

## Public Notice

Notice hereby given that the County of Webb is currently accepting responses to Request for Qualifications for an Insurance Consultant to provide services for its Workers' Compensation, Property/Casualty/Liability and Group Health Insurance programs.

One original response and eight (8) duplicates must be submitted in sealed envelopes to the office of the Webb County Clerk.

Sealed envelopes must be marked (Sealed Proposal) with Proposal Number and services on front lower-left hand corner of envelope.

Proposal No. 2012-302  
"Insurance Consultant"

Request for Qualifications will be available on Friday, April 27, 2012 at the County's web-site ([www.webbcountytexas.gov](http://www.webbcountytexas.gov)) at the "View the Current Public Notice and RFP's" link.

All Responses to the Request for Qualifications must be either hand delivered or mailed to the following address:

Honorable Margie Ramirez Ibarra  
Webb County Clerk  
Webb County Justice Center  
1110 Victoria St., Suite 201  
Laredo, Texas 78042

Responses to the Request for Qualifications must be received no later than **2:00 P.M., on Wednesday, May 16<sup>th</sup> 2012**, at which time all Responses to the Request for Qualifications will be opened and read to the public. No late Responses will be considered.

Questions regarding the Request for Qualifications should be addressed to Ms. Cynthia Mares, Administrative Services Director, (956) 523-4143 or Dr. Cecilia May Moreno, Webb County Purchasing Agent at (956) 523-4125.

The County of Webb reserves the right to reject any and all responses or to select the response that is in the best interest of Webb County.

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Dr. Cecilia May Moreno, Purchasing Agent

Advertising Dates: Friday, April 27<sup>th</sup>, Sunday, April 29<sup>th</sup> and Sunday, May 6<sup>th</sup>, 2012

THIS FORM MUST BE INCLUDED WITH Bid Package; PLEASE CHECK OFF EACH ITEM AND SIGN

RFQ-2012-302 "Insurance Consultant Services"

- Notice of Bidders
- Selection Criteria
- Experience
- Licenses & Certifications
- Consulting Fee
- References
- Proof of no delinquent taxes owed to Webb County
- Conflict of Interest forms
- Qualifier Information Form

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Signature of person  
Completing this form

## WEBB COUNTY

### Request for Statements of Qualifications for Insurance Consultant

**PROJECT NAME:** Consulting services for Webb County's Workers' Compensation, Property/Casualty/Liability, and Group Health Insurance programs.

**PURPOSE:** The purpose of this request for Statements of Qualifications is to solicit and select an "independent" insurance/benefits consultant (hereinafter referred to as Consultant) to advise the County of Webb regarding the management of Webb County's Group Health And Dental Containment Services Self-Funded Program; Workers Compensation Program; and Property/Casualty/Liability Program, and act as its representative as needed with third party providers and other parties. The Consultant shall evaluate and recommend the most advantageous options for benefit plans or placement of insurance coverage including but not limited to the terms and conditions of coverage, continuity, and cost. In addition, the Consultant must be capable of providing a full range of value-added services, including but not limited to, those outlined in the Scope of Services section. The consulting services shall be strictly those of an Insurance Counselor and shall be compensated by fee negotiated with the County. Absolute independence from insurers is required and no commission-based services are permitted in the scope of this engagement.

**PROJECT LOCATION:** Webb County Risk Management, 1110 Washington St., Suite 204, Laredo, Texas 78040.

#### 1. GENERAL:

A. All Statements of Qualifications will be evaluated using Texas Civil Statutes, Professional Service Procurement Act, Texas Government Code, Chapter 2254, Subchapter B.

B. The County of Webb shall negotiate a contract for the service based on the following process:

Step 1. In step one the County Commissioners shall interview, then evaluate qualifications of the Consultants. The most qualified service provider will be identified based on the demonstrated competence, knowledge, and qualifications of the persons/firms who submitted Statements of Qualifications.

All person(s) or firm(s) will be evaluated on the following:

#### RFQ Evaluation Criteria:

1. Experience/Qualifications
2. Licenses & Certifications
3. Scope of Services
4. Consulting-Only References

**\*\*County reserves right to select either individually or jointly, Statements of Qualifications for Property and Casualty Consultant and Employee Benefit Consultant.**

**Step 2.** After the Commissioners have selected the most qualified service provider, the County shall proceed to negotiate a contract at a fair and reasonable price.

**C.** If the County of Webb is unable to negotiate a satisfactory contract with the most highly qualified person/firm, the County shall end negotiations with that person or firm and begin negotiations with the second most highly qualified professional service provider. The negotiations shall be undertaken in this sequence until a contract is entered.

**D. Cancellation Provision:** Any contract entered into with the successful professional service provider shall be in effect until:

1. The contract expires; or is
2. Terminated by Webb County with a thirty (30) day written notice prior to termination.

**E. Ethical Standards:** It shall be a breach of ethics to offer, give or agree to give any County official, committee member or employee a gratuity or any offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceedings or application, request for ruling, determination, claim, or contract or subcontract; or to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or any offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceedings or application, request for ruling, determination, claim, or contract or subcontract, or to any solicitation or proposal therefore pending before the County Commissioners. The commission of any of the above actions by an insurance consultant applicant[s] or selected insurance consultant, shall disqualify said insurance consultant applicant[s] and/or result in the termination of the selected insurance consultant's contract.

**F. Conflict of Interest:** During the term of the agreement, since the Consultant will assist the County in evaluating, negotiating, and contracting for insurance and benefits services, Consultant (or individual/firm) will be prohibited from bidding or directly/indirectly representing any other vendor who bids on Webb County Group Health And Dental Containment Services Self-Funded Program; Workers Compensation Program; Property/Casualty/Liability Program, or third party services. Further, Consultant and his employer or any other organization that directly/indirectly controls the Consultant, will not directly or indirectly receive any compensation or

benefit (including any rebate, commission, fees, etc.) from any insurer, broker, service provider or any other person relating to the County's benefit products or services, County's Group Health And Dental Containment Services Self-Funded Program; County's Workers Compensation Program or County's Property/Casualty/Liability Program.

**It is mandatory that the Consultant and his applicable employer, and any other organization that directly/indirectly controls the Consultant, shall not be engaged in the business of selling insurance.**

**G. Hold Harmless Clause:** Successful Professional Service Provider shall defend, indemnify and, save harmless Webb County and all its County officials, committee members, and employees from all suites, actions, or other claims or any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property, on account of any negligent act or fault of the successful Professional Service Provider, or of any agent, employee, subcontractor or supplies in the execution of, or performance under any contract which may result from award. Successful Professional Service Provider indemnifies and will indemnify and save harmless Webb County from liability, claim, or demand a rise from event or casualty happenings or within the occupied premises themselves or happening upon or in any or the halls, elevators, entrances, stairways or approaches of or to the facilities within which the occupied premises are located. Successful Professional Service Provider shall pay any judgment with costs which may be obtained against Webb County growing out of such injury or damages, and shall upon request; provide a defense to Webb County by counsel reasonably acceptable to Webb County. Successful Professional Service Provider's, indemnity hereunder shall include but is not limited to, claims related to patent, copyright or trademark infringement, and the like arising out of the goods and services provided by Successful Service Providers.

**2. Scope of Services:** Services shall include, but are not limited to:

**A. Group Health And Dental Containment Services Self-Funded Program**

1. Assist the County in the preparation of financial projections of self-funding requirements for or the plan year beginning November 1, 2012.
2. Prepare and evaluate request for proposals/bid specifications and analyze the bids/proposals received from prospective providers and claims services administrators [TPAs].
3. Negotiate renewal terms with current providers and claims services administrators [TPAs] or negotiate terms with prospective providers and claims services administrators [TPAs] for the policy year beginning November 1, 2012.

4. Monitor the County's group health experience, including census, Administrative fees, stop loss premiums, run-off fees and run-off liabilities. Provide the County with a monthly spreadsheet showing the development of each expense component and each liability component, aggregate & specific.
5. Assist the County on group health related matters, including annual budget matters.
6. Conduct strategic planning meetings to establish goals, priorities and identify areas of concern for all benefit programs.
7. Financial underwriting and claims analysis for self-funded medical and dental plan, including renewal analysis and negotiations, budget projections, funding levels and alternatives, large claims analysis and reporting of the plan's financial performance. Provide appropriate actuarial cost analysis of the current WEBB County Health and Dental Benefit Plan. Provide cost impact analysis as benefit changes are anticipated or recommended. Calculate, with the County, the appropriate employee funding and premium requirements, as well as case specific trend factors and reserve calculations.
8. Evaluate medical and dental plan design in light of industry trends and labor market conditions, claims cost trends, alternative delivery systems and legal requirements. Evaluate eligibility, cost-sharing and benefits structure and network savings.
9. Discuss cost containment alternatives to help control current and future plan costs in conjunction with the rate review. Review plan documents for content and legal requirements.
10. Prepare Requests for Proposals for insurance services of other employee benefit programs (i.e. vision, life, etc.); analyze and make appropriate recommendations.
11. Participate in meetings as determined by the County's management.
12. Apprise COUNTY of local and national trends and innovative ideas, and recommend new products, programs and services to ensure a competitive benefits plan.
13. Review and analyze claims experience data, claims service, efficiency and accuracy of claims administration to ensure that COUNTY is receiving optimum service and benefits from all carriers and vendors. Annually review insurance carriers contracts and third party administrators contract to assure the most cost effective provider utilization. Review specific stop loss limits.
14. Review on-going employee communications program, including a review of booklets, announcement materials and benefits statements.

15. Manage carrier/vendor relationships, review and advise on master contracts, review carrier service levels and compare to performance guarantees, resolve administrative issues, conduct periodic meetings as necessary.

16. Assist in COBRA, HIPAA, DOL, and other regulatory compliance and reporting to include Summary Plan Descriptions and other Plan Documents. Act as a technical resource and provide periodic updates on legislative developments and emerging trends.

17. Conduct claim audit of the Third Party Administrator (TPA) to include medical claim payment functions and to evaluate the performance of the third party claims administrator.

### **B. Workers Compensation Program**

1. Review the workers compensation excess of loss policy issued by current carrier and advice on alternatives or enhancement to existing coverage's.

2. Monitor the workers compensation experience monthly as reported by provider and provide a monthly spreadsheet to the County.

3. Provide assistance, to the extent requested, to the County in completing the annual budget cycle.

4. Prepare an actuarial valuation for the self-funded workers compensation program for five fund years ending September 30, 2012.

5. Prepare and evaluate requests for proposals/bid specifications for the County's workers compensation excess insurance provider and County's workers compensation claims services administrators [TPA] and analyze the bids/proposals received from prospective providers and prospective claims services administrators [TPAs].

6. Negotiate renewal terms with current workers compensation excess insurance provider and workers compensation claims services administrators [TPA] or negotiate terms with prospective workers compensation excess insurance providers and prospective workers compensation claims services administrators [TPAs] for the policy year beginning October 1, 2012.

### **C. Property/Casualty/Liability Program**

1. Review and analyze the County's 2011/2012 policy book as completed by current liability carrier and advice on alternatives or enhancements to existing coverage's.

2. Prepare and evaluate request for proposals/bids specifications for the County's property, casualty and liability insurance; claims services administration.
3. Negotiate renewal terms with current property, casualty and liability insurance provider[s] and claims services administrators [TPA] or negotiate terms with prospective property, casualty and liability insurance claims services administrators [TPAs] for the policy year beginning October 1, 2012.
4. Provide assistance, to the extent requested, to the County in completing the annual budget cycle.

**3. THE PROPOSAL SHALL INCLUDE AND BE FORMATED AS FOLLOWS:**

- A. **Cover Letter and Cover Page**
- B. **Executive Summary**
- C. **Management Component**
  1. Company Information
  2. Name of the proposed firm and name of the representative submitting the proposal. Include all contact information.
  3. Provide an overview of your firm and its ownership/organizational structure, philosophy/culture and number of employees.
  4. Describe, if applicable, how your firm is legally and/or functionally tied to any insurer, broker or provider of service and how that relationship may influence your ability to provide Consultant services to COUNTY.
  5. Identity members of your staff that would be assigned to this contract and provide as summary of their qualifications and experience, percentage of their time you anticipate they would be dedicating to this contract and their availability to travel to COUNTY and/or other field locations.
- D. **Experience/Qualifications of Firm:**
  1. Please describe your firm's development of similar or related projects as described above in Scope of Work. Please provide a listing of client projects and client contact person.

2. Describe your firm's expertise in each of the following areas:
  - a. Workers' Compensation
  - b. Property/Casualty/Liability
  - c. Health, Dental, Life, Vision and LTD products
  - d. Benchmarking
  - e. Actuarial/Underwriting
  - f. Research and Technical services
  - g. Benefits Administration
  - h. Benefits Communication
  
3. Describe your firm's marketplace leverage in negotiating with carriers in regards to rates, policy terms and plan design.
  
4. Describe your view of the role of a Consultant in this type of relationship and what differentiates your firm from other consulting firms.
  
5.
  - a. Please indicate how many insurance consulting service agreements your firm is currently engaged in or has been engaged in the immediate past five years that are or were funded by the state, counties, municipalities, and/or school districts.
  - b. Please provide a list of the firm's current engagements to provide insurance consulting services to other entities and the names and addresses of said entities.
  
  - c. Please describe whether and how many of your consulting services involve fully funded and/or self-funded insurance plans.
  
  - d. Please submit your TDI (Texas Department of Insurance) listing of appointments; as well as a percentage breakdown of the carriers you have recommended in your agreements with Public Entities.
  
6. Consultant Management:
  - a. Please identify the member[s] of your firm to be in charge of this project. Include the members' educational background, qualifications, training certifications, and experience for this type of work and list the specific duties each will be assigned.
  
  
  - b. Please identify other consultants or personnel to be involved in this project. Include the educational background, qualifications, training certifications and experience for all other individuals to be assigned to this project.

**E. Licensing & Certifications:**

Prospective professional provider must affirmatively demonstrate their responsibility to meet the following requirements and have at least 15 years of experience in the industry and at least 5 years of experience in consulting services (i.e.: Fully and Self-Funded Group Health Insurance plans, Stop-Loss, Life and AD & D and Voluntary Benefit Plans etc.)

**The consultant must hold the following:**

- a. Life and Health Insurance Counselor License awarded by the Texas Department of Insurance under Chapter 4052, Texas Insurance Code;
- b. Risk Manager License issued by the Texas Department of Insurance pursuant to CHAPTER 4153, Texas Insurance Code;

Please identify and attach copies.

Additional Licensing: Please identify and attach copies, INCLUDING BUT NOT LIMITED TO, the following LICENSES AND/OR DESIGNATIONS held by any members of applicant's firm or by individual applicants:

- a. Designation as chartered life underwriter (CLU);
- b. Designation as chartered financial consultant (ChFC);
- c. Designation as a certified financial planner (CFP);
- d. Designation as a chartered property casualty underwriter (CPCU) from the American Institute for Chartered Property Casualty Underwriters;
- e. Designation as a certified insurance counselor (CIC) from the national Society of Certified Insurance Counselors;
- f. Designation as an associate in risk management (ARM) from the Insurance Institute of America; and
- g. Certified Risk Manager (CRM)
- h. Life Underwriting Training Counsel Fellow (LUTCF)
- i. any and all other Certifications/Accreditations/Awards, etc.

**F. Scope of Services and Capacity to Perform:**

1. Vendor Selection Process
  - a. Describe how your firm would handle the review, selection and recommendation of insurance carriers and other service providers for Webb County.
  - b. Describe your firm's consulting approach for bidding and selecting the most appropriate insurance plan alternative.
2. Can you provide the completion dates for project activities?

YES (please provide time chart) NO (if no, please explain)
3. Submit a brief summary report on your approach to management of projects. Also, include a statement identifying your firm's methodology in the development of such a plan.
4. Various elements of the plan will require review and/or approval of different County offices and departments as well as other entities (i.e. County Commissioners, etc). Please submit a brief summary of your approach regarding the coordination of these efforts.
5. Describe the process your firm utilizes to manage and administer a benefit package of our size throughout a contract.
6. What strategy does your firm utilize to manage and forecast a benefit package over a 2-3 year period?
7. Describe all services your firm will offer COUNTY.
8. What type of performance measures would your firm use to evaluate customer service and COUNTY employee satisfaction? Are you willing to provide performance guarantees to COUNTY for your services?
9. Describe your procedure for dealing with employee inquiries.
10. Do you offer assistance with claims and/or coverage questions?
11. Describe the action that would be taken, the support provided, and the personnel who would be involved in investigating and settling a disputed claim.
12. Please describe how you will provide the services identified above in Scope of Services.

## **Capacity to Perform: Minimum Standards for Responsible Prospective Professional Service Provider.**

A prospective professional provider must affirmatively demonstrate their responsibility to meet the following requirements:

1. Licensing: Applicants must meet the following licensing requirements and have at least 15 years of experience in the industry and at least 5 years of experience in consulting services (i.e.: Fully and Self-Funded Group Health Insurance plans, Stop-Loss, Life and AD & D and Voluntary Benefit Plans etc.)

a. Life and Health Insurance Counselor License awarded by the Texas Department of Insurance under Chapter 4052, Texas Insurance Code;

b. Risk Manager License issued by the Texas Department of Insurance pursuant to CHAPTER 4153, Texas Insurance Code;

2. The applicant possesses or is able to obtain adequate financial resources as required to perform the Scope of services. Should your firm be chosen to represent the County, would your firm require additional financial resources? If so please explain your firm's plan to obtain additional financial resources.

3. Ability to comply with the required or proposed delivery schedule. Please provide a detailed summary of how your firm shall meet the proposed delivery schedule.

4 The applicant shall have a satisfactory record of integrity and ethics. Therefore, please disclose and explain any significant negative events in you firm's recent history including criminal charges, civil litigation, or administrative actions involving allegations of legal or administrative violations by your firm or its employees, or suspension of any licenses held by members of your firm or you firm entity during the past five years.

5. Submit a brief summary of your staffing level and the experience of your staff.

6. Should your firm be chosen to represent the County, would your firm require any additional human resources? If so please explain your firm's plan to obtain additional human resources.

7. Are there any other lines of business conducted by your firm that could conflict with your role as insurance consultant for Webb County? Please disclose any arrangements that might present an actual or apparent conflict of

interest or the appearance of impropriety with the role of an independent insurance consultant.

8. The Applicant must have insurance for agent's errors and omissions liability with a limit of at least one million dollars (\$1,000,000.00) per occurrence.

9. Please submit a copy of your current Professional Liability Insurance. Note: The Commissioners' Court will accept Professional Liability insurance on a project by project basis.

**G. Consulting-Only References:**

Please provide references from current or former clients, preferably of similar size, type, and complexity to our COUNTY where your firm provided or is currently providing insurance consulting services within the last three (3) years. The COUNTY will contact the references provided.

**H. Independence:**

The consulting services shall be strictly those of an Insurance Counselor and shall be compensated by fee negotiated with the County. Absolute independence from insurers is required and no commission-based services are permitted in the scope of this engagement. By signing below you certify that your firm is not in the business of providing insurance services and does not receive any commissions or fees for the brokerage of any insurance related services.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

Note:

All submissions relative to this proposal shall become the property of Webb County and are non-returnable.

Questions concerning the specifications should be addressed in writing to Administrative Services, 1110 Washington Street, Suite 204, Laredo, Texas 78040.

If any further information is required, please call the Webb County Purchasing Agent, at (956) 523-4125.

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

This is to certify that \_\_\_\_\_ owes no delinquent property taxes to Webb County.

\_\_\_\_\_ owes no property taxes as a business in Webb County.  
(Business Name)

\_\_\_\_\_ owes no property taxes as a resident of Webb County.  
(Business Owner)

\_\_\_\_\_  
Person who can attest to the above information

**\* SIGNED DOCUMENT AND PROOF OF NO DELINQUENT OR OWED TAXES TO WEBB COUNTY.**

## Webb County

### Conflict of Interest Disclosure

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filled with the records administrator of Webb County no later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. The questionnaire may be viewed and printed by following the link before:

By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code.

The Webb County Officials who come within Chapter 176 of the Local Government Code relating to filing of Conflict of Interest Questionnaire (Form CIQ) include:

1. Webb County Judge Danny Valdez
2. Commissioner Frank Sciaraffa
3. Commissioner Rosaura Tijerina
4. Commissioner Jerry Garza
5. Commissioner Jaime Canales
6. Judge Elma T. Salinas Ender, Chairman, 341<sup>st</sup> Judicial District
7. Judge Oscar Hale, 406<sup>th</sup> Judicial District
8. Judge Joe Lopez, 49<sup>th</sup> Judicial District

Please send completed forms to the Webb County Clerk's Office located at 1110 Victoria, Suite 201, Laredo, Texas 78040.

# CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

### OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

2  Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

\_\_\_\_\_  
Name of Officer

This section (Item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes  No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes  No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes  No

D. Describe each employment or business relationship with the local government officer named in this section.

4

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date

Qualifier Information

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Person Authorized to Sign Proposal:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Vendor to indicate status as to "Partnership", "Corporation", "Land Owner", etc.

\_\_\_\_\_

\_\_\_\_\_  
(Date)