



MANDAN, HIDATSA, ARIKARA NATION
Human Resources Office - Benefits Division
Three Affiliated Tribes ~ Fort Berthold Reservation
307 5th Ave Frontage Road, New Town, ND 58763
Phone: 701-627-6409

REQUEST FOR PROPOSALS

Employee Benefit Consultant
(Health and Welfare Plans)

I. Introduction

Three Affiliated Tribes (Mandan, Hidatsa & Arikara Nation), a federally recognized Native Indian Tribe, (the “Tribe”) is requesting proposals from qualified Benefit Consultants to provide professional insurance broker and consulting services as more fully described below (the “Consultant Services”) as needed to assist the Tribe in administering programs and marketing to vendors with regard to both insured and self-insured health and welfare Benefit Plans for Tribal members, and employees (and eligible dependents) of the Tribe and its Subordinate Economic Organizations (“SEOs”). This Request for Proposals (the “RFP” or “Request”) is intended to invite proposals from qualified Benefit Consultants interested in providing the Consultant Services described in this Request.

The MHA Nation is a federally recognized Indian Tribe located on the Fort Berthold Indian Reservation in central North Dakota. The Tribe employs approximately 1,954 individuals both in tribal government operations and certain tribal enterprises. The Tribe sponsors several insured and self-insured health and welfare benefit programs for the benefit of its employees which are administered and overseen by the Tribe, by and through its benefits committee.

DESCRIPTION OF CURRENT PLANS

1. Tribal Member Plans (ERISA Exempt)

A. Health Plan

- Self-insured
- Covers approximately 3,402 Tribal members and 1,278 dependents: **4,680 Total**
- Includes RX and ACA compliant health benefits package
- Stop Loss Carrier: Crum & Forster
- Network: Sanford Health Plan, Multi-plan
- RX Benefit Manager: Optum RX
- TPA: Sanford Health Plan

B. Dental Plan

- Self-insured
- Covers 3,402 Tribal members and 1,278 dependents: **4,680 Total**
- Carrier: United Concordia

C. Vision

- Self-insured
- Covers 3,402 Tribal members and 1,278 dependents: **4,680 Total**
- Carrier: Davis Vision

2. Current Fully Insured Employee Plan (Commercial Employees, ERISA Compliant)

A. Health Plan

- Fully insured
- PPO
- Covers 1,489 employees and 641 dependents
- Network: PHCS & Multi-plan
- RX Benefit Manager: Optum
- TPA: Sanford Health

B. Dental Plan

- Fully insured
- Covers 1,421 Employees and 354 enrolled in dependents/family
- Carrier: MetLife

C. Vision

- Fully insured
- Covers 1,421 employees and 344 enrolled in dependent/family
- Carrier: MetLife

Items we would like to see addressed: Utilization Management programs, Wellness programs (biometrics, flu shots, programs to improve/incentive healthy behavior), Benefits Administration programs. Also, please note that the Tribe would like to explore both fully insured and self insured options for each of these existing health plans. If switching plan types (from self insured to fully insured or from fully insured to self insured, would effect pricing, please indicate that).

II. Schedule

Proposals shall be submitted in a PDF by email with a clearly marked subject line of "REQUEST FOR PROPOSALS FOR BENEFIT CONSULTANT SERVICES."

Submit your presentation by email to:

Charity L. Yessilth
Director
MHA Nation Tribal Insurance
Email: clvessilth@mhanation.com
Office: (833) 551-0859
Direct: (701) 627-7722
Mobile: (701) 421-0915

Deborah Wells
HR Benefits Manager
Email: debwells@mhanation.com
Direct: (701) 627-6409
Mobile: (701) 421-2587

1. Deadline - April 20, 2025, 12PM CST: The deadline for submitting your proposal is April 20, 2025 at 12PM CST. Any proposal not received by the deadline shall be deemed late and will not be considered by the Tribe. Please address any questions by email to **Charity L. Yessilth and Deborah Wells** no later than April 20, 2025 at 12PM CST.
2. Tribe's Review of RFP - 04/21/25 - 04/30/25: Three Affiliated Tribes review of proposal.
3. Interviews by Zoom/Phone - 05/01/25 - 05/15/25: Oral Interviews with selected respondents.
4. Selection Completed - 06/01/2025: Selection completed/contract negotiations begin

Three Affiliated Tribes reserves the right to extend the submission deadline, or any other deadline or date indicated in the RFP if an extension would be in the best interest of the Three Affiliated Tribes. The Tribe may contact applicants with questions, clarifications or changes.

III. Project and Scope of Services

The Tribe is requesting proposals for firms or individuals to provide Consultant Services in relation to the Plan(s) as described below and in accordance with applicable law. Bidders shall provide such services as directed by the Tribe as necessary to administer the Tribe's Benefit Plans, including but not limited to:

- Assist in securing and monitoring vendors that provide recordkeeping and administration services in relation to the Plan(s).
- Market any and all lines of benefit coverages as requested by the Tribe, provide bid analysis, and cost analysis (e.g., Medical plans including third party administration, stop loss, prescription drug management services, utilization review, medical management, disease management, wellness program, PPO provider networks; EAP plans; other employee benefit plans as identified). This analysis must be objective and free from arrangements that may present a potential conflict of interest.
- Coordinate, evaluate, negotiate, review and analyze all vendor contracts / arrangements, policies and renewals.
- Work hand-in-hand with the Tribe and the Tribe's attorneys on all contracts, policies, plan documents and Summary Plan Descriptions.

- Provide regular legislative consultation / updates on all benefit related matters including but not limited to Health Care Reform, COBRA, FMLA, USERRA, Medicare and Medicaid, HSA, HRA and Wellness plan regulations.
- Develop and conduct annual open enrollment and orientation presentations for all employees and locations for the Tribe and its SEOs.
- Develop benefit guides for distribution to employees.
- Provide innovative plan design recommendations which are consistent with tribal plans and in consideration of P.L. 93-638 / IHS coverage.
- Provide data mining and benchmarking each year including all major utilization categories: inpatient, outpatient, emergency room / urgent care, wellcare, surgery, etc.
- Provide or arrange for actuarial services each year including but not limited to claim estimates, premium rates, reserve funding recommendations, and budget projections (five year forecasts). Include specifics on description of services and rates for payment.
- Evaluate contribution strategy each year including calculations of various options or recommendations.
- Attend and participate in quarterly meetings (or more often as needed) with the Tribe's benefits committee to present and provide analysis of a thorough claims report and other important and necessary claims experience, expenses, vendor performance, and regulatory benefit information.
- Provide consultation to the Tribe on all benefit and vendor selection related matters.
- Prepare a written and oral analysis of subrogation claims, as required, for the Tribe and legal counsel.
- Provide administrative assistance to all Tribe administrative staff including entity administrators (billing, eligibility, claims, etc.) by phone and in person meetings.
- Provide regular seminar trainings for the Tribe and the Tribe's SEOs on any benefit related concepts and regulations.
- Conduct Network provider discount analysis and claim repricing analysis.
- Oversee TPA claims audits; review and present TPA claims audit findings and make recommendations to the Tribe based on audit results.
- Assist the Tribe's employees with special claim circumstances.
- Complete other special projects as requested.

Only firms which have the resources to fulfill the scope of work should respond. The Tribe requires support by consultants who have direct experience working with both Indian Tribes and self-insured plans, and only those firms with such experience should respond.

IV. Proposal Requirements

The Tribe is seeking formal proposals and statements of qualifications from qualified employee benefit consultants. At a minimum, proposals must contain the following information. A proposal that does not contain the following information shall be deemed non-responsive and is subject to rejection.

ORGANIZATION AND HISTORY

1. Provide the name of the prospective Consultant / firm submitting the proposal, its mailing address, office locations, telephone number, State of license or registration (with types of licenses / registrations identified), and the name of the individual to contact if further information is desired. An applicant may consist of a single individual capable of providing the required work.
2. Identify the name of the project manager directly responsible for performing the work.
3. Provide a brief overview of your company and history of your organization. Please describe any parent/subsidiary/affiliate relationships
4. Provide a brief description of any relationships between your firm and vendors who you may recommend for Plan services.
5. What is the average number of clients managed by the team leader or project manager?
6. Provide a description of your working knowledge of regulatory matters applicable to Tribal self-insured plans, including but not limited to, the PPACA, the Medicare Modernization Act and the Indian Self-Determination and Education Assistance Act, ERISA, CHEF, as well as certain legal provisions applicable to Tribal self-insured plans including payer of last resort and Medicare-like rate claim processing.
7. How many tribal health plans have you worked with in the past?
8. Do you have experience working in the State of North Dakota?
9. What insurance networks outside of North Dakota have you worked with? List specific and if they have experience working with Tribes.
10. Indicate how many years your company has been active in the benefit plans business. Additionally, indicate how many years your company has been working with tribal health plans.
11. Describe tribes that you have worked with and believe to have a similar benefits plan to that of the Tribe. Include the name of the tribe, location, contact person, current telephone number, type of employee benefits, the role of the firm with each participating entity and the present status of relationship with the tribes.
12. What are your client retention statistics for each of the last three years? Has any tribe discontinued your services? If so, what tribe, when and why?
13. How many benefit plans do you currently service?
14. Are there any current or pending litigation or administrative actions against your firm? If yes, please describe.
15. Have any judgments been entered against your firm as the result of any litigation or administrative actions in the last five years? If yes, please describe.
16. Have you been involved in any disputes or litigation with Indian tribes? If so, explain.
17. Does your firm have errors and omissions insurance; directors and officers liability insurance; and fiduciary liability insurance? Who are the carriers and what are the limits of coverage?

CLIENT SERVICE/QUALITY ASSURANCE

1. Describe the team that would deal directly with the Tribe. Indicate the qualifications of all professional personnel to be employed, including a summary of similar projects handled by the firm and/or its personnel, and (if known) a resume for each professional to be assigned to the Project, a statement indicating how many hours each professional will be assigned to the Project and what tasks each professional will perform. NOTE: The firm must agree that it shall not substitute a member of the Project Team without prior approval of the Tribe. The selected firm must also agree that it shall not replace the project manager without prior approval by the Tribe.
2. Do you anticipate the use of any subconsultants to provide the proposed services? Note that subconsultants may not be used for the work without prior written approval from the Tribe.
3. Provide a description and schedule of tasks showing the work that you will provide and the schedule for carrying out individual tasks.
4. Provide a brief description of your interest in the account. Specifically, describe how you will interact with the Tribe's benefit committee.
5. Describe the training program for your staff, specifically addressing laws and regulations that relate to tribal health programs.
6. Does your firm provide training for the Tribe's benefit staff? If so, what does this training include and how frequently will trainings be offered?
7. Describe the procedures for monitoring:
 - a. Client satisfaction
 - b. Participant satisfaction
8. Do you guarantee service performance? If so, please describe.
9. What checks and balances do you have in place to assure the integrity and accuracy of your services including, if applicable, participant account data?
10. Do you provide assistance to ensure that appropriate accounting procedures are implemented and utilized? If so, please describe.

COMPLIANCE SERVICES

1. How will you provide support to ensure compliance with applicable federal laws and regulations?
2. Describe how you will ensure that the Tribe is kept up to date on compliance issues.
3. What fiduciary responsibilities does your firm assume?
4. How will you ensure that your recordkeeping system complies with all applicable regulations?
5. Do you have an Employee Benefit attorney available?

COMMUNICATION AND EDUCATION

1. Describe in detail how you handle enrollments.
2. Do you assist in educating participants about open enrollment and the Benefit Plan?
3. Do you create all your communication and education materials in house or through third parties?

EXPENSES/COMPENSATION

1. The Tribe is interested in a compensation arrangement that is limited to a pre-agreed consultant fee (flat, hourly, or some combination with the Tribe that is agreed to up front and transparent). Provide a detailed budget for the work to be performed and fees to be charged. The budget shall itemize all items that will be charged to the Tribe. The budget shall use line items to distinguish cost. Alternatively, describe any other method you intend to use to assess and bill the Tribe for compensation and expenses for the work performed.
2. The Tribe requires that all Consultants waive any commissions, book of business arrangements, incentive compensation, or other remuneration of any sort that is not expressly identified in the agreed to flat, hourly or other arrangements set forth in no. 1. The Tribe is interested in full transparency. In the event that certain commissions cannot be waived, the Consultant must agree to apply them for the benefit of the Tribe's Benefit Plans to the extent permitted at law, or that such amounts will, at the option of the Tribe, be offset against other fees due to the Consultant. The Consultant must agree to affirmative disclosure of all direct and indirect compensation or other remuneration arrangements on no less than an annual basis.
3. You must agree to identify any vendors used by or recommended to the Tribe for whom you receive compensation for this or other accounts / sponsors / clients in addition to hourly or flat consulting fees (including by way of example: indirect compensation, commissions, trips, book of business payments, contingency compensation, and other perks or benefits).
4. How will you ensure that the Tribe does not expend unnecessary funds in connection with its Benefits Plan?
5. How will you ensure that the Tribe avoids potential liability and loss or benefit denials to the detriment of the Tribe's members to the greatest extent possible?

DISCLOSURE

1. Disclose any and all relationships your firm has with clients, vendors, entities, agencies, or individuals having any interests falling within the scope of the Project, or who may benefit in any manner from the work, materials or products of the Project. All such potential conflicts of interests, either actual or potential, shall be disclosed to the Tribe. In the event you are uncertain as to whether an arrangement is covered by this paragraph, you should err in favor of disclosure.
2. Identify any arrangements your firm has which may provide preference to certain vendors for RFPs or otherwise limit the available vendors considered in an open RFP process.

REFERENCES

1. Provide the names, addresses, current email address and telephone numbers for at least four (4) clients for whom the prospective firm has performed similar work, in size and scope, as described in this proposal. A brief abstract shall be provided for the three referenced projects. All similar projects listed should have been completed within the last five years. As part of the final selection process, the Tribe reserves the right to contact a reasonable number of references provided.

SIGNATURE

1. Provide a cover letter signed by an official authorized to bind the prospective firm contractually that contains a statement to the effect that the proposal is a firm offer for a 90-day period. The letter accompanying the proposal shall also provide the following: name, title, address, and telephone number of the person submitting the proposal.

V. Minimum Contracting Standards

Unless a Bidder specifically limits its RFP response to address the following minimum contracting standards, each such standard shall be incorporated into any service agreement arising out of the RFP: A Bidder's rejection of these standards will be considered in the final RFP decision.

1. Any information learned in connection with Consultant Services, including the fact that the Tribe is a client of Consultant, is confidential and proprietary and will not be disclosed to any third parties without the express written consent of the Tribe.
2. Unless waived by the Tribe, any service contract resulting from this RFP shall be governed by and construed in accordance with the laws of the Tribe, and the Consultant must consent to jurisdiction within the Tribe's Courts for all matters related to or arising out of the contract.
3. Nothing in the RFP or in any service contract arising from this RFP shall constitute a waiver of sovereign immunity to claims or counterclaims of any sort, express or implied, by the Tribe, or any of its subordinate economic entities.
4. Consultant must acknowledge that all duties contracted for will be performed in accordance with the applicable standard of care for a professional with expertise in those respective areas.
5. Consultant must accept or insure against responsibility for all damages caused by Consultant's own negligence, gross negligence, willful misconduct or breach of contract. The Tribe will not indemnify Consultant for Consultant's own negligence. No service contract arising from the RFP will contain a limitation of liability or disclaimer of warranties.
6. All subcontractor relationships must be disclosed to the Tribe and are subject to written consent by the Tribe.
7. Any terms or changes to a service contract arising out of the RFP must be in writing signed by both parties.
8. Any service contract arising out of this RFP shall allow the Tribe to terminate the contract early if such action is deemed necessary to protect the Tribe's employees and beneficiaries.
9. Upon termination of any service contract arising out of the RFP, Bidder agrees to reasonably cooperate with the Tribe to transition services to a successor vendor in a manner designed to mitigate disruption to participants and beneficiaries.
10. Terms of the RFP shall be incorporated by reference into any service contract arising out of the RFP.

VI. Additional Information

Proposal Review

Each proposal will be reviewed to determine if it is complete and responsive to the proposal requirements contained in this RFP. Failure to meet the requirements for the RFP may be cause for rejection of the proposal. The Tribe may reject any proposal if it is conditional, incomplete, or contains irregularities. The Tribe may waive any immaterial deviation in a proposal. Waiver of an immaterial deviation shall in no way modify the RFP documents or excuse the proposer from full compliance with the contract requirements if the proposer is awarded the contract.

Proposal Evaluation

The Tribe will evaluate only the submitted proposals that are complete and responsive to the proposal requirements. Evaluation will be based on the criteria shown below. Each of the evaluation criteria shall not necessarily carry equal weight in the proposal evaluations. The Tribe's past selections of firms for similar work have traditionally been based on evaluations that give primary consideration to the qualifications and experience of the proposed firm as well as budget and cost considerations.

Evaluation Criteria

1. The firm's qualifications and reputation in general.
2. Qualifications of firm's staff.
3. The firm's experience in the type of work that the project requires.
4. Related experience of the proposed project manager and project team.
5. Proposed project budget or fee.
6. Past performance on related projects.
7. Information obtained from references.

Reservations

This RFP does not constitute a contractual offer from the MHA Nation. No contractual agreement shall exist between the Tribe and any prospective firm until the final selection of the successful firm proposal is made by the Tribe and a contract, approved by the Tribal Council, is entered into. The Tribe reserves the right to reject any and all proposals, to negotiate final contract terms, rates of pay, overall project budget, and to waive any informality, technical defect, or clerical error in any proposal, as the interest of the Tribe may require.

Confidentiality

Any information a prospective firm learns about the Tribe or its Benefit Plan in connection with this RFP is confidential and shall not be disclosed to any third parties.