



Fulton County Board of Commissioners  
**Agenda Item Summary**

**# 18-0876**

**BOC Meeting Date**

12-19-18

**Requesting Agency**

Finance

**Commission Districts Affected**

All Districts

**Requested Action** *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Request approval to renew existing contracts - Finance Department, #17RFP08162017C-BKJ, Healthcare Benefit Consulting Services in the amount of \$160,000.00 with Epic Brokers (Atlanta, GA) to provide employee health benefit consulting services. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2019 through December 31, 2019.

**Requirement for Board Action** *(Cite specific Board policy, statute or code requirement)*

In accordance with Purchasing Code Section 102-394(6), the Purchasing Department shall present all renewal requests to the Board of Commissioners at least 90 days prior to the contract renewal date or 60 days if the contract term is six (6) months or less.

**Is this item related to a Strategic Priority Area?** *(If yes, note strategic priority area below)*

Yes All People trust government is efficient, effective, and fiscally sound

**Is this a purchasing item?**

Yes

**Summary & Background**

*(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

**Scope of Work:** This contract provide healthcare benefits consulting services which includes: assistance with determining annual healthcare budget and premium rate development; claims analysis; plan design recommendations; development of draft specifications for the healthcare benefits Request for Proposal (RFP); perform technical analysis of RFP responses; review plan documents and correspondences for compliance; coordinate review, update and mailing of open enrollment and other benefit related materials; coordinate annual staff comprehensive training; furnish annual compliance calendar and updates on regulatory requirements/changes to ensure that the County remain in compliance.

**Community Impact:** None

**Department Recommendation:** The Finance Department recommends renewal of contract for EPIC Brokers to provide healthcare benefits consulting services.

**Project Implications:** None

**Community Issues/Concerns:** None

**Department Issues/Concerns:** None

**Agency Director Approval**

**County Manager's Approval**

**Typed Name and Title**  
 Felicia Strong-Whitaker

**Phone**  
 404-612-5800

**Signature**

**Date**

History of BOC Agenda Item: Yes

<b>CURRENT CONTRACT HISTORY</b>	<b>BOC ITEM</b>	<b>DATE</b>	<b>DOLLAR AMOUNT</b>
Original Award Amount	18-0017	1/10/2018	\$94,995.00
1st Renewal		11/14/2018	\$160,000.00
Total Revised Amount			254,995.00

**Contract Compliance Information***(Provide Contractor and Subcontractor details.)*

**Contract Value:** \$160,000.00  
**Prime Vendor:** EPIC Insurance Brokers & Consultants  
**Prime Status:** Non-Minority  
**Location:** Duluth, GA  
**County:** Gwinnett County  
**Prime Value:** \$160,000.00 or 100.00%

**Total Contract Value:** \$160,000.00 or 100.00%  
**Total M/FBE Value:** \$-0-

Solicitation Information	NON-MFBE	MBE	FBE	TOTAL
No. Bid Notices Sent:				
No. Bids Received:				
<b>Total Contract Value</b>	<b>\$160,000.00 or 100.00%</b>			
<b>Total M/FBE Values</b>	<b>\$-0-</b>			
<b>Total Prime Value</b>	<b>\$160,000.00 or 100.00%</b>			
<b>Fiscal Impact / Funding Source</b>		<i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>		
426-999-S200-1160: Group Insurance Stabilization, Non-Agency, Professional Services				
<b>Exhibits Attached</b>		<i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i>		
Exhibit 1: Contract Renewal Agreement				
Exhibit 2: Contract Renewal Evaluation Form				
Exhibit 3: Contractor Performance Report				
<b>Source of Additional Information</b>		<i>(Type Name, Title, Agency and Phone)</i>		
Melissa Barnett, Benefits Manager, Finance Department, (404) 612-4243				

Agency Director Approval		County Manager's Approval
Typed Name and Title Felicia Strong-Whitaker	Phone 404-612-5800	
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

**Procurement**

<b>Contract Attached:</b> No	<b>Previous Contracts:</b> Yes		
<b>Solicitation Number:</b> 17RFP08162017C-BKJ	<b>Submitting Agency:</b> Finance	<b>Staff Contact:</b> Melissa Barnett	<b>Contact Phone:</b> 404.612.4243

**Description:** Request approval to renew existing contracts - Finance Department, #17RFP08162017C-BKJ, Healthcare Benefit Consulting Services.

**FINANCIAL SUMMARY**

<b>Total Contract Value:</b>		<b>MBE/FBE Participation:</b>	
Original Approved Amount:	\$94,995.00	Amount: .	%. .
Previous Adjustments:	.	Amount: .	%. .
This Request:	\$160,000.00	Amount: \$-0-	0.00%. .
<b>TOTAL:</b>	<b>\$254,995.00</b>	Amount: .	%. .

**Grant Information Summary:**

Amount Requested: .	<input type="checkbox"/>	Cash
Match Required: .	<input type="checkbox"/>	In-Kind
Start Date: .	<input type="checkbox"/>	Approval to Award
End Date: .	<input type="checkbox"/>	Apply & Accept
Match Account \$: .		

<b>Funding Line 1:</b> 426-999-P003-1560	<b>Funding Line 2:</b> .	<b>Funding Line 3:</b> .	<b>Funding Line 4:</b> .
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**KEY CONTRACT TERMS**

<b>Start Date:</b> .1/1/2019	<b>End Date:</b> .12/31/2019
<b>Cost Adjustment:</b> .	<b>Renewal/Extension Terms:</b> .

**ROUTING & APPROVALS**

(Do not edit below this line)

X	Originating Department:	Oshikoya, Hakeem	Date: 10/31/2018
X	County Attorney:	Ringer, Cheryl	Date: 11/7/2018
X	Purchasing/Contract Compliance:	Strong-Whitaker, Felicia	Date: 11/7/2018
X	Finance/Budget Analyst/Grants Admin:	Jones, Monica	Date: 10/31/2018
.	Grants Management:	.	Date: .
X	County Manager:	Anderson, Dick	Date: 11/7/2018



Fulton County, GA

**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Finance

**BID/RFP# NUMBER:** 17RFP08162017C-BKJ

**BID/RFP# TITLE:** Healthcare Benefit Consulting Services

**ORIGINAL APPROVAL DATE:** 1/10/2018

**RENEWAL PERIOD: FROM:** 1/1/2019 **THROUGH** 12/31/2019

**RENEWAL OPTION #:** 1 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$160,000.00

**COMPANY'S NAME:** Epic Insurance Brokers

**ADDRESS:** 3780 Mansell Road, Suite 370

**CITY:** Alpharetta

**STATE:** Georgia

**ZIP:** 30022

**This Renewal Agreement No. 1\_** was approved by the Fulton County Board of Commissioners on **BOC DATE:** \_\_\_\_\_ **BOC NUMBER:** \_\_\_\_\_

**SIGNATURES: SEE NEXT PAGE**

**SIGNATURES:**

**Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#**

(Person signing must have signature authority for the company/corporation)

**NAME:** \_\_\_\_\_ **(Print)**  
**(CEO, President, Vice President)**

**VENDOR'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ATTEST:**

\_\_\_\_\_  
**NOTARY PUBLIC:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**SEAL (Affix)** **MY COMMISSION EXPIRES:** \_\_\_\_\_

**FULTON COUNTY, GEORGIA**

\_\_\_\_\_  
**ROBERT L. PITTS,**  
**CHAIRMAN** **DATE:** \_\_\_\_\_

**ATTEST:**

\_\_\_\_\_  
**JESSE A. HARRIS**  
**CLERK TO THE COMMISSION** **DATE:** \_\_\_\_\_

**SEAL (Affix)**

**DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:**

**DEPARTMENT HEAD:** \_\_\_\_\_ **(Print)**

**DEPARTMENT HEAD SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ITEM#:** \_\_\_\_\_ **RCS:** \_\_\_\_\_ **ITEM#:** \_\_\_\_\_ **RM:** \_\_\_\_\_  
**RECESS MEETING** **REGULAR MEETING**

## Contract Renewal Evaluation Form

<b>Date:</b>	October 29, 2018
<b>Department:</b>	FINANCE
<b>Contract Number:</b>	17RFP08162017C-BKJ
<b>Contract Title:</b>	Healthcare Benefit Consulting Services

**Instructions:**

It is extremely important that every contract be rigidly scrutinized to determine if the contract provides the County with value. Each renewal shall be reviewed and answers provided to determine whether services should be maintained, services/scope reduced, services brought in-house or if the contract should be terminated. Please submit a completed copy of this form with all renewal requests.

**1. Describe what efforts were made to reduce the scope and cost of this contract.**

This contract award was effective 1/1/2018. Scope of services is in accordance with the approved specifications.

**2. Describe the analysis you made to determine if the current prices for this good or service is reflective of the current market. Check all applicable statements and provide documentation:**

The competitive bid process during the last procurement that was effective 1/1/2018 included evaluation of the best vendor at the most effective price. This option exercises the first renewal option of the contract.

**Internet search of pricing for same product or service:**

Date of search:	RFP Review Process
Price found:	Click here to enter text.
Different features / Conditions:	Click here to enter text.
Percent difference between internet price and renewal price:	Click here to enter text.

**Explanation / Notes:**

Click here to enter text.

**Market Survey of other jurisdictions:**

Date contacted:	Click here to enter a date.
Jurisdiction Name / Contact name:	Click here to enter text.
Date of last purchase:	Click here to enter a date.
Price paid:	Click here to enter text.
Inflation rate:	Click here to enter text.
Adjusted price:	Click here to enter text.
Percent difference between past purchase price and renewal price:	Click here to enter text.
Are they aware of any new vendors?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Are they aware of a reduction in pricing in this industry?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
How does pricing compare to Fulton County's award contract?	Click here to enter text.

**Explanation / Notes:**

Click here to enter text.

**Other (Describe in detail the analysis conducted and the outcome):**

**3. What was the actual expenditure (from the AMS system) spent for this contract for previous fiscal year?**

Contract award was effective 1/1/2018 for a total amount of \$94,995.00

**4. Does the renewal option include an adjustment for inflation?**       **Yes**       **No**  
 (Information can be obtained from CPI index)

**Was it part of the initial contract?**       **Yes**       **No**

Date of last purchase:	Click here to enter a date.
Price paid:	Click here to enter text.
Inflation rate:	Click here to enter text.
Adjusted price:	Click here to enter text.
Percent difference between past purchase price and renewal price:	Click here to enter text.

**Explanation / Notes:**

Click here to enter text.

**5. Is this a seasonal item or service?**       **Yes**       **No**



6. Has an analysis been conducted to determine if this service can be performed in-house?  Yes  
 No If yes, attach the analysis.

Adequate expertise, staffing levels and resources do not exist in-house to handle this type services.

7. What would be the impact on your department if this contract was not approved?

Inability to administer healthcare benefits to eligible employees, retirees, beneficiaries and covered dependents with the level of expertise required.

Melissa Barnett, Benefits Manager

October 29, 2018

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**Prepared by**

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**Date**

Hakeem Oshikoya, Finance Director

October 29, 2018

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**Department Head**

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**Date**

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE			
CONTRACTORS PERFORMANCE REPORT PROFESSIONAL SERVICES			
Report Period Start	Report Period End	Contract Period Start	Contract Period End
1/1/2018	6/30/2018	1/1/2018	12/31/2018
PO Number			PO Date
17RFP08162017C-BKJ			
Department	FINANCE		
Bid Number	17RFP08162017C-BKJ		
Service Commodity	PROFESSIONAL SERVICES		
Contractor	EPIC Brokers		

0 = Unsatisfactory	<i>Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.</i>
1 = Poor	<i>Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.</i>
2 = Satisfactory	<i>Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.</i>
3 = Good	<i>Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.</i>
4 = Excellent	<i>Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.</i>

1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

Comments:

0

1

2

3

4

In the 1st six month of this contract term, contractor has assigned personnel to work with staff to comply with specifications. Contractor is generally available to provide information on status of work. Contractor provided summarized information as requested and was available to meet with staff as requested. Contractor assisted with premium rate development and open enrollment communication for 2019.

2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

Comments:

0

1

2

3

4

Contractor responded timely and was able to meet timelines in some instances.

3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

Comments:

0

1

ps in contact with staff as well as other benefit vendors on benefit consulting related matters.

- 3
- 4

4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

Comments:

- 0
- 1
- 2
- 3
- 4

Met user satisfaction in most cases. Timely invoicing, within budget with all supporting documents, timely receipt of deliverables in some instances and attended meetings.

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision Management- Available as Needed)

Comments:

- 0
- 1
- 2
- 3
- 4

Contractor had personnel available who were capable of handling the work and the information relating to the work. Backup was available when the primary representative was not and the staff was willing to accommodate emergency requests.

Overall Performance Rating: <input style="width: 100px;" type="text" value="3.4"/>		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)	Rating completed by:	<input style="width: 100%;" type="text" value="mdissabarnett"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No		
Department Head Name	Department Head Signature	Date
HAKEEM OSHIKOYA		10/29/2018