**Fee Proposal Form**
RFP No. 20-004, Benefit Plan Audit Services
STATE OF HAWAII, DEPARTMENT OF BUDGET AND FINANCE
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)

The proposed fee shall include all labor, materials, supplies, equipment, insurance to provide the services as outlined, travel expenses, and any other miscellaneous expenses involved in providing the services required under this RFP.

The initial term of the contract will be for two (2) years. At the EUTF’s discretion, the contract may be extended to include up to five (5) additional one (1)-year terms. The following fee proposal includes the services described in Section IV. The following pages detail the costs for the individual review components for each benefit plan audit requested under this RFP.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Category 1 | Period 1 2 | Period 22 | Period 32 | Period 42 | Period 52 | Period 62 | Period 72 |
| 1. Medical  |  |  |  |  |  |  |  |
| 2. Dental, Vision, Supplemental Medical and Prescription Drug, and Life |  |  |  |  |  |  |  |
| **Total Annual Fee**  |  |  |  |  |  |  |  |
| **Indicate percentage discount if both audit engagements are awarded3** |  |  |  |  |  |  |  |

1 OFFEROR acknowledges that a change in health plan contractors may be made during any audit contract period and such change will not result in modification to the proposed fee without prior agreement with the EUTF regarding revisions to the scope of services.

2 The EUTF does not anticipate annual audits of each carrier, however, reserves the option to conduct annual audits of each category or combine two (2) periods into a single audit year at its discretion.

3 OFFEROR may specify a percentage discount for award of both audit engagements. OFFEROR shall specify the percentage discount to be applicable.

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title of Signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following chart identifies the anticipated audit schedule through the seven (7)-year contract term; EUTF reserves the right to modify the scope and frequency of each audit.

OFFEROR shall detail the breakdown of fees for each individual review component although the total fee may be lower to realize cost efficiencies between review components. EUTF reserves the right to have one (1) or more review components selected for audit. EUTF anticipates this chart will provide an indication of modifications that may be determined appropriate to the respective audits.

|  |
| --- |
| **Category 1 Medical Plans**  |
|  |
| **Medical – (currently) HMSA** | Period 1 and Period 21 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 |
| Audit Periods Active Retirees | 7/1/2018-6/30/20201/1/2018-12/31/2019 | 7/1/2020-6/30/20211/1/2020-12/31/2020 | 7/1/2021-6/30/20221/1/2021-12/31/2021 | 7/1/2022-6/30/20231/1/2022-12/31/2022 | 7/1/2023-6/30/20241/1/2023-12/31/2023 | 7/1/2024-6/30/20251/1/2024-12/31/2024 |
| Administrative Procedures | N/A2 |  |  |  |  |  |
| Eligibility Comparison |  |  |  |  |  |  |
| Electronic/Target Audit |  |  |  |  |  |  |
| Statistical Audit |  |  |  |  |  |  |
| Performance Guarantees |  |  |  |  |  |  |
| **Total Annual Fee**  |  |  |  |  |  |  |
|  |  |  |
| **Medical – (currently) Kaiser** | Period 1 and Period 21 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 |
| Audit Periods Active Retirees | 7/1/2018-6/30/20201/1/2018-12/31/2019 | 7/1/2020-6/30/20211/1/2020-12/31/2020 | 7/1/2021-6/30/20221/1/2021-12/31/2021 | 7/1/2022-6/30/20231/1/2022-12/31/2022 | 7/1/2023-6/30/20241/1/2023-12/31/2023 | 7/1/2024-6/30/20251/1/2024-12/31/2024 |
| Administrative Procedures | N/A2 |  |  |  |  |  |
| Eligibility Comparison | N/A2 |  |  |  |  |  |
| Electronic/Target Audit | N/A2 |  |  |  |  |  |
| Statistical Audit | N/A2 |  |  |  |  |  |
| Performance Guarantees | N/A2 |  |  |  |  |  |
| **Total Annual Fee**  | N/A2 |  |  |  |  |  |
| Note: All Kaiser retirees are to be included in the combined group with the actives for the Eligibility Comparison and Performance Guarantee audit components. However, the Senior Advantage Plan retirees are not included in the other portions of the RFP scope. |

**Category 2 Dental, Vision, Supplemental Medical and Prescription Drug, and Life Plans**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dental – (currently) HDS** | Period 1 and Period 21 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 |
| Audit Periods Active Retirees | 7/1/2018-6/30/20201/1/2018-12/31/2019 | 7/1/2020-6/30/20211/1/2020-12/31/2020 | 7/1/2021-6/30/20221/1/2021-12/31/2021 | 7/1/2022-6/30/20231/1/2022-12/31/2022 | 7/1/2023-6/30/20241/1/2023-12/31/2023 | 7/1/2024-6/30/20251/1/2024-12/31/2024 |
| Administrative Procedures | N/A2 |  |  |  |  |  |
| Eligibility Comparison | N/A2 |  |  |  |  |  |
| Electronic/Target Audit | N/A2 |  |  |  |  |  |
| Performance Guarantees | N/A2 |  |  |  |  |  |
| **Total Annual Fee**  | N/A2 |  |  |  |  |  |
|  |  |  |  |  |
| **Vision – (currently) VSP** | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 |
| Audit Periods Active Retirees | 7/1/2018-6/30/20191/1/2018-12/31/2018 | 7/1/2019-6/30/20201/1/2019-12/31/2019 | 7/1/2020-6/30/20211/1/2020-12/31/2020 | 7/1/2021-6/30/20221/1/2021-12/31/2021 | 7/1/2022-6/30/20231/1/2022-12/31/2022 | 7/1/2023-6/30/20241/1/2023-12/31/2023 | 7/1/2024-6/30/20251/1/2024-12/31/2024 |
| Administrative Procedures | N/A2 |  |  |  |  |  |  |
| Eligibility Comparison | N/A2 |  |  |  |  |  |  |
| Electronic/Target Audit | N/A2 |  |  |  |  |  |  |
| Performance Guarantees | N/A2 |  |  |  |  |  |  |
| **Total Annual Fee**  | N/A2 |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Supplemental Medical and Prescription Drug - (currently) HMA** | Period 1 and Period 21 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 |
| Audit Periods Active Retirees | 7/1/2018-6/30/20201/1/2018-12/31/2019 | 7/1/2020-6/30/20211/1/2020-12/31/2020 | 7/1/2021-6/30/20221/1/2021-12/31/2021 | 7/1/2022-6/30/20231/1/2022-12/31/2022 | 7/1/2023-6/30/20241/1/2023-12/31/2023 | 7/1/2024-6/30/20251/1/2024-12/31/2024 |
| Administrative Procedures |  |  |  |  |  |  |
| Eligibility Comparison |  |  |  |  |  |  |
| Electronic/Target Audit |  |  |  |  |  |  |
| Performance Guarantees |  |  |  |  |  |  |
| **Total Annual Fee**  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Life – (currently) Securian** | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 |
| Audit Periods Active Retirees | 7/1/2018-6/30/20191/1/2018-12/31/2018 | 7/1/2019-6/30/20201/1/2019-12/31/2019 | 7/1/2020-6/30/20211/1/2020-12/31/2020 | 7/1/2021-6/30/20221/1/2021-12/31/2021 | 7/1/2022-6/30/20231/1/2022-12/31/2022 | 7/1/2023-6/30/20241/1/2023-12/31/2023 | 7/1/2024-6/30/20251/1/2024-12/31/2024 |
| Administrative Procedures | N/A2 |  |  |  |  |  |  |
| Eligibility Comparison | N/A2 |  |  |  |  |  |  |
| Electronic/Target Audit | N/A2 |  |  |  |  |  |  |
| Performance Guarantees | N/A2 |  |  |  |  |  |  |
| **Total Annual Fee**  | N/A2 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Life – Royal State** | Period 1 |
| Audit Periods Active Retirees | 1/1/2012-6/30/20131/1/2012-12/31/2012 |
| Limited In-Scope3 |  |
| **Total Annual Fee**  |  |

1 Audit periods that will be combined into a single audit year (there may be future periods combined at a later time)

2 Periods and/or audit components that will not be audited for Period 1 and/or 2.

3  See No.3 in Addendum No. 1 dated January 21, 2020 for scope limitations