



Response Format Notice:

HISI Health Solutions respectfully acknowledges that the original structure of the RFP differs from the format outlined in **Section 7: Proposal Submissions**. In the interest of clarity and completeness, we have organized our response in a question-by-question format that mirrors the sequence and structure of the RFP as issued.

This approach facilitates straightforward cross-referencing and ensures that each inquiry is addressed directly and comprehensively. We appreciate your understanding and are confident that this format provides a clear, transparent, and well-organized submission for your review.

HISI Health Solutions, LLC

A handwritten signature in black ink, reading "Janette Pascina". The signature is written in a cursive style with a large, looping flourish at the end.

COUNTY OF ALBANY

REQUEST FOR PROPOSALS

ALBANY COUNTY DEPARTMENT OF HUMAN RESOURCES



RFP#2025-075

EMPLOYEE BENEFIT ADVISORY SERVICES

**ALBANY COUNTY DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
PAMELA O NEILL, PURCHASING AGENT
112 STATE STREET, ROOM 1000
ALBANY, NY 12207**

Pamela O Neill
Albany County Purchasing Agent
112 State Street, *Room 1000*
Albany, New York 12207

RFP#2025-075
EMPLOYEE BENEFIT ADVISORY SERVICES

Proposer:
HISI Health Solutions, LLC
Nanette Poserina – Partner
114 West Broad Street, Suite C
Telford, PA 18969
610-615-5911



**COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES PURCHASING DIVISION
112 STATE STREET, ROOM 1000, ALBANY, NY 12207
TELEPHONE: 518-447-7140/ FAX: 518-447-5588
Pamela.oneill@albanycountyny.gov**

**TITLE: EMPLOYEE BENEFIT ADVISORY SERVICES
RFP NUMBER: 2025-075**

Receipt Confirmation Form

Please complete and return this confirmation form as soon as possible:

Pamela O Neill
Purchasing Agent
County of Albany
112 State Street, Room 1000
Albany, NY 12207

**IF YOU PLAN TO SUBMIT A PROPOSAL, YOU MUST RETURN
THIS FORM TO ENSURE THAT YOU WILL RECEIVE ALL
FURTHER COMMUNICATION REGARDING THIS RFP.**

Company Name: HISI Health Solutions, LLC

Address: 114 W Broad Street, Suite C

City: Telford State: PA Zip Code: 18969

Contact Person: Nanette Poserina

Title: President

Phone Number: 610-615-5911 Fax Number: 610-615-5939 E-Mail: Nanettep@gethisi.com

If a Bidders/Proposers meeting has been arranged for this Bid/RFP, please indicate if you plan to attend:
Yes / ☒ No

I authorize the County of Albany to send further correspondence that the County deems to be of an urgent nature by the following method (check):

Fax Number: _____ E-Mail Nanettep@gethisi.com

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NY 12207

NON-PROPOSER RESPONSE

RFP #2025-075

EMPLOYEE BENEFIT ADVISORY SERVICES

The Albany County Department of General Services, Purchasing Division, is interested in the reasons why bidders/proposers fail to submit bids/proposals. Please indicate your reason(s) by checking all appropriate item(s) below and returning this form to the above address.

- ☐ Could not meet Scope of Services.
- ☐ Items or materials requested not manufactured by us or not available to our company.
- ☐ Insurance requirements too restricting.
- ☐ Bond requirements too restricting.
- ☐ Scope of Services not clearly understood or applicable (too vague, too rigid, etc.).
- ☐ Project not suited to firm.
- ☐ Quantities too small.
- ☐ Insufficient time allowed for preparation of bid/proposal.
- ☐ Other reasons; please state and define: _____

Vendor Name: _____

Contact Person: _____

Vendor Address: _____

Vendor Telephone: _____

NOTICE TO PROPOSERS -- ALBANY COUNTY
REQUEST FOR PROPOSALS #2025-75

Sealed Proposals for **Employee Benefit Advisory Services** as requested by Albany County Department of Human Resources will be received by the Albany County Purchasing Agent, Room 1000, 112 State Street, Albany, New York 12207 until 4:30 PM, local time on Friday, May 2, 2025 and or electronic submission Bid Net, Empire State Purchasing Group.

Request for Proposal (RFP) documents may be obtained at the office of the Albany County Purchasing Agent, as noted above. RFP documents may be available for download from the Empire State Bid System website at <http://www.empirestatebidsystem.com>, starting by close of business (4:30 p.m.) on April 17, 2025.

Pamela O Neill
Purchasing Agent

Dated: **April 10, 2025**
Albany, New York

PUBLISH ONE DAY – **APRIL 17, 2025**-- THE EVANGELIST
PUBLISH ONE DAY – **APRIL 17, 2025** -- THE TIMES UNION

COUNTY OF ALBANY
REQUEST FOR PROPOSALS
EMPLOYEE BENEFIT ADVISORY SERVICES
ALBANY COUNTY DEPARTMENT OF HUMAN RESOURCES
RFP#2025-075

RFP DISTRIBUTION- *IMPORTANT NOTICE*

The County of Albany officially distributes RFP documents through the Purchasing Division Office or through the Empire State Bid System website at <http://www.empirestatebidsystem.com>. Copies of RFP documents obtained from any other source are not considered official documents. Only those vendors who obtain proposal documents from either the Purchasing Division Office or the Empire State Bid System are guaranteed to receive addendum information, if such information is issued.

If you have obtained this document from a source other than the Albany County Purchasing Division or the Empire State Bid System, it is strongly recommended that you obtain an official copy.

SECTION 1: PURPOSE

- 1.1 The County of Albany is seeking written proposals for a benefits consulting firm to provide Employee Benefit and Consulting Services related to the County of Albany.
- 1.2 The County of Albany is in need of a trusted broker/advisor to help manage the various functions of the plans fiduciary and benefit management.
- 1.3 Specifically, employer will select an experienced, detailed transparent and proactive advisor who can help plan managers including fiducieres with their specific duties in an unbiased fashion.

SECTION 2: RECEIPT OF PROPOSALS

- 21 Five (5) copies, and (1) electronic copy on CD or flash drive, of the Proposal and other required documents must be submitted, sealed in an opaque envelope clearly marked with the name and number of the Proposal and the name and address of the Proposer. Proposals must be received no later than **4:30 P.M. on Friday May 2, 2025**, at the following address:

Pamela O Neill
Albany County Purchasing Agent
112 State Street, **Room 1000**
Albany, New York 12207

Or electronic submission on BidNet Empire State Purchasing Group
<http://www.empirestatebidsystem.com>

- 22 The Proposal submitted by the individual Proposer(s) is the document upon which Albany County will make its initial judgment regarding the Proposer's qualifications, understanding

of the County's scope and objectives, methodology, and ability to complete services under the contract.

- 23 Those submitting Proposals do so entirely at their expense. There is no express or implied obligation by Albany County to reimburse any firm or individual for any costs incurred in preparing or submitting Proposals, preparing or submitting additional information requested by the County, or for participating in any selection interviews.
- 24 Submission of any Proposal indicates acceptance of the conditions contained in the RFP, unless clearly and specifically noted otherwise in the Proposal.
- 25 Albany County reserves the right to reject any and all Proposals, in whole or in part, submitted in response to its RFP. Albany county also reserves the right to accept portions of proposals to package with other proposals submitted in response to this RFP.
- 26 Albany County reserves the right to waive any and all informalities and to disregard all non-conforming, non-responsive or conditional Proposals.
- 27 Albany County may, at any time by written notification to all Proposers, change any portion of the RFP described and detailed herein.
- 28 Proposals will be examined and evaluated by **Albany County Department of Human Resources**.
- 29 During the evaluation of Proposals, the County may require clarification of information or oral interviews may be required by the County of Albany and are for the purposes of allowing the County of Albany to broaden their understanding of certain selected respondents. The oral interview is an opportunity for those firms which are seated to expand and discuss their written response.

SECTION 3: QUALIFICATION OF PROPOSER

Provide a statement of Proposer qualifications including:

- 3.1 Provide the name, a brief history and description of your firm.

Response: HISI Health Solutions, LLC was founded with a mission to bring together medical and pharmacy benefit management in a truly collaborative way — an integrated approach that was ahead of its time. For over 24 years, we have served as a Preferred Benefit Administrator, TPA, and Benefit Consultant, introducing our clients to the most innovative, proven solutions emerging within the healthcare benefits ecosystem. As a private consulting firm, we are nimble and forward-thinking, delivering customized strategies without the constraints of quarterly earnings pressures from publicly traded or private equity-owned firms, or the commission-driven motives of large brokerages and regional offices.

We focus on self-funded prescription and medical plan models. 90% of our clients are self-funded utilizing various platforms, networks, and payment channels.

Our consultive services included:

- *Implementing a long-term risk management strategy*
- *Implementing point solutions for claim reductions*
- *Auditing prescription claims and claim administration*
- *Implementing Independent Prescription Drug contracts*
- *We specialize in self-funding prescription drug plans and bring full transparency to plan sponsors. The transparency we deliver removes the fraud, waste and abuse from the prescription drug environment.*
- *We specialize in negotiating fully insured medical programs and in creating self-funding medical plans that save our client's cost and bring additional value to their employees and members*
- *We also specialize in supporting all aspects of medical including components dental, vision, stop-loss etc.*

At HISI Health Solutions, LLC we bring the tools and resources necessary to provide best in class service to your employees and members and project to provide extraordinary savings over the next many years of our consulting partnership.

3.2 Identify your firm's professional staff members who will be involved in the County engagement and the experience each possesses and the location of the office from which each work.

Response: Response: Nanette Poserina-President, Chris Szem -Healthcare Consultant, Dave Wikas-VP of Pharmacy. All of HISI's employees work in our Telford, PA office or may work remotely with daily office reviews.

Bios on team to service for Albany County

Bio: Nanette Poserina – President and CEO

Nanette Poserina brings over 44 years of expertise in the healthcare insurance industry, specializing in Employee Benefits. Over the course of her career, she has held executive leadership roles at Independence Blue Cross and served as a key marketing consultant for several prominent insurance consulting firms, where she designed health insurance plan solutions tailored for the Philadelphia region. Twenty-five years ago, she founded her own agency and third-party administrator (TPA), focused on delivering innovative strategies for cost management.

Bio: Chris Szem - Healthcare Consultant

Chris Szem is a highly experienced healthcare consultant with over 30+ years of expertise in the industry. Since 1994, Chris has been providing strategic consulting services in the healthcare space, with focus on self-funded healthcare plans and delivering transparent, cost-effective solutions to his clients. In 2018, Chris earned the prestigious Health Rosetta Certification, positioning him among the top 240 certified advisors in the United States. This certification underscores his commitment to transforming traditional health plans into High Performing Health Plans (HPHP), which deliver better employee benefits at 20% to 40% lower costs by eliminating fraud, waste, and abuse from the commercial health system.

Bio: Dave Wikas – National VP of Pharmacy

Dave Wikas, National VP of Pharmacy for HISI, has an extensive career spanning 30 years in the healthcare and pharmacy space. He has worked with CVS/Health and WellDyne, two of the top PBMs in the industry managing over \$880M in spend and specializes in developing innovative

programs tailored for large employer groups across the country. Dave brings a wealth of knowledge to customize programs and implement cost-saving solutions, leveraging his deep expertise to optimize healthcare and pharmacy benefits and enhance healthcare outcomes for members.

- 3.3 Name and title of person(s) authorized to bind the Proposer, together with the main office address, and telephone number (including area code).

Response: Response: Nanette Poserina, President and CEO
HISI Health Solutions, LLC., 114 West Broad Street, Suite C, Telford, Pa 18969
Phone: 610.615.5911 or 1.877.939.4474 Fax: 610.615.5939 Web: www.gethisi.com

- 3.4 All benefit consulting firms submitting a proposal must:

a. be licensed to do business in all states as appropriate. Proof of E&O Coverage set at \$2,000,000 must be provided,

Response: HISI Health Solutions, LLC is fully licensed and will provide all required certifications and documentation upon the award of the contract.

b. have the expertise, licenses and resources to provide Employee Benefit Advisor services for The County of Albany's current and future operations,

Response: HISI Health Solutions, LLC Complies

c. consistently maintain and allocate sufficient staffing resources to provide timely service for The County of Albany's Employee Benefit Advisor service needs,

Response: HISI Health Solutions, LLC Agrees

d. maintain staff that are qualified and available to provide specialized technical expertise in various disciplines as necessary.

Response: HISI Health Solutions, LLC Agrees

e. Execute and adhere to the Plan Sponsor Bill of Rights (Exhibit A)

Response: HISI Health Solutions, LLC Agrees

f. Execute and adhere to Benefits Advisor Compensation Disclosure Form (Exhibit B) which discloses any direct or indirect compensation to you and/or your firm from any third-party vendors and/or insurance companies as they relate to The County of Albany's plan. The Disclosure Form at Exhibit B must be completed, executed, and submitted as part of the written proposal.

Response: HISI Health Solutions, LLC Agrees

Proposers may not contact the insurance marketplace nor discuss our account with underwriters until we have made our final Advisor selection.

- 3.5 Provide at least two (2) references from similar projects including name, addresses and telephone numbers.

Response:

Dallas Group of America

Diane Tracy, VP Human Resources

Whitehouse Station NJ

908-534-7800

**EVS Metals Inc.
Lisa Carlson, CFO
Rivervale, NJ
973-839-4432**

- 3.6 Provide any additional information that would distinguish your firm in its service to Albany County.
HISI Health Solutions, LLC has been recognized among the Top 20 Employee Benefits Firms by the Philadelphia Business Journal. In addition, we earned a place on the Inc. 5000 list as one of the fastest-growing companies in the country. These honors reflect our commitment to innovation, service excellence, and sustained growth within the healthcare benefits industry. Our company has been Health Rosetta certified since 2017 making us qualified for supporting high performance health plans.

Additionally, HISI Health Solutions, LLC will provide:

- ***An independent data warehouse owned by the County of Albany***
- ***Auditing capabilities***
- ***White glove service model dedicated to best-in-class service. Our team has decades of experience supporting your benefit needs.***

- 3.7 Proposer shall include a completed “Vendor Responsibility Questionnaire” (Attachment “C”) with the Proposal.

Response: Confirmed

- 3.8 In addition, Albany County may make such investigations it deems necessary to determine the ability of the Proposer to perform the work. The Proposer shall furnish to the County, within five (5) days of a request, all such information and data for this purpose as may be requested. The County reserves the right to reject any Proposal if the information submitted by, or investigation of, such Proposer fails to satisfy the County that such Proposer is properly qualified to carry out the obligations of the contract and to complete the work contemplated therein. Conditional Proposals will not be accepted.

Response: HISI Health Solutions, LLC agrees to comply

SECTION 4: SCOPE OF SERVICES

Key Dates:

RFP Available- April 17th

Submit Response- May 2nd

Evaluation- May 5th through May 10th

Interview Finalists- May 20, 21, 22

Award Contract- June 1st

The above dates are tentative and are subject to change at the discretion of Albany County.

Successful candidates will demonstrate experience and success using data and analytics to strategically design a health services procurement strategy that acts only to benefit the needs of plan members and that furnishes consistent accountability for its functions.

Successful candidates will show experience working with commercial health plans and directly with provider groups, health systems, ASCs, ACOs and other entities that can fulfill the needs of the plan and its members. Demonstrated and verifiable experience with direct contracting is a bonus.

Employer is particularly interested in securing a relationship with brokers/advisors experienced with strategic health analytics platforms capable of both retrospectively and prospectively analyzing data resulting in actionable initiatives with measurable ROI. Special knowledge of population health and population health analytics is a bonus.

Successful candidates must demonstrate knowledge and experience strategically procuring and utilizing stop loss to limit risk and also knowledge of various payment models including APMs.

The County is particularly interested in having the successful broker/advisor find the facility for analyzing all plan documents for gag clauses and other deficiencies including language that contradicts other provisions of the plan. We want our advisor to help procure document management facility that ensures compliant amendments proactively and catalogs documents for the plan.

The broker/advisor shall help us with evaluative processes to select supply side solutions to the plan that offer contractual terms that are in the interests of our plan members. This includes digital health assets that can integrate and document their activity and accountability via our plan's analytics vendor. This evaluative process should utilize retrospective pop health data on our population with baseline indications for prevalence and acuity of specific diagnostic categories and disease processes.

Broker/advisor should indicate specific experience and expertise conducting a fiduciary procurement process on our pharmacy benefit manager and describe their approach to fiduciary procurement.

Successful broker must be willing to attest that his/her actions and activity is always focused on the best interests of our plan and its plan beneficiaries and never to promote his/her interests. Further, broker is expected to disclose any/all compensation that he/she receives from work with our plan, both direct and indirect including commission, contingency compensation, point solutions compensation, PBM compensation, non medical bonuses and compensation and any fees designed to incentive the placement of business on behalf of our employer plan. This attestation and disclosure must be made proactively via the 408(2)b disclosure format.

Broker/advisor should propose a detailed fee proposal for performing these functions on behalf of our plan to include schedules for additional services that plan managers and fiduciaries may request periodically. This may include periodic audits and claims integrity initiatives.

Broker/advisor must disclose any previous claims against their errors and omissions coverage and must disclose carrier and limits for errors and omissions.

SECTION 5: TERM OF CONTRACT:

5.1 The contract period shall be for a period of one year and shall commence on the date of the fully executed contract.

Response: HISI Health Solutions, LLC Agrees

5.2 At the end of the initial one year contract term upon mutual agreement of the County and the Contractor, the agreement may be renewed for two (2) additional years, in two (2) consecutive one-year intervals. Renewal of multiple item bid awards shall be contingent upon renewal of all items; partial renewals shall not be accepted by the County.

5.2 The successful Proposer shall execute a contract with the County of Albany in substantial conformance with this RFP as prepared and approved by the County Attorney.

SECTION 6: COST PROPOSAL:

6.1 Submit a cost proposal for the services described above in Section 4, Scope of Services. **Compliance with RFP Questions, Exhibit A, Exhibit B, and Exhibit C shall be addressed in this section.**

6.2 Detail the fee structure for the Proposal. Provide hourly rates and reimbursable costs if not included in the lump sum.

6.3 Provide any other relevant information that will assist the County in evaluating your Proposal.

SECTION 7: PROPOSAL SUBMISSIONS

7.1 In order for the County to conduct a uniform review process of all proposals, proposals must be submitted in the format set forth below. Failure to follow this format may cause for rejection of a proposal because adherence to this format is critical for the County's evaluation process:

SECTION I:

Title Page - The title page should reflect the Request for Proposal subject, name of the proposer, address, telephone number and contact person.

Table of Contents - The Table of Contents must indicate the material included in the proposal by section and page number.

SECTION II:

Qualification / Experience - The Qualification / Experience section must address proposer's qualifications and experience to carry out the requested service, inclusive of, but not limited to: qualification to do business in NYS, number of years in business and length of experience.

Resumes - Resumes of professional staff members who will be involved in the County engagement must be included in this section.

SECTION III:

References - The References section must include references from similar type projects.

SECTION IV:

Plan Implementation - The Plan Implementation Section must address the Scope of Services in terms of the proposer's plan to carry out the requested service.

SECTION V:

Cost Proposal Section - The Cost Proposal Section must include all costs associated with the proposer's plan to carry out the requested service. Any cost proposal forms furnished by the County must be included in this section. **Compliance with RFP Questions, Exhibit A, Exhibit B, and Exhibit C shall be addressed in this section.**

SECTION VI:

Mandatory Documentation - The Mandatory Documentation Section must include: The Non-Collusive Bidding Certificate (Attachment "A"), Acknowledgment by Proposer (Attachment "B"), and Vendor Responsibility Questionnaire (Attachment "C"); Iranian Energy Divestment Certification (Attachment "D").

SECTION 8: PROPOSAL EVALUATION

8.1 Proposals will remain valid until the execution of a contract by Albany County, unless otherwise rejected consistent with this RFP.

8.2 Proposals received will be evaluated by a committee with representation from the Albany County Human Resources Department. Proposals shall be evaluated based upon the following:

<i>CRITERIA</i>	<i>WEIGHT</i>
Proposer Qualifications and References	25%
Client Support Capabilities	10%
Member Services	10%
Plan Design	20%
System/Claims Adjudication Services	10%
Administrative costs	25%

Mandatory Documentation	REQUIRED
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8.3 Proposals will be examined and evaluated by the **Albany County Department of Human Resources** with the advice of the Albany County Purchasing Agent to determine whether the requirements of this RFP are met and to make a recommendation to the Albany County Executive, the Albany County Contracts Administration Board or the County Legislature for a contract award.

8.4 A notice of contract award shall not be binding upon the County until the contract has been fully executed by both parties

SECTION 9: Section not in use

SECTION 10: ALTERNATIVES

10.1 Proposer may include in its Proposal items not specified in this RFP, which it would consider pertinent. All such alternatives must be listed separately from the Proposal and the cost thereof must be separate and itemized.

SECTION 11: INDEMNIFICATION

11.1 The successful Proposer shall defend, indemnify and save harmless the County, its employees and agents, from and against all claims, damages, losses and expenses (including without limitations, reasonable attorneys' fees) arising out of, or in consequence of, any negligent or intentional act or omission of the successful Proposer, its employees or agents, to the extent of its or their responsibility for such claims, damages, losses and expenses.

SECTION 12: SPECIFICATION CLARIFICATION

12.1 All inquiries with respect to this Request for Proposals must be directed to the Albany County Purchasing Agent as follows:

Pamela O Neill
Albany County Purchasing Agent
112 State Street, **Room 1000**
Albany, NY 12207
Telephone: (518) 447-7140
Facsimile: (518) 447-5588
Email: pamela.oneill@albanycountyny.gov

12.2 All questions about the meaning or intent of the specifications must be submitted to the aforementioned designated person in writing. Replies will be issued by Addenda mailed or delivered to all parties recorded as having received the proposal documents. Questions

received less than four (4) days prior to the date of submission of Proposals will not be answered. The County will be bound only by responses given by formal written Addenda.

- 12.3 Other than the contact person identified in the Proposal, or their designee, prospective Proposers shall not approach County employees during the period of this RFP process about any matters related to this RFP or any proposals submitted pursuant thereto.

SECTION 13: MODIFICATION AND WITHDRAWAL OF PROPOSALS

- 13.1 Proposals may be modified or withdrawn at any time prior to the opening of Proposals by an appropriate document duly executed (in the manner that a Proposal must be executed) and delivered to the place where Proposals are to be submitted.
- 13.2 If within twenty-four (24) hours after the Proposals are opened, any Proposer files a duly signed written notice with the County and promptly thereafter demonstrates to the reasonable satisfaction of the County that there was a material and substantial mistake in the preparation of its Proposal, that Proposer may withdraw its Proposal and the Proposal Security will be returned. Thereafter, that Proposer will be disqualified from making a further or additional proposal on the work contemplated by this RFP.
- 13.3 Each proposal shall state that it is an irrevocable offer for a period of ninety (90) days from the Proposal opening date. After expiration of the irrevocable offer period, if no contract award has been made, a Proposal may be withdrawn if the Proposer does so in writing directed to the County Purchasing Agent; otherwise, Proposals remain in effect consistent with the terms of this RFP.

SECTION 14: PROPOSAL SECURITY

- 14.1 No proposal security is requested for this Proposal.

SECTION 15: INSURANCE AND SECURITY REQUIREMENTS

- 15.1 The successful Proposer will be required to procure and maintain at its own expense, the following insurance coverage:
- (a) **Worker's Compensation and Employer's Liability Insurance:** A policy or policies providing protection for Employees in the event of job related injuries.
 - (b) **Automobile Liability Insurance:** A policy or policies of insurance with the limits of not less than \$500,000 combined for each accident because of bodily injury sickness or disease, sustained by any person, caused by accident, and arising out of the ownership, maintenance or use of any automobile for damage because of injury to or destruction of property, including the loss of use thereof, caused by accident and arising out of the ownership, maintenance or use of any automobile.

- (c) **General Liability Insurance:** A policy or policies or comprehensive all-risk insurance with limits of not less than:

Liability For:	Combined Single Limit
Property Damage	\$1,000,000
Bodily Injury	\$1,000,000
Personal Injury	\$1,000,000

- (d) **Professional Liability Insurance:** A policy or policies with limits not less than \$1,000,000.

15.2 Each policy of insurance required shall be of form and content satisfactory to the Albany County Attorney:

- (a) The insurance policies shall name the County of Albany as certificate holder and primary/non-contributory additional insured on all liability policies. **Proposal number must appear on insurance certificate.**
- (b) The policy shall not be changed or canceled until the expiration of thirty (30) days after written notice to Albany County. It shall be automatically renewed upon expiration and continued in force unless Albany County is given at least thirty (30) days written notice to the contrary.

15.3 No work shall be commenced under the contract until the successful Proposer has delivered to the County Purchasing Agent or his designee proof of issuance of all policies of insurance required by the Contract to be procured by the successful Proposer. If at any time, any of said policies shall expire or become unsatisfactory to the County, the successful Proposer shall promptly obtain a new policy and submit proof of insurance of the same to the County for approval. Upon failure of the successful Proposer to furnish, deliver and maintain such insurance as above provided, the contract may, at the election of the County, be forthwith declared suspended, discontinued or terminated. Failure of the successful Proposer to procure and maintain any required insurance, shall not relieve the successful Proposer from any liability under the contract, nor shall the insurance requirements be construed to conflict with the obligations of the successful Proposer concerning indemnification.

SECTION 16: REMEDY FOR BREACH

16.1 In the event of a breach by CONTRACTOR, CONTRACTOR shall pay to the COUNTY all direct and consequential damages caused by such breach, including, but not limited to, all sums expended by the COUNTY to procure a substitute contractor to satisfactorily complete the contract work, together with the COUNTY's own costs incurred in procuring a substitute contractor.

SECTION 17: CASH DISCOUNT

- 17.1 Cash discounts may be offered by a Proposer for prompt payment of bills, but such cash discounts will not be taken into consideration in determining the low Proposer.
- 17.2 For purposes of any applicable cash discount, the payment date shall be calculated from the receipt of invoice or final acceptance of the goods, whichever is later.

SECTION 18: FREEDOM OF INFORMATION LAW

- 18.1 Confidential, trade secret or proprietary materials as defined by the laws of the State of New York must be clearly marked and identified as such upon submission. Proposers intending to seek an exemption from disclosure of these materials under the Freedom of Information Law (New York State Public Officers Law, Sections 84-90) must request the exemption in writing, at the time of the submission of the materials, setting forth the reason for the claimed exemption. In addition, the proposer must mark each page of its submission on which there appears any material claimed to be protected as confidential or proprietary with the following legend, in bold face, capital letters at the top of each page: "THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE NEW YORK STATE FREEDOM OF INFORMATION LAW". Acceptance of the claimed materials does not constitute a determination on the exemption request, which determination will be made in accordance with statutory procedures.

SECTION 19: MACBRIDE PRINCIPLES

- 19.1 Contractor/Proposer hereby represents that said contractor/proposer is in compliance with the MacBride Principles of Fair Employment as set forth in Albany County Local Law No. [3] for 1993, in that said contractor/proposer either (a) has no business operations in Northern Ireland or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Principles, and shall permit independent monitoring of their compliance with such principles. In the event of a violation of this stipulation, the County reserves all rights to take remedial measures as authorized under section 4 of Local Law No. [3] in 1993, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the contract/proposer in default and/or seeking debarment or suspension of the contractor/proposer.
- 19.2 In the case of a contract which must be let by competitive sealed bidding, whenever the lowest bidder has not agreed to stipulate to the conditions set forth in this section, and another bidder who has agreed to stipulate to such conditions has submitted a bid within five percent of the lowest bid for a contract to supply goods, services or construction of comparable quality, the contracting entity shall refer the contract to the County Legislature, which shall determine whether the lowest bidder is responsible. In making such determination, the County Legislature may consider, as a factor bearing on responsibility, whether the lowest bidder discriminates in employment in Northern Ireland.
- 19.3 As used in this section, the term "contract" shall not include contracts with government and non-profit organizations, contracts awarded pursuant to an emergency procurement

procedure or contracts, resolutions, indentures, declarations of trust or other instruments of authorizing or relating to the authorization, issuance, award, sale or purchase or bonds, certificates of indebtedness, notes or other fiscal obligations of the County, provided that the policies of this section shall be considered when selecting managing underwriters in connection with such activities.

- 19.4 The provisions of this section shall not apply to contracts for which the County receive funds administered by the United States Department of Transportation, except to the extent Congress has directed that the Department of Transportation not withhold funds from states and localities that choose to implement selective purchasing policies based on agreement to comply with the MacBride Principles, or to the extent that such funds are not otherwise withheld by the Department of Transportation.

SECTION 20: PRIVACY OF PERSONAL HEALTH INFORMATION

- 20.1 In order to comply with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the CONTRACTOR, (deemed a BUSINESS ASSOCIATE as defined at 45 CFR § 164.501), its employees, administrators and agents shall not use or disclose Protected Health Information (PHI), (as defined in 45 CFR § 164.501) other than as permitted or required by this AGREEMENT with the COUNTY (deemed a HYBID ENTITY as defined at 45 CFR § 164.504) or as Required By Law (as defined in 45 CFR § 164.501). The CONTRACTOR shall maintain compliance with all U.S. Department of Health and Human Services, Office for Civil Rights, policies, procedures, rules and regulations applicable in the context of this AGREEMENT.

20.2 OBLIGATIONS, ACTIVITIES AND PERMITTED USES AND DISCLOSURES

- a Except as otherwise limited in this AGREEMENT, the CONTRACTOR may use PHI for the proper management and administration of the CONTRACTOR, to perform functions, activities or services for, or on behalf of COUNTY as specified in the Scope of Services contained in this AGREEMENT or to carry out the legal responsibilities of the CONTRACTOR as required by the Scope of Services, provided that such use or disclosure would not violate the Privacy Rule (as defined in 45 CFR Part 160 and Part 164, subparts A and E) if done by the COUNTY or the minimum necessary policies and procedures of the COUNTY. Except as otherwise limited in this AGREEMENT, the CONTRACTOR may disclose PHI for the proper management and administration of the CONTRACTOR and to perform functions, activities or services for, or on behalf of COUNTY as specified in the Scope of Services of this AGREEMENT, provided such disclosures are Required By Law or reasonable assurances are obtained that the information will remain confidential, be used or disclosed solely for the purpose it was disclosed or as Required By Law, and that any violation of such confidentiality will be reported to CONTRACTOR
- b The CONTRACTOR agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided by this AGREEMENT, and, upon knowledge of a violation, to mitigate any known harmful effects of such a disclosure. The

CONTRACTOR shall immediately report to the COUNTY any use or disclosure of PHI not provided by this AGREEMENT of which it becomes aware. The CONTRACTOR shall ensure any agents and subcontractors of the CONTRACTOR to the extent allowed by this AGREEMENT, to whom PHI is supplied, created, used or maintained on behalf of the COUNTY, shall be bound by the requirements of this Article.

- c. The CONTRACTOR shall provide access to PHI in a designated record set in accordance with 45 CFR § 164.524. The CONTRACTOR shall make any amendments to PHI in a designated record set that the COUNTY directs or agrees to in accordance with 45 CFR § 164.526. The CONTRACTOR shall make available the information required to provide an accounting of disclosures in accordance with 45 CFR § 164.528.
- d. The CONTRACTOR shall make internal practices, books, records, including policies and procedures on PHI received from, or created or received by the CONTRACTOR on behalf of the COUNTY available to the Secretary of the Department of Health and Human Services or his designee for the purposes of determining the CONTRACTOR's compliance with this Article.

20.3 TERMINATION

- a. Upon the COUNTY'S knowledge of a breach or violation of this Article by the CONTRACTOR, the COUNTY, pursuant to 45 CFR § 164.504(e)(2)(iii), may terminate the AGREEMENT if it determines that such a breach violated a material term of this Article. Notwithstanding that, the COUNTY may provide an opportunity for the CONTRACTOR to cure the breach or end the violation within a time set by the COUNTY and, if cure is not possible or does not occur within the time limit, immediately terminate the AGREEMENT without penalty. If neither termination nor cure is feasible, the COUNTY shall report the violation to the Secretary.
- b. Upon termination of this AGREEMENT, if feasible, the CONTRACTOR, shall return or destroy all PHI received from, or created or received by the CONTRACTOR on behalf of the COUNTY that the CONTRACTOR still maintains in any form and retain no copies of such information, or, if such return or destruction is not feasible, extend the protections of this AGREEMENT to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible.

SECTION 21: ANTIDISCRIMINATION CLAUSE

- 21.1 In accordance with Article 15 of N.Y. EXECUTIVE LAW (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor agrees that neither it nor any of its County-approved subcontractors shall, by reason of age, race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status, or status as a victim of domestic violence, refuse to hire or employ or to bar or to discharge from employment such individual or to

discriminate against such individual in compensation or in terms, conditions or privileges of employment

SECTION 22: EXTENSION OF CONTRACTS TO ALL POLITICAL SUBDIVISIONS AND AUTHORIZED DISTRICTS LOCATED IN THE STATE OF NEW YORK

- 22.1 It is the intent of this Request For Proposals that all political subdivisions, and districts located in the State of New York, be entitled to make purchases of services from the resulting contract award.
- 22.2 No officer, board or agency of a county, town, village, or school district shall make any purchase through the County when bids have been received for such purchase by such officer, board or agency, unless such purchase may be made upon the same terms, conditions and specifications at a lower price through the County.
- 22.3 All purchases shall be subject to audit by the other political subdivisions for which the purchase was made.
- 22.4 All orders will be placed by the participating entities. Each participating entity shall be billed by and make payment directly to the successful Bidder.
- 22.5 Upon request, participating entities must furnish the Contractor with the proper tax exemption certificates or documentation of tax exempt status.
- 22.6 The sole responsibility in regard to performance of the contract, or any obligation, covenant, condition or term thereunder by the successful Proposer and the participating entities will be borne and is expressly assumed by the successful Proposer and the participating entities and not by Albany County. In the event of a failure or breach in performance of any such contract by a participating entity or the successful Proposer, Albany County, specifically and expressly disclaims any and all liability for such defective performance or breach, or failure of either party to perform in accordance with its obligations, covenants and the terms and conditions of this Albany County centralized contract.

SECTION 23: INTERPRETATION

- 23.1 In the event of any discrepancy, disagreement or ambiguity among the documents which comprise this RFP, and/or, the Agreement (between the County and the successful Proposer) and its incorporated documents, the documents shall be given preference in the following order to interpret and to resolve such discrepancy, disagreement or ambiguity: 1) the Agreement; 2) the RFP; 3) the Contractor's proposal.

SECTION 24: NON APPROPRIATIONS CLAUSE

- 24.1 Notwithstanding anything contained herein to the contrary, no default shall be deemed to occur in the event no funds or insufficient funds are appropriated and budgeted by or are otherwise unavailable to the County for payment under this Agreement. The County will immediately notify the Contractor of such occurrence and this Agreement shall terminate on

the last day of the fiscal period for which appropriations were received without penalty or expense to the County of any kind whatsoever, except as to those portions herein agreed upon for which funds shall have been appropriated and budgeted.

SECTION 25: IRANIAN ENERGY SECTOR DIVESTMENT

25.1 Contractor/Proposer hereby represents that said Contractor/Proposer is in compliance with New York State General Municipal Law Section 103-g entitled “Iranian Energy Sector Divestment”, in that said Contractor/Proposer has not:

- (a) Provided goods or services of \$20 Million or more in the energy sector of Iran including but not limited to the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or
- (b) Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five days or more, if that person’s intent was to use the credit to provide goods or services in the energy sector in Iran.

25.2 Any Contractor/Proposer who has undertaken any of the above and is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.

25.3 Except as otherwise specifically provided herein, every Contractor/Proposer submitting a bid/proposal in response to this Request for Bids/Request for Proposals must certify and affirm the following under penalties of perjury:

- (a) “By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder is not on the list created pursuant to NYS Finance Law Section 165-a (3)(b).

Albany County will accept this statement electronically in accordance with the provisions of Section 103 of the General Municipal Law.

25.4 Except as otherwise specifically provided herein, any Bid/Proposal that is submitted without having complied with subdivision (a) above, shall not be considered for award. In any case where the Bidder/Proposer cannot make the certification as set forth in subdivision (a) above, the Bidder/Proposer shall so state and shall furnish with the bid a signed statement setting forth in detail the reasons therefor. The County reserves its rights, in accordance with General Municipal Law Section 103-g to award the Bid/Proposal to any Bidder/Proposer who cannot make the certification, on a case-by-case basis under the following circumstances:

- (1) The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
- (2) The County of Albany has made a determination that the goods or services are necessary for the County to perform its functions and that, absent such an exemption, the County of Albany would be unable to obtain the goods or services for which the Bid/Proposal is offered. Such determination shall be made by the County in writing and shall be a public document.

SECTION 26: Section not in use

SECTION 27: Section not in use

SECTION 28: Section not in use



RFP QUESTIONS

1. Firm History and Culture

Bidders should provide the following items as part of their proposal for consideration:

- a. A brief history of your organization.

Response: HISI Health Insurance Solutions, Inc. was originally established with a core focus on pharmacy benefit consulting and management. Our goal from the beginning was to bring transparency, innovation, and cost control to the prescription drug market for self-funded plan sponsors. As we grew and recognized the increasing need for an integrated healthcare strategy, it became clear that combining pharmacy and medical management under one comprehensive solution would yield even greater results for our clients.

To meet that need, HISI Health Solutions, LLC was formed, expanding our capabilities to deliver cohesive medical and pharmacy benefit solutions. Since 2002, HISI Health Solutions, LLC has operated as a Preferred Benefit Administrator, TPA, and Benefit Consultant. Our commitment has always been to introduce our clients to the most innovative, proven solutions emerging across the benefits ecosystem.

As a private consulting firm, we are nimble, responsive, and forward-thinking — characteristics that allow us to deliver customized strategies tailored to each client's needs. We are not bound by the quarterly earnings expectations of publicly traded or private equity-owned firms, nor are we driven by the carrier commission revenue goals typical of large brokerage houses and regional offices.

Our focus is on delivering exceptional value through self-funded prescription and medical plan models:

- 90% of our clients operate self-funded plans utilizing a variety of networks, payment platforms, and risk management tools.*

Our consultative services include:

- Designing and implementing long-term risk management strategies*
- Introducing point solutions aimed at claims reduction*
- Conducting comprehensive audits of prescription claims and claims administration*
- Structuring independent prescription drug contracts with full transparency*
- Specializing in self-funded prescription drug plan management to eliminate fraud, waste, and abuse*



- *Negotiating fully insured medical programs and designing self-funded medical plans to reduce costs while adding value to employees and members*
- *Supporting all medical benefit components, including dental, vision, stop-loss insurance, and more*

At HISI Health Solutions, LLC, we are committed to providing the tools, resources, and personalized service necessary to deliver best-in-class results for your employees and members. We are confident in our ability to deliver extraordinary savings and measurable value over the course of a successful long-term consulting partnership.

- b. The ownership structure of your organization.

Response: HISI Health Solutions, LLC is structured as a partnership, with Nanette Poserina serving as the primary partner. She is also the President of Health Insurance Solutions, Inc. (HISI).

- c. Ways your firm supports a culture of providing high performance benefits to current clients and their members.

Response: Our firm's culture is dedicated to removing fraud, waste, and abuse from the health insurance industry. We continually strive for transparency in all aspects of the benefits arena.

- d. the influence of your organization has had in transforming the community to adopt high performance healthcare structures and benefits.

Response: Our organization employs an open-source model for creating high performance health plans. We encourage all plan sponsors to review our proven methods and adopt programs to remove hidden fees and overcharging in the healthcare delivery system.

2. Advisor Background and Experience

- a. Describe your background as a Consultant and Benefits Advisor.

Response: We have 31 plus years of experience in reviewing, administering, and constructing highly proficient healthcare plans. We have aligned ourselves with NFP/AON as a National footprint, as well as world class centers of excellence in the arenas of compliance, Health, and PBM pricing. We are proud to be Health Rosetta certified advisors since 2017.

- b. Describe attributes that make you a valuable strategic partner to The County of Albany.

Response: The attributes that make HISI Health solutions a valuable partner to the County of Albany are:

- Alternate channels of payment for our clients*
- Our compensation is developed on cost-savings results. This aligns us with the client's goals of cost-savings and efficiency.*
- We are fully transparent in compensation.*
- We continually review new ways to remove costs from the healthcare delivery system.*
- Our personnel are highly trained and have a wealth of industry knowledge and experience.*



- c. For three clients, please provide summaries of how you implemented components of high-performance health plans, including how you selected the strategies and partners, how you enabled successful implementation, and how you monitored performance and made ongoing improvements. References and testimonials from clients can also be submitted.

Client 1

1000 Employees – Engineering Firm – First year -Cigna self-funded. Annual spend prior to engagement was \$16.5 Million. We instituted a transparent Pharmacy Benefit contract and a reference-based pricing payment model. Savings result \$6.5 million. Second Year – Installed capitated advanced imaging and a direct contract to the most utilized facility – Savings \$2.1 million additional. Third year – Provided care navigation based on quality and cost – Additional savings \$650,000.

Client 2

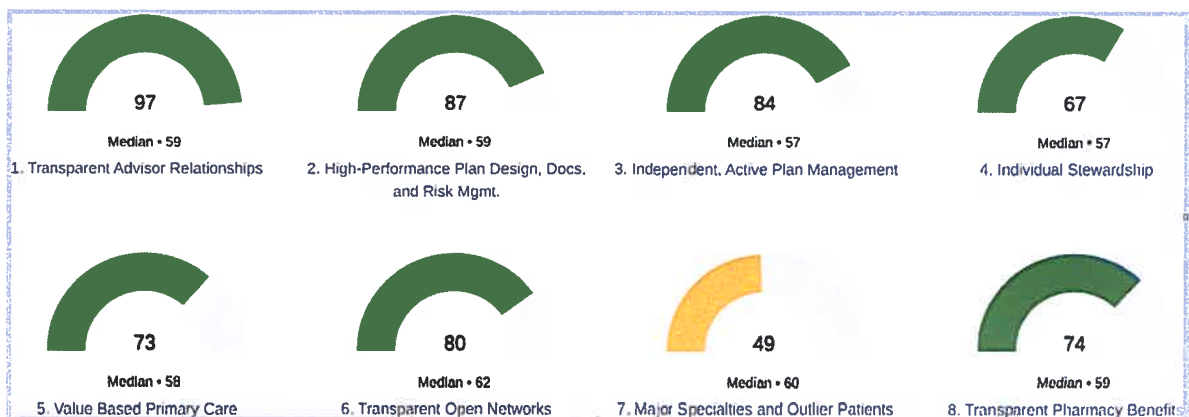
300 Employees – Manufacturing Industry -Annual spend at engagement \$4.5 million with self-funded United Healthcare plan. First Year – Installed independent self-funded TPA with reference-based pricing and Aetna PPO plan options – Savings \$1.4 million. Second Year – Created near site clinic for care at \$0 cost to employees with \$0 prescriptions available. Additional Savings \$425,000

Client 3

Fully-insured BCBS Bank – 250 Employees. Spend on engagement \$3.0 million. First Year – Moved to self-funding with reference-based pricing model. Savings \$1.1 million. Second Year – Installed transparent pharmacy benefit contract -Additional savings \$375,000. Upon appointment for all of the above clients, we installed an independent data warehouse to monitor cost and quality of all vendors chosen. Additionally, we loaded prior claim payment information to the warehouse to benchmark our cost saving models.

- d. Please submit a Plan Grader for one of your clients to demonstrate your experience in consulting and implementing high performance health plans. Please grade a plan that will be open to providing you a reference during the verification process. We also encourage you to submit a Plan Grader for your own employee health plan.

Response: Please see attachment below on our client EVS Metal which is a 400-employee company based out of Riverdale, NJ





- e. Please share any industry awards, recognitions and/or certifications.

Response: We have been Health Rosetta Certified since 2017. We have also been recognized on the Inc. 5000 list of fastest-growing companies and ranked among the *Philadelphia Business Journal's* Top 20 Insurance Agencies.

3. Strategic Planning

- a. Please describe your approach to strategic planning of taking your existing clients through high performance health plan principles of delivering superior benefits while reducing costs.

Response: *Our approach to benefit planning is to analyze where our clients are in the healthcare delivery space. We devise a three-year strategy that outlines expenditure goals, quality care, and member experience. We then produce a three-year project plan for implementation of benefits enhancements utilizing cost-savings programs. Our philosophy is to provide member incentives (\$0 cost) to modify employee behavior to align with plan goals.*

- b. Please provide your standard template project plan that covers the architecting, underwriting, and implementing phases for clients seeking to adopt a high-performance health plan.

1 **Response: Project Plan Template**

Year 1

- a. *Move to self-funding with independent third-party Administrator TPA.*
- b. *Implement transparent pharmacy benefit manager (PBM)*
- c. *Create alternate prescription purchasing – Employ Manufacturer Assistance Programs (MAP) and International sourcing of prescriptions.*
- d. *Install independent data warehouse for plan monitoring. Incorporate workmen's compensation data into warehouse.*

Year 2

- a. *Using the data analytic warehouse data to identify top five largest providers for spend.*
- b. *Review payment levels using the Medicare baseline for costs.*
- c. *Investigate if direct contracts can be established with the largest paid facilities.*
- d. *Install capitated advance imaging network with benefit enhancements.*

Year 3

- a. *Install onsite/near site Primary Care clinic to divert care from plan to a more cost-effective setting for both the plan and members.*
- b. *Deploy care navigation services for members.*

4. Clients



- a. What percent of your clients do you currently support through your strategic planning approach that you listed above?

Response: We utilize the programs above in 90% of our client programs

How many of your clients are fully-insured vs. level-funded vs. self-funded? (This should total 100% of your clients.)

Response: 90% of our clients are self-funded. 10% fully-insured.

- b. How many of your firm's clients are fully-insured vs. level-funded vs. self-funded? (same)

Response: Out of the 90% self-funded, 5% are level funded.

- c. Do you or your firm have healthcare provider organizations as current clients? If so, please list all healthcare provider clients in the following states: **<List states where plan sponsor has employees>**

Response: At this time, we do not have health provider organizations as clients

- d. Have you ever done business in health and welfare with The County of Albany in the past?

Response: Yes, Currently HISI is currently supporting The County of Albany in managing Pharmacy Benefit Costs and HISI is also supporting The County of Albany in managed and negotiated the renewal of Anthem on the medical component.

- e. How many high performing health plans have you implemented with your current clients?

Response: all of our clients that are self-funded have at least one component of a high-performing health plan.



Please put the number of clients next to each component that you've implemented:

Number of current clients with high performing health plan(s):

High Performing Health Plan Component	Effective Date Component was Implemented	Number of Clients
Transparent Advisor Relationship	2017	51
High Performance Plan Design, Docs and Risk Management	2021	44
Independent, Active Plan Administration and Oversight	2018	19
Value-Based Primary Care + Patient Stewardship	2023	2
Transparent Open Networks (Direct Contracts and Reference-Based Pricing)	2020	21
Major Specialties and Outlier Patients	2019	3
Transparent Pharmacy Benefits	2019	44
Enabling Technology	2020	7

- f. Describe at least two innovative strategic solutions you have implemented for clients that highlight your benefits consulting expertise.

Response:

- 1. For our smaller self-funded clients, we have instituted captive stop-loss solutions to mitigate cost increases in the commercial stop-loss market.***
- 2. We have developed medical tourism for specific care procedures. We have direct contracts for orthopedic procedures that are not in the same area as the client locations and have funded travel for employees and family members to centers of excellence for \$0 cost of care to the member.***

- g. Describe your internal mechanism for ensuring customer satisfaction with your services.

HISI Health Solutions, LLC assigns a dedicated team of skilled professionals to provide live telephone support, ensuring prompt and personalized assistance. We are committed to delivering exceptional responsiveness, with email and phone inquiries typically addressed within 24 hours and, whenever possible, responded to immediately.



- h. If requested following the oral presentation, be willing to provide contact names and phone numbers of 2 references.

Response: HISI confirms to provide the information requested for references and we have included here:

***Dallas Group of America
Diane Tracy, VP Human Resources
Whitehouse Station NJ
908-534-7800***

***EVS Metals Inc.
Lisa Carlson, CFO
Rivervale, NJ
973-839-4432***

5. Advisor Team, Programs and Qualifications

- a. Provide an overview of a typical team that would be assigned to a client like The County of Albany. If you have a predetermined team, provide highlights outlining qualifications and experience. Provide a summary of roles and distribution of responsibilities.

Response: Nanette Poserina-President, Chris Szem -Healthcare Consultant, Dave Wikas-VP of Pharmacy. Nanette Poserina and Chris Szem will have oversight of The County of Albany's Benefit Plans bringing over 80 years of healthcare tenure. Additionally, Albany will consist of two inside healthcare Account Managers; Marc Cino – 15 Years' Experience and Sharon McDowell 30 Years' Experience. Finally, HISI will provide two Pharmacy Benefit experts: Dave Wikas and Mike Jones bringing over 60 years Pharmacy Benefit experience.

- b. Please describe all the administrative and health plan software or tools that you or your team use to support the ongoing and active management of your employer group clients.

Response: HISI Health Solutions, LLC offers robust software solutions to support data management and analysis. We utilize the INNOVU Data Warehouse, as well as Health Insurance Solutions' exclusive Pharmacy Data Warehouse, to deliver comprehensive data integration and reporting capabilities. In addition, we provide real-time auditing tools to enhance transparency, ensure data accuracy, and support proactive decision-making.

- c. Describe your approach to the ongoing training of your staff.

Response: Our team is mandated to perform 30 hours of ongoing training each year for our Health Rosetta certification. We also attend multiple industry conferences such as SIIA, Self-Insured Association, Health Rosetta annual conference, and NFP/AON annual meeting. Additionally, two team members are AHIP certified for retiree benefits and our team has ongoing continuing education for benefits, HIPAA and cyber security qualifications.



6. Services

- a. Provide an overview of your account support and administration services, including enrollment coordination, proactive member communication and ongoing support for The County of Albany employees.

Response: Upon engagement, we develop implementation and administration project plans that outline processes to achieve the stated goals in the healthcare policy statement. We create an administrative road map for program roll-outs, employee education as well as open enrollment guidebooks and technology connection timelines. The key to employee education is a constant drip campaign identifying the services and value to the employees and their families.

- b. Provide 2 scenarios that demonstrate your capabilities in ongoing plan performance monitoring and claims experience analysis that provided insight to adjust the plan strategy for a current client.

Response: The first scenario is analyzing point of service of care. We routinely analyze emergency room vs. urgent care vs. physician office care based on CPT codes for appropriate point of service. From the data, we either recommend increasing the cost of care for non-emergent conditions in the ER or deny payment of non-emergent care in an emergency setting. In the case of collective bargaining agreements, the denial can be overridden. This results in behavior modification to the appropriate care setting. The second scenario is offering MAP, Manufacturer's Assistance Programs, and voluntary International script sourcing as an introduction to cost savings programs. We review the adoption of the programs and may make the program mandatory if the adoption rate is too low.

- c. Describe your capabilities in plan member communications, and to demonstrate your plan member communication, include two scenarios where you helped a plan member with a healthcare bill, lower healthcare costs, and/or helped them find a higher value provider.

Response: We utilize care navigation services to help members find high-quality providers and facilities and utilize direct contracts that the plan has in place. We incentivize members to use the direct contract providers by providing no cost share. We have assisted member in accessing 501r financial assistance from inpatient facilities; eliminating member cost share for expensive inpatient procedures. We institute 501r programs for our groups taking advantage of the non-profit status of the hospitals and hospital owned practices. Facilities are given tax breaks for their non-profit status and as such, need to offer medical debt elimination to members for care. We help our client's members access these funds.

- d. Describe your consulting and educational services in the area of compliance.

Response: We provide the following resources:

- ***Compliance checklist for lines of coverage***
- ***Annual Compliance Calendar***
- ***Bi-weekly Newsletter***
- ***Benefits Compliance Library***
- ***Monthly Podcasts; all housed in Library***
- ***Compliance Publications***



Through our affiliation with NFP Benefit Partners/AON, we provide a full compliance schedule and resources to support the full calendar of compliance initiatives. We provide 5500 filings as part of our service model. We send monthly compliance newsletters as well as bi-weekly newsletters on current topics and compliance changes in the laws.

- e. Describe your use of technology to support online employee services and education.

Response: Our use of technology for employee support starts by offering an enrollment system as part of our service model. We currently utilize the EASE/Employee Navigator portal platform. For education surrounding open enrollment, we build an open enrollment Guide for employees in an electronic format. The Open Enrollment Guide contains all the benefit data as well as the contribution schedules based on applicable collective bargaining agreements.

- f. Describe any additional service options that may be of interest to The County of Albany.

Response: In our service model, we want to provide employee navigation and direction for care. Our intent is to have the employee population access the highest quality providers for the best care possible. We have access to direct contracts at Centers of Excellence. By tiering the benefit plan and offering these direct contracts at no cost, the plans' spend on difficult and complicated procedures reduces and outcomes are better. This reduces the overall spend of the plan.

7. Our Health Plan Strategy

- a. Provide 2 past scenarios that demonstrate your approach to serving plan member needs and providing healthcare services at a fair cost?

Response:

Scenario #1

We have established on-site near site clinics for employees to access urgent care, primary care, and wellness services for same day/next day at no cost. Additionally, no cost pharmacy access to generic medications at point of service saves the member time and enhances access. In today's healthcare environment, wellness exams can be made a day in advance. This is especially helpful for school athletic exams. The time spend with members in this exam setting is also enhanced. The physician is not incentivized to see the next fee for service member within a given timeframe.

Scenario #2

Our strategy regarding balance billing for out of network providers enables us to contact the providers directly and negotiate the balance bill charges to a Medicare standard instead of a bill charge standard. We use data sets of Medicare reimbursement and benchmark provider acceptance of negotiated rates to help us reduce billings, resulting in member cost savings.

- b. How do you operate as Fiduciary and Steward of our health plan dollars like they are yours?

Response: HISI Health Solutions, LLC operates as a true fiduciary, managing your health plan dollars with the same care and scrutiny as our own. We emphasize transparency, cost control, and accountability, using rigorous auditing and proactive oversight to ensure every dollar spent directly supports the best interests of your plan and its members



8. Compensation

- a. Describe how you expect to be compensated for the services outlined in this proposal.

Response: Our compensation formula is based on a percentage of savings achieved. In this manner, our goals are aligned with yours. We have a three-year rolling formula of actual plan costs incurred and compare the current year savings to those costs. Our fee will be thirty-five percent of the savings achieved on a three-year rolling average. The formula is outlined below.

PERFORMANCE SAVINGS COMPENSATION FORMULA

PEPM Fee is \$15 paid monthly

PEPM Monthly fee is subtracted from annual savings performance

Baseline for Calculation:

- a. Gross medical plan costs on a Per Employee/Per Month basis (PEPM)
Gross costs are plan premium for fully-insured.
Gross costs for self-funded plans include:
Paid Claims, Administration costs, stop-loss premiums, alternate funding plans,
HRA, and HSA Costs.***
- b. Expenses averaged from the prior three periods. Non-weighted average***
- c. First year - Three year average compared to current year.***
- d. Second Year – Incorporates two prior year’s average and one year HPHP year with healthcare trend as outlined by Kaiser Foundation; compare. to current year.***
- e. Third year – Incorporates one year prior and two years of HPHP with Kaiser trend for each year and compare to current.***

Monthly PEPM FEE

The monthly PEPM fee is subtracted from the formula savings. Formula savings will be calculated at six months from the policy date. A projection will be created and billed for the projected six months savings. 60 days after the policy close, the actual annual savings will be calculated. Prior payments from the monthly PEPM (\$15) and projected six-month savings will be subtracted from the annual calculated fee. Payment of final compensation calculation is due 30 days after billing.

- b. If you do take direct payments from employers, what percentage of your benefit revenue is fee-based and what percentage is commission-or bonus-based across your entire book of business?

Response: Fee Based compensation 70% Commission based compensation 30%

- c. State your philosophy of compensation disclosure.

Response: Our philosophy on compensation disclosure is to be fully transparent in all aspects of the plan. When we create a high-performance health plan, we line item all compensation from all sources after installation. We help our clients fulfill their fiduciary obligations under the CAA of 2022. Full disclosure helps us align with the goals of our clients.



- d. Do you provide 408B(2)b compensation disclosures to your clients?

Response: Yes, we provide a 408B(2)b disclosure notice.

- e. Please complete Exhibit B, Advisor Compensation Disclosure.



9. Additional Information

- a. Please share any additional information as you would like. If you attach any materials please include an outline describing the separate materials

Response: The attributes that make HISI Health solutions a valuable partner to the County of Albany are:

- ***Alternate channels of payment for our clients***
- ***Our compensation is developed on cost-savings results. This aligns us with the County of Albany's goals of cost-savings and efficiency.***
- ***We are fully transparent in compensation.***
- ***We continually review new ways to remove costs from the healthcare delivery system.***
- ***Our personnel are highly trained and have a wealth of industry knowledge and experience.***



Exhibit A: Plan Sponsor Bill of Rights

The Bill of Rights represents the core principles that drive The County of Albany's approach to achieve the mission of reducing our costs by 20% or more.

1. Service Agreement Fiduciary Duty Protection

The County of Albany has the right to ensure that your obligations as your plan's sponsor, administrator and fiduciary are protected and enhanced in your service agreement and all other plan documents.

2. Transparent Relationships & Conflict Disclosure

The County of Albany has the right to expect transparency, including disclosure of conflicts, in financial and other dealings between you and your chosen advisors, carriers, and vendors.

3. Independence

The County of Albany has the right to ensure financial and other dealings do not compromise your fiduciary responsibility and the independence of the advice you receive.

4. Access to all options

The County of Albany has the right to receive information about the full range of options available to you, not just those which preserve or optimize your representative's income or plan administrator's revenue.

5. Independent Review

The County of Albany has the right to an unbiased, independent review of all pertinent market options in an impartial manner, not just those which preserve or optimize your representative's income or plan administrator's revenue.

6. Comprehensive Reporting

The County of Albany has the right to receive comprehensive reporting of your costs, the potential drivers of those costs, and any other data that can help you better manage your plan's cost and quality.

7. Answers to Questions

The County of Albany has the right to receive complete and meaningful answers to your questions, with no cloaking of responses with HIPAA Privacy or other supposed "confidentiality" curtains.

8. Effective Adjudication



The County of Albany has the right to expect those you hire to adjudicate benefits to give their best effort to identifying fraudulent, inappropriate, or grossly inflated charges before they issue payment.

9. Access to Data

The County of Albany has the right to your data and should agree upon this requirement prior to the execution of any vendor agreement.

10. Complete Reporting

The County of Albany has the right to receive complete service and outcome reporting from each of your vendors, including all fees associated with services rendered.



Exhibit B: Advisor Compensation Disclosure Form

Advisor: HISI Health Solutions, LLC Client: County of Albany Period: 2-1-26 to 1-31-27

Overview

Advisor compensation is a small portion of total spend, but the right advisor can guide the way to dramatically and sustainably improving your plan costs and quality. The wrong ones can actually do more harm than good. As a result, the total amount paid to them shouldn't be the primary focus. Disclosing compensation helps build trust and identify potential conflicts.

High-value, forward-leaning advisors are worth their weight in gold. The strategies they use typically improve your bottom line, reduce your employees' out-of-pocket spend, and improve the quality of care they receive. Think of it this way.

Would you rather pay 4% to an advisor who reduces total spend by 15% or 20%, or 3% to one who "negotiates" a 15% increase down to 7%? For every 100 employees on an average plan, you'd save \$247,220 in year 1 and \$1.2 million in 5 years (net of the higher compensation).

Unwillingness to meaningfully and fully disclose all direct and indirect compensation is typically a red flag that an advisor's recommendations and incentives don't align with your interests. Benefits purchasing is full of undisclosed financial and non-financial conflicts that you wouldn't accept elsewhere from other vendors. These make intelligent purchasing decisions difficult.



Overview of Services Provided

Some fees may be estimates and will vary throughout the course of the year. However, they shouldn't vary significantly from estimates unless something significant and unplanned happens.

Service Provided	External Vendor	Cost/Fee for Service	Compensation Type	Total Compensation
Core Consulting Services	No	Included in savings	35% savings formula	35% savings formula
Pharmacy Consulting Services	No	N/A	N/A	N/A
Actuarial Services	Yes	Certified Reports only	None	\$0
Compliance Services	No	None	None	\$0
Wellness Consulting	No	Included in savings	None	\$0
Claims Audit	Yes	Included in Admin Fee	None	\$0
Data Analytics and Clinical Services	Yes	\$30,000	None	\$0
Communications	Yes	Included in Admin Fee	None	\$0
Decision Support Services & Transparency Resources	Yes	None	None	\$0
Benefits Administration	Yes	PEPM Admin Fee	None	\$0
Shared Savings Comp	No	35% savings formula	35% savings formula	35% savings formula
Total Projected Annual Costs				35% savings formula

**Expected Financial Compensation from External Vendors**

Category	Vendor	Effective Date	Compensation Type	Total Compensation
Medical	TBD	2-1-2026	35% Savings Performance Model	TBD-Disclosure upon market analysis
Rx	N/A	N/A	N/A	0
Dental	TBD	1-1- 2026	Flat Fee	TBD
Vision	TBD	1-1-2026	N/A	0
Stop loss	TBD	2-1-2026	N/A	0
EAP	TBD	1-1-2026	N/A	0
FSA	TBD	1-1-2026	N/A	0
Group Life	TBD	1-1-2026	Industry Standard	0
AD&D	TBD	1-1-2026	Industry Standard	0
LT Disability	TBD	1-1-2026	Industry Standard	0
ST Disability	TBD	1-1-2026	Industry Standard	0
Cancer	TBD	1-1-2026	Industry Standard	0
Critical Illness	TBD	1-1-2026	Industry Standard	0
Wellness	TBD	2-1-2026	Industry Standard	0
Disease Mgmt.	TBD	2-1-2026	Industry Standard	0



Broker Fee	HISI Health Solutions, LLC	1-1-2026 and 2-1-2026	Savings Performance Model on Medical+ HISI ESTIMATE on RX	Determined after review of all lines of coverage
Other		N/A	N/A	N/A
Total				Determined after review of all lines of coverage

Are any compensation multipliers or other bonuses applicable to the above categories of compensation?

Response: ☒ No

☐ Yes (please describe below) ☒ No

If yes, are they included in the above dollar amounts?

☐ Yes ☒ No

Do you or your firm accept any non-account specific financial compensation from any products, services, or vendors you're recommending, including, but not limited to, contingent or bonus commissions, override or retention bonuses, and back-end commissions.

☐ Yes (please describe below) ☒ No

Do you or your firm have any other financial or non-financial compensation, potential conflicts of interest, or incentives related to products, services, or vendors you're recommending, including, but not limited to, ownership, equity stakes, revenue/profit sharing, GPO/coalition participation, preferred vendor panels, conferences or trips, or personal relationships.

☐ Yes (please describe below) ☒ No

Are there any potential reasons that could result in the above costs of services or compensation to vary more than 10% from the above projections?

☒ Yes (please describe below) ☐ No

Response: Yes, it is dependent on the Savings Model



Please describe details related to any questions to which you answered yes above, including the specific, expected, or estimated dollar value. Attach additional pages if necessary.

HISI Health Solutions is projecting a 1st year savings of approximately \$14,526,000. The current Anthem premium is \$45,026,607. Creating our High-Performance Health Plan, the estimated total annual projected cost will be \$30,500,000.

HISI Health Solutions, LLC estimated first year performance fee of 35% of savings would be \$5,084,312. We will be providing an independent data analytics warehouse. The data warehouse will be paid for by HISI Health Solutions, LLC. The County of Albany will have full ownership of the toolset. All data rights and access will be retained by the county."

Total Expected Compensation \$5,084,312 (based on actual savings)

Direct Consulting Services \$5,084,312 (based on actual savings)

Compensation / Commission from External Vendors \$0

Cost of Services from External Vendor \$0

Total Expected Compensation

Response: To be determined based on savings model.

Direct Consulting Services: \$0

**Compensation and/or Commissions from
External Vendors: \$0**

Cost of Services from External Vendors:

**Advisor**

I certify that to the best of my knowledge the above is a complete and meaningful disclosure of my firm's entire compensation.

Client

I acknowledge that the signed Advisor has presented and adequately reviewed the above disclosures.

Name: Nanette Poserina

Name: County of Albany

Entity: HISI Health Solutions, LLC

Entity: _____

Title: Partner

Title: _____

Signed: 

Signed: _____

Date April 23, 2025

Date _____



Exhibit C: Plan Grader

Plan Sponsor Name: EVS Metal

Date: 1-1-24 to 12-31-24

Specifics

- Client Name: **EVS Metal**
- Advisor Name: **Christopher Szem**
- Advisor Organization: **HISI Health Solutions, LLC - Chris Szem/Healthcare Consultant**
- Headquarters: **Riverdale, NJ**
- Industry: **Manufacturing**
- Sector: (Private, Public, Union, etc.) **Private**
- Client Size: **400 Employees**
- Employees On Plan: **257 Employees**
- Total Lives On Plan: **822**
- Plan funding: Self-funded / Level-Funded - **Self Funded**
- Case Study Period (Dates) **1-1-24 to 12-31-24**
- Please include any plan sponsor testimonial(s): (optional)

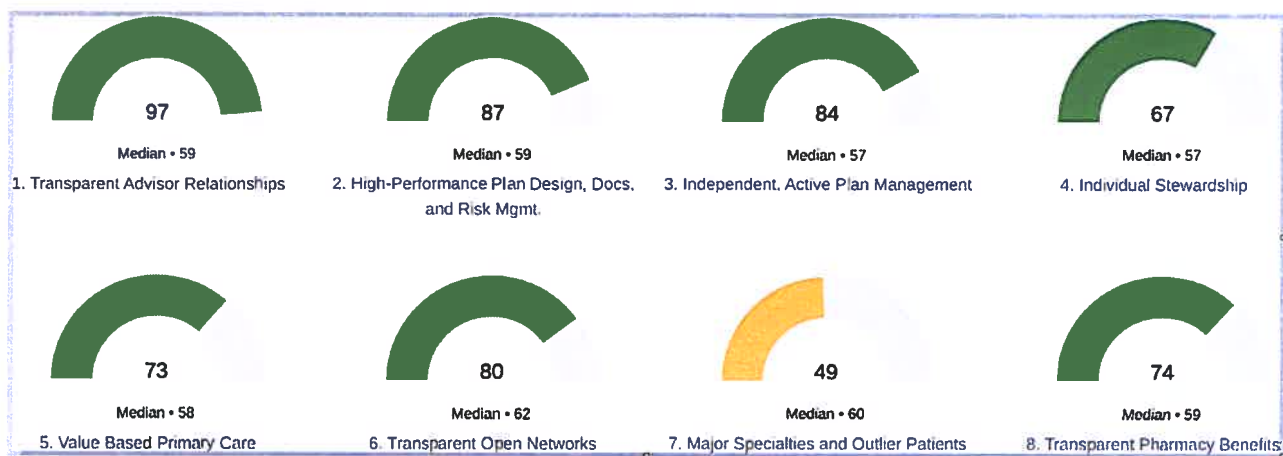
Financial Results:

1. How much did the plan sponsor see in total healthcare savings by implementing High Performing Health Plan principles (over the course of the case study period)?

Response: 22% = \$876,370

2. How did the plan sponsor measure savings through implementing High Performing Health Plan principles?

Response: Dollars saved PEPY calculation





Plan Grader Sponsor Profile

1. Who is deeply involved in your plan's annual review? Please select all that apply. **(Selections In Red-Bold and italicized)**

- ***Human Resources***
- ***CFO/Finance***
- Employee Representatives
- ***CEO/President***
- Other Executive Managers
- Other (please specify)

2. Does the Plan Sponsor have a 2-3 year plan strategy? (Select One)

- ***Yes***
- No
- Unsure

3. How Does the Plan Sponsor currently communicate to members? Please select all that apply.

- Benefits satisfaction surveys
- Meetings with administrator/carrier reps
- Health fairs
- ***Virtual open enrollment meetings***
- ***In-person open enrollment Meetings***
- HRIS/BenAdmin/Benefits portal
- ***Physical handouts***
- Regular employee meetings
- Regular bulk emails
- General intranet
- Employee benefits committee
- ***Physical mailings***
- ***Office hours with HR/benefits teams***
- Onsite materials (e.g., posters in break rooms)
- Other
- None

4. Does the Plan Sponsor have a standing employee benefits committee, focus group, etc.? (Select One)

- ***Yes, management and non-management***
- Yes, management only
- No



5. How frequently does the Plan Sponsor communicate with employees about benefits? (Select One)

- Weekly
- Monthly
- Bi-Monthly
- *Quarterly*
- Varies
- Unknown

6. Does the Plan Sponsor warehouse their claims data independently of their plan administrator, advisor, or analytics tool? (Select One)

This separate data storage should allow the group to access data without permission from a specific vendor.

- *Yes – Utilize Innovu*
- No
- Unsured



Plan Grader Plan Infrastructure

1. How does the plan incentivize members to seek lower cost and/or higher quality care? Please select all that apply. Selections in BOLD

- Reduced/no cost share when independent primary care refers care
- *Waive deductible/co-insurance for specific care*
- *Waive deductible/coinsurance at specific providers*
- Time off for screening and preventative care
- *Reduced/no cost share if work with advocate/concierge/navigator*
- *Optimizing copays by service type*
- Premium reductions for Wellness program participation
- *Reduced/no cost share for specific medications*
- Other
- None

2. How does the plan penalize members for not seeking lower cost and/or higher quality care? Please select all that apply.

- *Coverage penalties for failing to precertify certain services*
- *Coverage penalties for not following care recommendations*
- Coverage penalties for not working with advocate/concierge/navigator
- Coverage penalties for not seeking referral from primary care provider
- No coverage for not seeking referral from primary care provider
- Other
- None

3. What member cost share waivers does the plan leverage? Please select all that apply.
Cost share waivers can mean any type of preferred benefits tier, specific program, or some other approach where the member's responsibility is meaningfully reduced or removed, such as waiving deductible and coinsurance when members go to certain care providers.

- *Coinsurance amounts*
- *Co-pays*
- Premium holidays
- Premium credits
- *Deductibles*
- Other
- None



4. Does the plan include incentives for seeking a second opinion for certain diagnoses or procedures?

- Yes, coverage requires getting and following second opinion
- **Yes, coverage requires getting second opinion**
- Yes, financial incentive to obtain and follow
- **Yes, financial incentive to obtain**
- Yes, optional
- No

5. Which diagnoses and/or procedures are plan members incentivized to seek a second opinion?
Please select all that apply.

This could be through plan design, specific vendors, communication, etc.

For example, the group might not have a specific second opinion vendor, but have an onsite clinic where doctors regularly encourage second opinions.

- | | |
|----------------------------|--|
| ● MSK/Orthopedic | ● Elective surgeries/procedures |
| ● Dialysis | ● Non-specialty drugs |
| ● Cardiometabolic/Diabetes | ● Maternity |
| ● Mental/Behavioral Health | ● Other elective hospitalizations |
| ● Substance Abuse | ● Other chronic conditions |
| ● Tobacco use | ● Other |
| ● Specialty drugs | ● Don't know |
| ● Transplant | ● None of the Above |
| ● Cancer | |

6. What types of digital tools do members have access to? Please select the most applicable options. For example, if members access a BenAdmin portal, don't select enrollment only tools. Enrollment-only tools are used one time to enroll, but aren't available on an ongoing basis to members

- | | |
|---|-------------------------------|
| ● Full HRIS/BenAdmin portal | ● Pharmacy-only mobile app |
| ● Online enrollment-only tool | ● Medical-only mobile app |
| ● Member concierge/advocate/navigator app or web portal | ● Web portal for all benefits |
| ● Mobile app for all benefits | ● Medical+Pharmacy web portal |
| ● Medical+Pharmacy mobile app | ● Pharmacy-only web portal |
| | ● Medical-only web portal |
| | ● None |



7. **What types of human support do members have access to through the plan?** Please select all that apply.

Note that a specific support source may fulfill multiple roles.

Member Champion's have regular, in-person interactions with members. Often, they are nurses.

- **Health Literacy/Education programs**
- Health coach
- **Member champion at advisor firm**
- Care/clinical concierge/advocate/navigator
- Benefits concierge/advocate/navigator
- **Plan Sponsor's HR Team**
- Designated member champion at plan sponsor (not just HR team)
- **Advisor firm account team**
- **PBM customer service**
- Plan administrator customer service
- Other
- None

8. **Did the plan's benefits advisor completely disclose all direct and indirect compensation in a timely manner?**

At minimum, this disclosure should meet the requirements of the new broker compensation transparency rules.

- **Yes**
- No

9. **Which of the plan's solution partners contractually agree to disclose all direct and indirect sources of compensation?** Please select all that apply.

- | | |
|------------------------------|-----------------------------|
| • TPA | • Medical Add-in Solutions |
| • Carrier (if Fully-Insured) | • Pharmacy Add-in Solutions |
| • PBM | • All other solutions |
| • Underwriter | • None of the Above |
| • Concierge Service | • Unknown |
| • Network/Repricer | |

**10. Who reviews the plan's SPD/Plan Documents? Please select all that apply.**

Non-Attorney Consultants include all reviews by subject matter experts who do not legally represent the plan sponsor or advisor firm. Plan Sponsor's ERISA attorney

- **ERISA attorney at the advisor's firm**
 - Non-attorney consultant
 - **Benefits Advisor**
 - Other
 - Unknown
 - Not Applicable
- No non-TPA review

11. Who reviews the plan administrator's Administrative Services Agreement (ASA)? Please select all that apply.

Non-Attorney Consultants include all reviews by subject matter experts who do not legally represent the plan sponsor or advisor firm.

- Plan Sponsor's ERISA attorney
- ERISA attorney at the advisor's firm
- **Non-attorney consultant**
- No independent review
- **Benefits Advisor**
- Other
- Unknown
- Not Applicable

12. Who reviews the plan's PBM contract? Please select all that apply.

Non-Attorney Consultants include all reviews by subject matter experts who do not legally represent the plan sponsor or advisor firm.

- **Benefits advisor**
- **Non-attorney pharmacy consultant**
- ERISA attorney at the advisor's firm
- Plan Sponsor's attorney
- Other
- No third-party review
- Unknown
- Not Applicable

13. Who performs the review to ensure there are not gaps in coverage or conflicts across all of the plan's vendor contracts, employee handbook, benefit guides, and SPD/plan documents?

Please select all that apply.

Non-Attorney Consultants include all reviews by subject matter experts who do not legally represent the plan sponsor or advisor firm.

- Plan Sponsor's ERISA attorney
- **ERISA attorney at the advisor's firm**
- Non-attorney consultant
- **Benefits Advisor**
- Other
- No third-party review
- Unknown
- Not Applicable

**14. What is the plan's current funding mechanism?**

- Medical Cost Sharing
- *Self-funded w/ stop-loss*
- Self-funded w/ captive
- Fully-insured
- Level-funded
- Self-Funded

15. How is the Plan Sponsor claims budget created?

- Used premiums provided by the plan administrator
- Used aggregate claims factors from the stop loss carrier
- *An actuary created aggregate budget liability amounts*
- The sponsor's advisor created aggregate liability budget amounts
- Other
- Not Applicable (Group is Fully-Insured)
- Unknown

16. How did the plan determine its specific stop-loss deductible amount?

- *Formal analysis by the plan's non-actuary advisor*
- Formal analysis by the underwriter
- Formal analysis by an actuary
- Carried over prior year's amount
- General recommendations without formal analysis
- Not Applicable
- Other

17. Which of the following is most accurate about the plan's stop loss fees/commissions?

- *Advisor shopped stop loss and can guarantee any fees/commissions (if any) were disclosed*
- Advisor didn't shop the stop loss, but can guarantee any fees/commissions were disclosed
- Part of advisor's consulting fee is stop loss fees, but was not disclosed
- A third-party shopped stop loss and they charge fees/commissions that were disclosed

18. Does the plan sponsor currently have unrestricted access to full claims data (not just reports)?

- *Yes, medical and pharmacy*
- Yes, medical only
- Yes, pharmacy only
- No



19. What type of data analytics and reports does the plan have access to?

- ***Analytics directly purchased by the plan sponsor***
- ***Analytics provided by the advisor firm***
- Analytics provided by the plan administrator/carrier
- Only Standard reports from the plan administrator/carrier
- No access to analytics



20. Does the plan's Third-Party Administrator (TPA) allow the Plan Sponsor to select its stop loss carrier?

- ***Yes, for any underwriter***
- Yes, but only to certain underwriters
- No
- Unsure
- Not Applicable

21. Does the plan's Third-Party Administrator (TPA) allow the Plan Sponsor to select its PBM?

- ***Yes, for any PBM***
- Yes, but only to certain
- PBMs
- No
- Unsure
- Not Applicable

22. Is the plan's Third-Party Administrator (TPA) willing to administer direct agreements with care providers?

- ***Yes***
- No
- Unsure
- Not Applicable

23. Does the plan's Third-Party Administrator (TPA) regularly provide claim level check registers?

- ***Yes***
- No
- Unsure
- Not Applicable

24. Does the plan's Third-Party Administrator (TPA) let the Plan Sponsor select the dollar amount threshold for auto-adjudicating claims?

- ***Yes***
- No
- Unsure
- Not Applicable



25. Does Plan Sponsor use claims audits and/or payment integrity services to reduce fraudulent claims payment and identity theft risk?

- Independent vendor provides ongoing, pre-adjudication payment integrity services
- *Plan administrator provides ongoing, pre-adjudication payment integrity services*
- Plan administrator audits single claims or episodes as needed
- Plan administrator conducts regular claims audits
- *Independent vendor conducts regular claims audits*
- Independent vendor audits single claims or episodes as needed
- None
- Unsure
- Not Applicable

26. What type of plan administrator does the plan use?

- *Independent TPA*
- Carrier Owned TPA
- Administrative only from carrier
- Fully-insured carrier
- Other

Plan Grader Care Components

1. What network & physician access strategies does the current plan utilize?

Note that a single solution partner may provide more than one of these options.

- Traditional full PPO or similar network
- Tiered full preferred network
- Narrow network
- *Direct provider contracting*
- *Traditional physician only network*
- Value-based primary care network
- *Reference-based pricing for facilities*
- Reference-based pricing for non-facility services
- ACO
- *Reference-based pricing for out-of-network claims*
- Wrap network
- Bundled care arrangements
- Network carve-outs
- Other physician access arrangements
- None



2. How are primary care physicians paid by the plan for standard primary care services?

Additional incentives is a general category for compensation in addition to a fee-for-service reimbursement, such as gainshares or higher reimbursement rates for meeting certain population health metrics.

- Fee-for-Service w/ additional incentives
- **Fee-for-Service**
- Subscription or Capitation
- Other
- Not Applicable
- What value-based primary care strategies does the plan employ?
- Virtual primary care (not just telehealth)
- Direct agreements w/ Independent primary care practices
- Onsite clinic
- **Nearsite clinic**
- Direct Primary Care
- Other
- None

3. What value-based primary care strategies does the plan employ?

- **Virtual primary care (not just telehealth)**
- **Direct agreements w/ Independent primary care practices**
- Onsite clinic
- **Nearsite clinic**
- Direct Primary Care
- Other
- None

4. Which major specialty area(s) does the plan have specific strategies and programs for? Please select all that apply.

Note that these may be through plan design, specific vendors, defined strategies, or other specific mechanisms (not just access through a network).

This question does not imply that plans should have separate vendors for each of these areas.

This question intends to identify how the plan tackles types of care with known cost and/or quality challenges.

- | | |
|-------------------------------------|-----------------------------------|
| ● ER visits | ● Cancer |
| ● Transplant | ● MSK/Orthopedic |
| ● Other elective hospitalizations | ● Maternity |
| ● Other disease-specific conditions | ● Non-specialty drugs |
| ● Tobacco use | ● Elective surgeries/procedures |
| ● Substance abuse | ● Cardiometabolic/Diabetes |
| ● Mental/Behavioral health | ● Other – Advanced Imaging |
| ● Specialty drugs | ● None |
| ● Dialysis | ● Don't Know |



5. What other strategies does the plan leverage to help members access lower cost and higher quality care for complex care episodes? Please select all that apply.

- Plan design/coverage/financial incentives
- Care advocate/concierge/navigator
- Tobacco Cessation
- *Health Advocacy*
- Cancer Management
- *Maternity Management*
- *Disease Management*
- Biometric Screening
- Health Risk Assessment
- *Large Case Management*
- *Centers of Excellence*
- Other
- None

6. What elements are included in the pharmacy benefit plan? Please select all that apply.

- Custom formulary
- *Contractual language that plan owns Rx data*
- *Strict concurrent drug utilization reviews*
- *Comprehensive access to claims data*
- *Quantity limits to proactively ensure proper utilization*
- *Ability to audit all pharmacy network, manufacturer, and/or rebate aggregator contracts*
- *Customizable prior authorization protocols*
- *Step therapy/starter dose programs to ensure appropriate opioid dispensing*
- Other
- None

7. What contractual guarantees does the plan's PBM contract have? Please select all that apply.

- *Pass-through of all rebates without holdbacks or limitations*
- Guaranteed PEPM spend
- *Minimum Per-drug rebates*
- Per-drug or per-script AWP guarantee management (not aggregate)
- *Usage of lowest available AWP (where applicable)*
- Guaranteed per-unit or MAC pricing on generics
- Other
- Unsure
- None

8. What types of add-in pharmacy programs and strategies does the plan leverage? Please select all that apply.

- Dispensing through Advanced Primary Care clinic
- *Co-pay assistance*
- *International sourcing*
- *Manufacturer assistance programs*
- *Specialty drug carve outs*
- Steerage to therapeutic equivalents
- None
- Unsure
- Not Applicable

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: **EMPLOYEE BENEFIT ADVISORY SERVICES**

RFP Number: 2025-075

THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date April 23, 2025

Number RFP#2025-075

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

(c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
 - (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")
 - (e) Proposer Qualification Questionnaire (Attachment "E")

7. Communication concerning this Proposal shall be addressed to:

Nanette Poserina

HISI Health Solutions, LLC

114 West Broad Street, Suite C, Telford, Pa 18969

Phone: 610-615-5911

8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

COUNTY OF ALBANY

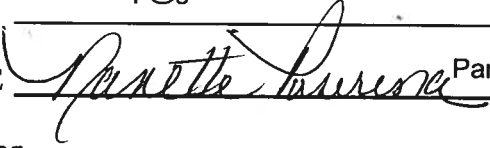
COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: **EMPLOYEE BENEFIT ADVISORY SERVICES**

RFP Number: 2025-075

Submit a cost proposal as described in Section 4 Scope of Services and submit all required question and exhibit forms.

COMPANY:	HISI Health Solutions, LLC
ADDRESS:	114 West Broad Street, Suite C
CITY, STATE, ZIP:	Telford, Pa 18969
TEL. NO.:	610-615-5911
FAX NO.:	610-615-5939
FEDERAL TAX ID NO.:	61-224654
REPRESENTATIVE:	Nanette Poserina
E-MAIL:	Nanettep@gethisi.com
SIGNATURE AND TITLE	 Partner
DATE	April 23, 2025

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation


Signature

Partner

Title

HISI Health Solutions, LLC

Company Name

April 23, 2025

Date

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known, who, being by me sworn, did say that he resides at (give address) _____; that he is the (give title) _____ of the (name of corporation) _____, the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

Notary Public, State of _____

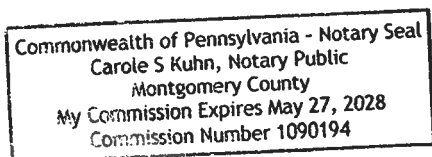
Qualified in _____

Commission Expires _____

If Partnership:

STATE OF Pennsylvania)
COUNTY OF Montgomery) SS.:

On the 23 day of April, 2025, before me personally came Nanette Poserina, to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of WEST HEALTH SOLUTIONS LLC and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.



Notary Public, State of PA

Qualified in PA

Commission Expires May 27, 2028

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME HISI Health Solutions, LLC		3. IDENTIFICATION NUMBERS a) FEIN # 61-2244654 b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD: N/A		5. WEBSITE ADDRESS (if applicable) www.gethisi.com	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 114 West Broad Street, Suite C, Telford, PA 18969		7. TELEPHONE NUMBER 610-615-5911	8. FAX NUMBER 610-615-5939
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i> N/A		10. TELEPHONE NUMBER N/A	11. FAX NUMBER N/A
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name Nanette Poserina Title Partner Telephone Number 610-615-5911 Fax Number 610-615-5939 e-mail Nanettep@gethisi.com			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME Nanette Poserina	TITLE Partner	b) NAME	TITLE
c) NAME Chris Szem	TITLE Partner	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS:			
a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individual's name, business title or consulting capacity and the official political position held with applicable service dates.</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16.	<p>WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p>	
a)	<p>1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b)	<p>been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c)	<p>been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p> <p>1. federal, state or local health laws, rules or regulations.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES 1 HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	<p>DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></p> <p>b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p> <p>c) Property Tax <i>Indicate the years the vendor failed to file.</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES 1 WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20.	<p>IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ration, Debt Ration, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES¹ :

☐ Yes ☒ No

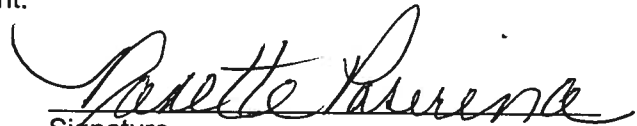
a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;

Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



Signature

President

Title

HISI Health Solutions, LLC

Company Name

April 23, 2025

Date