



RFP for Benefits Consultant Services

Q&A

Q: What is GBC's reason for issuing an RFP at this time?

A: The contract with our current broker is ending and GBC is required to seek bids per our procurement policy.

Q: How is FMLA administered?

A: FMLA is handled by Human Resources.

Q: How is COBRA administered?

A: COBRA is administered by an outside entity.

Q: As to Section VII of the RFP: (1) What are the needed or absolutely necessary services? (2) Can you provide actuarial information at this time? (3) What is most important to the Center in terms of services?

A: (1) Customer service, fair pricing that meets the needs of our employees and aligns with our budget. (2) Not at this time. (3) Customer services and pricing.



Q: We see that you have a Primary Care Clinic. Where is that located?

A: Local provider.

Q: Do you have wellness programs?

A: Yes.

Q: As to Section V, letters C and J of the RFP, what is required of the broker?

A: Letter C: If a question cannot be resolved by Human Resources, we would ask our broker to assist. Letter J: As written in RFP.

Q: Who is your HRIS?

A: Datis/e3/Continuum Cloud

Q: Do you use a carrier feed?

A: No.

Q: Would you expect your broker to attend open enrollment?

A: Yes.



Q: How many locations does GBC have?

A: One main location, some satellite locations.

Q: What are your priorities or top concerns?

A: Customer service, fair pricing that aligns with our budget needs, advocate for GBC and for employees, problem solve for GBC and employees when needed.

Q: Is GBC seeking a change in the level of strategic planning, analytics, or employee-facing support compared to your current broker?

A: No.

Q: Who are the key decision-makers and stakeholders involved in evaluating and selecting the consulting partner?

A: Executive management.

Q: Will the Board of Trustees participate directly in consultant interviews or only in the final approval stage?

A: Final approval stage only.

Q: Since the medical plan is self-funded with BCBS Texas, are pharmacy benefits integrated with BCBS or managed by a separate PBM?

A: Integrated with BCBS.



Q: Is stop-loss coverage integrated with BCBS or carved out to another carrier?

A: Integrated with BCBS.

Q: How many employees does GBC have and how many employees/dependents are currently enrolled in the medical plan?

A: 152; 170.

Q: When was the medical plan last marketed?

A: Annually.

Q: Is GBC using any BCBS-embedded clinical programs or standalone point solutions such as chronic care or virtual care tools?

A: No.

Q: Is pharmacy consulting expected to be part of the awarded scope (PBM analysis, formulary review, rebate strategy)?

A: Yes.

Q: Does GBC participate in any pharmacy coalitions or collective purchasing arrangements today?

A: No.



Q: How are employee benefits questions currently handled?

A: Human Resources initially; carrier and/or broker if needed.

Q: Would GBC benefit from expanded advocacy support, such as nurse navigation or clinical case management services?

A: Yes.

Q: How does GBC currently promote preventive care, and do you offer onsite or community-based biometric screenings, wellness initiatives, or other early-detection programs?

A: Yes; screenings and wellness initiatives.

Q: Which communication channels have you felt are most effective for your employees (email, text, in-person meetings, posters)?

A: In-person meetings are most effective.

Q: Has GBC conducted any employee engagement or benefit-specific surveys in the past 2-3 years?

A: No.



Q: Are there any challenges with HRIS, payroll, or benefits administration system transitions we should align with?

A: No.

Q: If you could redesign your benefits strategy from the ground up, what outcomes would matter most beyond cost containment (competitiveness, wellness, employee satisfaction)?

A: All of those examples.

Q: Would GBC consider alternative funding or risk-protection models (eg, level-funded ancillary lines, reference-based pricing strategies, PBM carve-outs)?

A: Yes.

Q: Does GBC have an HRA in place?

A: Yes.

Q: What specific employee health trends or conditions are of greatest concern within your workforce today?

A: Weight loss, chronic conditions, prescriptions, costs.



Q: Given last year's grant reductions affecting MHMR/CCBHC organizations, how did GBC navigate any funding changes and did this impact your benefits or staffing model?

A: Dropped EAP and Telemed.

Q: Did GBC experience workforce or budget pressures due to grant fluctuations and where would additional consulting support be most helpful?

A: Yes; cost effective plan.