricing must be formatted as indicated in Section X Pricing Information.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions

http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf

F. [Insurance Requirements](#)

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employer's liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (**must be acknowledged on the bid/proposal response form**).

NOTE: If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

Workers' Compensation:

Applicable coverage per State Statutes

Employer's Liability Insurance: \$100,000.00

Commercial General Liability Insurance:

Each Occurrence \$500,000.00

Aggregate \$500,000.00

Personal Injury:

Each Occurrence \$500,000.00

General Aggregate \$500,000.00

Automobile Liability:

Combined single limit \$500,000.00

Professional Liability

If required

Special Risks or Circumstances:

Entity reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. Confidential Matters and Data Ownership

The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.

I. Proposal Conditions

http://www.sedgwickcounty.org/purchasing/pdf_files/Proposal%20Terms%20%20Conditions.pdf

General Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf

Mandatory Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/Mandatory%20Contractual%20Provisions.pdf

Sample Contract

http://www.sedgwickcounty.org/purchasing/pdf_files/Sample%20Contract.pdf

VIII. Required Response Content

Proposals received should reflect in detail their inclusion and the degree provided. The Proposal should be organized in the following format and information sequence:

- A. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, and the names of the principals of the firm.
- B. Provide a description of your firm and include qualifications, experience, depth of staff and quality control processes.
- C. Provide applicable certifications/licenses as deemed necessary by local, state, and federal laws.
- D. Provide resumes of key staff working on this project. Resumes shall include background qualifications, past work experience on large projects and similar work, and a summary of the anticipated role of each on this project.
- E. Provide a bank reference statement and/or a copy of the most recent, audited, financial statement.
- F. Provide four (4) references verifying exemplary service. These references **MUST** have received services similar to those proposed under this RFP. Provide the business name, address, contact name, phone number, email address, and a brief description of products and services provided. The county expects all reference information to be current and accurate. Please verify that all contact information is correct.
- G. Acknowledge and address in sequential order Requirements outlined in this document.
- H. Provide the completed questionnaire outlined in this document.
- I. Discuss any current local, state or federal (i.e. HCFA / HIPAA) violations and any ongoing litigation that may cause conflicts or affect the ability of the vendor to provide service(s) and /or product(s).
- J. Provide a list of office locations for local, regional and corporate entities. Location information to include but not limited to, address, phone number, services provided, and Internet email.
- K. List any active or pending lawsuits and/or litigation related to the insurance agency and/or insurance company during the previous three years.
- L. List any active or pending fines, penalties or sanctions against the insurance agent, insurance agency, and/or the insurance company from any State Insurance Department during the previous three (3) years.
- M. Provide a project plan and timeline for implementation.
- N. Provide a signed, completed Proposal Response Form.
- O. Proof of insurance meeting minimum insurance requirements as designated herein.
- P. Identify any other expectations of county responsibilities not addressed in the request for proposal document.

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- Q. Provide any additional information relevant to expertise of the requested services that may assist the county in evaluating your proposal.
- R. Those responses that do not include all required forms/items may be deemed non-responsive.

IX. Questionnaire

In your response document, respond to all questions and requests listed below. Please precede your answer with a copy of the question. A copy of the questionnaire will be provided in WORD format for ease of completion. Please note that in the case of a discrepancy this document will prevail.

A. Vendor Information

1. Provide the address of the office where the county's account would be serviced.
2. Provide the address of the claims payment office if different from (a) above.
3. Provide references of three current clients of similar size for whom you provide administration for voluntary benefits. Include date plan was effective, benefit plans administered, number of covered employees, name of entity/contact person and phone number.
4. Provide references of three former clients who have terminated your services in the past two years. Provide the same information as noted above.
5. How long has your company been administering Flexible Spending Account programs?
6. How many clients do you currently have?
7. What are the sizes of your smallest and largest group as well as the average size of all your groups?
8. Provide name, title, experience, qualification and address of the person or persons who would be responsible for this account. Include managerial responsibilities as well as daily administrative responsibility, if these are different persons.
9. What has been the incidence of account management turnover for the unit which will service Sedgwick County over the last two years?
10. Discuss any current local, state or federal (i.e. HCFA / HIPAA) violations and any ongoing litigation that may cause conflicts or affect the ability of the vendor to provide service(s) and/or product(s).
11. Describe how legislative and regulatory updates are provided.
12. Describe in detail any Performance Standards and Guarantees you will offer the county?
13. What is the likelihood of a sale of your company within the next 24 months?
14. Have you ever been fined or otherwise punished by any State Insurance Department?
15. What is your strategy for maintaining compliance with the changing legal environment?
16. If your company anticipates or plans to be acquired or to be merged with another company within the next 12 months, provide a full explanation as to when this might occur and be finalized. How will this affect your proposal for the county?
17. Explain process for informing participants of health reform mandates or rules from the Patient Protection and Affordable Care Act.

B. Implementation:

1. What is your minimum lead-time to set up the administration for the county's FSA program?
2. Explain in detail the steps you anticipate will be needed to ensure a smooth implementation.
3. Provide a detailed implementation schedule including timeline and staffing.

C. Enrollment Capabilities:

1. Are enrollment materials available, including booklets and/or websites describing both types of accounts and enrollment forms? Include a sample if available.
2. Is enrollment material generic or custom designed? If custom designed, is there an additional cost?

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3. What other communication materials can you provide? What, if any, are the additional costs of these materials? Include a sample if available.
4. The county currently provides enrollment/contribution information to its vendor electronically, on a bi-weekly basis. What information do you require from the county initially and on an ongoing basis? Please describe in detail. The county prefers all exchange of information by electronic file.
5. After files are received, how long does it take to update or download those files into your system?

D. Claim Processing:

1. Can employees apply for a direct deposit (ACH) via website with your company?
2. Explain your process to verify eligibility.
3. Provide a brief description of your claims process.
4. Describe your claims turnaround time for the past two years. Turnaround time is defined as the day the claim is received until the day the draft is mailed/deposited.
5. Provide sample claim forms with your response. Can these forms be customized for the county? Are they available electronically via an employee website? Can they be faxed?
6. Explain your process for appeals?

E. Customer Service:

1. Describe your customer service operation.
2. What is the experience level of customer service staff?
3. What training is provided?
4. Where is customer service located? Indicate the City, State and Country.
5. Is there a toll free number for employees to call? Does an automated attendant answer the line or does an actual person handle it?
6. What are the hours of operation?
7. Is there email available for customer service?
8. What are your online capabilities? Can participants look up their account information? What other information is available online? Can the county have access to look at participants' accounts?
9. Do you currently have an "FAQ" form relaying information about the eligibility rules, reimbursement options, etc.? If yes, please include.
10. Who will the county's account dedicated customer service staff be for administrative needs?
11. How much authority and flexibility do customer service representatives have to resolve a question or complaint?
12. Provide detailed program supervision and quality control procedures.
13. Describe your approach to account management. Is there a single contact that serves as the focus for all communications, or is there a variety of contacts, each covering a specific functional responsibility?
14. Describe how you will provide technical support and assist county to implement appropriate aspects of the HIPAA, GINA, and all privacy regulations.

F. Banking Procedures:

1. Explain your daily process for reconciling reimbursement requests vs. withdrawals from county's zero balance account for payment.
2. Explain your process for monthly audit and reconciliation.
3. Describe your standard banking procedures (i.e. daily, weekly ad/or bi-weekly processing.) for Flexible Spending Account Plans, including:
 - The name and location of the bank you use.
 - Monthly Audit/Reconciliation process.
 - Are claim payments charged on a "drafts-issued" or "drafts-cleared" basis?
 - Are there any minimum or advance deposit requirements?

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- Provide a bank reference statement and/or a copy of the most recent, audited, financial statement.

G. Debit Card:

1. Does your company offer Debit Cards? Give a description of how they work. Are there additional costs? If so, please describe in detail.
2. Who are the Debit Card subcontractors to include but not limited to: Record keeping software provider? Debit Card provider? Data interface provider? Payment processor provider?
3. How are denied claims handled with the Debit card?
4. How are reconciliations processed?
5. Can the Debit Cards be used in the “Grace Period” until March 15, against previous unused HCRA balances?
6. What can the debit card be used to purchase and not purchase?
7. Can additional family members be issued Debit Cards? What is the cost?
8. How are the Debit Cards funded?
9. What are the requirements from the employer?
10. How are the transactions done (i.e. Automated Clearing House (ACH), electronic data file)?
11. What types of claims will be auto-adjudicated?
12. How will the claims that are not auto-adjudicated be processed?
13. How will the employee election changes be processed?

H. Reports/Checks Register/List Billing:

1. Provide samples of your quarterly account statements that are sent to participants.
2. Describe and provide samples of all monthly, quarterly and annual reports that will be sent to the County.
3. Provide examples of commonly used reports. Indicate any customization that is available to reports.

X. Pricing Information

Describe and provide your administrative fees and rates on the chart provided below. Basic services must include all administrative tasks including reimbursement requests, payment including direct deposit and USPS mailed, monthly audit, reconciliation and reporting as well as quarterly reporting. The county reserves the right to select all, some or none of the optional services.

Service	Frequency	Cost*
Initial Setup	One time	\$
Basic Administration	Per Participant Per Month	\$
Informal Seminar, time specified by vendor	Each time	\$
Open Enrollment Packets	Per Packet	\$
Open Enrollment Consultation	Per Employee Per Hour	\$
Debit Card Services	Per Participant Per Month and Annual Charge	\$
Custom Reports	Per Hours	\$
Mailings due to changes in law	As necessary per form/letter mailed	\$
Other -	Frequency -	\$
Other -	Frequency -	\$

* Each vendor should clearly delineate exception if an escalation/de-escalation approach is being proposed during the initial contract period or either of the two (2) 1-year options to renew.

XI. Response Form

REQUEST FOR PROPOSAL

#17-0012

EMPLOYEE FLEXIBLE SPENDING ACCOUNT ADMINISTRATION

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE _____ FAX _____ HOURS _____

STATE OF INCORPORATION or ORGANIZATION _____ COMPANY WEBSITE _____

ADDRESS _____ EMAIL _____

NUMBER OF LOCATIONS _____ NUMBER OF PERSONS EMPLOYED _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority-Owned Business: _____ Minority-Owned Business: _____ (Specify Below)

__ African American (05) __ Asian Pacific (10) __ Subcontinent Asian (15) __ Hispanic (20)

__ Native American (25) __ Other (30) - Please specify _____

Not a Woman-Owned Business: _____ Woman-Owned Business: _____ (Specify Below)

__ Not Minority - Woman Owned (50) __ African American-Woman Owned (55)

__ Asian Pacific-Woman Owned (60) __ Subcontinent Asian-Woman Owned (65) __ Hispanic Woman Owned (70)

__ Native American-Woman Owned (75) __ Other – Woman Owned (80) – Please specify _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: _____ Yes _____ No

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp .

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer's response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature _____ Title _____

Print Name _____ Dated _____

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Sedgwick County... Working for you