KDA/Diaspora Welfare Association (KWA)

Annex A: Terms of Reference (TORs) for Request for Proposal – Health/Medical Insurance Provider/Broker/Consultant Services

SCOPE OF SERVICES

The Kenya Diaspora/KDA Welfare Association (KWA) is seeking an insurance firm, broker or consultant who will provide the following services:

1. Provide services for the Health/Medical Cover/Life insurance.
2. Advise on best or most effective way to harmonize and/or integrate with existing and new Government (of Kenya) health insurance products like NHIF, SHA/SHIF, etc.
3. Periodically review and evaluate risk exposure and alternative methods of funding.
4. Provide periodic paid claim Loss Ratio analysis and an annual comprehensive claim's analysis.
5. Evaluate and report on the Insurer's or Administrator's Managed Care Options that could provide more aggressive cost containment opportunities for the Association.
6. Validate in a timely manner, new member applications for cover, and/or renewals, for eligibility, admission into the Scheme and premium payments purposes.
7. Report on international and local trends regarding cost effective innovations in "Medical Delivery Systems".
8. Facilitate meetings of/with the Association's Insurance Committee providing education based on historical and marketplace perspective, claims and utilization data analysis, structure and guidance when needed.
9. Provide administrate/customer service support for all levels within the Association, i.e. claim problem resolution and eligibility issues.
10. Provide professional assistance to members advocating for the timely and accurate resolution of claims and disputes administration.
11. Guide the Association's open-enrollment process.

12. Collaborate and liaise closely with the Association to engage, promote and market the selected product/s to the global diaspora community through the various KDA/KWA channels, including but not limited to: social media and diasporic digital channels, targeted webinars, roadshows and strategic events within and outside Kenya, e.g. the Annual Diaspora Homecoming Convention, the UN General Assembly (UNGA) sidelines, the Joint Annual Black Chambers in USA and South Africa, etc.
13. Be available to the Association (on-call) as and when needed for other benefit related projects and services as requested.
14. Represent the Association in negotiations with health insurance providers, resulting in a health insurance plan that meets standards and negotiated agreement, should this be necessary.
15. Provide additional consultation and advice regarding the short and long term needs of the Association to health care and health insurance.

Please submit the following information.

QUALIFICATIONS:

Minimum Qualifications

The firm (or individual) must be licensed to do business in Kenya and designated countries abroad providing medical/health insurance or brokerage services.

Background Information:

1.1 Name and address of operating firm, names of owners or principals of your firm and duration and extent of experience in providing welfare associations with health care insurance. Refer to 1.7.

1.2 If a corporation, provide date of incorporation and President's name. If other than corporation or partnership, describe organization and name of principals. If individual or partnership provide date of organization and name and address of all partners (state whether general or limited partnership).

1.3 Provide historical background and capabilities of your company with special emphasis on your ability to provide welfare health care insurance and related support services to a welfare membership of comparable size. Describe your current welfare health care insurance affiliations and certifications and provide at least one example of how your advocacy for a client changed the outcome of a contract negotiation.

1.4 Have any claims been made or lawsuits filed against you for nonperformance or inadequate performances as a provider of welfare health care insurance? If yes, describe any such claims or lawsuits.

1.5 Provide evidence of Error and Omissions Insurance (preferably a minimum of $500,000).

1.6 Who will have overall responsibility for servicing this account? Include individual's name, title, phone and current area of responsibility.

1.7 Provide the names, addresses, and phone number of some welfare (at least 4) accounts for reference purposes that are currently serviced by your firm.

1.8 Provide the names, addresses, and phone numbers of any welfare account(s) for reference purposes that your firm has lost the account or is no longer providing service to for the past two calendar years.

1.9 Describe how you would coordinate with the welfare's key member/s in the administrative function areas of enrollment, premium collection, billings and customer service?

Services:

2.1 Customer Services: Include the programs in place and those you will implement in the areas needed to service this Contract. Include programs such as local representation, ease of contact, flexibility, access to customer service staff via phone and electronic access; and training.

2.2 Implementation Proposal: Describe the steps involved in the creation and implementation of your plan from the ground up.

2.3 Data Management: Please describe current technological systems including electronic interfaces, and experiences in linking with provider networks.

2.4 Reports: Please provide a sample of each report you can provide to us for purposes of management and utilization of data

2.5 Compensation: Fees should be quoted as an annual rate (KSh/US$ amount or percentage of premium) and should include the cost to perform, at a minimum, the services outlined in the above "Scope of Services." Itemize any incidental charges such as travel, printing, report production, etc. as well as any service that would be billed outside of the base fee. Please clearly indicate if conducting an RFP review for vendor selection is included or would be priced separately.

If priced separately, please show the current rate for RFP project management.

2.6 Agreement: Please provide a sample copy of the proposed agreement.

PROCESS

Professional firms interested in this assignment should submit a letter of interest and response to the information outlined above. Please submit any questions in writing via email to:

The Chairperson

KDA/Diaspora Welfare Association (KWA)

P.O. Box 58638-00200

17th Floor, Lonrho House

Nairobi, Kenya

Email: insurance@kda.global with copy to: info@kenyadiasporaalliance.org

All submissions are due to be received by KWA latest by**: 11th March, 2025, 5pm East Africa time.**