MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

DBA VALLEYWISE HEALTH

ADDENDUM #1 TO THE

REQUEST FOR PROPOSALS

FOR

INSURANCE BROKER/CONSULTANT SERVICES

90-27-017-RFP

COVER SHEET

BY SIGNING AND RETURNING THIS COVER SHEET, I CERTIFY RECEIPT OF ADDENDUM #1 TO THE INSURANCE BROKER/CONSULTANT SERVICES RFP.

Printed Name of Authorized Individual	**Name of Submitting Organization**
Signature of Authorized Individual	**Date**

THE SIGNATURE PAGE OF THIS ADDENDUM ONE MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL.

CONTRACTS MANAGEMENT DEPARTMENT
2619 E PIERCE STREET, PHOENIX, AZ 85008
602-344-1497 ● 602-344-1813 (FAX)

INSURANCE BROKER/CONSULTANT SERVICES
90-27-017-RFP
ADDENDUM #1

The Maricopa County Special Health Care District ("District") d.b.a. Valleywise Health is hereby issuing Addendum #1 to the Request for Proposals which requested proposals from qualified Proposers to provide Insurance Broker/Consultant Services.

Pursuant to the Procurement Code Clause HS-305, Addenda to Solicitations, Paragraph A (3), this Addendum One will furnish to other Respondents information given to one Respondent to assist the other Respondents in submitting their responses.

1.	**Question. Please list the lines of coverage currently in force and the renewal date for each.**
Answer. Please see table in Section 3.2 Service Objectives and Tasks of the Solicitation.	

2.	**Question. What is the approximate total annual premium, and is any coverage self-insured or placed through a captive or risk pool?**
Answer. Self-Insured is the only part we can answer at this time.	

3.	**Question. Who is the incumbent broker, and how are they compensated (commission, fee, or both)?**
Answer. This question cannot be answered.	

4.	**Question. Should Attachment E pricing be a flat annual fee only? Must commissions be disclosed or offset against the fee?**
Answer. Prefer flat fee - Commissions should be disclosed.	

5.	**Question. What is the expected contract term, renewal options, and start date?**
Answer. The expected contract term and renewal options are stated in last paragraph on page 4 of the Solicitation. For the expected start date, please see section 2.0 Schedule of Events.	

6.	**Question. For the first renewal under the new contract, will the 120-day pre-renewal analysis apply, or a shortened timeline?**
Answer. That can be discussed in the interview process.	

7.	**Question. Is a five-year loss run summary available to proposers, or only to the selected firm?**
Answer. Only to the selected firm.	

8.	**Question. Is there a required font or format for Attachment F beyond the 20-page limit?**
Answer. Only what is stated in Attachment F is what is required for that Attachment.	

9.	**Question. Are commercial (non-public-entity) client references acceptable for Attachment C?**
Answer. Yes, we also prefer hospital references	

10.	**Question. May signed attachments be submitted as scanned PDFs with electronic signatures?**
Answer. Yes, as long as the electronic signature does not lock the document.	

11.	**Question. Please provide a copy of the current broker agreement and its annual compensation.**
Answer. This question cannot be answered.	

12.	**Question. Please confirm the correct email address for proposal submissions. The cover page and Offer Form list leironda.goldengrady@valleywisehealth.org, while Sections 5.15 and 5.16 list leironda.golden-grady@valleywisehealth.org.**
Answer. The correct email address is leironda.golden-grady@valleywisehealth.org	

13.	**Question. Please clarify the intended maximum contract term under Section 6.41.2. The RFP solicitation states a five-year term with a two-year option (seven years total), while Section 6.41.2 states that extensions may not exceed five years total.**
Answer. Term is listed on page 4 and will be an initial term of five (5) years with the option to extend for an additional two (2) year period up to a maximum contract term of seven (7) years. Correction to 6.41.2 Subject to the availability of funds and acceptable Contractor performance, Valleywise Health may extend this Contract for additional periods, not to exceed a total term of seven (7) years from the Effective Date.	

14.	**Question. Will the District provide written consent for the use of appropriately de-identified District data for benchmarking purposes under Section 6.54? Section 3.3 requests benchmarking capabilities, while Section 6.54 restricts the use of District data for benchmarking without written consent.**
Answer. That can be discussed in the interview process.	

15.	**Question. Please provide the number of employees currently comprising the District's in-house Risk Management team.**
Answer. Currently 7 positions	

16.	**Question. Section 6.47.7 references Sections 6.38.4 and "Paragraph 16," which do not appear to exist within the RFP. Please clarify the intended references.**
Answer. Correction to Section 6.47.7: If this Contract is terminated on the basis of Sections 6.47.1, 6.47.2 and 6.47.4, the provisions of paragraph 6.18, Disputes, do not apply.	

17.	**Question. Will the District provide current loss runs, premiums, retentions, and relevant exposure information for the insurance programs included within the scope of the RFP?**
Answer. No	

18.	**Question. Will the District provide a current insurance program schedule identifying carriers, policy periods, limits, deductibles/self-insured retentions, and whether each program is guaranteed cost, self-insured, retrospectively rated, or otherwise alternatively funded?**
Answer. No	

19.	**Question. Please identify any material open claims, adverse loss trends, coverage disputes, or significant historical claims that should be considered in evaluating the District's current insurance program.**
Answer. We will disclose that to the selected firm.	

20.	**Question. Please describe the District's current broker compensation arrangement, including whether compensation is structured as a flat fee, commission, or combination thereof.**
Answer. This question cannot be answered.	

21.	**Question. Please describe the District's risk-financing philosophy, including its appetite for retaining versus transferring risk through deductibles, self-insured retentions, captive structures, or other alternative risk-financing methods**
Answer. That can be discussed in the interview process.	

22.	**Question. Has the District previously evaluated, or would the District consider, Risk Retention Groups, captive structures, or other alternative risk-financing arrangements? Some Group Captives and Risk Retention Groups do not maintain AM Best ratings. Would the District consider such structures as part of its insurance and risk-financing strategy, subject to appropriate financial and regulatory due diligence?**
Answer. Structure of the program is often evaluated and considered.	

23.	**Question. Does the District utilize actuarial analysis for tail liabilities and/or retained-loss funding? If so, please indicate whether these services are performed by the incumbent broker or an independent actuarial firm and, if independent, whether the cost is borne by the District or broker.**
Answer. Yes- by an independent firm.	

24.	**Question. Are any of the District's Community Health Centers Federally Qualified Health Centers (FQHCs)? If so, please identify whether the District utilizes deemed coverage under the Federal Tort Claims Act (FTCA) and provide an overview of the applicable services and exposures.**
Answer. Yes - No we do not participate in the FTCA.	

25.	**Question. For medical professional liability and general liability, do the carriers/programs identified in the RFP cover all District operations and exposures, including behavioral health, or are any behavioral health exposures insured under separate policies or programs?**
Answer. Yes	

26.	**Question. For behavioral health centers providing inpatient services to adolescent populations ages 13–17, do any patients receive services through foster care placements, court-ordered care, juvenile justice programs, or other mandated-care arrangements? If so, please provide the approximate volume or percentage of these patients.**
Answer. That can be discussed in the interview process.	

27.	**Question. Please identify the three to five broker consulting services, capabilities, or areas of expertise the District considers most important in differentiating the successful proposer.**
Answer. Evaluation criteria is listed in Sections 4.2 and 4.3. Anything beyond that it is the Proposer's responsibility to provide their best proposal for consideration.	

28.	**Question. Please provide additional detail regarding the annual insurance carrier home-office visit requirement, including the purpose of the visits, expected participants, typical agenda, and responsibility for related travel expenses.**
Answer. That can be discussed in the interview process.	

29.	**Question. Section 3.2 states the successful bidder must confirm the broker is licensed in Arizona. Will Valleywise Health consider a proposal from a firm not currently licensed in Arizona, contingent on the firm obtaining an Arizona non-resident insurance producer license prior to the contract start date of January 1, 2027?**
Answer. That can be discussed in the interview process.	

30.	**Question. Attachment E (Pricing) requests total compensation on an annual fixed-fee basis. Should all proposals be submitted strictly on a fixed annual fee basis, or will Valleywise Health also consider alternative compensation structures (for example, commission-based compensation with commissions disclosed, or a hybrid)?**
Answer. We will consider alternative structures.	

31.	**Question. Can you please share a policy schedule with premiums?**
Answer. Please see table in Section 3.2 Service Objectives and Tasks of the Solicitation. Premiums will not be shared at this time.	

32.	**Question. Does the system have a Captive?**
Answer. No	

33.	**Question. If a Captive is in place is the HPL/GL program written as reinsurance or Excess?**
Answer. N/A	

34.	**Question. Can you please share loss runs for all lines?**
Answer. That will be shared with the selected broker.	

35.	**Question. Please provide a copy of current schedule of values, and if this is not available can you share total insurable values?**
Answer. That can be discussed in the interview process.	

36.	**Question. Please also provide an Org chart and Gross Sales.**
Answer. This information will not be shared and is not needed to respond to this RFP.	

37.	**Question. What aspects of Valleywise Health's current insurance and risk management program are working well, and what areas would the District most like the selected broker/consultant to improve?**
Answer. The expectation is proposals provide information a company wishes to present as an answer to the RFP to be evaluated against the criteria set forth in the solicitation.	

38.	**Question. What are the District's most important insurance and risk management objectives for the first 12 to 24 months of the engagement?**
Answer. The expectation is proposals provide information a company wishes to present as an answer to the RFP to be evaluated against the criteria set forth in the solicitation.	

39.	**Question. Would Valleywise Health be willing to provide additional detail regarding its current insurance program, including limits, deductibles/self-insured retentions, premiums, and any self-insured or loss-sensitive structures?**
Answer. This question cannot be answered.	

40.	**Question. Will historical loss runs be made available to proposers? If so, how many years of data will be provided and for which coverage lines?**
Answer. The selected broker will have access.	

41.	**Question. Are there specific lines of coverage for which Valleywise Health would like the selected broker to evaluate alternative risk financing, increased retention, self-insurance, or other non-traditional program structures?**
Answer. No specifics	

42.	**Question. Beyond the requirements outlined in the RFP, what characteristics of the broker/client relationship will be most important to Valleywise Health in evaluating the success of the engagement?**
Answer. The expectation is proposals provide information a company wishes to present as an answer to the RFP to be evaluated against the criteria set forth in the solicitation.	

43.	**Question. How does Valleywise Health envision responsibilities being divided between its in-house Risk Management team and the selected broker/consultant?**
Answer. This answer will not be provided at this time and will be negotiated later in the solicitation process.	

44.	**Question. What benchmarking peer groups would be most meaningful to Valleywise Health, for example, comparable healthcare systems, Arizona public entities, safety-net hospitals, teaching institutions, or organizations of similar size and complexity?**
Answer. All the above	

45.	**Question. Are there significant capital projects, facility expansions, acquisitions, service-line changes, or other strategic initiatives anticipated during the contract term that the selected broker should consider in developing its insurance and risk management strategy?**
Answer. Yes	

46.	**Question. For purposes of providing comparable pricing, can Valleywise Health clarify which consulting and risk management services it expects to be included within the annual fixed fee versus services that may appropriately be treated as additional services at the proposed hourly rate?**
Answer. That can be discussed in the interview process.	

47.	**Question. The Solicitation states that the initial contract term is five years with an option to extend for an additional two years, for a maximum term of seven years, while Section 6.41.2 states that extensions may not exceed a total contract term of five years. Please confirm the intended initial and maximum contract term.**
Answer. Term is listed on page 4 and will be an initial term of five (5) years with the option to extend for an additional two (2) year period up to a maximum contract term of seven (7) years. Correction to 6.41.2 Subject to the availability of funds and acceptable Contractor performance, Valleywise Health may extend this Contract for additional periods, not to exceed a total term of seven (7) years from the Effective Date.	

48.	**Question. Are there particular capabilities, outcomes, or other factors that Valleywise Health considers most important in determining strategic fit among shortlisted firms?**
Answer. Evaluation criteria is listed in Sections 4.2 and 4.3. Anything beyond that it is the Proposer's responsibility to provide their best proposal for consideration.	

49.	**Question. Does Valleywise self-administer or utilize a TPA for any lines of coverage? If yes, which lines of coverage?**
Answer. Self- administer except for Workers' Compensation	

50.	**Question. Would Valleywise allow time for a virtual meeting prior to submitting our response?**
Answer. No.	