

REQUEST FOR PROPOSAL FOR CONSULTING SERVICES

Findlay City School District
2019 Broad Avenue
Findlay, Ohio 45840

Date: March 6, 2018

I. Introduction

A. General Information

The Findlay City School District (the “District”) sponsors a self-funded health insurance plan for medical, prescription drug, dental and vision benefits (the “Plan”). Currently, the Plan covers approximately 1,334 lives. Administrative services for medical and prescription drug benefits and stop loss coverage are currently provided to the Plan by Anthem. Administrative services for dental and vision benefits are currently provided to the Plan by EBSO, Inc. Other info can be found on the District’s website at <http://www.findlaycityschools.org/staff-benefits.htm>

B. Purpose for Requesting Proposals

The purpose of this request for proposal (RFP) is to solicit information which will enable the District to select a consultant that will advise the District on the following matters related to the Plan:

1. Strategic direction
2. Benefit design development and modification
3. Rate setting and reserve recommendations
4. Data/financial reporting and analysis
5. Evaluation of third party administrators and vendors
6. Evaluation and recommendation of stop loss coverage
7. Provider network options/alternatives
8. District negotiations
9. District benefits administration
10. Third party administrator and vendor RFP preparation, evaluation and recommendation

C. Selection Criteria

The consultant selection criteria include but are not limited to:

1. Experience with self-funded health insurance plans
2. Experience with Ohio public school districts
3. Knowledge of the applicable health care market, for carrier, third party administrator, and vendor services
4. Cost of services
5. Proven leadership ability to achieve cost stability through plan design changes and/or third party administrator or vendor services
6. Ability to perform other requested services and provide value-added services through knowledge, experience and a commitment to the District’s success
7. Knowledge/experience with facilitating change within a unionized environment
8. Creativity in reporting/presentation, both verbal and electronic
9. Evidence of success with current self-funded clients

10. Current school district references and self-funded health insurance plan references
11. Willingness to agree not to accept any commissions, rebates, overrides, trips or other compensation or incentives from insurance companies, third party administrators and vendors in connection with the District

II. Proposal Instructions

A. Submission

Proposals are due no later than 1:00 p.m. EDT on April 11, 2018. Five (5) copies of the completed Questionnaire (below), along with additional materials or exhibits you would like to be considered, must be delivered to Findlay City School District, Attention: Mike Barnhart, Treasurer, 2019 Broad Avenue, Findlay, Ohio 45840 by the above deadline. Questions concerning this RFP must be in writing and directed to Mike Barnhart at mbarnhart@findlaycityschools.org. Mr. Barnhart is the sole contact on behalf of the District with respect to this RFP. The District reserves the right to cancel at any time for any reason this request and to reject all proposals, and shall have no liability to any firm arising out of such cancellation or rejection. The District reserves the right to waive minor variations in the evaluation and selection process.

B. Finalist Meetings

Applicants selected as finalists will be invited to meet with the District.

C. Questionnaire

Please provide your answer/information directly after each question/request for information.

1. Confirm that your proposal includes all services outlined in Section I.B above. Note any services that you cannot provide. If you typically outsource any of these services, you must identify the services that are outsourced. List any deviations or additional services that are included in your quoted fees.
2. Does your firm provide benefit design consulting? Do you routinely provide benefit design alternatives with cost/benefit comparison analysis? Please provide examples of plan design recommendations made to your current clients and identify both the financial impact of those changes and any other positive and/or negative results.
3. How many of your current clients are self-funded and how many employee lives are represented by these clients? How long has your firm provided consultation services to self-funded clients?

4. How many of your current clients are Ohio public school districts?
5. List the following information for each of your current public school district clients:

School District Name
Individual Contact Name and Title
Address
Phone Number
Number of Years as a Client
6. Do you receive compensation from insurance companies or vendors in connection with services that you provide to your self-funded clients? If so, please explain the nature of such compensation. Do you disclose the nature and amount of compensation to your clients? Provide a list of insurance companies or vendors doing business in Ohio from which you receive a commission or other types of compensation.
7. Based on the matters set forth in Section I.B above, please provide an estimate of the average number of hours per month required to perform these services.
8. Provide an organization chart of your firm, or if a sole owner, provide assurance of time availability and backup support. List your firm's number of offices and proximity to the District.
9. What information/reports will you provide on a monthly/annual basis? Provide a list of reports with description or samples of the reports.
10. Would your firm provide annual comparisons of the District to other area school employers regarding rates, basic benefits, and carrier/third party administration services? What resources do you use to obtain normative comparisons?
11. Do you provide actuarial or underwriting services?
12. What steps will you take in an effort to ensure the District stays competitive with the Ohio school marketplace?
13. Do you provide or sponsor health care education, such as health fairs or seminars, to your clients? Please provide a summary of these services and include itemized details of any additional fees in your fee quotation.
14. Does your firm maintain errors and omissions liability insurance? If so, please list the limits of coverage.
15. Will you advise the District of legislative changes affecting the Plan? Please identify your sources and qualifications for legislative issues.

16. What steps will you take in an effort to ensure the District has the most competitive and comprehensive stop loss contract? Please describe your role in the annual renewal process.
17. Do you provide consultation services in connection with wellness programs? Please provide a summary of these services and include itemized details of any additional fees in your fee quotation.
18. Do you provide consultation services to any client that utilizes a pharmacy benefit manager for its prescription drug benefits (separate from the third party administrator for medical benefits)? If so, please identify the pharmacy benefit manager(s).
19. Is your firm involved in any pending legal action (including without limitation mediation, arbitration, or litigation) with any public or private entity? If so, please describe your firm's role in each action.
20. Please provide the name(s), telephone number(s), office address, and qualifications (including without limitation all licenses and certifications) of the person(s) who will be assigned to service the District account if your firm is selected.
21. Are any of your employees closely related to any Findlay City Schools employees (blood, marriage, friendship, etc.) such that there could be a perceived conflict of interest? If so, please describe.
22. Do you have experience preparing 1095-C forms and the associated IRS filing? If you can provide that service, please outline its cost.
23. Please provide three self-funded client references. Please provide the following information for each reference:

Client Name
Individual Contact Name and Title
Address
Phone Number
Number of Years as a Client

24. Please quote on the schedule below an annual flat fee for each year for all services. Your fees must include the cost to perform, at a minimum, the services outlined in Section I.B 1-10 above. Itemize any incidental charges such as travel, printing, and report production, as well as any service that would be billed separately from the annual fees. Please clearly indicate if your services for conducting an RFP review for third party administrator or vendor selection are included in your annual fees. If your RFP services are priced separately, please state your current fee for such services.

Year 1	Year 2	Year 3

You must indicate whether you agree not to accept any commissions, rebates, overrides, trips or other compensation or incentives from any insurance company or other third party in connection with the District.

Acknowledged and Agreed:

_____ (please check)

Consultant (Printed Name)

Date

Signature

Printed Name

Title