Sealed envelope should be addressed to:  
Holmes Murphy  
Attention: Michelle Ohlde  
1828 Walnut Street, Suite 701  
Kansas City, MO 64108

RFP #20019  
Date: Thursday, December 12, 2019  
RFP No.: 20019  
For: Medical Benefits Plan 2021

RFP Due Date:  
Date: Thursday, February 6, 2020  
Time: 5:00 p.m.  
Location: Holmes Murphy  
1828 Walnut Street, Suite 701  
Kansas City, MO 64108

CONDITIONS UNDER WHICH RFPS ARE REQUESTED ARE INCLUDED. PLEASE REVIEW THOROUGHLY.

You are invited to bid prices for the services outlined as Medical Benefits Plan 2021 for the Blue Valley Unified School District No. 229, Johnson County, State of Kansas herein referred to as the “District”.

The District is soliciting proposals to provide professional services related to the administration of our medical benefits plan with an effective date of January 1, 2021.

The District reserves the right to reject any or all proposals received if such action is considered to be in the best interest of the District. This request does not obligate the District to pay any cost incurred by vendors related to submission of proposals in response to this RFP.

Unauthorized communication by potential vendors about this RFP to District representatives, other than via the email address of our consultants handling the bid process shown below, may result in vendor disqualification.

Deadline for any questions regarding RFP procedures or questions regarding RFP specifications should be sent in writing to: mohlde@holmesmurphy.com by the end of the day on Thursday, January 9, 2020. Be sure to have RFP 20019 in the subject heading. Questions and answers will be distributed to all responding/registered parties via email.

<table>
<thead>
<tr>
<th>Action</th>
<th>Deadline</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm Receipt of RFP</td>
<td>Upon Receipt</td>
<td>Email <a href="mailto:mohlde@holmesmurphy.com">mohlde@holmesmurphy.com</a></td>
</tr>
<tr>
<td>Questions to Holmes Murphy</td>
<td>Thursday, January 9</td>
<td>Email <a href="mailto:mohlde@holmesmurphy.com">mohlde@holmesmurphy.com</a></td>
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<tr>
<td>Responses to Market</td>
<td>As soon as possible</td>
<td>Email to Carrier Contacts</td>
</tr>
<tr>
<td>Proposal Due Date/Bid Opening</td>
<td>Thursday, February 6</td>
<td>Holmes Murphy Office by 5:00PM</td>
</tr>
<tr>
<td>Finalists Identified</td>
<td>Friday, February 28</td>
<td>Email to Carrier Contacts</td>
</tr>
<tr>
<td>Finalists Interviewed</td>
<td>Wednesday, March 25</td>
<td>District OfficePresentation</td>
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</tbody>
</table>

Final results of the RFP will be sent via email once the RFP process has been completed.

RFP number and name of bidder must appear on the front of the sealed envelope.

THIS RFP IS NOT TRANSFERABLE
TERMS & CONDITIONS

1. The Board of Education reserves the right to reject any or all RFPs, to accept any item or items in the RFP and to waive any informality in RFPs.

2. Each RFP must be priced.

3. Prices quoted must remain firm through December 31, 2021.

4. Envelopes containing RFPs must be sealed and marked on the lower left-hand corner with the company name and address of the bidder, RFP control number, RFP opening date.

5. Contracts entered into on the basis of submitted RFPs are revocable if contrary to law.

6. Please include illustrated descriptions of all items RFP that are deviations from specified items.

7. Kansas State Law prohibits smoking in or on any District property. Compliance is required.

8. The supplier shall provide the standard patent infringement indemnity clause which shall hold and save the School District and its officers, agents, servants and employees harmless from liability for patent infringement of any patented invention, process, article, or appliance manufactured or used in the performance of the contract, including its use by the School District.

9. Indemnity and Hold Harmless: The supplier agrees to protect, defend, indemnify, and hold the School District, its Board members, officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, reasonable attorneys' fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes of action of every kind and character in connection with or arising directly or indirectly out of the error, omission or negligent act of the contractor. The supplier further agrees to investigate, handle, respond to, provide a defense for and defend any such claims at supplier's sole expense and agrees to bear all costs and expenses related thereto, even if such claim is groundless, false or fraudulent.

10. Tax Exempt: School District is exempt from state and local sales taxes by virtue of Kansas Statutes Annotated 79-3606.

11. The service provider shall observe the provisions of the Kansas act against discrimination (K.S.A. 44-1030) and shall not discriminate against any person in the performance of work under the present contract because of race, religion, color, sex, disability, national origin or ancestry.

12. Supplier understands that the School District is subject to the Kansas Open Records Act, K.S.A. 45-215 et seq., as amended (the "Act"), and that any proposals made in response to a request for bid may be disclosed as required, in the sole opinion of the District, by the Act or other applicable law or judicial order. School District assumes no responsibility for such disclosure and will not be held liable for any damage or injury that may result from any disclosure that may occur. By submitting a response to a request for bid, Supplier agrees to defend, indemnify, and hold School District harmless from and against any and all claims, demands, costs, and expenses, including reasonable attorneys' fees, arising as a result of School District's disclosure or refusal to disclose response information provided by Supplier.
I. INTRODUCTION

The District is issuing this request for proposals (RFP) to provide services related to the District’s medical benefits plan. This document is a Request for Proposal. It differs from a Request for Bid/Quotation in that the District is seeking a solution as described in the following information, not a bid/quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee a recommendation of an award of service. The District reserves the right to select and recommend for award the proposed service that best meets its required needs, quality levels of service and budget constraints.

II. PURPOSE

The District is soliciting proposals to administer and provide risk protection for their medical and prescription drug program. The successful proposer shall provide administrative services and risk protection for the District’s Medical Benefits Plan with a January 1, 2021 plan year effective date.

The District currently maintains a Cost Plus plan administered by BlueCross BlueShield of Kansas City (BCBSKC).

III. BACKGROUND INFORMATION – DISTRICT OVERVIEW

A. History
The District was unified in 1965. Since that time, the District has grown between three and twenty percent each year. Blue Valley is one of the fastest growing school districts in the state and in the country.

B. Vision Statement
Together, we will enable each child to become more than he or she ever hoped to be.

C. Mission Statement
The District’s mission is unprecedented academic success and unparalleled personal growth for every student.

D. Our Commitments

- We will make a continuous effort to relocate resources, adopt innovative programs and critically evaluate current practices to assure academic excellence.

- We are committed to Professional Learning Communities as the means of continuous school improvement.

E. Location
The District is committed to giving students an Education Beyond Expectations - an education filled with opportunities. This K-12 district encompasses 91 square miles in southeastern Johnson County, Kansas. More than 22,000 students attend the District’s 36 schools, and the District is committed to providing a personalized learning experience to every one of them. The District has five high schools (grades 9-12), nine middle schools (grades 6-8) and 21 elementary schools (grades K-5).
F. Enrollment history
Enrollment has risen from 16,943 in 2000 to 22,251 in 2019, a more than 31% increase over that time period (Stats include Pre-K – 12th Grade).

G. Current Enrollment

K-12: 22,251
Preschool-12: 22,907

H. Facilities
21 elementary schools (grades K - 5)
9 middle schools (grades 6 - 8)
5 high schools (grades 9 – 12)
1 alternative high school
The Center of Advanced Professional Studies
Hilltop Campus

I. Staff
Certified staff: 1,873
Classified staff: 1,453
Administrators: 110

J. Claim History and Plan Information
See separate attachments. Monthly claims and enrollment by product are provided for 2017, 2018 and through October 31, 2019. Please refer to the separate document outlining all of the attachments we’ve included in this RFP to aid you in your proposal response.

Additional general information about the District is available at www.bluevalleyk12.org

IV. REQUEST FOR PROPOSAL (RFP) TIMELINE
Deadline for questions (emailed) Thursday, January 9, 2020
Proposals Due Thursday, February 6, 5 PM Central at Holmes Murphy Offices, 1828 Walnut Street, Suite 701, Kansas City, MO 64108

Please Note: We are unable to provide the 2021 renewal rates because BCBSKC is also being asked to respond to this RFP.

Finalist Interviews/Presentations March 25, 2020
Anticipated Award of RFP #20019 April 13, 2020

V. SERVICE AGREEMENT / CARRIER EXPECTATIONS

A. Operational
1. The client service agreement is renewable annually. The agreement can be terminated if the District feels the CARRIER is not servicing the District up to the District’s standards. The District’s desire is to retain the services of the selected CARRIER for a period of 1 year with 4 annual extensions (5 years max). The services will begin on January 1, 2021. The award of contract will not be final until the District and the prospective contractor have executed a
service agreement which is signed by both a binding representative of the CARRIER and representatives of the District.

2. CARRIER represents that it has or shall secure at their own expense, all personnel required in performing the services under this contract. Such personnel shall not be employees of or have any other contractual relationship with the District. All personnel engaged in the work shall be qualified according to the laws of the United States, the State of Kansas, and the provisions of this contract. Should the District object to an individual employed or engaged by the CARRIER to perform the services hereunder, CARRIER agrees to promptly replace that person with an individual approved by the District.

3. CARRIER shall establish safeguards to prohibit employees from using their positions for the purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.

4. CARRIER shall maintain all licenses, permits, certifications, bonds, and insurance required by federal, state and local authority for carrying out this contract. CARRIER shall notify the District immediately if any required license, permit, bond or insurance is canceled, suspended or is otherwise ineffective.

5. None of the work or services covered by this contract shall be subcontracted without the prior written approval of the District. All approved subcontracts must conform to applicable requirements set forth in this contract.

6. The parties agree that this Agreement and the relationship it represents requires that exchange of confidential information over the course of normal business. Confidential information is information not generally known by non-party personnel, including but not limited to financial information, marketing information and other proprietary business information. Neither party shall use, duplicate or divulge to others any confidential information disclosed to that party by the other party in the course of performance of this agreement without first obtaining written permission from that party, to the extent allowed by law. Full HIPAA compliance is required, whenever applicable.

7. The CARRIER guarantees that in connection with this proposal the prices and /or cost data have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition. This does not preclude or impede the formation of a consortium of companies and /or agencies for the purpose of engaging in jointly sponsored proposals.

8. The CARRIER must disclose any corporate relationships or additional sources of income as a result of acting as the District’s medical benefit plan administrator.

B. Procedural

1. The District is not responsible for any costs associated with the preparation or submittal of this RFP. All proposals submitted become the property of the District. It is understood and agreed that the prospective contractor claims no proprietary rights to the ideas and written materials contained in or attached to the proposal submitted.

2. All questions shall reference RFP #20019 Medical Benefits Plan Administration and be directed to mohlide@holmesmurphy.com by email. Questions must be submitted be the end of the day on Thursday, January 9. Questions as they are drafted along with the District’s response will be distributed to all invited vendors within a week of the deadline.
3. The District reserves the right to reject any and all proposals if the information is incomplete and does not address all the required items. Unsigned and late proposals will not be given consideration.

VI. **PROPOSAL REQUIREMENTS**

To be considered, each proposal shall contain the following information.

A. **CARRIER’s Capability:**

1. **Organization:** State the full name and address of your organization, include the name, address and telephone number of the person in your organization who has primary responsibility for developing this proposal and to whom technical questions may be addressed.

2. **Experience:** Proposals shall include a description of the CARRIER’s overall experience in handling similar medical benefits plan administration services. A list of not fewer than three different references that are preferably public sector entities that you have done work with in the last four years. Include the following: listing the organization’s name, address, telephone number, contact person, detailed description of work performed and length of similar services provided shall be included within the proposal.

3. **Personnel:** Proposals shall identify each member of the carrier’s staff who would work on the project, the role they will be performing, and qualifications of personnel in the area of medical plan administration services. Please include resumes on all persons that would be assigned to this account and include work history and experience for each.

4. **Volume of Business:** Describe your firm’s annual volume of business and identify how much of this business is directly related to medical benefits plan administration and/or insurance.

5. **Insurance Certificates:** Include proof of Commercial Liability insurance and proof of insurance for Errors and Omissions coverage.

B. **Approach:** Demonstrate ability to respond efficiently to requests for services. Describe availability, processes and provide examples used for other clients.

C. **Support Services Available:** Describe the support services available by CARRIER to the District.

D. **Answers to Mandatory Questions:** Proposals shall include answers to all of the questions provided in the Mandatory Questions Section IX.

E. **Sample Contract:** Include a paper draft of a contract agreement for providing the services within this RFP in each copy of the proposal. In addition, provide the contract draft in an unrestricted Microsoft Word on one USB Drive. Be sure to not include any pricing information in the sample contract. Failure to provide a sample contract in an unrestricted Microsoft Word format will result in a reduction in points for this requirement.

F. **Deviations:** Identify any deviations to the terms and conditions outlined in this RFP document. If none, simply state “None” for this section. In addition, fully divulge any
corporate relationships or additional sources of income as a result of acting as the District’s medical benefits plan administrator. If none, simply state “None” for this section. You are encouraged to also highlight any innovations, approaches, tools and technologies that you would recommend the District consider.

G. Contract Price: The proposal shall include fixed pricing per the instructions outlined in Section X. Pricing Form. The term of the contract is annual with four annual renewals. The max length is five years total. No additional fees related to medical benefit plan administrative services may be charged upon award unless identified on the Pricing Form. The fixed price sum quoted herein may be adjusted upward or downward in accordance with the final determination as to the scope of the work to be performed. This determination will be made before the contract is awarded. ALL PRICING INFORMATION SHALL BE IN SEPARATE SEALED ENVELOPES (1 original and 4 copies – 5 separate envelopes), per instructions in Section VIII.

H. Consultant Appointment: Holmes Murphy is the District’s appointed consultant/broker/advisor on specified health/welfare and employee benefits programs and functions as a benefit outsource service. Blue Valley School District does not pay Holmes Murphy directly. The District’s service agreement with Holmes Murphy calls for annual compensation in the amount of $329,800 with no contingencies. Therefore, please build this compensation in to your pricing as a part of the retention.

Holmes Murphy 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 Holmes Murphy. From time to time, Holmes Murphy 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 Holmes Murphy as a result of the performance and expertise by which products and services are provided to the client and may result in enhancing Holmes Murphy’s ability to access certain markets and services on behalf of Holmes Murphy clients. More information regarding these agreements and the consideration received pursuant to these agreements is available upon written request.

I. The current medical carrier is Blue Cross/Blue Shield of Kansas City (BCBS). The District has been with BCBS for over fifteen years.

J. The District is currently insured through BCBS with a Cost Plus contract. The District pays monthly fixed costs for risk protection and administration and then reimburses BCBS for monthly claims, variable ACA and network access fees. The District does also receive a PBM Rx Rebate Credit in the amount of a fixed PMPM amount paid quarterly as a claims credit.

The District is interested in seeing two separate quotes.

1. The first quote would be to remain in a similar funding arrangement. That is, a contract that has the cash flow advantages of self-funding claims up to a specific pooling point of $175,000 and an aggregate attachment point of 105% of expected claims. Please match the benefits and plan designs of the current five medical plans as closely as possible. (Otherwise, please quote the lowest aggregate attachment offered by your company or provide a fully insured quote.) Please note, for any similar proposals that are provided, the District requests that the selected carrier(s) provide the same programs provided to fully insured clients (i.e. large case management, disease management, nurse lines, etc.) as well as an option of the administrator accepting fiduciary liability. The District favors a fully insured contract over an ASO arrangement if the current levels of specific and aggregate protection can’t be duplicated. The District would never accept stop loss proposals that include lasers.

2. The second quote would be for a proposal to consider offering up to five medical plans with a multiyear (ideally three-year contract) with lower cost or no increase in cost from the 2020
contracted rates. The District is open to creative suggestions on the best ways to achieve this desired outcome using a variety of paths such as plan design changes (deductibles, coinsurance, copays) and network strategies that your actuarial and underwriting team deem to be the best pathway to achieve this desired goal.

K. The District currently offers five medical plans: HDHP Blue Select Plus network including the Spira Care Centers, SPIRA CARE EPO Blue Select Plus network, EPO Plan Blue Select Plus network, HDHP BlueSaver Preferred Care Blue network and PPO Preferred Care Blue network. The benefit schedules for these five plans are in the attachments. UMB is their HSA administrator, the District does not need a quote for HSA services. The HSA program will remain with UMB.

L. The District pays 100% of the cost for employee coverage on the BlueSelect Plus HDHP with Spira Care, BlueSelect Plus Spira Care EPO Plan and Preferred Care Blue Bluesaver HDHP. The District contributes a fixed amount per pay period into both HDHP HSA plans ($40.13 per pay period for the HDHP Blue Select Plus plan and $13.25 per pay period for the HDHP BlueSaver Preferred Care Blue plan).

M. Full-time and part-time classified employees who work a minimum of 20 hours per week are eligible to be covered under this plan. Any certified employee who is covered under the terms of the negotiated agreement, regardless of the number of hours worked per week, is eligible for coverage. Pre-65 retirees are also eligible for coverage.

N. Dependent children are covered through the end of the calendar year when they reach age 26 or the month they are no longer an eligible dependent, whichever is first.

O. Census data with home zip codes has been provided to you in the attachments.

We have also included in the attachments a list of the top utilized professional providers. In your proposal, please indicate if each of these providers is an in-network or out-of-network provider for each network you are proposing for the District.

P. The District has adopted a multi-year wellbeing strategy focused on five elements of wellbeing: community, financial, physical, social and career. The District utilizes the wellness services provided by BCBS’s “A Healthier You” program which is included in the monthly BCBS rates.

1. The District partners with A Healthier You (AHY) for their wellbeing/wellness program. If an employee (and spouse, if applicable) chooses to participate, they would complete AHY registration, complete an online health risk assessment, complete a fasting health screening with their physician using the Physician Screening Form found on the AHY member portal and complete a digital tobacco cessation program (if attesting to using nicotine/tobacco). If these steps are not completed a $60/eligible employee and $60/eligible spouse monthly payroll deduction will be taken.

2. Our Wellbeing Coordinator is responsible for the communication of our wellbeing program and resources provided by BCBS and the District and the community for employees and families as well as supports activities through the District Employee Benefits Department.

Q. Medical Value-Adds:

1. Blue KC designates certain primary care physicians as Patient-Centered Medical Homes who benefit members by providing greater engagement with them through enhanced communication with Blue KC as to their claims history, prescription compliance, visits to other providers, etc. Please indicate whether your network includes similar providers, indicating BVSD members’ access to them, and the features and services that distinguish these doctors from others. Please note if you can administer a plan design with a separate copay to encourage utilization similar to this PCMH structure.
2. Blue KC also provides the value adds of Telehealth program. For Telehealth, they have partnered with American Well (Amwell) to offer care from your home or wherever they may be.

3. Blue KC also provides a few Prescription Savings Plans. Pharmacy and prescription plans implemented with BCBS include:

   i. **Select Step Therapy** – empowers members to reduce prescription waste. This means they may need to first try a proven, cost-effective medication before progressing to a more costly treatment.

   ii. **Select Home Delivery Incentive Choice** – helps members save on maintenance medications by switching to mail order. If members do not make the switch after the second fill at the retail pharmacy, their copayment increases by $10 the next time they fill their maintenance medications at the retail pharmacy.

   iii. **OptumRx Specialty Medications** – members who take a specialty medication receive a letter explaining the benefits of using Optum’s specialty pharmacy. Access to specialty-trained pharmacists and nurses 24/7, medication delivery, safety checks and refill reminders are some of the benefits.

R. Your proposal should include your complete cost containment and utilization review provisions including those in the present benefit structure as well as any other features you may wish to include.

S. Please include in your proposal a retention illustration as well as stipulate your retention percentage which should include Holmes Murphy compensation of $329,800. 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. Please also specify which, if any, PPACA and Kansas State taxes and fees are included.

T. We understand your need, assuming you are proposing fully insured plans, to base your proposal around your standard, filed programs and would ask that you quote the design features of your plans as close as possible to the present design features. The attachments outline the current plan designs for their programs.

U. The availability of detailed management reports, as well as monthly paid premium/paid claim reports, is required so as to allow the District to respond to employee needs and be in a position to react proactively to claim variations against expectations.

V. The District understands and accepts the value and constraints of managed care programs. Therefore, your proposal should offer large case management services.

W. **All deviations from the requested plans must be indicated. All deviations from current must be indicated.**

X. The District submits all enrollment and eligibility information electronically Selerix Online enrollment system that provides self-administered premium administration and direct employee online enrollment. *The proposed vendor must be willing to help coordinate and accept data from Selerix.*

   **Summary of Selerix Online Enrollment/Administration Capabilities**

   The scope of services generally falls into the following categories.

   - Electronic enrollment services;
   - Eligibility maintenance;
Payroll deduction communication;
Premium invoicing services;
Administrator functions;
Qualifying event management; and
Form and document “portal” services.

Electronic Enrollment Services
At initial enrollment and annual re-enrollment (if making changes), each employee is asked to go to the enrollment website to re-elect or confirm their benefit elections. By doing so, employees also verify their dependents’ eligibility for the upcoming year. The website allows an employee to enroll in medical, flexible benefits, dental, vision, short-term disability, basic and voluntary life insurance all in one short session. New hires go through this same enrollment process as they become eligible.

Eligibility Maintenance
The Selerix database should be recognized as the “master” eligibility source. This means that no other entity aside from Selerix is responsible for keeping track of who is eligible or not as of a given point in time. Each week Selerix will send to all vendors the current eligibility file. This includes updated addresses, changes in employee status, location changes, etc.

Premium / Billing Invoicing Method
Performing the role of the master eligibility source will allow Selerix to produce invoices for the carriers and service providers. A “snapshot” of the eligible group is taken around the middle of each month. Premium is billed by division and by product, by Selerix based on this snapshot. The carriers have agreed to accept this remittance based on Selerix eligibility system. No reconciliation or adjustments to this premium calculation is necessary as a result.

Y. ADMINISTRATIVE SERVICES SPECIFICATIONS

1. The following services must be provided:
   - Claim adjudication and claim payment including all necessary investigation and analysis.
   - Appeals – ACA required appeal procedures.
   - Application of Reasonable and Customary (allowable expense for non-par charges).
   - Subrogation services.
   - Apply coordination of benefits
   - Monthly financial reports, by plan, medical separate from pharmacy
   - Eligibility verification.
   - Identification cards.
   - Monthly management reports.
   - Underwriting and actuarial services.
   - Plan document (certificate of coverage) writing services.
Design of administrative forms necessary to administer the plan (i.e. claim forms, EOB forms, etc.).

2. Describe the performance guarantees your company is willing to offer. These guarantees should include:
   • Claim turnaround time
   • Claim financial accuracy
   • Call response standards
   • Report delivery
   • Fee cap guarantees
   • Network savings guarantees

Z. STOP LOSS/POOLING SPECIFICATIONS

- Medical and Rx charges both apply to the specific and aggregate protection.
- Please quote a specific stop-loss deductible of $175,000. Please specify the timing of spec claim reimbursements in your proposal.
- The contract should be quoted as a paid contract.
- Please quote an aggregate stop loss where maximum claims are 105% of expected, if possible. Otherwise, quote the lowest corridor possible (110% or 115%).

VII. SCORING AND SHORTLISTING

Evaluation of Proposals: An evaluation committee comprised of District employees and board members, as well as representatives from Holmes Murphy, shall evaluate proposals received.

1. Phase I Evaluation and Shortlisting:
   All proposals will be evaluated according to the point schedule listed below. Proposals not short-listed will not be further considered.

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<th>Section</th>
<th>Section Title</th>
<th>Total Possible Points</th>
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<tr>
<td>Section 1</td>
<td>Price/Rate Guarantee</td>
<td>35 Points</td>
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<tr>
<td>Section 2</td>
<td>Benefits Provided/Plan Design</td>
<td>25 Points</td>
</tr>
<tr>
<td>Section 3</td>
<td>Wellness Resources/Technology</td>
<td>20 Points</td>
</tr>
<tr>
<td>Section 4</td>
<td>Network Options/Strength</td>
<td>15 Points</td>
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<tr>
<td>Section 5</td>
<td>Adherence to RFP Requirements</td>
<td>5 Points</td>
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The District retains the right to end the RFP and base award of the RFP after the Phase I scoring or continuing on to Phase II Optional Finalists Interview. Vendors are encouraged to put their best proposals forward since award can be made after Phase I.
2. **Phase II Optional Finalists Interview:**
   The District retains the right to interview some, all or none of the RFP Finalists identified in the Phase I Scoring. Necessary interviews will be scheduled on Wednesday, March 18, 2020. Companies invited for the interview will be notified the week prior. Interviews may be conducted in person or via a Teleconference. Upon completion of the interviews the District reserves the right to adjust the phase I scoring of a phase II participant based on the review of additionally provided information.

Scores from Phase I will carry over and be combined with the following:

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<th>Total Possible Points</th>
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<tr>
<td>Phase I</td>
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<td>100 Points</td>
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*Scoring from Phase I will not be made available until Phase II has been completed or ruled out.*

**VIII. RFP RESPONSE INSTRUCTIONS**

1. **Sealed proposal due to Holmes Murphy on behalf of the District** – The due date for the sealed RFP response is listed on page 1. **All proposals received after the date and time set for receipt will be REJECTED.** Proposals received after the time and date set will not be considered. The District will not consider or be responsible for errant delivery or late performance by courier service.

2. The District requires one (1) original paper copy, four (4) paper copies and one electronic copy of the entire proposal in Excel for the Excel attachments and in Word format for ease of transferring responses to a summary comparison on a flash drive to Michelle Ohlde at Holmes Murphy. We cannot receive emailed copies.

3. The RFP response may be hand-delivered or must otherwise be received by Holmes Murphy at the address provided on page 1, by the submittal deadline.

4. Responses to the District should be in an envelope clearly marked and addressed. If the RFP is not clearly marked, the Proposer has the risk of the proposal being misplaced and not properly delivered. The RFP Coordinator is not responsible for identifying proposals submitted that are not properly marked.

6. Original RFP responses shall be signed by an official authorized to legally bind the Proposer.

7. **Pricing must be submitted in separate sealed envelopes within the main submission documents and be clearly labeled “Pricing Response, RFP # 20019”. (1 original and 4 copies – five separate envelopes)**

8. Proposers are to reply with information in the following order:
   - Letter of transmittal indicating the firm’s interest in providing the service and any other information that would assist the District in making their selection. This letter must be signed by a person legally authorized to bind the firm to a contract. **Please refrain from including specific financial or savings information in this transmittal letter.** All financial references and exhibits should be separate from the proposed terms.
   - Answers to Section IX, Proposal Requirements in the order requested.
Answer “Mandatory Questions” in the order asked. Efforts have been made to provide this section electronically. Please answer each question under the question asked.

- RFP Signature Page, signed by a person that can legally bind the proposing company. **Original version of proposal should include an actual signature to be valid.**
- Any additional information that may be helpful in evaluating services offered.

**IX. MANDATORY QUESTIONS**

1. Name of CARRIER: ____________________________________________________________

2. Address: ________________________________

3. Telephone: ____________________________

4. Name of producer/account executive: ____________________________________________

5. The District’s Benefits Department would like one main contact at carrier/vendor for any issues (i.e. claims, eligibility, general questions, etc.) that may arise during the year. This contact would not be made available to all District employees, but would rather be available only for the Benefits Department’s use. Please state your acceptance of this request and name the individual.

_____________________________________________________________________________

6. Office servicing this account: _________________________________________________

7. Date founded/opened: ________________________________________________________

8. Total Number of Employees: ____________________________

9. Number of public entity clients: ____________________________

10. List all persons assigned to work on this account:

    __________________________________________________

    __________________________________________________

    __________________________________________________

Complete the following information in regards to all persons who would be assigned to work on the District’s account.

11. Number of public entity clients per person:

12. Number of other clients served per person:

13. Length of time with agency per person:
14. Career years in insurance or health management per person:

Complete the following information with regard to company and firm.

15. Provide a brief history of your firm and its overall capabilities.

16. What is the name of provider networks you are proposing? Is the cost to access the network included in your fee?

17. Is medical management provided by your company, or by an outside vendor? Describe. If there are additional costs to the District for these services, be sure to include the descriptions and unit costs in Section X, Pricing Form.

18. Please state your willingness to provide final renewal rates by March 1st of each year for an effective date of January 1 of the subsequent year (this includes the first year renewal). If you are unable to provide this notice, confirm when you commit to delivering renewal notice each year.

19. If your proposal does not comply with the specifications in any way, please explain all deviations in detail.

20. Please provide a copy of your most recent financial report, as well as any other information you feel is reflective of your company’s financial strength.

21. Please provide the name, title and telephone number of three of your clients that are similar in size to the District.

22. Please provide your average fee increase for Administration Services and for Stop Loss/Pooling over the past three years.

23. Please state that your administration, Information Technology systems, security and all documents are compliant with HIPAA. Please state your current progress towards HIPAA compliance on all electronic transactions.

24. Information Technology – describe your compliance with appropriate security and firewalls.

25. Will you provide performance guarantees? If so, describe them. Be sure to include a list of the services on which you are willing to guarantee your performance.

26. What types of Customer Satisfaction data do you collect and how? Can you provide this data on a company specific basis?

27. Please specify whether the following reports would be included as part of your standard fee or whether there would be an additional charge. Please provide samples of all reports you have available. Please provide samples of all available reports by plan. If that level is not available for certain reports, please so state.
<table>
<thead>
<tr>
<th>Type of Report</th>
<th>Included</th>
<th>Additional Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Paid Claims Summary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim Lag Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Claims Detail</td>
<td></td>
<td></td>
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<tr>
<td>Large Claim Report</td>
<td></td>
<td></td>
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<tr>
<td>Performance Reports</td>
<td></td>
<td></td>
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<tr>
<td>Paid Benefit Analysis</td>
<td></td>
<td></td>
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<tr>
<td>Annual Financial Report</td>
<td></td>
<td></td>
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<tr>
<td>Utilization by Provider</td>
<td></td>
<td></td>
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<tr>
<td>Utilization by Diagnosis</td>
<td></td>
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<tr>
<td>Ad Hoc Reports</td>
<td></td>
<td></td>
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<tr>
<td>Customer Service Reports</td>
<td></td>
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<tr>
<td>Case Management Reports</td>
<td></td>
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<tr>
<td>Data for GASB Reports, as Requested</td>
<td></td>
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</tr>
</tbody>
</table>

The following is a brief explanation of the above reports:

**Monthly Paid Claims Summary:** This report would provide a monthly and year-to-date summary of paid claims by line of coverage and by plan/location.

**Claim Lag Study:** This report shows a month's claim amounts paid by month incurred.

**Pharmacy Claims Detail:** This report shows frequency and per unit expenses by generic/name brand prescriptions. It should include a list of the top prescriptions prescribed to the District members.

**Large Claim Report:** This report alerts the District of claimants whose payments have exceeded a certain dollar amount as specified by the policyholder and should include diagnosis.

**Performance Reports:** This report would include all reports provided to show how the administrator is performing in comparison to a performance guarantee.

**Paid Benefit Analysis:** This report would list total charges submitted by employees and dependents and shows how these were distributed according to benefit type.

**Annual Financial Report:** This is an annual statement showing claims paid and all administrative charges in aggregate.

**Utilization by Provider:** This report would provide a breakdown by physician or hospital of claim payments made by the plan.

**Utilization by Diagnosis:** This would be a breakdown summarized by diagnosis (ICD-9 code) of all claim payments made by the plan.

**Ad Hoc Reports:** Reports designed and generated at the request of the District to investigate a specific concern about the plan.

**Case Management Reports:** Reports provided (preferably monthly) to the District that indicate which members are currently in Case Management and the status of each.

**Data for GASB Reports:** Holmes Murphy will prepare reports for the District required of GASB 75. The report requires data from the plan's administrator regarding claims, trend assumptions, etc.
28. Do you charge a separate network access fee? Please describe fees for each network option offered. All access fees must be quoted on a flat dollar or “per employee” basis.

29. Are you anticipating any major network renovations of any of your networks which would be accessed by the District?

30. Do you provide Large Claim Negotiation Services for non-network expenses? How do you charge for this service?

31. Does your proposal clearly identify the networks that will be available to our enrolled employees?

32. Please include a summary of the top professional provider report included in this RFP which identifies the network status for each provider?

33. Please include a listing of which hospitals in the KC metro area are in your network? We’ve provided a listing of the in-network BCBSKC hospitals in the KC metro area for their two networks, Preferred Care Blue and Blue Select Plus.

34. Please describe how you ordinarily cover clinical trials?

35. Do you have a Centers of Excellence program? If so, please describe it.

36. What disease management programs do you currently have in place to help manage chronic illness?

37. What data do you analyze to identify members who are eligible for specific disease management programs and how frequently is this done? Are there other ways to identify conditions for the program?

38. Describe the web-based cost estimation tools that the plan makes available for physician/professional services and hospital services.

39. Do you offer an Employee Assistance Program (EAP) that could be accessed directly by employees and their dependents without a District management referral? If so, please describe. Is there a separate fee for this program or is it included in the pricing?

40. Section VI, Item P describes the District’s current wellbeing (wellness) program. Please describe the programming that will be available to employees and dependents to maintain and improve their health.

41. Please describe the process on how members access your online health risk assessment (HRA) and how they access the Physician Screening Form to take to their doctor for the biometric screening and then how they upload or send the completed form back to you for processing. If you have an online tobacco cessation program please describe that as well.

42. Please also confirm that you can provide a detailed report to the District’s Benefits Dept. confirming whether each employee and spouse (if applicable) completed the three requirements (Physician Screening Biometric Form with their doctor, Online Health Risk Assessment and Tobacco Cessation Program (if necessary))? This is used during open enrollment so they know which employees need to be assessed the “wellness surcharge” for the next plan year.

43. Do you offer onsite wellness seminars? If so, please explain.

44. Do you provide onsite health coaching? If so, please explain.

45. What resources do you have to support healthy pregnancies?
46. Do you offer Virtual Care / Telehealth resources and/or a 24/7 nurse line? If so, what is the cost?

47. Do you offer any companywide activity challenges (either as a buy-up or included) where employees can compete with each other and/or by department/location? If so, please explain.

48. Identify your proposed PBM.

49. Describe your proposed approach to managing/controlling prescription drug costs.

50. Does your proposed PBM offer a mail service feature? If yes, is it subcontracted or wholly owned? Can you offer incentive programs to encourage (or require) mail order utilization for maintenance drugs.

51. Provide a copy of the PBM’s most recent formulary.

52. What specialty drug program vendor do you use? What are the parameters of this program?

53. Please explain who receives any Rx rebates and why. How are rebates determined? In the contract you have proposed will the District be eligible for Rx rebates?

54. Can you offer a Value-Based Benefits Approach? If so, please describe yours.

55. Identify pharmacy information available to enrollees via your member web portal. Plans are not expected to engage in all the activities described below. Check all that apply.
   a. ___ Member formulary (specific to member’s plan design)
   b. ___ Formulary search by brand drug name or generic equivalents
   c. ___ Alternative drugs/clinical comparisons
   d. ___ Generic equivalent for branded products
   e. ___ Drug’s primary labeled purpose
   f. ___ Drug cost management mechanisms/rationale (i.e. therapeutic equivalence or generic substitutes)
   g. ___ Drug savings (i.e. cost calculator to determine member cost savings of generic vs. brand product)
   h. ___ Drug savings sensitive to member benefit design (i.e. cost calculator to determine member cost savings of generic vs. brand product)
   i. ___ Information regarding preferential reimbursement for using certain pharmacies
   j. ___ Pill splitting options and associated cost savings opportunities
   k. ___ Other (describe)
   l. ___ Web-based pharmaceutical information not available

56. Can you match our current Pooling Level of $175,000? What fixed fee or percent of premium do you assess for this specific level?

57. Do you agree to provide a firm notice of renewal in March for an effective date of the following January?

58. How long are your rates guaranteed?
59. Please explain what additional on-line services would be available for BVSD and its employees. (i.e. EOBs, Deductible and Out of Pocket Max accumulators, etc.)

60. Are infertility services (diagnosis, testing & treatment) covered on your plan(s), and if so, what is the benefit?

61. How do you process member ID cards? One for each covered member in the family or something different? Do you display the name of the plan and the copays or deductible levels on the cards? If a plan is HSA eligible do you display that on the ID card?

62. Please address the potential impact a change in carrier might/would have on covered members. How would you handle any treatment in progress? What is your procedure for handling ongoing treatment on a takeover basis? Please specify the types of treatment considered. (As an example, what is your coverage/treatment procedure on a takeover basis for a pregnant woman who is in her third trimester and is seeing an OB/GYN doctor who is not in your network?)

63. Please provide any information that you feel has not been adequately addressed to give your proposal its best opportunity, or any information you feel we need to better understand your recommendations.

X. PRICING FORM

A. Additional Costs (if any)

1) The RFP asked for the CARRIER to provide a listing of additional support services. Unless specified here, it is understood that additional support services offered will be at no additional expense to the District. Please provide any clarifications on costs for support services offered below:

2) Provide a detailed description and associated unit cost or fee for any additional service or incidental cost not previously requested related to Medical Benefits Plan Administration offered by your firm.

RATE QUOTATION FORM

RATE QUOTATION FORM – PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR PROPOSAL FOR THE TWO QUOTES REQUESTED IN SECTION VI, ITEM J #1 AND #2.

Effective January 1, 2021

QUOTE #1

Administrative Fees

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<thead>
<tr>
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<th>Monthly Rate for</th>
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<tbody>
<tr>
<td></td>
<td>Employee</td>
</tr>
<tr>
<td>Medical Claims Administration</td>
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<td>Network Proposed:</td>
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</table>
### Network Access
- Utilization Review
- Large Case Management
- Disease Management
- Rx Plans
- Managed Mental Health
- Other (Please specify)

### Stop Loss Fees

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<tr>
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<th>Monthly Rate per Employee for</th>
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<tbody>
<tr>
<td></td>
<td>Employee</td>
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<tr>
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<tr>
<td>$175,000</td>
<td></td>
</tr>
<tr>
<td><strong>Aggregate Stop Loss</strong></td>
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<td>105% Corridor or ?</td>
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### Miscellaneous Fees

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<tbody>
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<td>Employee</td>
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<tr>
<td><strong>Start-Up Fees</strong></td>
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<tr>
<td><strong>Booklets</strong></td>
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<tr>
<td><strong>Document Preparation</strong></td>
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<tr>
<td><strong>Other Fees (Please Itemize)</strong></td>
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### *Proposed Premium Equivalents*

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>BSP HDHP w/Spira (narrow network)</th>
<th>BSP Spira Care Plan (narrow network)</th>
<th>BSP EPO (narrow network)</th>
<th>PCB Bluesaver HDHP (broad network)</th>
<th>PCB PPO (broad network)</th>
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</thead>
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<td>Employee</td>
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<tr>
<td>Employee &amp; Spouse</td>
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<td>Employee &amp; Child(ren)</td>
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<td>Family</td>
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*if Premium Equivalents are not available, please propose suggested pricing relationships between all plan options.

### QUOTE #2

### Administrative Fees

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<tbody>
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Network Proposed: 

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<tr>
<th>Network Access</th>
<th>Utilization Review</th>
<th>Large Case Management</th>
<th>Disease Management</th>
<th>Rx Plans</th>
<th>Managed Mental Health</th>
<th>Other (Please specify)</th>
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**Stop Loss Fees**

<table>
<thead>
<tr>
<th>Monthly Rate per Employee for</th>
<th>Employee</th>
<th>EE &amp; Spouse</th>
<th>EE &amp; Child(ren)</th>
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**Miscellaneous Fees**

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</thead>
<tbody>
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<td></td>
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<td>Other Fees (Please Itemize)</td>
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</table>

**Proposed Premium Equivalents**

<table>
<thead>
<tr>
<th>Core EPO</th>
<th>Core PPO</th>
<th>Buy-Up PPO</th>
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</thead>
<tbody>
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<tr>
<td>Employee &amp; Spouse</td>
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<tr>
<td>Family</td>
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</tbody>
</table>

*if Premium Equivalents are not available, please propose suggested pricing relationships between all plan options.

**Rate Guarantee Period:** ______________________________

**Assumptions:** ____________________________

**X. Signature Page**
In compliance with this Request for Proposal and subject to all Terms and Conditions thereof, the undersigned offers and agrees, if the Proposal is accepted, to furnish any or all of the items or services listed herein at the fees and terms stated except as stated as a deviation in Section VI, F.

Name of Authorized Person ______________________________ (Print)

Signature: ____________________________________________

Title: ________________________________________________

Email address: ________________________________________

Phone number: ________________________________________