



Suwannee County School District

RFP# 23-205

**“Administrative Services Organization (ASO) “ or “Third-Party
Administration (TPA)”**

Medical and Pharmacy Services

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SUWANNEE COUNTY SCHOOL DISTRICT
“ADMINISTRATIVE SERVICE ORGANIZATION“ OR “THIRD-PARTY
ADMINISTRATION”
SELF-FUNDED HEALTH INSURANCE PROGRAM
INVITATION TO BID RFP # 23-205

The Suwannee County School Board is requesting proposals from qualified proposers to provide Administrative Services for their Self-Funded Health Insurance Program.

Questions will be due by Wednesday, February 1, 2023. Sealed bids will be received at the Suwannee County School District, Office of the Chief Financial Officer, 1740 Ohio Avenue South, Live Oak, Florida 32064 until 2:00 PM, on Tuesday, February 7, 2023.

Bids shall be properly and completely executed on the bid proposal form. Bid documents for RFP # 23-205 may be obtained from the District Web Site at the following link:

<http://www.suwannee.k12.fl.us/bids/open>

Suwannee County District Schools reserve the right to reject any or all bids, to waive any defects or irregularities in bids and to accept any bid which is deemed most advantageous to the public interest.

Questions should be directed to Marsha Brown, Chief Financial Officer at the contact information below.
Marsha Brown, Chief Financial Officer
marsha.brown@suwannee.k12.fl.us
1740 Ohio Avenue, South
Live Oak, FL 32064
386-647-4651

Background

The Suwannee County School District's self-insured health plan includes pharmacy benefits with Florida Blue. The School District has a strong commitment to health and wellness and continues to adopt plans to encourage healthy behaviors and outcomes. The School District has an onsite health center (SCSD Wellness Center) for employees, retirees, spouses, and dependents over age 6. They also use the health center in partnership with Florida Blue to offer wellness incentives to employees, retirees, and spouses. There are currently 793 active employees, 1 COBRA participant, and 35 retired employees of which 490 are enrolled in SCSD's health insurance. Florida Blue has been SCSD administrator for last 10+ years.

Effective Date

May 1, 2023

RFP Contact

Marsha Brown, Chief Financial Officer
marsha.brown@suwannee.k12.fl.us
1740 Ohio Avenue, South
Live Oak, FL 32064
386-647-4651

RFP Delivery

Sealed bids will be received at the Suwannee County School District, Office of the Chief financial Officer, 1740 Ohio Avenue South, Live Oak, FL 32064 on Tuesday, February 7, 2023 at 2:00pm.

Schedule/Project Timeline

January 25, 2023	RFP# 23-205 Published
February 1, 2023 2:00pm EST	Last Day to Request Additional Information or Clarification
February 7, 2023 2:00pm EST	Response Due Date
February 13, 2023 2:30pm EST	Committee meeting to review plan designs and proposals
February 14, 2023 11:00am EST	Board Workshop to review plan designs and proposals
February 28, 2023 6:00pm EST	Board meeting to approve committee's recommendation.

Proposal Request

Medical Administrative Services Only (ASO) and the Stop Loss for 2022/2023 is with Florida Blue.

SCSD is issuing a separate RFP for stop-loss coverage and Pharmacy. Please provide the following along with your proposal:

1. Minimum of 3-year agreement
2. Medical/Rx bundled pricing and the option to carve out the Pharmacy
3. Medical network disruption report (See page 14)
4. What is your network discounts for: (See page 14)
 - a. Family Doctor
 - b. Specialist
 - c. Hospital
5. GEO Access Report (See page 14)
6. Telemedicine services
7. Wellness Allowance of \$50,000
 - a. Florida Blue currently provides \$22,000
8. Implementation and/ or online enrollment credit of \$50,000
 - a. SCSD uses Explain my Benefits as their online enrollment vendor for employees to make their elections and submitted to Florida Blue.
9. HSA Administration for medical and Rx,
 - a. Must include point of sale processing for medical and Rx
10. Retiree Drug Subsidy Reporting to CMS

Evaluation Criteria

Criteria No.	Main Criteria Description	Points
Criteria No. 1	Qualifications, Experience of Team members	30
Criteria No. 2	References	10
Criteria No. 3	Questionnaire	35
Criteria No. 4	Proposed Fee	25

RFP Submission

Response Order: In order to maintain comparability and consistency in review and evaluation of responses, all responses shall be organized as specified below. Avoid any elaborate promotional materials and provide only information that is required. All supporting materials should clearly reference the portion of the RFP to which they pertain. Please submit **one (1)** unbound original (clearly marked as such) and five (5) exact duplicates for a total of six (6) physical copies. **One electronic copy on USB flash drive is also required** for document management purposes. To create the electronic copy, scan the entire response and save it as one (1) pdf document. Responses not meeting the requirements below may be determined to be non-responsive, non-responsive responses will receive no further consideration

Tab 1 Table of Contents

Tab 2 Cover Letter - Provide a cover letter indicating your company's understanding of the requirements/scope of services of this specific response. The letter must be a brief formal letter from the Proposer that provides information regarding the company's interest in and ability to perform the requirements of this RFP. Clearly demonstrate your familiarity with the RFP. are considered to be accepted by the proposer. A person who is authorized to commit the Proposer's organization to perform the services included in the response must sign the letter. Please provide a list of all persons authorized to give presentations. Please provide all names, titles, addresses, telephone numbers (including facsimile numbers), and e-mail addresses. The prospective Proposer hereby certifies, by submission and signature of this letter, represents complete and unconditional acceptance of the requirements, terms and conditions of this solicitation and all appendices and any Addendum released hereto

Tab 3 Qualifications, Experience of Team Members and References:

Summarize the qualifications of the Proposer's project team. Provide a profile of your organization:

- a. Provide a core contact with name, title, email, address, phone, and fax
- b. Where are your corporate offices located?
- c. Please list the number of years your company has been in operation.
- d. Describe your support and quality assurance resources.
- e. Company website

Tab 4 References

Please provide three (3) public entity clients as references, including at least two whose medical coverage is self-funded. Include name of customer, address, contact name, telephone numbers (including facsimile number), and email address. Please include only references within the previous thirty-six (36) months. SCSB and/or the IE will contact these references during the evaluation process. Non- responsive references may reflect negatively on the vendor.

Tab 5 Questionnaire – Please see page 9 and respond to each section and question of the questionnaire and provide your answers in the table that is provided.

Attachments:

- Census – Please request via email to marsha.brown@suwannee.k12.fl.us. Census will be provided in excel format and will be sent via secure email.
- Paid Claims Most Recent 24 months,
- Large Claims Most Recent 24 Months,
- Benefit Summaries,
- Plan Document,
- Top Providers Report

Consolidated Appropriations Act, 2021 (“CAA”) Support Services. To Support SCSD’s compliance with the requirements of the CAA, including the No Surprises Act (“NSA”), by the respective enforcement date as follows:

- NSA medical billing and the independent dispute resolution (“IDR”):
 - Administrator will determine if a claim is subject to the NSA billing protections.
 - If Administrator and a provider are unable to come to an agreement within the prescribed negotiation period for a claim subject to the NSA billing protections, Administrator will manage, direct, and make decisions and submissions to support the IDR for SCSD.
 - All qualifying payment amounts under the NSA will be calculated based on an insurance market across all self-insured group health plans administrator.
 - Administrator will not be using third party provider networks for services covered by the NSA.

- The fees for programs in which the parties share in the savings achieved off a provider's billed charge will continue to apply to all services covered under the NSA.
- Administrator shall fund all settlement amounts and payments required as a result of any IDR process decision through the Bank Account.
- Administrator shall fund the \$50 IDR administration fee and all IDR arbitrator fees through the Bank Account.
- Revised medical Plan ID cards.
- Provider directory enhancements.

Retiree Coverage

There are retirees on the plan. Section 112.0801, Florida Statutes, provides in part: "Any state agency, county, municipality, special district, community college, or district school board which provides life, health, accident, hospitalization, or annuity insurance, or all of any kinds of such insurance, for its officers and employees and their dependents upon a group insurance plan or self-insurance plan shall allow all former personnel who have retired prior to October 1, 1987, as well as those who retire on or after such date, and their eligible dependents, the option of continuing to participate in such group insurance plan or self-insurance plan. Retirees and their eligible dependents shall be offered the same health and hospitalization insurance coverage as is offered to active employees at a premium cost of no more than the premium cost applicable to active employees. For the retired employees and their eligible dependents, the cost of any such continued participation in any type of plan or any of the cost thereof may be paid by the employer or by the retired employees."

Current Fees

\$63.00 PEPM that includes \$15 PEPM to broker, Broker fee is being reduced to \$10.00 PEPM effective 5/1/2023. Please propose a \$10.00PEPM fee with your ASO fee.

Florida Blue currently provides Suwannee county School District with the following value-added services:

- \$22,000 annual wellness fund
- COBRA administration
- HSA Administration
- Retiree Drug Subsidy (RDS) reporting into CMS's system

Questionnaire

Plan Administration:

Please confirm the following and if you are not able to comply, please explain

Service Requirements	Yes/No/ Explain
Proposer must be able to administer all of the benefits offered by SCSD accurately and timely	
Proposer must provide benefit summaries and plan documents in English and Spanish	
ID Cards are required to be mailed to the employees and retirees home addresses	
Advise your digital resources for member plan management (i.e., claims, digital ID cards, account balances, etc.)	
ASO / TPA Proposer shall not charge against the plan experience any claim payment not authorized under the health plan document (except those specifically authorized in writing by SCSD). The ASO Proposer shall be responsible for all collections and/or plan reimbursement expenses not authorized and/or properly paid.	
We have included a copy of the Health Plan Document in this RFP. Please review this document and explain in detail what areas of the plan that can and cannot be administered by your organization. Succinctly outline all deviations to administer SCSD's Plans as written.	
SCSD requires the ability to audit all claims adjudicated upon request.	
SCSD requires a representative be present for annual open enrollment, annual health fairs, annual reporting, and quarterly claims reviews.	

Compliance:

Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
The Proposer meets all federal guidelines on claims turnaround and processing standards.	
The Proposer meets all electronic standards for transmission of electronic claims.	
The Proposer is fully compliant with all HIPAA requirements for claims ASO Proposers.	
The Proposer is fully compliant with all PPACA standards/requirements	
The Proposer will: <ul style="list-style-type: none">a. Prepare and distribute 1099 forms (as may be required) for providers,b. Generate health insurance cost amount reports for W2 reporting, andc. Support and/or generate ACA compliance reporting (Forms 1094 and 1095)	
Has the Proposer had any data breaches, if so, how will one be handled in the future if it occurs?	
Please advise your support/process for the new CAA Pharmacy and Cost reporting that just launched in December? (under the Consolidated Appropriations Act (CAA) , health insurers offering group or individual health coverage and self-funded group health plans are required to report data annually regarding prescription drugs and health care spending to the Departments of Health and Human Services (HHS), Labor (DOL), and Treasury	

Customer Service:

Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
SCSD requires a dedicated account manager for the HR team to contact with any issues. Please confirm that your proposal includes this and provide the hours in which the dedicated account manager can be reached, guaranteed response times to emails and phone calls, and the method in which SCSD can request a change in account managers should their needs not be met.	
SCSD requires a dedicated account manager for the HR team to contact with any issues. Please confirm that your proposal includes this and provide the hours in which the dedicated account manager can be reached, guaranteed response times to emails and phone calls, and the method in which SCSD can request a change in account managers should their needs not be met.	
Please describe your customer service department, specifically: a. Hours and days of operation b. Staffing c. Languages spoken, specifically is Spanish available d. How are after-hours calls handled? e. Is there a user-friendly cell phone app or online access for employee use?	
What additional team members will be provided to SCSD (i.e., Implementation, billing, banking, eligibility) for customer service?	

Reporting:

Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
List and describe any claim/management reports you are able to provide regularly at no additional charge and the frequency with which this information can be provided. Provide samples of each report.	
Do you have the ability to customize reporting by division/ branch? (
Do you have the ability to track and report on individual participant actions/claims?	
Describe your capability to produce ad hoc report there an additional charge?	
Does your system provide web-based reporting tools that allow the client to view and print their reports?	
Confirm that you will provide monthly total paid claims by the 15th of the following month.	

Wellness:

Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
Describe your health promotion and wellness programs you offer as a standard service, including health risk appraisals, influencing lifestyle diseases (e.g., asthma, COPD, coronary artery disease, diabetes, heart failure, high blood pressure, and obesity), depression screenings and tobacco cessation programs.	
Please disclose the annual wellness contribution that you will make to the SCSD's wellness fund.	
SCSD has an onsite health care center, please advise how you will be able to interact with reporting to SCSD Employee wellness center. Do you charge an additional fee?	
Please advise your standards for approval of fund utilization.	
Is there a wellness app or portal for employees to access?	

Network Access & Savings:

Please confirm the following and if you are not able to comply, please explain

Service Requirements	Yes/No/ Explain
What network(s) are you proposing?	
Please provide a Network Disruption Report based on the Top Providers Report	
Please provide a GEO Access Report	
What is your standard process and advance notification timeframe to notify the employers and participants of major network changes such as a hospital or major provider group going out of network?	
How often are contracts renegotiated? Do you anticipate renegotiating any large provider network contracts in the next 12 to 24 months?	
What is your network discounts for: a. Family Doctor b. Specialist c. Hospital	

Proposed Fees:

Please confirm the following and if you are not able to comply, please explain

Service Requirements	Yes/No/ Explain
Your proposal must be submitted as a flat monthly fee to include our broker fee of \$10 per enrolled employee per month. Payment will be remitted to you at the end of each month when the monthly report is pulled.	
Please provide admin fees for the following options: a. Medical and Rx bundled b. Medical Only	
In the event of contract termination, will you agree to a run-out fee structure that ensures the payment and processing of all run-out claims for a fixed fee? For example, will you agree to an arrangement whereby SCSD would pay the monthly fees for a specified period based on the enrollment at the date of termination?	
Please confirm that your proposal includes all expenses, fees, services, charges (whether standard or customized) in the flat monthly fee stated above. Such items include, but are not limited to, the following: Banking fees, ad hoc reports, enrollment materials, claim forms, identification cards, plan booklets, Hospital Pre-Admission Review, Concurrent Review, Out-Patient Surgery Review, Second Surgical Opinion, Ambulatory Procedure Review, Maternity Management, Large Case Management, Medical Bill Audit.	
Please detail your out of network savings program and all non-claims fees expenses that are funded through the self-insured bank account. Examples of other fees and expenses may include network fees (imaging, lab), 3rd party recovery fees, subrogation, non-network savings negotiated, contingency fees (out-of-network savings negotiated by 3rd party) and any capitation (Mental and Nervous Chemical Dependency).	

Banking:

Describe in detail the banking arrangements you propose to use for SCSD. Please address the following issues:

1. Does your banking system utilize drafts cashed or drafts issued as the basis of fund withdrawal for claims payments?
2. Do you require an imprest bank balance? If so:
 - a. At what level?
 - b. How is this determined?
3. How would SCSD be notified of deposit requirements? Outline the timing and methodology for such notification?
4. How would an overdraft situation be handled?
5. How often is payment required? (e.g., monthly, quarterly)