

**REQUEST FOR PROPOSAL
FOR
Health Benefit Administration
Pharmacy Benefit Administration
Stop Loss
Flexible Spending Account Administration
Health Reimbursement Arrangement Administration**

Request for Proposal

#FY20006

November 7, 2019

The Interlocal Health Benefits Committee (hereinafter referred to as IHBC), on behalf of its participating members—Arlington Community Schools; Bartlett City Schools; Collierville Schools; Lakeland School System (when referred to collectively the “Municipal Schools of Shelby County”, the City of Bartlett, Town of Collierville, and City of Lakeland (when referred to collectively the “Participating Members”)-- is requesting proposals from qualified proposers to provide health plan administration, pharmacy benefit administration, stop loss coverage, flexible spending account (FSA) administration, and health reimbursement arrangement (HRA) administration services. General Conditions, Conditions to Bid, Scope of Service, and Background for this proposal are contained on the following pages.

Proposals are due no later the 2:00 P.M., Central Time, Tuesday, January 14, 2020, in Purchasing Shared Services, Bartlett City Schools Administration Offices, 5705 Stage Road, Bartlett, Tennessee 38134. All proposals must be time stamped in Purchasing Shared Services, Bartlett City Schools Administration Offices, 5705 Stage Road, Bartlett, Tennessee, 38134, prior to 2:00 P.M., Central Time, Tuesday, January 14, 2020. Proposals received after the specified date and time will be considered late and will not be opened. Proposals will not be accepted via any form of electronic media.

The IHBC, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland reserve the right to reject any or all Request for Proposals, waive defects or informalities in Request for Proposals and to make awards as deemed to be in its best interest. If awarded, awards will be made to the best evaluated proposer.

In compliance with this Request for Proposals, in consideration of the detailed description attached hereto; and subject to all conditions thereof, the undersigned agrees, if this RFP be accepted, to furnish any or all of the items upon which prices have been quoted in accordance with the specifications applying at the price set opposite each item. The undersigned further agrees, if awarded an order or contract, to indemnify, protect, defend and hold harmless IHBC, each of the Municipal Schools of Shelby County, City of Bartlett, Town of Collierville, and City of Lakeland, their Board Members, agents and employees from all judgments, claims, suits or demands for payment that may be brought against IHBC, the Municipal Schools of Shelby County, City of Bartlett, Town of Collierville, and City of Lakeland, agents and employees arising out of the use of any product or article that is provided pursuant to the RFP. Proposer further agrees to indemnify, protect, defend and hold harmless IHBC, each of the Municipal Schools of Shelby County, City of Bartlett, Town of Collierville, and City of Lakeland, their Board

Members, agents and employees from all judgments, claims, demands for payment, or suits or actions of every nature and description brought against the aforementioned alleging injuries and damages sustained by any person arising out of or in the course of the proposer performing or failing to perform the service and/or providing or failing to provide the goods related to this Request for Proposals.

Proposer also certifies that he/she/it does not discriminate against any employee or applicant for employment on the grounds of race, age, color, national origin, religion, sex, disability, genetic information, or any other classification protected by federal, Tennessee state constitutional or statutory law; and does not and will not maintain or provide his/her/its employees any segregated facilities at any of his/her/its establishments.

The IHBC, the Municipal Schools of Shelby County, City of Bartlett, Town of Collierville, and City of Lakeland offer educational and employment opportunities without regard to race, age, color, national origin, religion, sex, disability or genetic information.



_____ Terms:___ Delivery: Days A.R.O. ___
Company
Name

_____ Phone _____ Fax
Address

_____ E-mail Address
City State Zip

Names and signatures below certify that you understand and agree to all information in this Request for Proposal.

_____ Signature _____ Date
Authorized Representative (Print)

A. General Conditions

1. Proposals are due in Purchasing Shared Services, Bartlett City Schools, 5705 Stage Road, Bartlett, Tennessee 38134, no later than 2:00 P.M., Central Time, Tuesday, January 14, 2020.

2. Proposals should provide a straightforward and concise presentation, adequate to satisfy the requirements of the Request for Proposals. Emphasis should be on completeness, clarity of contents and responsiveness to the RFP. Proposals should be structured to respond to the RFP specifications. The format of the proposal should be as follows:

- Executive summary, company organization, and personal resumes
- Company background
- Sample contract
- Other information as specified or included for consideration in Section C
- Completed and Signed Request for Proposal Cover Sheet
- Completed and Signed Certificate of Non-Discrimination Form
- Completed and Signed Request for Proposal Agreement
- Completed and Signed Iran Divestment Act Certification
- Background Check Attestation
- Completed, Signed, and Notarized Hold Harmless Agreement
- Completed Administrative Fee Summary
- Completed Pharmacy Benefit Manager Questionnaire(s)
- Completed Stop Loss/MGU Questionnaire(s)
- Exceptions

3. Some of the services requested will be evaluated on a point system. The points allotted to each service are listed throughout this document. There are **100** total points. Partial points may be awarded based upon the ability of the proposer to provide some portion of the requested services. Other services, such as customer service, will be evaluated on a subjective basis.

4. A Letter of Intent to Propose should be sent via e-mail to Robin Curry at robin@sherrillmorgan.com no later than November 19, 2019. The letter may be sent in the form of an e-mail message or an MS Word document attachment that is e-mailed. Briefly state the proposer's understanding of the work to be done and make a positive commitment to perform the work. Proposers may withdraw their Letters of Intent at any time before the deadline for submittal of proposals. Submittal of a Letter of Intent is not a prerequisite for submitting a proposal, but will ensure that proposer will be notified of any addenda to the RFP.

5. Requests for clarification or additional data must be submitted no later than December 03, 2019 to Robin Curry at the e-mail address above.

6. All clarification and data requests will be included in an addendum and made available to proposers via the Schools' website at <http://www.bartlettschools.org> no later than December 17, 2019. A tentative schedule is summarized in Table 1.

Table 1: Tentative RFP Schedule	
November 7, 2019	RFP Issued
November 19, 2019	Submittal of Letter of Intent to Propose
December 03, 2019	Deadline for Written Questions
December 17, 2019	Addendum Issued to Answer Questions
January 14, 2020	Deadline for Submittal of Proposals
January 28-February 11, 2020	Interviews Conducted
February 25, 2020	Contract Awarded at Board Meeting

7. Information that can be provided upon request to Robin Curry at the e-mail address above is summarized in Table 2.

Table 2: Information Available
Census in Excel format
Monthly claims and enrollment
50% reports
Summary Plan Descriptions

8. Proposers must submit six (6) complete hardcopy sets (original and five (5) copies) and six (6) soft copies of CD and/or USB Memory Key. Responses shall be delivered to Purchasing Shared Services, Bartlett City Schools, 5705 Stage Road, Bartlett, Tennessee 38134 in a sealed envelope and/or carton clearly marked, “RFP #FY20006, Health Benefit and Related Services.” Time, date and name of RFP must be clearly marked on the face of the sealed envelope and/or carton as well. All price quotations and related materials must be received in a sealed envelope. In addition, one hardcopy shall be delivered to Robin Curry, Sherrill Morgan, 525 W. Fifth Street, Suite 310, Covington, Kentucky 41011.

9. Successful proposer will be required to sign a contract with IHBC for said services based on RFP specifications and their proposal response, as well as any written and/or electronic communications received from proposer in the evaluation process. In addition, include a copy of any contract your firm will require with proposal. Negotiations may be undertaken with the proposer whose understanding, qualifications, experience, technical approach, fee schedule and financial terms show them to be best qualified, responsible and capable of performing the work and addressing the needs of IHBC.

10. IHBC reserves the right to request any additional information deemed necessary in the evaluation of this RFP. Requested information shall be submitted to Purchasing Shared Services within five business days from date of the request.

11. Companies submitting RFPs must, if deemed necessary, be willing to meet with IHBC, at the proposer’s expense, to discuss their proposal. IHBC shall not bear any costs or obligation with regard to the preparation of the proposal.

12. If a proposer is selected as a finalist, an audited financial statement for the most recent quarter may be required to be made available within seven business days of request, unless the proposer is a publicly traded company.

13. If at any time IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland are dissatisfied with the quality of service provided, a written notice of the specific problem(s) will be

furnished to the successful proposer by certified letter. If the problem(s) is not corrected to the satisfaction of IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland within thirty (30) business days of this written notice, this entire contract may be unilaterally terminated by IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland with no further obligation on their part. Contract may also be terminated if three or more such occurrences occur within any twelve-month period.

14. With the exception of stop loss, the initial contract period will begin July 1, 2020 and should be written on a three year term with the right to extend two additional one year terms at the same prices and terms of this Request for Proposal, if mutually agreeable between IHBC, the MSSC, City of Bartlett, Town of Collierville, and City of Lakeland and the successful proposer.

15. The terms, conditions and specifications listed in this proposal constitute the total terms and conditions that will be acceptable. IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland will not be bound by conditions other than those stated. RFP award will be made to the best responsive company and/or firm meeting the requirements of IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland.

16. Payment for services will be made upon the successful completion and implementation of the programs described herein and acceptance of the programs by IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland.

17. State whether your firm is certified by State of Tennessee as a drug-free workplace.

18. Any exceptions to the general conditions and specifications must be clearly stated in the RFP response.

19. Proposers must be licensed by the appropriate regulatory authorities in the State of Tennessee to provide the services herein described.

20. IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland reserve the right to reject any or all responses, waive defects or informalities in responses and to make awards as deemed to be in their best interest. Award will be made to the best company and/or firm to be determined by IHBC, if awarded.

21. Costs not delineated in the RFP response will not be negotiated in the contract.

22. Any alteration to this RFP document by a proposer will deem that proposer's response to this RFP null and void.

23. Any and/all revisions made to this Request for Proposals prior to due date will be posted on the following website and will be the responsibility of the proposer to check for any and/all revisions: <http://www.bartlettschools.org>.

24. IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland have the right at their discretion to terminate or renegotiate this Agreement due to occurrence of any event or action beyond their control. After such termination of this Contract, the Customer shall have no continuing obligation under the terms of this Contract.

25. IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland reserve the right to extend the terms, conditions, and prices of this contract to other Institutions (such as State, Local and/or Public Agencies) who express an interest in participating in any contract that results from the RFP. Each of the piggyback Institutions will issue their own purchasing documents for purchasing of the goods/services by

bidding of this service. Proposer agrees that IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland shall bear no responsibility or liability for any agreements between Proposer and the other Institution(s) who desire to exercise this option.

26. All materials submitted pursuant to this RFP shall become the property of Purchasing Shared Services. To the extent permitted by law, all documents pertaining to the RFP shall be kept confidential until the proposal evaluation is complete and a contract is awarded. No information about any submission of proposals shall be released until the process is complete. All information provided shall be considered in making a recommendation to enter into an agreement with the selected vendor. Information may not be used for any reason other than for completion of the RFP.

27. IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland offer educational and employment opportunities without regard to race, age, color, national origin, religion, sex, disability, genetic information, or any other classification protected by federal, Tennessee state constitutional or statutory law.

28. IHBC, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland encourage qualified minority and/or women-owned businesses to submit bids, and award Requests for Proposals without regard to race, age, color, national origin, religion, sex, disability, genetic information, or any other classification protected by federal, Tennessee state constitutional, or statutory law.

29. NON-APPROPRIATION OF FUNDS: Notwithstanding any other provision of this Contract, funds for this Contract are payable from state, federal and or local appropriations. In the event that no funds or insufficient funds are appropriated and budgeted for monetary obligations which would otherwise be due and owing under the terms of this Contract, this Contract shall become null and void. After such termination of this Contract, the Customer shall have no continuing obligation under the terms of this Contract.

30. INSURANCE REQUIREMENTS: The successful proposer must carry insurance as specified and must be submitted with five business days of request: (a) Workers' compensation coverage in accordance with the statutory requirement and limits of the State of Tennessee; (b) Comprehensive General Liability Insurance for bodily injury (including death) and Property Damage Insurance of \$1,000,000 per occurrence from a company licensed to write insurance policies in the State of Tennessee. (c) Comprehensive automobile insurance covering owned, hired, and non-owned vehicles with a minimum of Bodily and Property damage of \$1,000,000 each accident, combined single limit from a company licensed to write insurance policies in the State of Tennessee; (d) Excess or umbrella insurance of \$1,000,000 per occurrence from a company licensed to write insurance policies in the State of Tennessee. Purchasing Shared Services shall be supplied satisfactory proof of coverage of the above required insurance. In addition, IHBC, Arlington Community Schools, Bartlett City Schools, Collierville Schools, Lakeland School System, the City of Bartlett, the City of Lakeland, and the Town of Collierville shall be conspicuously named on the Certificate of Insurance as an additional insured on Auto, GL, and Excess Policies. Certificate Holder should read Purchasing Shared Services, 5705 Stage Road, Bartlett, TN, 38134. The successful proposer agrees that they will function as an independent contractor and agrees to indemnify and hold harmless, IHBC, Municipal Schools of Shelby County (MSSC), City of Bartlett, City of Lakeland, and Town of Collierville, their Board Members, employees, officers, and agents from any and all claims or demands that may arise out of or relate to its duties contracted for pursuant to goods and/or service.

31. Proposals from brokers or agents will not be accepted.

32. All questions related to specifications regarding this Request for Proposals must be submitted in writing to Mr. Robin Curry, robin@sherrillmorgan.com, no later than 4:00 P.M., Central Time, Tuesday, December 3, 2019. All Purchasing related questions should be directed to Joe Anderson, Purchasing Shared Services,

Purchasing Shared Services
Health Benefit Administration
and Related Services

at janderson@bartlettschools.org, no later than 4:00 P.M., Central Time, Tuesday, December 3, 2019.
ONLY EMAIL QUESTIONS WILL BE ANSWERED.

CERTIFICATE OF NON-DISCRIMINATION

By submission of this Request for Proposal, the contractor (NAME OF FIRM)

certifies that he/she/it does not discriminate against any employee or applicant for employment on the grounds of race, age, color, national origin, religion, sex, disability, genetic information, or any other classification protected by federal, Tennessee state constitutional, or statutory law; and does not and will not maintain or provide for his/her/its employees any segregated facilities at any of his/her/its establishments; and, further, that he/she/it does not and will not permit his/her/its employees to perform their services at any location under his/her/its contract where segregated facilities are maintained.

CONTRACTOR'S NAME

SIGNATURE

DATE

Printed or Typed Name of Individual Signing for the Contractor

REQUEST FOR PROPOSAL AGREEMENT

In compliance with the Request for Proposal, in consideration of the detailed description attached hereto; and subject to all conditions thereof, the undersigned agrees, if this Request for Proposal be accepted, to furnish any or all services upon which prices have been quoted in accordance with the specifications applying at the price set opposite each item. The undersigned further agrees, if awarded an order or contract, to protect, defend and hold harmless IHBC, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland from any suits or demands for payment that may be brought against it for the use of any product or article that becomes a part of an order or contract, and further agrees to indemnify and hold harmless IHBC, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland from any suits or actions of every nature and description brought against it for, or on account of, any injuries or damages received or sustained by any party or parties, or his servants or agents in the course of fulfilling the terms of the contract and/or Request for Proposal.

Name of Firm

Address

City

State

Zip

Authorized Representative

Signature

Terms

Phone

Fax Number

E-Mail Address

Date

IRAN DIVESTMENT ACT CERTIFICATION

By submission of this Request for Proposal, the contractor (NAME OF FIRM)

certifies, and each person signing on behalf of any proposer certifies, and in the case of a joint proposal each party thereto certifies as to its organization, under penalty of perjury, that to the best of its knowledge and belief that each proposer is not on the list created pursuant to T.C.A. § 12-12-106. Proposer further attests and agrees to immediately notify Purchasing Shared Services (“PSS”) if either I or the entity I represent can no longer make the foregoing certification. I understand that failure to notify PSS may invalidate any and all agreements I have with IHBC.

CONTRACTOR’S NAME

SIGNATURE

DATE

Printed or Typed Name of Individual Signing for the Contractor

BACKGROUND CHECKS

By agreeing to provide goods or services to School Districts within the Municipal Schools of Shelby County (MSSC), you are attesting that you are aware of your obligations under T.C.A. §49-5-413(d) to ensure that all of your employees who have direct contact with District students or children in District child care programs or employees who have access to school grounds at any time when children are present have done the following:

- (1) Supplied a fingerprint sample and submitted to a criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation prior to having any contact with District children or having access to school grounds at any time students are present;
- (2) Successfully passed the aforementioned criminal history records check.

If the criminal history records check indicates that the employee has been convicted of any offense listed in T.C.A. §49-5-413, the employee shall not have access to school grounds at any time when students are present and shall not have direct contact with District students or children in the District child care programs.

The proposer also agrees that if one of your employees commits any offense listed in T.C.A. §49-5-413 after you have conducted your initial criminal history check on such employee, said employee will notify you of the offense and you will subsequently not permit that employee to access school grounds or have contact with District students or children in a District child care program.

You also agree and understand that your failure to satisfy all of the requirements of T.C.A. §49-5-413 will be deemed to be a material breach of this contract which could subject you to breach of contract damages.

Please sign, date, and return:

I comply with the above specifications.

Date

HOLD HARMLESS AGREEMENT

This Hold Harmless Agreement is between _____

Name of Contractor

(hereinafter Contractor), and IHBC, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland.

Contractor agrees that as a condition precedent to "Contractor" being awarded a contract from IHBC, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland "Contractor" agrees to indemnify, protect, defend, and hold harmless IHBC, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland, their Board Members, agents, and employees from all judgments, claims, demands for payment, suits or actions of every nature and description brought against IHBC, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland, its Board Members, agents and employees alleging injuries or damages sustained by any person arising out of or in the course of "Contractor's" providing goods or services to the School District.

(Name of Contractor)

BY: _____

TITLE: _____

State of Tennessee
County of Shelby

_____ personally appeared before me, the undersigned, with whom I am personally acquainted and who, upon oath, acknowledged that he/she/it executed the within instrument for the purposes therein contained, and who further acknowledge that he/she/it is authorized to execute this interment on behalf of _____.

Signature

Witness by hand and Notaries seal at office this _____ day of _____, year of _____.

Notary Public

My Commission Expires: _____

B. **Background**

IHBC was created in 2014 to manage a self-funded health plan and other benefits for its participating entities. Participating entities in IHBC include the Municipal Schools of Shelby County, as well as the City of Bartlett, the City of Lakeland, and the Town of Collierville. IHBC is seeking health plan administration, pharmacy benefit administration, stop loss coverage, flexible spending account (FSA) administration, and health reimbursement arrangement (HRA) administration services.

Approximately 2,900 employees receive benefits through IHBC.

C. **Specifications and Scope of Service**

1. **Plan Design (Point Value: 10 Points)**

IHBC currently offers multiple plan designs. **Complete plan document re-writes will be required of the successful proposer.** Also, proposers must be able to administer ERISA-exempt plans.

2. **Pharmacy Program (Point Value: 15 Points)**

Pharmacy pricing must be stated on a fully transparent and pass-through basis. Proposals must include 100% of rebates retained by IHBC. Proposals that are not transparent and pass-through will not be considered. Please complete the attached Pharmacy Benefit Manager Questionnaire for each PBM option submitted. Points will be given for employee online access to the participating pharmacy list, formulary lists, and personal pharmacy information. Points will also be given for access to a pharmaceutical consultant, preferably a licensed pharmacist, who can analyze IHBC's pharmacy program and make recommendations.

3. **Plan Administration (Point Value: 20 Points)**

Reference Based Pricing Plan (RBP) Administration

IHBC offers "Reference-Based Pricing" plans, in which claims would be paid on a "percentage above Medicare" basis, rather than utilizing a network. Please indicate whether you can administer this type of plan. If you are currently administering Reference-Based plans, please describe your experience with existing clients in this regard. Please note whether you utilize direct provider contracts in this regard. Please also provide information regarding the vendors you use for negotiating balance billing, drafting plan language, and negotiating direct contracts.

4. **Stop Loss (Point Value: 15 Points)**

IHBC's current stop loss contract is with Tokio Marine HCC. The specific deductible is \$500,000. IHBC does not purchase aggregate coverage. IHBC will entertain proposals with other specific stop loss deductibles, but a \$500,000 specific deductible option must be quoted. IHBC currently has a 24/12 contract. Only 24/12 or Paid Contracts will be considered. Medical and prescription drug claims are covered under the specific. Proposals must include an unlimited lifetime and annual maximum for specific coverage. IHBC currently has a "no new laser" contract with a 50% rate cap at renewal. Please quote these terms or similar terms.

Pre-65 retirees are currently covered under IHBC’s stop loss policy, and proposals must also include them. Post-65 retirees need not be covered, with the exception of post-65 retirees on the Town of Collierville plan who retired prior to May of 2000.

The current rates and factors are summarized in Table 3.

Table 3: Current Stop Loss
Specific Premium
\$5.72 Single \$19.76 Family

All stop loss proposals received will be considered preliminary, and additional stop loss quotes will be solicited at a later date. Further negotiation with successful proposers regarding stop loss will be permitted after the deadline. **Stop loss should be quoted net of commissions.**

Proposers should list any variation in cost from the quoted administrative fees should IHBC choose a stop loss carrier other than the one quoted in proposer’s proposal.

5. Utilization Review/Medical Management (Point Value: 5 Points)

Please identify if utilization review is a part of the quoted fees and whether it is an in-house service or provided by an outside vendor. Also, please describe how individuals are reported to UR/medical management and the procedures involved. Please state whether the proposed UR vendor is URAC-accredited.

6. Disease Management/Wellness Programs/EAP/Telemedicine (Point Value: 5 Points)

Proposers should provide information on Disease Management, Wellness, EAP and Telemedicine programs they offer.

7. Ability to Import/Export CareHere Clinic Data (Point Value: 5 Points)

The selected proposer will be expected to coordinate with the CareHere Clinic by importing data into their system that was collected by the clinic to be used for health and wellness biometrics, for any care gap measurements/reporting, and eligibility reporting/uploading at least monthly.

8. COBRA/HIPAA (Point Value: 5 Points)

Please describe the fees associated with administering these services. Proposers must be compliant with HIPAA Title II regulations and be able to assist the IHBC in the privacy policy area. Please indicate whether COBRA/HIPAA administration is provided in-house or through an outside vendor.

9. Online Capabilities (Point Value: 5 Points)

Please describe online access to plan information, including the ability to monitor claims, run reports and check eligibility. Consideration will be given to whether proposers allow employees to check personal information online. Any additional cost for these services should be quoted separately.

10. Flexible Spending Account (Point Value: 5 Points)

IHBC currently offers a flexible spending account and dependent care account through American Fidelity. This includes the use of a debit card. Please describe your ability to administer these programs, and describe any fees associated with these services.

11. References (Point Value: 10 Points)

At least five references in total should be provided, and one of the five must be a former client. Representation of government agencies, especially those in Tennessee, will receive significant regard.

12. Run-in/Run-out Claims

Run-in claims may be negotiated with successful proposers, and services for run-in and run-out claims should be quoted.

13. Additional Criteria

Additional criteria that will be used to determine award of the contract will include but will not be limited to the following:

- a. The cost per employee per month for all services. Cost quoted must be guaranteed for at least a one-year period following acceptance.
- b. The qualifications and experience of the proposer's staff and associated vendors.
- c. The scope and degree of services provided.
- d. Thoroughness and usefulness of reports provided on a monthly basis.
- e. The ability to work with related vendors.
- f. Demonstrated customer service.
- g. Claims turnaround time.
- h. Thoroughness of the response to the RFP
- i. Completion of Attachment(s) to RFP.
- j. The ability to assist with compliance.
- k. Ability of proposer to assist with budget projections and development of appropriate funding levels for the plans offered.

Administrative Fee Summary

- ❖ *This form must be completed according to how administrative fees are applicable to your organization.*
- ❖ *All rates should be provided as a **PEPM (per employee per month) charge unless otherwise indicated.***
- ❖ *If submitting a partial proposal, complete as applicable to the services being proposed.*

Base Administration _____

COBRA Administration _____

HIPAA Administration _____

Utilization Review/Medical Management _____

Name of UR/Case Management Organization _____

Disease Management Fee _____

Wellness Program Fee _____

EAP Program _____

Telemedicine Program _____

Reference Based Pricing Fee _____

Rx Administration/Coordination Fee _____

Section 125 Administration _____

Medicare Part D Notices & Testing _____

Other Fees _____

Data Sharing with CareHere or other Clinic Administrator _____

TOTAL MONTHLY FEES _____

Other Annual Fees (if applicable) _____

Setup (One-time fees) _____

Rate guarantees (please specify) _____

Additional Comments: _____

Pharmacy Benefit Manager Questionnaire
Please complete for each PBM offered as part of this proposal

***Pricing must be stated on a fully transparent and pass-through basis.
Proposals must include 100% of rebates retained by IHBC.***

Name of PBM: _____

1. Pricing

- a. Affirmatively state whether the proposed PBM's pricing is quoted on a fully transparent and pass-through basis, and whether 100% of rebates will be passed through to IHBC.
- b. Does the proposed PBM own its pharmacy network? If not, please identify the network it uses and state whether the network passes through all discounts to the PBM.
- c. Does the proposed PBM own its claims processor? If not, please identify the claims processor it uses and state whether the processor passes through all discounts to the PBM.
- d. Does the proposed PBM own its mail order vendor? If not, please identify the mail order vendor it uses and state whether the mail order vendor passes through all discounts to the PBM. Please also state whether IHBC may use a mail order vendor other than the one used by the PBM.
- e. Does the proposed PBM own its specialty drug network? If not, please identify the specialty drug network it uses (if any) and state whether the specialty drug network passes through all discounts to the PBM. Please also state whether IHBC may use a specialty drug network other than the one used by the PBM.

2. Corporate Capabilities

- a. Identify the staff that would be directly involved, along with their titles and responsibilities.
- b. Provide at least three references.

3. Maximum Allowable Costs

Describe your MAC program including discounts and maintenance procedures.

4. Rebate Management

- a. IHBC reserves the right to audit all records regarding rebates with drug manufacturers. Please describe your current policy and scope for outside audit procedures.
- b. Do you utilize a rebate processor? If so, does your rebate processor pass through 100% of rebates to you?
- c. Describe the process for recommending formulary changes in conjunction with rebate contracts in order to obtain the most cost effective net per member per month costs.

5. Price Proposal

a. Identify the administrative services fee per employee per month (PEPM). Identify all of the administrative services included in this fee. If there are any other charges that will be assigned to other services, please identify these services and the associated fee. Any fees not identified will be assumed to be part of the administrative services included in the PEPM service fee.

b. Identify retail dispensing fees.

c. Identify mail order dispensing fees.

d. Identify proposed specialty pharmacy services reimbursement fees and/or current product list as applicable.

e. Identify drug ingredient cost discounts for your block of business for:

- All retail brand claims for the period January 1, 2017-December 31, 2017
- All mail order brand claims for the period January 1, 2017-December 31, 2017
- All retail generic claims for the period January 1, 2017-December 31, 2017
- All mail order generic claims for the period January 1, 2017- December 31, 2017
- All retail brand claims for the period January 1, 2018-December 31, 2018
- All mail order brand claims for the period January 1, 2018-December 31, 2018
- All retail generic claims for the period January 1, 2018-December 31, 2018
- All mail order generic claims for the period January 1, 2018-December 31, 2018

Stop Loss Carrier/MGU Questionnaire

If you offer more than one carrier, please complete one of these forms for each carrier.

Name of Carrier: _____

1. Claims

- a. Please define a "paid claim"?
- b. Does this contract cover either or both of the following fees associated with a prescription drug program?
Dispensing Fees Yes No Administration Fees Yes No
- c. If you are an MGU, do you have any claims paying authority? Yes No
If yes, to what extent?
- d. Does this contract cover either or both of the following surcharge taxes and assessments? NY Mass.

2. Specific Coverage

- a. Do you offer advance funding on specific claims? Yes No
If yes, please describe any limitations of this option. Is advance funding available during the entire contact year or are there special provisions for the end of the contract year?
- b. What is the average turn-around time for reimbursement?

3. Aggregate

- a. Do you offer a monthly rolling aggregate option? Yes No
If yes, is there a per employee per month cost or an initial charge at the beginning of the contract? Please describe. If yes, does the aggregate have to be exceeded by a certain dollar amount to receive reimbursement?
 Yes No
If Yes, when is the payback of the advance expected?
 Immediately End of the contract
- b. What is the average turnaround time for reimbursement of all aggregate claims?

4. Plan Document

- a. Does this carrier have a specific set of exclusions? Yes No
If yes, please provide a list of exclusions.
- b. What is the expected turnaround time for approval of the plan document and amendments?

5. Additional Questions

- a. If you are an MGU, do you assume any risk for this carrier? Yes No
If yes, how much?
- b. Does this carrier assume 100% of the risk (minus the MGU risk, if any)? Yes No
If no, please list and describe the other parties assuming risk.
- c. Do you offer a "Centers of Excellence" network? Yes No
- d. Do you offer discounts for critical code reporting? Yes No
If yes, how much?

Provide the A.M. Best financial rating for this stop-loss carrier: _____

By executing this statement, the individual listed below verifies that the answers herein are accurate and correct. In addition, the execution of this statement binds the entity first listed above, whether MGU or stop-loss carrier, to the statements, procedures, operations and/or performance as stated herein.

Signed: _____

Print Name: _____

Title: _____

Date: _____

All RFPs must be received and time stamped in Purchasing Shared Services, 5705 Stage Road, Bartlett, Tennessee 38134, prior to stated opening date and time. RFPs received after the specified date and time are considered late and will not be opened. All price quotations and related materials must be received in a sealed envelope. Time, date and nature of RFP must be clearly marked on the face of sealed envelope. Attach label below to the outside of your RFP submission.

FIRM

RFP #FY20006



PURCHASING SHARED SERVICES

BARTLETT CITY SCHOOLS

5705 STAGE ROAD

BARTLETT, TN 38134

RFP DUE

Date: _____

Time: _____

Nature of RFP _____

Purchasing Shared Services
Onsite Medical Clinics
(MPSM)

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