

Dickenson County School Board

Benefits Consultant Request for Proposals

Ref: 180815-001

Dickenson County School Board seeks to contract with an employee benefits management firm for a broad range of services in the management of its employee benefits program. The current benefit program consists of a partially self-funded healthcare program and a self-funded dental program.

Sealed proposals will be received until 2 p.m. on October 8th, 2018 at the office of Independent Benefit Consulting. All bids must contain one original and ten copies. They should be in sealed envelopes or boxes and clearly marked "Insurance Bids". Contact information is listed below:

*Independent Benefit Consulting
522 Grandview Drive
Troutville, Virginia 24175
Attention Mr. Alan Bayse
Phone (direct) 540-521-7711
Office Phone 540-404-1187
Toll Free 888-777-8373*

This request for proposals does not commit to award a contract, to pay any cost incurred in the preparation of proposals to this request, or to procure or contract for services. Dickenson County School Board may require any proposer selected to participate in negotiations and to submit such additional price, technical or other revisions to their proposals as may result from negotiations.

It will be expected that all representatives submitting proposals will be duly licensed as required by the Commonwealth of Virginia. They should also have the appropriate E&O coverage (minimum of \$1,000,000).

Anyone submitting a bid is required to carefully examine this request for proposals and specifications. Proposers are required to detail those areas in which their proposal is at variance with the specifications.

As an equal opportunity employer, Dickenson County School Board does not discriminate against a respondent because of race, religion, color, sex, national origin, age, disability, status as a service disabled veteran or any other basis prohibited by state law.

Dickenson County School Board must be notified of any proprietary information in your proposal that should not be disclosed to the public.

Dickenson County School Board reserves the right to reject any and all proposals or to waive technical defects as it may deem desirable and to award insurance contracts in their best interest.

The officials of County School Board acknowledge the time and expense involved in preparation of this bid.

Basic Information on the Current Plan:

Medical & Prescription Drugs (Includes Vision)

- 1.) Partially Self-funded under a 12/12 contract
- 2.) Specific Cap of \$100,000
- 3.) Deductible: \$300 individual/\$600 family
- 4.) Out-of-pocket: \$3000 individual/\$6000 family
- 5.) Coinsurance: 80/20 (no copays)
- 6.) Prescription drug copays: \$15/\$50/\$90 + 20%
- 7.) Employee participants: 263 active 62 retirees
Covered lives: 697 active 84 retirees

Dental:

- 1.) Self-funded
- 2.) Deductible: \$25
- 3.) Calendar Year Maximum: \$1250
- 4.) Coinsurance: Preventive - 100%, Basic – 80%, Majors – 50%, no orthodontic
- 5.) Employee participants: 263 active 109 retirees
Covered lives: 697 active 167 retirees

Scope of Services and Objectives:

- 1.) Review and consultation related to a) current plan designs of group health insurance programs (including utilization access and cost impact on medical, prescription drugs, dental and wellness plans), b) consideration of alternative designs, and c) funding and products available to the Dickenson County School Board (DCSB) with a focus on maintaining quality benefits at affordable costs and strategies for cost control and reduction. In addition to the aforementioned, consultant shall place an emphasis on wellness, employee responsibility and retaining or recovering savings.
- 2.) Review and analysis of renewal proposals, including but not limited to, underwriting analysis, the examination of claims experience, administrative services, funding design, legislative updates, network discounts, billing rate tiers and cost allocation, and customer service and communications.
- 3.) In consultation and as authorized by DCSB, negotiate with current carriers, TPAs, providers and/or dental administrators concerning their services and rates.
- 4.) Provide benefits and claims analysis for the preceding period on a quarterly basis.
- 5.) Review of network coverage and provider agreements to ensure competitive discounts and adherence to governing laws and regulations and that they accurately reflect negotiated terms and conditions agreed upon.
- 6.) As directed, development and issuance of requests for proposals and the securing of competitive quotes. Upon receipt of such proposals, the selected consultant is expected to provide an evaluation and presentation of all proposals in a comparative form. After selection of finalists, those proposals should be followed with additional negotiations and recommendations to DCSB.
- 7.) Upon request, provide consultation and guidance on any and all aspects of any of the DCSB's medical and/or dental plans, including but not limited to, prescription drug, wellness, Sec. 125 plan, COBRA and HIPAA.
- 8.) Mid-year, provide a comprehensive strategic review of the DCSB's employee benefits programs and present recommendations aimed at protecting and improving the DCSB's ability to recruit and retain a qualified, engaged and effective workforce.
- 9.) Provide advice and assist DCSB with benefit-related communications to employees during open enrollment periods and as changes occur.
- 10.) Assist with development, negotiations and implementation of performance standards and guarantees with benefit plan providers.

- 11.) Assist with government filings (including GASB) and other required submissions as necessary.
- 12.) Assist in problem resolution with benefit plan providers as necessary.

Proposal Preparation

Proposals shall be prepared simply and economically, providing a straight forward, concise description of capabilities to satisfy the requirements of the RFP. Marketing material should not be included. Emphasis should be placed on completeness and clarity of content. A signed Bid Proposal Form as well as a signed disclosure statement must be enclosed with the bid or the proposal will be disqualified. Proposals should be limited to no more than 25 pages. Questions concerning this proposal must be addressed to Alan Bayse of Independent Benefit Consulting. No questions will be addressed after September 30th, 2018.

Contact Info: Phone: Direct 540-521-7711 Office 540-404-1187 Toll Free 888-777-8373

Email: alanbayse@ibconsultingllc.com

Qualifications and Questions to be Answered

- 1.) A short, brief background of your organization and reasons it is uniquely qualified to provide time-reducing services, reduction in claims and special communications with the employees of DCSB.
- 2.) List all individuals that will be involved with the handling of this account along with their qualifications/bios, years of experience and time working with school systems.
- 3.) Include five references (three of which are school systems) with whom you have worked.
- 4.) Explain your capabilities/experience with self-funding. What unique approaches do you provide?
- 5.) Explain how you would assist this organization as far as compliance. What sources do you use?
- 6.) What services would you provide that would assist HR in dealing with DOL audits, IRS 1094s and 1095s (hourly tracking) and providing Wrap SPD Documents?
- 7.) What forms of technology can you offer DCSB that would reduce their HR work time?
- 8.) For a group that has a significant amount of large claimants (outliers - the 5 or 6 percent of your claimants that are responsible for 50 to 80 percent of your claims), what approach would you offer in reducing those claims?

- 9.) List the networks that you would provide DCSB and how well they would cover a multi-state (as well as national) area required by the organization. How do the discounts compare to those they currently use under Anthem?
- 10.) What type of program and platform do you propose for prescription drugs and will it help contain costs? What are other benefits?
- 11.) How would you go about reducing the risk of transplants on a partially self-funded medical plan?
- 12.) What unique benefit changes would you suggest when controlling healthcare costs?
- 13.) What are your opinions on HSAs and how are they best used?
- 14.) What is included in your financial reporting (you are welcome to include a copy of that report as an addendum and it will not be counted toward your 25 page limit)?
- 15.) What do you perceive as the best approach to controlling the cost for MRIs and other scans?
- 16.) Under complex case management, how do you handle dialysis and oncology?
- 17.) What is the current medical trend for TPAs or carriers you would use?
- 18.) Do you provide any type of patient education and/or monitoring?
- 19.) The Journal of American Medical Association (JAMA), states that “Preventative health checks in adults do not reduce disease or mortality but increase diagnoses and drugs”. If this is true, how would you redesign your wellness program?
- 20.) Do you have any type of analytics? If so, how would you use them to improve the DCSB program?

Proposed Work Plan/Approach

Please provide us with a timeline of your proposed work plan and approach.

Compensation Arrangement

Pricing shall include all base services for one annual fixed fee with additional services offered as options. Proposers may submit a separate fee structure that includes an additional fee or reduction in fee based on a percentage of reduction in total claims. Note: Percentage of claim reduction fee cannot be used when using lesser benefits without the approval from DCSB.

Disclosure Statement (must be completed and signed):

Do you or your firm accept any non-account specific financial compensation from any products, services, or vendors (medical, dental or pharmacy benefit manager) that you may be recommending to DCSB, including but not limited to, contingent or bonus commissions, override or retention bonuses and back-end commissions?

___ Yes (please describe below) ___ No

Do you or your firm have any other financial or non-financial compensation, potential conflicts of interest, or incentives related to products, services, or vendors you may be recommending, including but not limited to, ownership, equity stakes, revenue/profit sharing, GPO/coalition participation, preferred vendor panels, conferences or trips?

___ Yes (please describe below) ___ No

Please describe details related to any questions to which you answered yes above, including the specific, expected, or estimated dollar value. Attach additional pages if necessary.

I certify that:

- 1.) I, as an officer of this organization, or per the attached letter of authorization, am duly authorized to certify the information provided herein is accurate and true as of the date; and*

- 2.) My organization shall comply with all State and Federal Equal Opportunity and Non-Discrimination requirements and conditions of employment.*

Signature

Date

Printed or Typed Name

Title

Dickenson County School Board

Bid Proposal Form

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Your signature certifies that all statements and information provided by your organization are complete and true. It also certifies that your organization can meet all obligations as described under the "Scope of Services".

I hereby certify that I am authorized to sign, personally or as a representative of the firm.

Name of the Firm or individual _____

Address: _____

Signature _____

Name (type or print) _____

Title _____

Telephone _____ *email* _____

Date _____