Solicitation # 2027-09-01

Individual Coverage Health Reimbursement Arrangement (ICHR)

RESPONSES ARE DUE TO PURCHASING PRIOR TO:
Thursday, September 24, 2026, 2:00 pm

NO LATE SUBMISSIONS WILL BE ACCEPTED
ELECTRONIC RESPONSES SUBMITTED THROUGH ARE HIGHLY PREFERRED
https://procurement.opengov.com/portal/metrocareservices/projects/292054

FOR QUESTIONS CONCERNING THIS RFQ PLEASE CONTACT:
Jewelie Ramos, Purchasing Director
Phone: (469) 940-4099
Email: Purchasing@metrocareservices.org

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1. Introduction

1.1. Summary

Metrocare Services seeks proposals from qualified vendors to provide comprehensive administration services for an Individual Coverage Health Reimbursement Arrangement (ICHRA). The selected administrator will support plan design, implementation, ongoing administration, compliance, employee support, and reporting services.

1.2. Background

Metrocare Services ("Metrocare"), also known as Dallas County MHMR, is the largest provider of behavioral health services in Dallas County, serving more than 62,000 adults and children annually. For over 50 years, Metrocare has provided a broad array of services to people with mental health challenges and developmental disabilities from mental health care, primary care centers, services for veterans and their loved ones, accessible pharmacies, housing, and supportive social services.

Alongside clinical care, researchers and teachers from Metrocare's Altshuler Center for Education & Research lead the way in advancing innovative mental health research while training clinicians needed to expand the clinical workforce across the state.

Metrocare receives federal and state financial assistance for numerous programs, the more significant of which include the Texas Department of Health and Human Services and Medicaid/Medicare/Insurance reimbursement.

Metrocare is committed to providing equitable opportunities to all qualified firms. Entities certified through the following programs are encouraged to respond to this solicitation.

- Small Business Enterprise (SBE)
- Disadvantaged Business Enterprise (DBE)
- Historically Underutilized Business (HUB)
- Minority Business Enterprise (MBE)
- Woman-Owned Business Enterprise (WBE)
- Veteran-Owned Small Business (VOSB)

1.3. Contact Information

Jewelie Ramos, Purchasing Director
3242 Remond Dr.
Dallas, TX 75211
(469) 798-5023
purchasing@metrocareservices.org

1.4. Timeline

Project Release Date:	September 11, 2026
Pre-Proposal Meeting (Non-Mandatory):	September 18, 2026, 10:00am Link: https://teams.microsoft.com/meet/268583328473447?p=YilBMRdsZdFv7uP1yB Meeting ID: 268 583 328 473 447 Passcode: nB6mi9qq Dial-in: 929-352-1542 Phone conference ID: 408 111 341#
Question Submission Deadline:	September 21, 2026, 2:00pm
Response Submission Deadline:	September 24, 2026, 2:00pm Dial in by phone: 929-352-1542 Phone conference ID: 849 760 928#

2. Respondent Instructions

2.1. Important Instructions for Electronic Submittals

Metrocare prefers to accept electronic submittals for this Solicitation. Before the Respondent can submit their electronic response to this solicitation, they must create a FREE account with OpenGov Procurement by registering online at **https://procurement.opengov.com/signup**. Once the Respondent has completed their account registration, they must return to this page to view the project details or use the following link: **https://procurement.opengov.com/portal/metrocareservices/projects/292054**. The Respondent should select "Draft Response" and follow the instructions provided to begin submitting their electronic response.

To view all Metrocare project opportunities, use the following link: **https://procurement.opengov.com/portal/metrocareservices**. If you would like to be notified of any future Metrocare project opportunities, select "Subscribe".

Please ensure the following items are included and completed before submitting your proposal:

A. Completed Vendor Questionnaire Form

B. Completed **Conflict of Interest Questionnaire**

C. Completed Company W-9. The latest **IRS 2024 W-9 version** is required.

D. Certificate of Insurance- Do not add Metrocare as a holder unless your company is awarded the contract.

E. Pricing Table

F. Sample Reports

G. *Optional* - Please include any additional references, marketing material, or supporting documentation to justify the respondent's qualifications for this project for review with your submittal.

2.2. Instructions to Respondents

This Request for Proposal (RFP- Best Value Proposal is Awarded) will be available online through **https://procurement.opengov.com/portal/metrocareservices** from the date issued until the due date and time provided. Any subsequent addendums and/or attachments will be added to the website listed above.

Metrocare Contact:

Jewelie Ramos, Purchasing Director
Phone: (469) 940-4099
Email: **Purchasing@metrocareservices.org**

All submittals must be received no later than 2:00 pm Central Time on Thursday, September 24, 2026. Late submissions will not be accepted.

Electronic submittals are preferred through our online electronic bidding system
https://procurement.opengov.com/portal/metrocareservices

All paper-sealed submittals must be received by the Metrocare Services Receptionist located on the 1st floor of the Client Services Administration Building located at 3242 Remond Dr., Dallas, Texas 75211 by the due date and time provided. All paper submittals must include a USB/flash drive with an electronic copy of the submittals and any attachments.

Metrocare is not responsible for lateness or non-delivery of mail, carrier, etc., and the time and date recorded by Metrocare Receptionist shall be the official time of receipt.

Sealed paper submittals must be in one sealed envelope clearly marked with the label below completed and affixed on the outside of the sealed envelope containing the submittal:

SEALED SUBMITTAL – DO NOT OPEN

Metrocare Services

1st Floor Client Services Bldg.
ATTN: Purchasing
3242 Remond Dr.
Dallas, Texas 75211
RFP - 2027-09-01

Individual Coverage Health Reimbursement Arrangement (ICHR)
Request for Proposal (RFP- Best Value Proposal is Awarded) # 2027-09-01

Submission Deadline: Thursday, September 24, 2026, 2:00 pm Central Time

Company Name: _____

Contact Name: _____

Phone Number: _____

Pre-Proposal Site Visit Meeting

To allow the respondents an opportunity to ask additional questions regarding the project, a Non-Mandatory pre-proposal meeting will be held for this RFP.

Meeting Date and Time: Friday, September 18, 2026, 10:00 am
Link: https://teams.microsoft.com/meet/268583328473447?p=YilBMRdsZdFv7uP1yB Meeting ID: 268 583 328 473 447 Passcode: nB6mi9qq Dial-in: 929-352-1542 Phone conference ID: 408 111 341#

Solicitation Questions

Any questions regarding this solicitation shall be submitted online using the **OpenGov** electronic bidding system or shall be emailed to Metrocare's Purchasing Department at **Purchasing@metrocareservices.org** with the solicitation number in the subject line no later than 2:00 pm Central Time, Monday, September 21, 2026.

Metrocare's response to the questions shall be provided to all respondents through an addendum and will be bound with and made a part of the contract documents. No other explanation or interpretation will be considered official or binding. Respondents shall not contact any Metrocare staff except those designated in this solicitation or subsequent addendums. Noncompliance with this provision may result in the rejection of the submittal.

A copy of all questions in the addendum format shall be posted online through **https://procurement.opengov.com/portal/metrocareservices/projects/292054**. Metrocare shall NOT be held liable for any costs incurred by any respondent for work performed in preparation of and production of the submittal or for any work performed prior to the execution of an awarded contract.

Any submittal may be withdrawn or a revised submittal provided prior to the submittal deadline.

Solicitation Opening

There will be a public opening of the submittals on TEAMS on Thursday, September 24, 2026 at 2:00 pm Central Time. Only the names of the firms that submitted a response will be read out loud and published on the **OpenGov** portal. All submittals will be kept confidential during the evaluation process and prior to the contract award. Attending information for the opening is located in the timeline.

3. Scope of Work

3.1. Scope of Work

Individual Coverage Health Reimbursement Arrangement (ICHRA) Administration Services

1. Project Overview

Metrocare Services seeks proposals from qualified vendors to provide comprehensive administration services for an Individual Coverage Health Reimbursement Arrangement (ICHRA). The selected administrator will support plan design, implementation, ongoing administration, compliance, employee support, and reporting services.

2. Objectives

The selected vendor will:

- Administer the ICHRA program in compliance with applicable federal and state regulations.
- Provide user-friendly experience for employees and administrators.
- Support employee enrollment, reimbursement processing, and compliance monitoring.
- Deliver reporting and analytics to support plan management and decision-making.
- Integrate with payroll, benefits, and HR systems as needed.

3. Scope of Services

A. Plan Design and Implementation

The vendor shall:

- Provide consultation on ICHRA plan design options.
- Assist with employee class structure development.
- Support contribution strategy modeling and cost projections.
- Develop implementation timelines and project plans.
- Coordinate transition from existing health benefits programs, if applicable.
- Configure plan rules, eligibility requirements, and contribution schedules.

B. Compliance and Regulatory Support

The vendor shall:

- Ensure compliance with IRS, Department of Labor, ACA, HIPAA, and applicable state requirements.

- Prepare and maintain required plan documentation, including:
    - Plan Document
    - Summary Plan Description (SPD)
    - Employee notices
    - Required disclosure materials
- Monitor regulatory changes affecting ICHRA administration.
- Provide compliance, guidance and audit support.

C. Employee Eligibility and Enrollment Administration

The vendor shall:

- Verify employee eligibility.
- Manage employee enrollment and elections.
- Provide online enrollment tools and decision-support resources.
- Support annual enrollment and qualifying life event changes.
- Verify employees' enrollment in eligible individual health insurance coverage.

D. Employee Support Services

The vendor shall:

- Provide bilingual customer service support.
- Offer employee education materials and enrollment communications.
- Conduct employee training sessions, webinars, and informational meetings.
- Maintain a self-service employee portal.
- Respond to participant inquiries regarding eligibility, reimbursements, and coverage verification.
- Provide ongoing enrollment support for new hires and employees experiencing qualifying life events.

E. Technology and Platform Requirements

The vendor shall provide:

- A secure web-based administration platform.
- Mobile access for participants.
- Automated workflow capabilities.
- Electronic document management and retention.
- Single sign-on (SSO) capabilities, if available.
- Data security controls compliant with industry standards.
- Employee and employer dashboards.

G. Payroll and System Integration

The vendor shall:

- Integrate with payroll providers and Workday systems.
- Automate eligibility and demographic data feeds.
- Support file-based and API-based integrations.
- Conduct testing and validation of all integrations prior to implementation.

F. Reporting and Analytics

The vendor shall provide standard and custom reporting including:

- Enrollment metrics.
- Participation rates.
- Employer contribution spending.
- Employee class reporting.
- Compliance monitoring reports.
- Annual program performance summary.

G. Account Management

The vendor shall:

- Assign a dedicated account manager.
- Conduct regular service review meetings.
- Provide implementation and ongoing support teams.
- Establish service-level agreements (SLAs) for response times and issue resolution.

4. Deliverables

The selected vendor shall provide:

- Implementation project plan.
- Plan design recommendations.
- Required plan documents and notices.
- Employee communication materials.
- Administrative platform access.
- Ongoing compliance support.
- Monthly and annual reporting packages.
- Service performance reports.

5. Vendor Qualifications

Respondents should demonstrate:

- Experience administering ICHRAs for employers of similar size, with a minimum of 500 employees, and similar complexity.
- Knowledge of federal and state ICHRA regulations.
- Proven implementation methodology.
- Financial stability.
- References from current ICHRA clients.
- Data privacy and cybersecurity capabilities.

6. Performance Standards

Vendors should identify their service standards for:

- Employee inquiry response times.
- Reimbursement processing turnaround times.
- Coverage verification timelines.
- System availability and uptime.
- Error resolution procedures.
- Escalation management processes.

7. Proposal Response Requirements

Proposals should include:

- Company overview.
- Relevant ICHRA experience.
- Description of services and technology platform.
- Implementation approach and timeline.
- Staffing model and support structure.
- Compliance capabilities.
- Reporting samples.
- Client references.
- Pricing methodology and fee schedule.
- Service-level commitments.

8. Optional Value-Added Services

Please describe any additional services offered, including:

- Individual health plan shopping assistance.

- Licensed benefits advisors or brokers.
- Decision-support tools.
- Employee advocacy services.
- COBRA administration.
- Benefits education campaigns.
- Analytics and benchmarking capabilities.

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4. Evaluation Criteria

No.	Evaluation Criteria	Scoring Method	Weight (Points)
1.	**Cost** Cost will be evaluated based on a mathematical formula comparing the total cost to the other proposers' total cost.	Points Based	10 *(10% of Total)*
2.	**Company Experience** Prior experience of the company with similar projects is expected and responses to the questionnaire will be evaluated.	Points Based	30 *(30% of Total)*
3.	**Methodology Approach** This shall include but is not limited to, the quality of services proposed, the staffing approach, timeline proposed, and the communication and implementation plan.	Points Based	30 *(30% of Total)*
4.	**Technology Platform Experience** This shall include but is not limited to, the technology solution proposed and overall user experience of this product.	Points Based	30 *(30% of Total)*

5. General Conditions

5.1. Standard Terms and Conditions

The obligations of the parties under a contract awarded through this solicitation will be performed in Dallas County, Texas. Exclusive venue shall be Dallas County, Texas, and any contract awarded under this solicitation shall be governed by the laws of the State of Texas. All work must be in compliance with and conform to any and all applicable state or local laws, ordinances, regulations, codes, rules, policies, and interpretations thereof.

All submittals shall be subject to the Texas Public Information Act **Texas Government Code 552** unless the respondent clearly and prominently identifies a particular section in the submittal as proprietary and said item unequivocally qualifies for this exception under the Act as determined by the Texas Attorney General.

Texas Government Code Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with Metrocare, including affiliations and business and financial relationships such persons may have with Metrocare officers. An explanation of the requirements of Chapter 176, applicable forms, and a complete text of the new law is available at: **https://www.ethics.state.tx.us/filinginfo/conflict_forms.htm**. By doing business or seeking to do business with Metrocare, you acknowledge that you have been notified of the requirements of Chapter 176 of the Texas Local Government Code and that you are solely responsible for complying with the information provided.

Once a selection is made and Metrocare has the intent to award, the successful respondent will be required to submit Form 1295 to the State of Texas electronically prior to executing the agreement. **https://www.ethics.state.tx.us/filinginfo/1295/**

Lobbying of selection committee members, City staff, or City Council members will not be permitted nor tolerated during the solicitation process.

Prohibition of Boycott Israel: By submission of this solicitation response, the Contractor verifies that they will not Boycott Israel and agrees that during the term of this Contract, they will not Boycott Israel as that term is defined in **Texas Government Code 2271**. Effective September 1, 2019, this section does not apply if the Vendor is a sole proprietor, a non-profit entity, or a governmental entity; and only applies if: (i) the Vendor has ten (10) or more full-time employees and (ii) this Contract has a value of $100,000.00 or more to be paid under the terms of this Contract.

Prohibition of Boycott of Energy Companies: By submission of this solicitation response, the Contractor verifies that is does not Boycott Energy Companies and agrees that during the term of this Agreement will not Boycott Energy Companies as that term is defined in **Texas Government Code 2276**, as amended. This section does not apply if the Contractor is a sole proprietor, a non-profit entity, or a governmental entity; and only applies if: (i) Contractor has ten (10) or more full-time employees and (ii) this Agreement has a value of $100,000.00 or more to be paid under the terms of this Agreement.

Prohibition of Discrimination Against Firearm Entities and Firearm Trade Associations: By submission of this solicitation response, the Contractor verifies that it does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association; and (ii) will not discriminate during the term of the contract against a firearm entity or firearm trade association as that term is defined in **Texas Government Code 2274**. This section only applies if: (i) Contractor has ten (10) or more full-time employees and (ii) this Agreement has a value of $100,000.00 or more to be paid under the terms of this Agreement; and does not apply: (i) if the Contractor is a sole proprietor, a non-profit entity, or a governmental entity; (ii) to a contract with a sole-source provider; or (iii) to a contract for which none of the submittals from a company were able to provide the required certification.

The Contractor shall be and remain an independent contractor throughout the term of any contract awarded pursuant to this soliciation for all purposes, including but not limited to, the application of the Fair Labors

Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the provisions of the Internal Review Code, and all State of Texas revenue, workers compensation, and unemployment insurance laws. The Contractor will retain sole and absolute discretion over the manner and means of carrying out the activities and all responsibilities listed herein. The Contractor agrees that it is a separate and independent enterprise from Metrocare and that it has full opportunity to find other business, that it has made its own investment in its business, and that it will utilize a high level of skill necessary to perform the work. This agreement shall not be construed as creating any joint employment relationships between the Contractor and Metrocare, and Metrocare will not be liable for any obligation incurred by the Contractor.

5.2. Contractor Insurance Requirements

Contractors on Metrocare's property or public right-of-way for Metrocare shall provide Metrocare a certificate of insurance evidencing the coverage and coverage provisions identified herein.

The Contractor hereby covenants and agrees to indemnify, hold harmless, and defend Metrocare, its officers, agents, servants, and employees, from and against any and all claims or lawsuits of any kind or character, whether real or asserted, for either property damage or loss (including alleged damage or loss to contractor's business, and any resulting lost profits) personal injury, including death, to any and all persons, and damages for claims of intellectual property infringement, arising out of or in connection with this agreement, to the extent caused by the acts or omissions of contractor, its officers, agents, subcontractors, servants or employees.

All insurance and certificate(s) of insurance shall contain the following provisions: (1) name Metrocare, its officers, agents, and employees as additional insureds as to all applicable coverage with the exception of Workers' Compensation Insurance; (2) provide for at least thirty (30) days prior written notice to Metrocare for cancellation, non-renewal, or material change of the insurance; (3) provide for a waiver of subrogation against Metrocare for injuries, including death, property damage, or any other loss to the extent the same is covered by the proceeds of insurance.

All insurance companies providing the required insurance shall be authorized to transact business in Texas and rated at least "A" by AM Best or other equivalent rating service.

The Contractor shall during the term hereof maintain in full force and affect the following insurance: Metrocare reserves the right to amend or require addition all types depending on the nature of the work.

The successful Contractor shall procure and maintain in force during the terms of any contract awarded pursuant to this solicitation, at its own cost, the following minimum insurance coverage:

Type of Insurance	Amount of Insurance	Provisions

A. Commercial General (Public) Liability to include coverage for: • Premises/Operations • Products/Completed Operations • Independent Contractors • Personal Liability • Contractual Liability	$1,000,000 each occurrence $2,000,000 general aggregate $2,000,000 Umbrella/ Excess Liability	Metrocare to be listed as additional insured and provided 30-day notice of cancellation or material change in coverage. Metrocare requires that insurer be rated A or higher by A.M. Best or equivalent. Waiver of subrogation
2. Business Auto Liability	• $1,000,000 per occurrence • $1,000,000 aggregate or; • $1,000,000 combined single limits	Metrocare to be named as an additional insured
3. Workers' Comp & Employers' Liability	Statutory Limits $1,000,000 each accident	Waiver of subrogation

Prior to the execution of any awarded contract by Metrocare, the successful Contractor shall forward Certificates of Insurance to the department contact that will be managing the contract. The required insurance policies shall be procured and maintained in full force and effect for the duration of the awarded contract. The Certificate Holder shall be Metrocare and include the following correspondence address 3242 Remond Dr., Dallas, Texas 75211.

5.3. Contract Award and Contract Terms

Contract Award

All submissions received from qualified, responsible, and responsive respondents will be evaluated fully to ascertain which respondent provided a response most advantageous to Metrocare. Metrocare reserves the right to enter into an agreement with a single award, split awards, non-award, or use any combination that best serves the interest and at sole discretion of Metrocare.

Any contract awarded in pursuant to this solicitation is not assignable. The awarded Contractor(s) shall not sell, assign, transfer, sub-contract, or convey this contract, in whole or in part, without the prior written consent of Metrocare.

Metrocare reserves the right to accept and/or reject any and all submitted responses or any part thereof, waive immaterial errors, waive any irregularities or informalities in the submittal received, and award the contract in the best interest of Metrocare.

Respondents shall promptly notify Metrocare of any omissions, ambiguity, inconsistency, or error that they may discover upon examination of this solicitation. Metrocare shall not be responsible or liable for any errors and/or misrepresentation that result from the solicitations which are inadvertently incomplete, ambiguous, inconsistent or obviously erroneous.

Any submitted responses may be withdrawn or a revised submission may be substituted prior to the submittal deadline. The solicitation documents submitted to Metrocare cannot be altered, amended, or withdrawn by the Respondent after the submittal deadline, unless such alteration, amendment or withdrawal notice is approved in writing by the Purchasing Director.

An opened response may not be changed for the purpose of correcting any error by the Respondent or Respondent's agent. Any ambiguity in the submittal as a result of omission, error, lack of clarity or noncompliance by the Respondent with specifications, instructions, and all conditions shall be construed in the favor of Metrocare. If the unit prices and their extensions do not coincide, Metrocare may accept the price most beneficial to Metrocare, and the Respondent will be bound thereby.

Contract Term

Metrocare intends to enter into an annual contract with the awarded Contractor.The contract pricing must be valid for at least the first full year of the contract.

Any price increases, when renewing the agreement, must be submitted to Metrocare at least one hundred and twenty (120) days prior to a potential renewal. The price increase agreement must be signed by both parties and agreed upon before the price adjustment will be considered for any future invoices as well as the effective date of the increase. If there is a failure between Metrocare and Contractor to agree to the price adjustment request, this may result in a termination of the Contract.

Contract Termination

If at any time, the successful Contractor fails to fulfill or abide by the terms, conditions, specifications, or performance requirements of this solicitation, or any contract awarded and entered pursuant thereto, Metrocare reserves the right to deduct charges from successful Contractor's invoice at the time it is due; or Cancel the contract at Metrocare's convenience, without penalty, by furnishing written notice of termination to Contractor, and select another Contractor and award a contract to its Contractor pursuant to the terms thereof.

At Metrocare's sole discretion, any awarded contract may be canceled or terminated for convenience without penalty at any time by giving the Contractor thirty (30) days written notice. The Contractor may be entitled to payment for services actually performed; to the extent said services are satisfactory.

Availability of Funds

This solicitation is conditioned upon the availability of federal, state, or local funds, which are appropriated or allocated for payment of the requested services. If, during any stage of this contract, funds are not allocated

and available for the requested services, the contract will be canceled. Metrocare will notify the Contractor at the earliest possible time if this occurs.

6. Pricing Table

PLAN OPTIONS

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Average cost for 100% coverage Employee Only at ACA Affordability for Bronze level plan per employee	1	Each		
2	Average cost for 100% coverage Employee Only at ACA Affordability for Gold level plan per employee	1	Each		
3	Average cost for 100% coverage Employee + Family at ACA Affordability for Bronze level plan per employee	1	Each		
4	Average cost for 100% coverage Employee + Family Only at ACA Affordability for Gold level plan per employee	1	Each		
TOTAL					

ADMINISTRATIVE COSTS

Please note the quantity listed for monthly versus annual or one-time costs. The table will automatically calculate the total annual cost based on the quantity listed. If there is NOT a separate cost for one of the items listed, please enter $0 for the unit cost.

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Total Implementation Cost for Initial Account Setup	1	Lump Sum		
2	One-time Workday Payroll Integration Fee	1	Lump Sum		
3	One-time Medicare Consulting Implementation	1	Lump Sum		

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
4	Annual Document Fee	1	Lump Sum		
5	Annual Compliance Services	1	Lump Sum		
6	Monthly ICHRA TPA PEPM Admin	12	Each		
7	Monthly Platform Fee	12	Each		
8	Monthly Medicare Monthly Education and Support	12	Each		
9	Annual Projected Premium Expense per Employee- (Average 1,000 employees)	1,000	Each		
TOTAL					

7. Vendor Questionnaire & Submissions

1. Authorized Respondent's Information

1.1. Authorized Official's Contact Information*

Please provide the contact Information of the authorized official submitting this response.

- Legal Name
- Title
- Email Address
- Phone Number

*Response required

1.2. Response Confirmation*

By clicking "Please confirm" below, hereon affixed, the respondent declares they have read this solicitation entirely and with full knowledge of the requirements, does hereby agree to furnish the services in full accordance with the requirements of this solicitation if selected.

Confirming also indicates the following:

- Person or person's interest in this solicitation as principals are those named herein.
- I (we) have carefully examined the contents of this solicitation, and its requirements, and agree to the terms stated herein.

- The respondent acknowledges the Conflict of Interest Clause and agrees to follow the necessary requirements.

The undersigned represents that they are authorized to bind the Respondent to fully comply with the terms and conditions of this solicitation's requirements.

☐ Please confirm

*Response required

1.3. Conflict of Interest Questionnaire*

Please download the document below and upload the completed questionnaire.

- Form_CIQ_(Conflict_of_Inter...

*Response required

2. Company Information

2.1. Please provide your company's most recent signed W-9*

Please download the below documents, complete, and upload.

- Blank_W-9_2024.pdf

*Response required

2.2. Please provide evidence of professional liability and cyber liability insurance.*

*Response required

2.3. Full Legal Company Name*

*Response required

2.4. Principal Place of Business Address*

*Response required

2.5. Principal Place of Business Phone Number*

*Response required

2.6. Company Website URL

2.7. Person Authorized to negotiate and sign contracts with MetroCare (if different than the Authorized Contact Provided)

2.8. Number of years your company has been in business. *

*Response required

2.9. State and Date of Incorporation, Partnership, or Ownership Established?*

*Response required

2.10. Are you a certified Small Business (SBE), Disadvantaged Business Enterprise (DBE), or Historically Under-utilized Business (HUB)?*

☐ Yes

☐ No

*Response required

3. Cooperative Purchasing

3.1. MetroCare has established several government entity interlocal agreements. Should any of these Government Entities desire to utilize this contract, would you offer the same terms, conditions,specifications, and pricing to that entity? **

☐ Yes

☐ No

*Response required

4. References

Please provide four (4) references who can verify the quality of service your company provides. MetroCare prefers references from customers/governmental entities with a scope of work similar to the project mentioned in this solicitation in which the respondent has worked in the past three years.

- Company Name Work Was Completed For:
- Company Location:
- Time Period Service was Provided:
- Contact Person and Title:
- Phone:
- Email:
- Description of Contracted Services:

4.1. Reference 1*

MetroCare prefers references from customers/governmental entities with a scope of work similar to the project mentioned in this solicitation in which the respondent has worked in the past three years.

- Company Name Work Was Completed For:
- Company Location:
- Time Period Service was Provided:
- Contact Person and Title:
- Phone:
- Email:
- Description of Contracted Services:

*Response required

4.2. Reference 2*

MetroCare prefers references from customers/governmental entities with a scope of work similar to the project mentioned in this solicitation in which the respondent has worked in the past three years.

- Company Name Work Was Completed For:
- Company Location:
- Time Period Service was Provided:
- Contact Person and Title:
- Phone:
- Email:
- Description of Contracted Services:

*Response required

4.3. Reference 3*

MetroCare prefers references from customers/governmental entities with a scope of work similar to the project mentioned in this solicitation in which the respondent has worked in the past three years.

- Company Name Work Was Completed For:
- Company Location:
- Time Period Service was Provided:
- Contact Person and Title:
- Phone:
- Email:
- Description of Contracted Services:

*Response required

4.4. Reference 4*

MetroCare prefers references from customers/governmental entities with a scope of work similar to the project mentioned in this solicitation in which the respondent has worked in the past three years.

- Company Name Work Was Completed For:
- Company Location:
- Time Period Service was Provided:

- Contact Person and Title:
- Phone:
- Email:
- Description of Contracted Services:

*Response required

5. Claims and Suits

5.1. Has your organization ever failed to complete any work awarded to your company?*

☐ Yes
☐ No

*Response required

5.2. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your organization or its officers?*

☐ Yes
☐ No

*Response required

5.3. Have you experienced any material litigation, regulatory investigation, or compliance violations related to your ICHRA administration services in the past five years?*

☐ Yes
☐ No

*Response required

5.4. Has your organization filed any lawsuits or requested arbitration regarding awarded contracts within the last five years?

☐ Yes
☐ No

5.5. If you have answered "Yes" to any of the claim and suit questions, please provide supplemental information/documents here.

6. Proposal Approach and Timeline- These questions can be further addressed on a separate document within your submittal under the additional information section if needed. For example, a spreadsheet with a detailed timeline.

6.1. Can you company complete implementation to launch open enrollment by 11/9/2026? *

☐ Yes
☐ No

*Response required

6.2. How many years has your organization administered ICHRA plans?*

*Response required

6.3. How many active ICHRA employer clients do you currently support?*

*Response required

6.4. How many ICHRA participants do you administer?*

*Response required

6.5. What is your client retention rate?*

*Response required

6.6. What differentiates your ICHRA solution from competitors?*

*Response required

6.7. Do you provide compliant ICHRA plan documents, Summary Plan Descriptions (SPD), and annual notices?*

☐ Yes

☐ No

*Response required

6.8. Do you support Affordable Care Act (ACA) affordability calculations?*

☐ Yes

☐ No

*Response required

6.9. Describe your process for verifying individual health coverage eligibility.*

*Response required

6.10. How do you ensure compliance with IRS, HIPAA, Affordable Care Act (ACA), and applicable state regulations?*

*Response required

7. Administration Questions

7.1. Can you administer full-time employee classes and part-time employee classes?*

☐ Yes

☐ No

*Response required

7.2. What percentage of transactions are automated?*

*Response required

7.3. What service level guarantees do you provide?*

*Response required

8. Employee Support Questions

8.1. Do you provide employee call center support?*

☐ Yes

☐ No

*Response required

8.2. What are your customer service hours?*

*Response required

8.3. Are multilingual support services available? If so, which languages?*

*Response required

8.4. How do you assist employees who are new to the individual insurance market?*

*Response required

8.5. Do you provide individual market plan shopping assistance?*

☐ Yes

☐ No

*Response required

8.6. Describe your business continuity and disaster recovery plans.*

*Response required

9. Business Overview

9.1. 1. Are there any joint ventures or partnerships that influence the ownership structure?*

*Response required

9.2. Have you had any reduction in workforce in the last 24 months?*

☐ Yes

☐ No

*Response required

9.3. Are any of your services off-shored?*

☐ Yes

☐ No

*Response required

9.4. Do you develop and own all of your solutions?*

☐ Yes

☐ No

*Response required

10. Contracting

10.1. Will you indemnify the employer for administrative errors attributable to your organization?*

☐ Yes

☐ No

*Response required

10.2. Does your contract include dual indemnification language?*

☐ Yes

☐ No

*Response required

10.3. Please upload your standard agreement for review. *

*Response required

11. Platform and Enrollment Capabilities

11.1. Do you provide a secure employer and employee portal?*

☐ Yes

☐ No

*Response required

11.2. Do you support SSO integration?*

☐ Yes

☐ No

*Response required

11.3. Plan shopping and plan comparison tools: What is unique about your employee shopping experience?*

*Response required

11.4. What automation and AI capabilities reduce manual processing?*

*Response required

11.5. Do you maintain SOC 2 certification or equivalent security certification?*

*Response required

11.6. Have you experienced a reportable data breach in the last five years?*

☐ Yes

☐ No

*Response required

11.7. Decision support tools: Please describe.*

*Response required

11.8. Provider look-up included? If so, what is the source of this data? How often is this data refreshed?*

*Response required

11.9. What is your In-person support for enrollment? Please describe.*

*Response required

11.10. What is the average phone call wait time during Open Enrollment? And outside Open Enrollment?*

*Response required

12. Payroll and Compliance Services

12.1. In the absence of direct API integrations, please describe your process for providing the ICHRA client's payroll data and the frequency in which this data is available to the client's payroll and finance department.*

*Response required

12.2. COBRA Support: Please describe.*

*Response required

12.3. Bundled HRA & administration services or à la carte? What is required and optional (e.g., COBRA)? Is it optional if we like our current provider? Please describe.*

*Response required

13. Reporting

13.1. What reporting is available to the broker vs. employer?*

*Response required

14. Fees and Revenue

14.1. Please describe all employer fees and administrative charges (if any):*

*Response required

14.2. How is revenue earned for your platform today?*

*Response required

14.3. Do you offer service guarantees?*

☐ Yes

☐ No

*Response required

15. Additional Information from Respondent (Optional)

15.1. Please include any additional references, marketing material, or supporting documentation to justify the respondent's qualifications for this project for review with your submittal.