

Client: Fulton Public Schools
2 Hornet Drive
Fulton, MO

Request for Proposals

Summary:

Point of contact: Don A. Tatman
Organization: Tatman Benefit Advisors, Inc.
Address: 2901 W. 86th Street, Leawood, KS 66206
Phone: 913-909-3738
Email: dtatman@tatmanbenefits.com

Proposed plan effective date: January 1, 2019

To be accepted, your proposal must be in the office of Tatman Benefit Advisors by no later than September 21, 2018.

Procedure: All communication is to be with Tatman Benefit Advisors

Sections: Summary
Proposal Requirements
Questions and desired responses

Purpose:

The Fulton Public School District hereby solicits qualified and interested licensed Group Benefit Broker/Consultants to submit proposals and statements of qualifications for providing all supervision, labor, services, equipment, hardware, software, materials, and any assistance necessary to provide the District with a stable, consortium group health program.

FULTON PUBLIC SCHOOLS RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS AND TO WAIVE ANY TECHNICALITIES, INCLUDING IMMATERIAL IRREGULARITIES



Proposal Requirements

1. ALL questions and requests for information are to be submitted on or before August 31, 2018, via e-mail to Don Tatman.

Responses to questions will be in the form of e-mail. Verbal responses and/or representations shall not be binding on the District.

2. The District reserves the right to modify or cancel any part of this proposal after issuance in the form of an addendum, which will be e-mailed to each interested party.
3. THREE (3) hard copies of your proposal are required at the time of submittal.
4. A complete electronic copy shall be emailed to Tatman Benefit Advisors, Inc. Hard copy proposals shall be delivered to Fulton Public Schools, by no later than 1 PM September 21, 2018. All proposals received after the deadline will NOT be considered. There will be no public opening of proposals. Initial review of the proposals will be via materials submitted with interviews of select firms being scheduled in October.
5. Confidentiality: Each proposal must be sealed and submitted in or under cover to provide confidentiality of the information prior to the submission date and time. All proposals and supporting documents become public information after the submission date and time, except such information that discloses propriety or financial information submitted in response to qualification statements, all in accordance with the Missouri Open Records Act.

Any premium and loss data information provided within these specifications or through subsequent addenda information provided through Tatman Benefit Advisors, Inc. is to be treated as confidential information.

6. Proposals: Proposals are due by the date and time at the designated location noted on page one of these specifications. Proposals received after the date and time indicated on the cover sheet shall not be considered and returned unopened. Proposals will not be opened or reviewed until after the proposal due date and time.
7. Signature Sheet: Any proposal submitted MUST include the Signature Sheet found in this RFP which has been signed by an individual authorized to bind the Vendor. All proposals submitted without such signature may be deemed non-responsive.
8. Proposals Binding: All proposals for service shall remain valid and be binding upon the respondent if accepted by the District within ninety (90) calendar days of the proposal



submission date. Proposals shall be signed by an authorized representative of such company.

9. Negotiation: The District reserves the right to negotiate any and all elements of any proposal direct with the provider. No changes in or to the proposal submissions will be permitted subsequent to the proposed target date unless approved by the District. The District or Tatman Benefit Advisors, Inc., may request clarifications on any portion of the proposal in order to develop a comprehensive assessment of the proposal.
10. The District reserves the right to accept or reject any or all proposals, and to waive any technicalities or irregularities in any proposals, and to make award to the response which in the District's opinion is the most advantageous to the District. Each respondent agrees that the submission of a proposal constitutes an agreement by the proposing firm to waive any legal claim against the District and Tatman Benefit Advisors, Inc., should the District fail to select their proposal.
11. Expenses: Neither the District nor Tatman Benefit Advisors Inc. will be responsible for any expenses incurred by a firm in preparing and submitting a proposal.
12. Governing Law: Any accepted firm(s) shall comply with all local, state and federal laws and regulations related to the performance of the program being offered. The proposing firm(s) must be registered with and maintain good standing with the Missouri Department of Insurance, as may be required by law or regulation. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Missouri.
13. Assignment: Contractors are prohibited from assigning, transferring, conveying, subletting or otherwise disposing of this proposal or any resultant agreement or its rights, title, or interest therein or its power to execute such agreement to any other person, agent, broker, company, insurer or corporation without the previous written approval of the District.



14. Rating Criteria:
- a) Types of plan designs available to participants
 - b) Cost and benefits for a projected January 1, 2019 effective date;
 - c) Projected costs for July 1, 2019
 - d) Quality & quantity of similar services provided for other public school entities;
 - e) Firm Personnel (background; experience; in-house staff; etc.), including the ability of the key contact and internal support staff – both clerical and professional in a geographic area office;
 - f) Size of Consortium;
 - g) Proposed network;
 - h) Historical stability of the consortium

15. Timetable

Release RFP	August 22, 2018
Questions	August 31, 2018
Proposals due	September 21, 2018
Effective date of new program	January 1, 2019



Questions and desired responses:

1. Provide a brief history of your firm, including the location of the primary servicing office and your firm's experience serving the benefits needs of Missouri public school districts.
2. List your primary staff members who will work with our District and their experience.
3. Explain your firm's structure to assure responsive customer services.
4. Provide a list of Missouri public schools in your consortium.
5. What network is being used?
6. What PBM is being used?
7. Demonstrate your success in managing Board Paid medical plan budgets and overall costs and efficiencies in successfully assisting other School districts similar to our District to maintain competitive benefits plan offerings. Provide specific examples when possible.
8. Identify any unique or proprietary programs or services offered exclusively by your firm as well as any affiliations of your firm that may enhance benefit plan offerings and/or services provided.
9. Provide sample employee communication/education pieces and explain how you will assist our district to effectively engage employees in helping control medical plan costs.
10. Provide 3 references with contact information, preferably Missouri public schools with similar characteristics and size. Include type of services and length of time services have been provided to each client.
11. Provide the current financial statistics on your consortium.
12. How many members are covered?
13. What is the level of current, funded reserves?
14. How do you help in the transition for plans currently on a calendar year basis?
15. Please provide financial statements or reports that illustrate the financial stability of your program(s).



16. What has been the history of rate increases for your program(s)? What do you anticipate for July 1, 2019?
17. What resources do you use to analyze medical and pharmacy claims?
18. Do clients have access to their data?
19. What is the cost for ad hoc reports?
20. What sort of benchmarking data can you provide?
21. How do you review PPO discounts and what is your criteria for recommending changes in network affiliations?
22. Who do you use for actuarial services?
23. Do you have an in-house benefits attorney? If yes, please provide his or her credentials and the number of years he or she has provided counsel on benefits issues. If no, do you use an external benefits attorney? Which firm do you use?
24. How does your firm stay current with state regulations that impact multi-state employers?
25. Will your firm notify of changes in federal and/or local laws that would affect us?
26. Explain what steps you have taken to become HIPAA compliant.
27. How is the "rebidding" process handled?
28. What happens when a client leaves the consortium? Are there financial penalties, run out claims responsibility, or limits on when the client could return to the consortium?
29. If awarded this business what would your plan be for enrolling employees before Winter break. How many employees will be associated.
30. Briefly outline any other pertinent information appropriate for this RFP not addressed above.



SIGNATURE SHEET

My signature certifies that the proposal as submitted complies with all terms and conditions as set forth in Fulton School District’s RFP for health plan services.

My signature also certifies that the accompanying proposal is not the result of, or affected by, any unlawful act of collusion with another person or company engaged in the same line of business commerce, or any act of fraud.

My signature also certifies that this firm has no business or personal relationships with any other companies or persons that could be considered as a conflict of interest or potential conflict of interest to the Fulton School District, and that there are no principals, officers, agents, employees, or representatives of this firm that have any business or personal relationships with any other companies or persons that could be considered as a conflict of interest or a potential conflict of interest to the District, pertaining to any and all work or services to be performed as a result of this request and any resulting contract with the Fulton School District.

I hereby certify that I am authorized to sign as a Representative for the Firm:

Complete Legal Name of Firm: _____

Address: _____

Federal I.D. #: _____

Signature: _____

Name (print/type): _____

Title: _____

Telephone (____) ____ - _____ Fax: (____) ____ - _____

Date: _____

To receive consideration for award, this signature sheet MUST be returned as part of your response to this Request For Proposal.