REQUEST FOR PROPOSAL

Benefits Administration Technology Platform

Hampshire County Group Insurance Trust (HCGIT)

Joint Purchasing Group | Massachusetts

RFP Issue Date	09/16/2026
Questions Due	09/30/2026
Proposal Due	10/09/2026
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1. RFP Overview

1.1 Purpose

Hampshire County Group Insurance Trust (HCGIT) is seeking proposals from qualified benefits administration technology providers for a centralized platform that will streamline health insurance eligibility and enrollment administration, strengthen coordination between HCGIT and its Member Units, and support accurate monthly premium billing.

The selected solution must accommodate a decentralized municipal environment in which HCGIT establishes and administers Trust-level health plan offerings while individual Member Units retain responsibility for their own employees, retirees, dependents, HR workflows, and collective bargaining requirements.

1.2 Organization Background

HCGIT operates as a Joint Purchasing Group (JPG) under Section 12 of Chapter 32B of the Massachusetts General Laws. The Trust provides health insurance coverage to 61 municipal entities across Franklin, Hampshire, Hampden, and Worcester Counties, including towns, cities, fire districts, regional school districts, water districts, and community development corporations.

- Population in scope: active employees, non-Medicare retirees, and eligible dependents.
- Current non-Medicare health plans: 2.
- Approximate subscribers: 2,995.
- Approximate covered members: 6,767.
- Member Units require uniform rates and health insurance products unless otherwise specified by a collective bargaining agreement.

1.3 Procurement Objectives

- Create a centralized source of truth for eligibility and enrollment data across HCGIT and its Member Units.
- Provide flexible access and workflows so each Member Unit can determine the level of direct member participation.
- Support accurate, auditable monthly premium billing, including daily proration based on actual calendar days.
- Reduce manual coordination, duplicate entry, and reconciliation effort.
- Provide scalable implementation, training, support, reporting, security, and integration capabilities.

1.4 Desired Contract Scope

Vendors should propose the software, implementation services, configuration, data migration, training, ongoing support, reporting, billing capabilities, integrations, and other services necessary to meet the requirements in this RFP. Vendors may identify optional modules or services separately from the core proposed solution.

2. Target Operating Model & Implementation

2.1 Phased Approach

Phase	Audience / Access	Expected Capability
Phase One	HCGIT staff and each Member Unit's HR/benefits team	Centralized administration of eligibility, enrollment, changes, reporting, coordination, billing, and reconciliation. Employee/member self-service is not required for all units in this phase.
Phase Two	Participating Member Units and their eligible employees/non-Medicare retirees	Optional digital enrollment and self-service. Each Member Unit may elect whether to extend the platform to members or continue an HR-to-HCGIT administrative model.

2.2 Configuration Principles

- HCGIT must have Trust-level visibility and appropriate administrative control across all participating Member Units.
- Each Member Unit must be logically segregated and assigned its own division/subgroup identifier.
- Role-based access must prevent one Member Unit from viewing another unit's protected or confidential information.
- The platform should support Member Unit-specific administrative workflows while preserving Trust-level plan, rate, eligibility, and reporting governance.
- The solution must accommodate active employees and non-Medicare retirees, including dependents and applicable eligibility classes.
- The solution should support exceptions created by collective bargaining agreements without requiring a separate platform instance for each Member Unit.

2.3 Implementation Response

Describe your recommended implementation approach, including:

- Discovery and requirements validation; governance and decision structure; project plan and estimated timeline.
- Configuration strategy for 61 Member Units and two health plans.
- Data conversion/migration approach, validation, and reconciliation.
- Testing methodology, including billing/proration validation and user acceptance testing.
- Training plan for HCGIT administrators and Member Unit HR teams.
- Phase Two enablement approach for units electing digital enrollment.
- Go-live support, stabilization period, and transition to ongoing service.
- HCGIT and Member Unit resource requirements and key dependencies.

2.4 Vendor Assumptions

Clearly identify assumptions, prerequisites, volume limitations, third-party dependencies, or functionality requiring customization. Differentiate standard functionality, configurable functionality, custom development, and roadmap items.

3. Functional Requirements

For each requirement, respond using: Comply / Partially Comply / Does Not Comply / Custom Development. Add concise comments where useful.

ID	Area	Requirement	Vendor Response / Comments
F1	Organizational structure	Support HCGIT as the Trust-level organization with 61 distinct Member Units/divisions/subgroups.	
F2	Role-based access	Provide configurable permissions for HCGIT, Member Unit HR users, and members; enforce unit-level data segregation.	
F3	Eligibility	Administer active employees, non-Medicare retirees, dependents, eligibility classes, effective dates, and termination dates.	
F4	Plan/rate administration	Maintain Trust-level health plans and rates while supporting approved Member Unit/class exceptions.	
F5	Life events	Support new hires, terminations, retirements, dependent changes, qualifying events, and corrections with effective dating.	
F6	Phase One workflow	Allow HR users to manage transactions without requiring employee/member self-service.	
F7	Phase Two enrollment	Allow individual Member Units to enable digital enrollment/self-service without requiring all units to participate.	
F8	Enrollment controls	Support configurable enrollment windows, required fields, attestations, documents, and approvals.	
F9	Audit history	Maintain a detailed audit trail of enrollment/eligibility changes, user actions, timestamps, and prior values.	
F10	Notifications	Provide configurable alerts, workflow notifications, tasking, and exception management.	
F11	Documents	Store or link supporting documents with appropriate access controls and retention options.	
F12	Reporting	Provide Trust-level and Member Unit-level standard and ad hoc reporting with export capability.	
F13	Reconciliation	Support eligibility/enrollment reconciliation and identification of discrepancies or exceptions.	
F14	Retiree administration	Support non-Medicare retiree enrollment and eligibility administration alongside active populations.	

4. Premium Billing & Financial Requirements

Premium billing is a critical requirement. The proposed system must support HCGIT's monthly billing process and generate a separate, detailed premium invoice for each Member Unit.

ID	Requirement	Description	Vendor Response / Comments
B1	Separate invoice	Generate a distinct monthly premium invoice for each Member Unit/division/subgroup.	
B2	Subscriber counts	Identify enrolled subscriber counts by benefit plan and coverage tier.	
B3	Rates	Display the applicable monthly premium rate for each plan and coverage tier.	
B4	Premium totals	Calculate and display total premium due from the Member Unit, with sufficient detail for validation.	
B5	Daily proration	Prorate premiums for mid-month enrollments, terminations, and eligibility changes using the member's actual effective/termination date.	
B6	Calendar-day method	Calculate the daily premium using the actual number of calendar days in the applicable month (28, 29, 30, or 31), so the daily amount varies by month.	
B7	Retroactivity	Support retroactive eligibility/enrollment changes and appropriate billing adjustments/credits with an auditable history.	
B8	Tier changes	Support mid-month coverage-tier or plan changes and calculate resulting prorated charges/credits.	
B9	Invoice detail	Provide invoice detail sufficient to trace charges and adjustments to the applicable subscriber/member transaction.	
B10	Billing controls	Support review, approval, close/finalization, rerun, and correction processes with appropriate permissions.	
B11	Exports	Export invoice and billing detail in common formats (e.g., PDF, Excel/CSV) for finance/reconciliation workflows.	
B12	Historical access	Retain prior invoices, adjustments, billing periods, and supporting detail for audit and research.	

5. Technical, Integration & Security Requirements

ID	Area	Requirement	Vendor Response / Comments
T1	Architecture	Describe hosting model, system architecture, scalability, uptime commitment, planned maintenance, and disaster recovery.	
T2	Security	Describe encryption in transit/at rest, identity and access controls, MFA/SSO options, logging, vulnerability management, and security monitoring.	
T3	Compliance	Identify relevant independent security/compliance certifications or reports (e.g., SOC 1/SOC 2) and availability to HCGIT.	
T4	Privacy	Describe handling of PHI/PII, data retention, data residency, data deletion, incident response, and breach notification practices.	
T5	Integrations	Describe supported carrier, payroll, HRIS, financial, SSO, API, and secure file exchange capabilities.	
T6	Eligibility feeds	Support outbound eligibility/enrollment data exchange and inbound acknowledgments/error handling where applicable.	
T7	APIs	Describe available APIs/web services, authentication, documentation, rate limits, and whether API access carries additional fees.	
T8	Data ownership	Confirm HCGIT ownership/access rights to its data and ability to export complete data during and at termination of the relationship.	
T9	Environments	Describe test/sandbox and production environments, release management, and customer testing/notification practices.	

ID	Area	Requirement	Vendor Response / Comments
T10	Accessibility	Describe conformance with applicable web accessibility standards for administrator and member-facing experiences.	

5.1 Data Exchange Detail

Identify any current or anticipated interfaces required for the proposed solution and complete the following:

Interface / Partner	Method	Frequency	Direction	Included in Price?	Notes
[Vendor to complete]					

6. Service, Support & Vendor Qualifications

6.1 Ongoing Service Model

- Describe the post-implementation service model, including named resources, support channels, hours of operation, and escalation paths.
- Provide standard service level commitments for critical, high, medium, and low priority issues.
- Describe release communications, training resources, knowledge base/help content, and administrator education.
- Explain how billing issues, eligibility discrepancies, and Member Unit-specific questions are triaged and resolved.
- Describe your approach to annual renewal/open enrollment configuration and any associated fees.

6.2 Vendor Experience

ID	Topic	Requested Information
Q1	Company overview	Years in business, ownership structure, employee count, primary office locations, and benefits administration focus.
Q2	Comparable clients	Experience with public-sector, municipal, trust/JPG, multi-employer, or similarly decentralized clients.
Q3	Scale	Number of clients/lives supported and examples of clients with 50+ divisions, entities, or subgroups.
Q4	Billing complexity	Experience producing premium billing with daily proration and retroactive adjustments.
Q5	References	Provide three client references of comparable complexity, preferably including a public-sector or multi-entity client.
Q6	Roadmap	Summarize relevant product investments planned over the next 12-24 months. Clearly label roadmap items as non-contractual unless committed in writing.

6.3 Subcontractors

Identify any subcontractors or third parties that will have a material role in implementation, hosting, support, billing, integrations, or access to HCGIT data. Describe their responsibilities and the vendor's oversight/accountability model.

7. Pricing Proposal

Provide transparent pricing for the complete proposed solution. Separate one-time, recurring, optional, transaction-based, and third-party fees. State all assumptions used to calculate pricing, including subscriber/member counts, Member Units, minimums, and annual escalators.

Pricing Component	One-Time	Recurring / Annual	Unit Basis	Assumptions / Notes
Implementation / project management				
Configuration for 61 Member Units				
Data conversion / migration				
Core benefits administration license				
Premium billing module/functionality				
Phase Two digital enrollment / member self-service				
Integrations / eligibility feeds				
API / SSO				
Training				
Ongoing support / account management				
Renewal / annual configuration				
Other required fees				
Optional services				

7.1 Five-Year Cost Summary

Cost Category	Year 1	Year 2	Year 3	Year 4	Year 5	5-Year Total
One-time fees						
Recurring fees						
Estimated optional/usage fees						
TOTAL						

Identify any price guarantees, annual increases, minimum commitments, termination fees, data extraction fees, and costs not reflected above.

8. Proposal Instructions

- Executive summary and identification of the proposed solution.
- Completed functional, billing, technical, and pricing responses in the format provided.
- Implementation approach and timeline.
- Service/support model and service levels.
- Security/compliance documentation and relevant reports/certifications.
- Three client references.
- Sample Member Unit invoice and required daily-proration example.
- Proposed agreement, including any standard terms, data protection terms, and service level agreement.
- List of exceptions, assumptions, custom development, roadmap dependencies, and third-party dependencies.

9. Evaluation & Selection

HCGIT intends to select the solution that best meets its operational, functional, technical, service, and financial needs. HCGIT may request demonstrations, clarification responses, reference calls, security review materials, or a best-and-final offer.

Evaluation Area	Illustrative Weight
Functional fit and multi-entity administration	25%
Premium billing and daily proration capability	25%
Implementation approach and usability	15%
Technical architecture, integrations, security, and data practices	15%
Service model, vendor experience, and references	10%
Total cost and commercial terms	10%

HCGIT reserves the right to modify evaluation criteria and weighting, reject any or all proposals, request additional information, negotiate with one or more vendors, or cancel this procurement, subject to applicable procurement requirements.

10. Vendor Certification & Exceptions

Please complete the following:

Item	Vendor Response
Legal vendor name	
Primary proposal contact (name/title/email/phone)	
Proposed product/platform name	
Proposal validity period	
Authorized signatory	
Signature / Date	

10.1 Exceptions & Clarifications

List all exceptions to the requirements or terms of this RFP. Silence will be interpreted as the vendor's ability to meet the stated requirement as described in its response. Attach additional pages if needed.

RFP Section / ID	Exception or Clarification	Proposed Alternative / Impact

Appendix A - Recommended Demonstration Scenarios

- Create or update a subscriber within a specific Member Unit and show Trust-level versus Member Unit-level access.
- Process a mid-month enrollment and termination; show daily premium proration and the resulting Member Unit invoice detail.
- Process a retroactive eligibility correction and show the billing adjustment and audit trail.
- Demonstrate how one Member Unit can enable digital member enrollment while another remains HR-administered only.
- Run a Trust-level enrollment report and a Member Unit-specific report, then export the results.
- Show role configuration, audit history, exception/error handling, and support/escalation workflow.