



Request for Proposals
20RFP010 Medical and Pharmacy Health Benefit Products

Date	Event
September 24, 2019 and October 01, 2019	Dates of public notice
October 02, 2019	Due date for questions by 5:00 pm
October 16, 2019	Questions and answers posted on our website
October 29, 2019	RFP opening / due date at 2:00 pm CST
October 30, 2019- January 27, 2020	Evaluation of Proposals
February 24, 2020	AISD Board meeting for review/approval

<p>Deliver Sealed Proposals to: Austin ISD Contract & Procurement Services 1111 West 6th Street Building A, Suite 330 Austin, TX 78703</p>	<p>Contact: Kristy Gonzalez Sr. Procurement Specialist Phone: 512-414-2123 kristy.gonzalez@austinisd.org</p>
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- Questions must be submitted via e-mail to the contact person listed above.
In the e-mail subject line, type: Questions 20RFP010 Medical and Pharmacy Health Benefit Products
- Q & A and addenda will be posted on our website: www.austinisd.org/cp/bids
- **Proposals are due no later than 2:00 pm on the date indicated.** Your proposal must be delivered by mail or hand delivery in a sealed envelope or carton. Proposals received after the specified time shall not be considered.
- **Please submit the following:**
 - Required**
 - Two (2) digital copy on a flash drive – include signed “required” forms
- FAX, e-mail or other electronic proposals will not be accepted.
- Proposals must be plainly marked with:
 - Name and address of the respondent
 - RFP number and title above

Checklist and Submission Guidelines

This checklist is provided to help you conform to all form/document requirements stipulated in this solicitation and attached herein.

(This is not a required form, it is not necessary to return this checklist with your proposal.)

Understanding the Proposal

Completed

- Read entire RFP document, appendices and attachments
- Review AISD Policy and Instructions on our website: [Policy and Instructions](#)
- Attend pre-proposal conference (not required)
- Submit questions properly before deadline
- Review addenda, Q&A and other additional attachments
- Review Proposal Format section of RFP

Forms

Completed | Required

- | Bid Certification
- | Notification of Criminal History of Contractor
- | Debarment, Suspension and Ineligibility Certification
- | Conflict of Interest Questionnaire (CIQ) – electronic
- | Strategic Partner Profile
- | EDGAR Vendor Certification
- | Software Vendor Certification Form

Submitting the Proposal

Completed

- Prepare the proposal in the format specified and sign all required forms
- Submit requested quantity of digital copies on flash drive
- Package proposal in sealed envelope or carton properly labelled
- Deliver proposal to delivery address by RFP opening / due date and time

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I. INTRODUCTION

The Austin Independent School District (herein after referred to as “AISD” or the “district”) is seeking proposals from firms qualified and experienced in providing Medical and Pharmacy Health Benefit Products effective January 1, 2021. Being a legal method of procurement for school districts in Texas, AISD would like to utilize current platforms to engage providers. The District is looking at a combined Medical / Rx offer along with separate vendors for medical and Rx. Proposers can submit for the following.

- Third Party Administrative Services for the Self Insured Medical / Rx program
- Third Party Administrative Services for the Self Insured Medical or Self Insured Rx program
- Your quote can include any ACO, HMO or other low cost alternatives offerings which are unique to your organization

Any prospective proposer will be responsible for having qualified personnel and computerized systems capable of handling a case of this size and their plan of benefits. The proposer must provide references and proof of the provider’s ability to satisfactorily serve AISD. All proposers must be completely HIPAA compliant – a statement of compliance is required with any proposals submitted to AISD.

Please note your inability to quote any of the options / plans noted above would not preclude you from being selected as a finalist. Should you have standard products which do not in their entirety meet the RFP, please feel free to quote based upon your standard package.

Submit inquiries via email to the contact person listed on the cover page by the deadline specified in the schedule below. In the subject line of the email, type **Questions** and the solicitation number: **20RFP010 Medical and Pharmacy Health Benefit Products**.

Questions received by this deadline and corresponding answers will be included in an Addendum and posted to our website at: [Bid Opportunities & RFPs | Austin ISD](#)

II. HISTORICALLY UNDERUTILIZED BUSINESS (HUB) PROGRAM REQUIREMENTS

The HUB Program promotes and strongly encourages the involvement and participation of Historically Underutilized Businesses in District-wide procurements. According to AISD policies CH (LOCAL) and CV (LOCAL), the HUB Program guidelines are not applicable for this type procurement.

III. PROPOSAL FORMAT

A. Preface

The Proposer shall provide an executive summary of two (2) pages or less, which gives in brief, concise terms, a summation of the proposal.

B. Proposal

The vendor’s proposal itself shall be organized in the following format and informational sequence:

Section I – Summary of Experience

This section shall contain the full name and address of the proposer submitting the proposal and a brief summary of the proposer's experience and individual experience for personnel who will provide this product or service.

Section II - Scope of Service

This section shall contain all information requested in Attachment A, B, and C, in the order shown and utilizing attachment formats. Complete all tabs and provide requested information from *Background & Proposal Specs* tab. Include a "Statement of Compliance" where necessary. Clearly state any exceptions taken to the specifications of this RFP, or any conditions of the proposal.

Section III - RFP Required Forms

This section shall contain **signed original** forms listed below as requested in the RFP.

- Non-Collusion Affidavit (*Reps & Certs* tab on Attachment B)
- HIPAA Statement of Compliance (not provided)

Section IV - Financial Proposal

This section shall contain a straightforward, concise delineation of the proposer's fees to satisfy the requirements of this RFP. It is the proposer's responsibility to specify all costs (i.e. administrative fees, processing fees, etc.) associated with providing the products or services required herein.

Section V - References

References are to be from government agencies and/or firms, which are substantially serviced by the vendor (references most similar to Austin ISD should be provided). Each reference must contain the reference's name, address, telephone number, and point of contact (including email address). A list of at least four (4) references from current customers must be provided. Complete on *References* tab of Attachment B.

C. General Required Forms

Forms are required with **Original response & flash drive only**; they can be excluded from additional requested copies.

Proposer shall execute the following required forms (located on our website: [Required Forms link](#)), and return the **signed original** with the proposal:

- Bid Certification
- Notification of Criminal History of Contractor
- Debarment, Suspension and Ineligibility Certification
- Conflict of Interest Questionnaire (CIQ). The CIQ is prepared by the Texas Ethics Commission, in compliance with Chapter 176 of the Texas Local Government Code. The form should be submitted on-line at [Conflict of Interest Questionnaire - CIQ](#).

IV. INITIAL REVIEW OF PROPOSALS

Any proposer determined non-responsible or any proposal determined non-responsive will not be evaluated further. The proposer will be notified of a non-responsible or non-responsive determination.

Responsive

In order for a proposal to be responsive:

- ALL required forms listed above shall be signed and included with proposal;
- Attachment A, B, and C shall be included with proposal;
- Proposal shall be received prior to the RFP opening date at the address listed on the cover page;
- Proposal shall respond to the entire scope of service and performance requirements as requested.

Responsible

In order for a proposal to be responsible, the proposer shall be in good financial standing with the Texas Comptroller of Public Accounts.

V. COMPETITIVE SELECTION / EVALUATION

- A. This is a NEGOTIATED procurement and as such, award will not necessarily be made to the offeror submitting the lowest priced proposal. Award will be made to the firm submitting the best responsive proposal satisfying AISD's requirements, price and other factors considered.
- B. The district anticipates that the evaluation process may include multiple levels of evaluation, as for example, but not limited to:
Phase 1: Initial review of the proposal by the district's evaluation team.
Phase 2: Interviews and/or presentations of top proposals from Phase 1, followed by administrative review of finalist(s) and award recommendation.

PHASE 1

Points	Item	Detailed Description
20 Points	Proposed Plan	The adequacy and completeness of the plan offered addressing the Scope of Service.
15 Points	Proposer's Capabilities	The demonstrated ability of the proposer to provide services.
25 Points	Proposed Products	Quality of items as well as their ability to meet specifications and sustainability requirements and preferences.
40 Points	Financial Proposal	Start-up costs, fixed product costs as well as rebate incentives to determine best value.

PHASE 2

Points	Item	Detailed Description
20 Points	Phase 1 Total	The Proposed Plan, Proposer's Capabilities, Proposed Products, Financial Proposal.
30 Points	Interview / Presentation	The adequacy and completeness of the plan offered addressing the Scope of Service.
20 Points	Proposer's References	The reputation of the proposer and of the proposer's goods and services.
30 Points	Best and Final Offer	Purchase price including long-term cost to the District to acquire goods and services.

- C. The committee evaluating the proposals submitted in response to this RFP may require any or all proposers to give an oral presentation in order to clarify or elaborate on their proposal as well as to provide a demonstration. Upon completion of oral presentations or discussions, proposers may be requested to revise any or all portions of their proposals and submit a best and final offer (BAFO) for consideration.
- D. If the district determines that additional evaluation steps are required to determine the best value between Proposers, the district reserves the right to consider any or all of

the following additional criteria; the proposed price, proposer's experience, references and record for responsibility, or any other relevant factor that the district deems necessary to determine best value.

VI. SCOPE OF SERVICE AND PERFORMANCE REQUIREMENTS

Term

The agreement(s) resulting from this solicitation will be in effect for an initial term of three (3) year from the date of award by the Board of Trustees, or such date established by the agreement. The parties by mutual consent may renew the agreement for up to two (2) additional one (1) year periods. In addition, the District reserves the right to extend the contract for an additional sixty (60) days beyond the final expiration date if necessary, to ensure no lapse in service.

1.1 Background Information

Austin ISD has a self-insured Medical benefit program administered by Aetna utilizing Aetna Open Access Select and Seton Whole Health Alliance network. Austin ISD offers two EPO plans and an HSA plan. These plans differ by deductible, copay and co-insurance amounts.

Austin ISD does not have the staff to increase their job functions being performed currently. Therefore, any carrier must be willing to meet all the stated current services as a minimum and clearly outlined in his or her Proposal any deviations from those stated within the RFP.

Any prospective Respondent will be responsible for having qualified personnel and computerized systems capable of handling a case of this size and the flexible plan of benefits. The Respondent must provide references and proof of the provider's ability to serve satisfactory to Austin ISD. This Contract will not be based upon cost alone but will place equal importance on ability to pay claims timely and accurately, and on the ability of the provider to serve satisfactorily to Austin ISD.

It is the intent of Austin ISD that commissions, fees or other reimbursement arrangements shall be fully disclosed separately. Commissions, fees or other reimbursement arrangements that are built in shall be prohibited. Each Respondent must sign the Non-Collusion Affidavit enclosed or their Proposal will not be considered.

If you have any technical questions about the specifications, please put all questions in writing to the attention of Natalie Haskett of Gallagher Benefit Services via e-mail at Natalie_Haskett@ajg.com and copy kristy.gonzalez@austinisd.org.

1.2 General Carrier Requirements

1.2.1 Transitional Process

The selected carrier shall be responsible for all claims incurred on/or after January 1, 2021. Austin ISD desires that covered employees and their dependents should not be adversely affected by a change in insurance carriers. A "no-loss/no-gain" approach will apply to all participants covered under the new plan. It is imperative that any exclusions, limitations, or any other deviation be clearly outlined and discussed. A Respondent is expected to explain, in detail, their approach and responsibilities for total disabilities, active at work clauses, or any other limitations.

Proposals received with full protection - no limitations - will receive preference.

1.2.2 Commission

It is not the intent of Austin ISD that commissions are built into the Proposals. Commissions, fees or other reimbursement arrangements are prohibited. Each Respondent must sign the Non- Collusion Affidavit enclosed or their Proposal will not be considered. This includes bonus or contingency payments as well.

1.2.3 Compliance with the Proposal

All responses are to be prepared according to the Proposal. Any item(s) your company cannot accommodate are to be disclosed in writing prior to binding acceptance by the consultant and Austin ISD. Any deviations from this request are to be discussed, in writing, with the consultant in advance of the due date. After Austin ISD has made a commitment and awarded the Contract, the carrier will be held responsible for all items contained in the specifications.

1.2.4 Proposed Rates

A minimum rate guarantee of 12 (twelve) months is required. Please confirm this guarantee in your Proposal and denote any additional guarantees your company may wish to extend to Austin ISD. It is Austin ISD's intent to establish a three (3) year contract with the new carrier(s) provided renewal rates are acceptable and can be given within your Proposal. Multiple year, rate guaranteed contracts will receive preference. Multiple year contracts must include a 'not to exceed cap' for rate increase in the additional years.

1.2.5 Renewal Rates

The selected carrier is asked to deliver a rate adjustment no later than 90 (ninety) days prior to the anniversary date each year.

1.2.6 Ownership of Records

All records, member files and miscellaneous data necessary to administer the plan shall be the property of Austin ISD. The selected carrier will be asked to transfer records to Austin ISD within 30 (thirty) days of notice of termination.

1.2.7 Master Policy

The master policy shall be provided to Austin ISD no later than 30 (thirty) days from effective date. Please confirm your ability to provide this service and meet the deadline in your Proposal.

1.2.8 Plan Changes and Amendments

If changes in the plan of benefits or servicing requirements are needed, such changes will be made in writing and deemed as an amendment to the Contract.

1.2.9 Carrier Selection

The selection of the carrier is tentatively scheduled to occur in February 2020.

1.2.10 Data Caveat

Austin ISD, Aetna, and Gallagher Benefits have supplied the data contained herein. It has been gathered and coordinated by the consultant and reviewed as to accuracy on a "best effort" manner. This Request for Proposal is qualified to the extent the data provided is accurate.

1.3 Plan Designs & Claims Experience

FOR AN ELECTRONIC COPY OF THE CENSUS AND LARGE CLAIMANT INFORMATION, PLEASE EMAIL YOUR REQUEST TO Natalie_Haskett@ajg.com AND COPY kristy.gonzalez@austinisd.org.

NETWORK BENEFIT

This Plan provides benefits through a group of contracted providers (Network Providers). A Network Provider means using a Physician or other Licensed Health Care Provider who is part of a group of contracted providers. Using Network Providers offers cost-savings advantages because a Covered Person pays only a percentage of the scheduled fee for services provided.

To determine if a provider qualifies as an eligible Network Provider under this Plan, please consult Aetna's website www.aetna.com to access links for directories of Network Providers.

The Benefit Percentages for Medical Benefits may vary depending on the type of service and provider rendering the service or treatment. Non-Network Provider means a provider who is not a Network Provider. If a Non-Network Provider is chosen over a Network Provider, the Benefit Percentage will be lower (as stated in the following Schedule of Medical Benefits), unless one of the Non-Network Benefit Exceptions stated below applies.

NON-NETWORK BENEFIT EXCEPTION

When a covered service is rendered by a Non-Network Provider, charges will be paid as if the service were rendered by a Network Provider only under the following circumstances:

1. Charges for an Emergency as defined by this Plan, limited to only those emergency medical procedures necessary to treat and stabilize an eligible injury or illness and then only to the extent that the same are necessary in order for the Covered Person to be transported, at the earliest medically appropriate time to a Network Hospital, clinic or other facility, or discharged.
2. Charges which are incurred as a result of and related to confinement in or use of a Network Hospital, clinic or other facility only for Non-Network services and providers over whom or which the Covered Person does not have any choice in or ability to select.
3. A Network Provider is not reasonably available within 50 miles (using Googlemaps.com) who can provide the service needed. To obtain this exception, the Covered Person must request the exception in writing indicating the name and address of the patient, the Participants name, identification number and group number, type of treatment, service or supply for which exception is needed. Requests for exceptions can be sent to BCBS. If this exception is granted by the Plan, charges made by the Non-Network Provider will be paid at the Network benefit level. This exception will not be granted until written approval is received from the Plan.
4. A Network Provider refers the patient to a Non-Network Provider. Medical documentation from the Network Provider stating the reason for referring the patient to a Non-Network Provider must be submitted to the Plan for review. To obtain this exception, the Network Provider must request the exception in writing indicating the name and address of the patient, the Participants name, identification number and group number, type of treatment, service or supply for which exception is needed including medical documentation stating the reasons for referring the patient to a Non-Network Provider. Requests for exceptions can be sent to Aetna. If this exception is granted by the Plan, charges made by the Non- Network Provider will be paid at the Network benefit level. This exception will not be granted until written approval is received from the Plan.

1.5 The Respondents must meet the following mandatory criteria:

- Must have been rated by A.M. Best for at least the past three years as an A- rated company
- Insurance company is published in the current listing of insurance companies authorized to transact business in Texas; and
- Will consider waiving the Employee Actively at Work/Dependent Non-Confined Underwriting provision

1.6 Austin ISD reserves the right to award a contract for any or all areas of this RFP.

It is the responsibility of the Respondent to provide sufficient information/data in a convincing manner to Austin ISD to assure all of the terms, conditions and expectations for satisfactory performance of the services requested herein will be met.

All contact during the evaluation phase shall be through the Austin ISD Contracts and Procurement Department or the technical contact only. Successful Respondent shall neither contact nor lobby evaluators during the evaluation process. Attempts by Successful Respondent to contact and/or influence members of the Evaluation Committee may result in disqualification of Proposal.

VII. APPENDICES AND ATTACHMENTS

- Appendices (Documents included within this proposal):
 - Appendix 1 – Purchasing and Acquisition Vendor Relations Policy CHE-LOCAL
- Attachments (Separate documents available to download):
 - Attachment A - RFP Questionnaire – **Complete with Proposal**
 - Attachment B - RFP Workbook – **Complete with Proposal**
 - Attachment C - RFP Pharmacy – **Complete with Proposal**
 - Attachment D - Summary Plan Description Booklets
 - Attachment E - Cobra and Active Census Data
 - Attachment F. 1. - Monthly Claims from Jan. 01, 2015 to Jan. 31, 2017 (includes pharmacy claims)
 - Attachment F. 2. - Monthly Claims from Jan. 01, 2017 and Dec. 01, 2018 Claims
 - Attachment G - RX Claims
 - Attachment H. 1. - Aetna Select Medical Plan Schedule of Benefits 4A
 - Attachment H. 2. - Aetna Select Medical Plan Schedule of Benefits 4B
 - Attachment H. 3. - Aetna Select Medical Plan Schedule of Benefits 4CREV
 - Attachment H. 4. - Aetna Select Medical Plan Schedule of Benefits 4C
 - Attachment I - Current Pharmacy Benefit Plans

