



Park Hill School District Request for Proposal

Group Medical Coverage

Proposed Effective Date January 1, 2019





Table of Contents

- I. Introduction and Bid Process
- II. Statement of No Proposal
- III. Background Information
- IV. Description of Required Services
- V. Medical Questionnaire
- VI. Premium/Contribution History
- VII. Claim History
- VIII. Census Information

Introduction & Bid Process

This document is a request for qualified companies to submit proposals to provide Park Hill School District (PHSD) with medical coverage for eligible employees, dependents, and retirees. The contract period should be from January 1, 2019 to December 31, 2019.

Submission Requirements

1. Proposals will be received by Park Hill School District Office, Attn: Jo Ann Blakely, 7703 NW Barry Road, Kansas City, MO 64153, until **4:00 p.m., Monday, May 7, 2018**. Late proposals will not be considered.
2. Two printed, paper copies of the proposals, as well as an electronic copy on a flash drive, must be returned (with all necessary attachments) to PHSD by the proposal receipt date and time specified.
3. Any and all questions regarding this Request for Proposal must be directed in writing to **Michelle Conn (mconn@cbiz.com) at CBIZ Benefits and Insurance Services no later than April 16, 2018 at 4:00 p.m.**
4. Following is a schedule of the RFP process:

RFP Posted and Issued	Monday, April 9, 2018
Questions due to CBIZ	Monday, April 16, 2018
CBIZ Issues Response to Questions	Friday, April 20, 2018
RFP Closing	Monday, May 7, 2018
Contract Award	Thursday, August 16, 2018
Contract Effective Date	January 1, 2019

General Requirements

Said proposals must conform to the following specifications and instructions.

1. PHSD reserves the right to reject any and all proposals and to waive formalities. Upon review of each proposal, PHSD also reserves the right to request additional clarification, if needed, regarding networks, benefits, and funding.
2. The contractor agrees to hold PHSD harmless in any and all liability claims that might arise from the services provided by this contract.

3. The contractor agrees to comply with the Fair Labor Standards Act, Fair Employment Practices, Equal Opportunity Employment Act and all other applicable Federal, State and County Laws.
4. All reports generated for this contract shall become the property of PHSD upon completion of requirements. The contractor may not, for any reason, use any information or report without the express written consent of PHSD.
5. Your proposal must respond to the specific questions and requests for information addressed in this Request for Proposal. In responding, please include a letter stating the extent to which your proposal deviates from the Description of Required Services and indicate the reason for any deviation. If no statement of deviation is provided, it will be assumed that your proposal conforms to the Description of Required Services.

Evaluation Criteria

Each proposal should enable the evaluation committee to make a thorough evaluation and arrive at a sound determination as to whether or not the proposal will meet PHSD's requirements. Each proposal must be specific, detailed and complete as to clearly and fully demonstrate that the proposer has a thorough knowledge and understanding of the requirements.

Proposals will be analyzed by the District and CBIZ evaluation team using the following parameters:

- **Cost.** What is the overall cost of the benefit to the District and employees? What are the short-term costs, potential long-term costs?
- **Benefits.** What is the scope of the benefits being offered and how does the plan design change from the current plan?
- **Network of Providers.** Based on plan usage history, does the network of providers (hospitals, doctors) within the plan represent providers that District employees use and prefer? How many employees would be required to change providers if moving to a new plan (crossover)?
- **Employee Wellness Initiatives.** Does the vendor incentivize preventive care and employee wellness initiatives in order to avoid the possibility of larger claims?
- **Administration of Claims.** Can the vendor provide reliable, consistent and fair administration of claims? Does the vendor have data/technology systems that reliably integrate employee data, receive premiums, and that can provide datasets back to the District for analysis?

Contract Award

1. PHSD reserves the right, before making an award, to investigate whether or not the qualifications or services proposed by the offeror meet the requirements set forth in the proposal and are ample and sufficient to insure the proper performance of the contract in the event of an award.
2. Any notice of contract award resulting from this RFP will be made only by written authorization from PHSD.
3. PHSD reserves the right to make multiple and/or partial awards; waive any or all requirements of this RFP; accept or reject any or all proposals, if deemed by PHSD to be in the best interest of PHSD.

Statement of No Proposal

Note: If you do not intend to provide a proposal, please return this form immediately.

We, the undersigned, have declined to submit a proposal for Group Medical Coverage for the following reason(s).

- Insufficient time to respond to the R.F.P.
- We do not offer this product or service
- Ineligible Industry
- We are unable to meet specifications
- Not Competitive at this time
- Other (explain)

Remarks: _____

Company Name: _____
Signature: _____
Telephone: _____
Date: _____

Please fax to the attention of Michelle Conn at (816) 897-1511.

Background Information

General Background

PHSD is located at 7703 NW Barry Road, Kansas City, MO 64153. PHSD serves students in a 71 square mile area in Platte County, Missouri and is fully accredited by the state of Missouri. PHSD has approximately 1,452 full-time benefit eligible employees. Approximately 137 retirees participate in the medical options. PHSD consists of 10 elementary, three middle and two high schools; an innovation studio for high school level students, a day school for students with special needs, an Early Childhood Education Center, an aquatic center, support services facility and administrative facility. Estimated student enrollment for the current school year approximates 11,287 (K-12).

Currently, PHSD is covered through Blue Cross and Blue Shield of Kansas City.

PHSD is committed to providing a quality group medical program for its classified and certified employees, as well as participating dependents and retirees.

- **Classification of Employees:** All full-time employees actively working 30 hours per week; Retirees and the surviving spouse of the retirees; Part-time employees based upon their contract with the District. Coverage for employees is effective the first of the month following their date of hire.
- **Classification of Dependents:** Eligible dependents are covered to age 26, end of the calendar year.

Current Plans

1. PHSD has been with BCBSKC since May 2007.
2. PHSD has Max Refund funding arrangement with BCBSKC, with a \$150,000 pooling level.
3. PHSD offers four medical plans:
 - \$1000 Deductible PPO– Preferred Care Blue Network
 - \$1000 Deductible PPO – Blue Select Plus Network
 - \$2700 Deductible QHDHP –Blue Select Plus Network
 - \$2700 Deductible QHDHP – Preferred Care Blue Network
4. Please see attached for current benefits summaries.

Wellness Program

The District started an Employee Wellness Program in 2008 and has been providing these services each year. PHSD retains the services of a full time Health Coach, as an employee of PHSD. Any wellness initiatives will need to be coordinated through the Health Coach.

PHSD offers free health screenings, free flu shots, nutrition programs, access to the District's fitness and aquatic centers, and counseling services. The District has an existing wellness incentive. Insurance eligible employees who do not participate in a biometric screening, online Health Risk Assessment, and achieve 3,000 points on A Healthier You (BCBS) portal contribute an additional \$60 toward monthly health insurance premium.

PHSD also provides a wellness and employee assistance program to support staff and their families in maintaining physical, social and emotional balance in their lives. By helping employees lead a healthy, balanced life, the District supports the people who make it a success and increase PHSD's performance, decrease absenteeism, and manage health costs for employees and the District.

Fitness Center

The Park Hill School District Fitness Center opened November 12, 2008. The fitness center offers employees access to treadmills, elliptical machines, stationary bikes, recumbent bikes, strength training equipment, aerobics room and locker rooms. The fitness center is located in the lower level of the District office building. A variety of group exercise classes provide ample opportunities for employees, spouses, and retirees to stay active. Individual guidance is also provided.

Description of Required Services

The objective of the RFP process will be to identify among multiple proposals the best employee benefits program with the most effective price for medical coverage. All traditional and non-traditional approaches to providing a quality employee benefits program at an affordable cost will be considered.

Consultant Appointment

CBIZ Benefits and Insurance Services, Inc. (CBIZ) is PHSD's appointed consultant/broker on specified health/welfare and employee benefits programs and functions as a benefit outsource service. The District does not pay CBIZ directly. Therefore, you must submit the following pricing proposals.

1. Please submit pricing excluding (net of) all commission/compensation agreement for an insurance broker/consultant and,
2. Pricing including compensation for an insurance broker/consultant, which should equal a base of 0.41% plus 1.76% administrative service fee for a total of 2.17%.

CBIZ Benefits & Insurance Services has been and will continue to be committed to acting in our clients' best interest by providing services and products that meet our clients' needs as communicated to CBIZ. From time to time, CBIZ may participate in agreements with one or more insurance companies or third party vendors, in connection with the insurance related transactions, to receive additional compensation or consideration. These compensation arrangements are provided to CBIZ as a result of the performance and expertise, by which products and services are provided to the client and may result in enhancing CBIZs ability to access certain markets and services on behalf of CBIZ clients. More information regarding these agreements and the consideration received pursuant to these agreements is available upon written request.

Proposed Rate Structure

PHSD wishes to continue to offer a substantial healthcare package to the employees and participating dependents; the District currently has a 3-tier rate structure. Please provide a 3-tier and 4-tier rate structure in your proposal.

Any differential in unit premium cost between plan options should be solely reflective of the inherent differential in efficiency of the delivery systems.

Proposed Plan Design

1. It is the intent of PHSD to contract with carriers who are providing plans which offer significant economic incentives for utilizing network providers. As a potential contractor offering your services to PHSD, you should include any unique cost containment provisions and, where applicable, the associated premium discounts.
2. Please provide the following plan design options:
 - Duplicate the current plan designs and highlight any alternate plan designs you may propose.
 - As a special arrangement for the convenience of the PHSD participants, members are able to receive a 90-day supply of prescriptions at any network retail pharmacy. The cost is 2 times the copay for a 30-day supply – a substantial savings for participants who choose this option. A 90-day supply for 2 monthly copays continues to be available through the mail order vendor.
 - PHSD currently utilizes a Value-Based Drug Benefit (VBDB) program whereby members may receive certain generic medications at no cost for some types of chronic conditions. Please provide any information you may have regarding VBDB programs. Attached is the most recent VBD list.
 - Please provide information and pricing regarding any riders you may be able to offer to include weight loss surgeries/services and/or infertility coverage. These should be included only as riders with the option for PHSD to include or decline either or both.

Network

1. Clearly identify within your proposal by address and zip code your managed care sites, including hospitals and physicians and identify primary care physicians' availability and capacity. Please provide an overlay showing this.
2. Please include a summary of which products are available.
3. PHSD has Retirees who live throughout the United States. Your proposal must include network availability across the U.S.
4. Indicate if you have the ability to create high performance or tiered networks and tie benefit levels or other incentives for use of those networks.
5. Additionally, PHSD is interested in continuing to utilize high performance and narrow network options. Please include network disruption reports for all proposed networks.
6. **As we review the proposals, network cross over will be an important decision factor. Included with the RFP information are current utilization reports for inpatient hospitals, outpatient facilities, professional providers, PCPs, and prescription drugs. For the providers, please indicate whether or not the facility or physician is a part of your proposed network. For the pharmacy report, please indicate which Drug Tier the medication will fall under with your proposed plans.**

Funding

1. Currently, PHSD is fully insured with max refund. Please propose benefit programs utilizing fully insured participating arrangements as well as fully self-funded plans.
2. Include in your proposal a retention illustration as well as stipulate your retention percentage. All proposals should clearly identify all provider network access charges, pooling charges, utilization management charges, and any other non-paid claim charges that will be assessed.

Wellness Program

1. PHSD is very interested in maintaining and enhancing the wellness program going forward. Your wellness initiatives should include, but not be limited to, programs such as weight loss programs, brown bag lunch seminars, free on-site flu shot clinics, blood pressure and blood profile screenings, health coaching options (including online, telephonic and face-to-face), employee newsletters, and Health Risk Assessments with detailed reporting to the individual and aggregate reporting with recommendations to PHSD. Health risk assessments and screenings must be made available to all employees, regardless if they are covered by the plan or not.
2. PHSD will be very interested in proposals which will incorporate these various initiatives with **no additional cost** to PHSD. Currently, PHSD has an **annual wellness fund of \$100,000** to fund various programs and employee incentives for participants. PHSD is requesting a two pricing options:
 - a. Pricing that includes a \$100,000 annual wellness fund provided by the carrier on behalf of PHSD; and
 - b. Pricing that does not include a wellness fund provided by the carrier.
3. The wellness program will be an ongoing and potentially escalating process with PHSD with additional incentives and resources added over time. The inclusion of a Wellness component will be heavily regarded during the decision making process. Please provide detailed information regarding any and all of your wellness resources.
4. PHSD employees and their dependents are highly utilizing a point based reward/incentive program where they can earn additional cash by participating in and recording various healthy activities. Please include information in your proposal regarding any reward programs you can offer at **no additional cost** to PHSD.

Reporting/Utilization Data

1. As a potential contractor, it is important for you to state your claim reporting capability (all options), including your scope and frequency of such reporting. Please include sample claim reports. Can you compare actual claims utilization by service type on a line item basis, against demographically adjusted normative expected claims? If so, is there an additional charge for receiving this data on a quarterly basis?
2. The availability of detailed management reports, at least on a quarterly basis, is required so as to allow PHSD to respond to employee needs and be in a position to react proactively to claim variations against expectations.
3. The successful bidder must be able to meet PHSD's reporting requirements. PHSD requires that the chosen carrier be able to break out claims data into the following categories by product:
 - Active
 - COBRA
 - Retirees Under 65
 - Retirees Over 65
4. Please fully describe the availability of online reporting that is accessible to the broker/client.
5. Please provide documentation (describing all delivery options) as to your ability to reduce the overall net cost associated with the plan from billed charges, through provider discounts (including fee for service discounts, capitation charges, per diem arrangements, etc.) and describe your utilization control measures.
6. The selected vendor will need to be able to accept file feeds from a benefits administration system. The benefits administration vendor with which we actively work accepts a wide range of EDI formats. The scope of services generally falls into the following categories:
 - Electronic Enrollment Services
 - Eligibility Maintenance
 - Payroll Deduction Communication
 - Premium Invoicing Services
 - Administrator Functions
 - Trouble-Shooting Features
 - Qualifying Event Management
 - Form and Document "Portal" Services

Medical Questionnaire

In answering the following questions, please do not refer to your proposal. Restate each question and then respond directly to the question.

General Considerations / Questions

1. It is PHSD's intent to create a "no loss/no gain" situation whereby no employee, participating retiree, dependent or COBRA participant of PHSD will be penalized because of a change in carriers. Please state your acceptance of this arrangement.
2. **We will assume that you will provide 180-day preliminary and 150-day final renewal rates. Please state if you are not able to meet this requirement.**
3. Is your proposal dependent upon you being selected as the only provider? If your proposal will allow other insurers and plans, under what conditions will the other parties be acceptable?
4. Please provide a detailed report regarding the "resources" you are able to commit to open enrollment during the fourth quarter of 2018.
5. Describe your method for handling claims disputes.
6. Please provide information on how you handle transition of care for members in their third trimester of a pregnancy or those who have pre-scheduled surgery/services for shortly after the effective date of 1/1/19.
7. Provide samples of claim reports that must be provided on a monthly basis and clearly state if there is any additional charge.
8. Do you offer telemedicine services as part of your proposal or integrate and reimburse for any telemedicine services? If so please provide specific details within your proposal.
9. Please provide a copy of your specimen contract and standard membership enrollment agreement.
10. Please state your provision for any extension of benefits for enrollees if the contract is terminated.
11. Please state your capability of maintaining eligibility and billing via EDI transfer.
12. Please state your standard termination notice provision.
13. Please provide your insurance industry ratings.

Wellness Program Questions

1. Will you allow wellness funds to be used to fund incentives or wellness activities?
2. Please specify any parameters for the usage of wellness funds.
3. Can unused wellness funds be rolled over from year to year?
4. Describe in detail any wellness services you provide. Are there any additional fees for these services? If so, please list them separately.
5. Do you anticipate any changes to your wellness programs or functionality over the next 3 years?
6. Does your wellness program incorporate integration with any fitness devices such as Garmin or FitBit?
7. What type of reporting is available through your wellness program? What is the frequency of the reporting?
8. Do you offer the ability for an employee to either attend onsite biometric screenings or complete a physician verification form? Is there any additional fee for physician verification forms?
9. Do you provide any price and quality transparency tools to assist members in determining the cost of treatments or quality of providers?



Premium/Contribution History

See Attached



Claim History

See Attached



Census Information

See Attached