Office of Finance
Department of Procurement & Risk Management
5225 W. Vliet Street, Milwaukee, WI 53208
(414) 475-8880 • mps.milwaukee.k12.wi.us
Fax (414) 475-8387

MPS COVER PAGE
(Fill out and provide under Tab A)

REQUEST FOR PROPOSAL: RFP 1008 for Medical Third-Party Administrator

This Request for Proposal (RFP) consists of: this document; all attachments, appendices, schedules and exhibits; any addenda issued in the future; and the current "MPS Terms and Conditions for Requests for Proposal" found at http://mps.milwaukee.k12.wi.us/en/District/Vendors-Contractors/Vendors/Terms--Conditions.htm.

Milwaukee Public Schools (MPS) is soliciting competitive sealed proposals from qualified professional firms or individuals to, in accordance with all the terms and conditions of this RFP, provide Medical Insurance.

Proposals will be accepted no later than 2:00 p.m., Central Time, Thursday, March 21, 2019. Proposals must be submitted in the manner set forth in § 4.3 and in the format set forth in § 7.

By signing below, respondent's representative certifies on behalf of the Respondent, that:

- I have the legal authority to bind the Respondent responding to this RFP and to provide the services identified herein;
- I have fully read this RFP and all incorporated documents and submit for consideration the attached proposal;
- I have read and understand the Contract Compliance Services (CCS) requirements, and that any proposed HUB and or Student Engagement participation is binding, real and substantial as defined in § 1.3 of the RFP;
- The fees in the attached proposal have been arrived at independently and have not been divulged, discussed, or compared with the proposals of other respondents. No attempt has been made, nor will be made, to induce any other person or firm to submit or not submit a proposal for the purpose of restricting competition; and
- I agree that the attached proposal will remain open and its pricing will remain firm until execution of a contract for the services which are the subject of this RFP.

Respondent	Telephone Number
Address	Fax Number
City, State, Zip Code	Email Address
Signatory's Full Name and Title	Signature Date

1. OVERVIEW

It is expected that the successful respondent will establish a strong partnership with MPS. As a strong partner, respondent will need to become fully acquainted with the business of MPS: educating Milwaukee's children. A full description of MPS, its mission, demographics and vision can be found at http://mps.milwaukee.k12.wi.us.

1.1 Summary

Project Name: Medical Third-Party Administrator
RFP Number: RFP 1008
RFP Release Date: Thursday, February 28, 2019
Question Due Date: 2:00 p.m. Central Time, Thursday, March 07, 2019
RFP Due Date: 2:00 p.m. Central Time, Thursday, March 21, 2019

1.2 Definitions

Contractor: the successful respondent awarded the contract resulting from this RFP.
District: Milwaukee Public Schools.
Historically Underutilized Business (HUB): a for-profit business that is 51% or more owned, controlled and managed by minority, women, disadvantaged, emerging, SBA-8A or other MPS-targeted business owners who have been certified as such by an MPS-recognized agency.
Proposal: any response provided pursuant to this RFP.
Respondent: a firm or individual submitting a response to this RFP.
Student Engagement: a method of further educating MPS students through required MPS contractor involvement in career education and employment opportunities for students.
Subcontractor: a person or entity performing, or proposed to perform, any portion of the Contractor's contract.

1.3 Contract Compliance Services (CCS) Requirements

1.3.1 *Summary*

In educating the children and youth of Milwaukee, MPS is also a primary purchaser of goods and services in the Milwaukee marketplace. MPS believes it is obligated to display, in its own operations, the values of excellence, diversity and economic responsibility that it strives to teach its students. To that end, many MPS contracts require the use of HUB firms and the engagement of the Contractor in Student Employment and/or Student Career Education activities.

HUB participation must be "commercially useful"; *i.e.*, the goods or services to be provided by the HUB firm are a direct function of the scope of services described in this RFP and resulting contract. The HUB participation requirement may be met by respondent in several ways:

(1) By identifying your firm as a certified HUB vendor that intends to perform a minimum of the required HUB participation for this RFP;

(2) By engaging in a joint venture with a certified HUB firm;
(3) By subcontracting with one or multiple certified HUB firm(s); or
(4) By making second-tier purchases from one or multiple certified HUB firm(s).

Respondents are free to meet HUB participation requirements with any certified HUB vendor as long as proof of HUB certification is provided. Respondents may also contact MPS's Office of Contract Compliance Services for a list of MPS-registered HUB firms. NO CREDIT FOR PARTICIPATION WILL BE GRANTED UNTIL MPS-RECOGNIZED HUB FIRM CERTIFICATION DOCUMENTATION IS RECEIVED.

The Student Engagement program seeks to maximize Contractor involvement in career education and employment opportunities for students. Student Engagement has two separate components: (1) career education activities that directly involve MPS students; and (2) paid student employment hours that provide one or more MPS students with an actual, meaningful employment experience. To meet student employment hours, the Contractor-employed students must be MPS students, registered through MPS's Office of Contract Compliance Services. Once hired by the Contractor, students will be paid, at a minimum, the current Living Wage Rate as identified by the City of Milwaukee Ordinance 310-13. Under no circumstances will students work under conditions that would be considered a hazardous work environment.

Career Education activities include, but are not limited to, the following:
(1) Classroom presentations at MPS project sites or various contractor career-specific activities.
(2) Full classroom or small group tours of office environments. If a contractor is going to provide this type of activity, all required permission slips/arrangements must be made with the school by following normal field trip procedures.
(3) Classroom skill development project activities in conjunction with teacher lesson plans such as math, science, reading, writing, etc.
(4) Other CCS-approved contractor provided options.

Student Employment participation includes, but is not limited to, the following options:
(1) Employment placement within prime contractor's establishment.
(2) Student summer employment placement.
(3) Student after-school and weekend placement, where appropriate.
(4) Alternative placement. (An alternative placement arrangement is an available option for contractors with documented age restrictions or capacity and location limitations.)
(5) Other CCS-approved provided options.

Further additional information relating to HUB participation requirement and the Student Engagement requirement can be found at http://mps.milwaukee.k12.wi.us/en/District/About-MPS/School-Board/Contract-Compliance-Services.htm. For any other questions related to MPS's HUB program, contact MPS's Office of Contract Compliance Services via email at 505@milwaukee.k12.wi.us.

1.3.2 *Requirements*

The HUB participation requirement for the contract to be awarded pursuant to this RFP is:

0% per 12-month term.

The Student Engagement requirement for the contract to be awarded pursuant to this RFP is:

300 hours of Student Employment per 12-month term; and 10 hours of Career Education per 12-month term.

A respondent's status as a 501(c)(3) tax-exempt nonprofit organization does not excuse it from fulfilling these requirements.

1.3.3 *Forms*

Respondent must complete and return those forms checked below with its proposal or it will fail as to that minimum proposal requirement. The required forms are attached to this RFP as appendices and schedules. Fillable versions of these same forms can also be found at http://mps.milwaukee.k12.wi.us/en/District/About-MPS/School-Board/Contract-Compliance-Services.htm (click on Forms and Schedules, then click on Vendors). The fillable version of the forms must be printed, signed and attached to respondent's proposal.

☐ Appendix A - HUB Utilization Plan (If box is checked, current certification document, with NAICS code, must be submitted with RFP response.)
☑ Appendix B - Prime Vendor Information Sheet
☑ Schedule H1-B - Student Career Awareness/Education Plan/Commitment

☑ Schedule H1-A - Student Employment Commitment
OR Either Schedule H1-A or Schedule H1-C must be returned.
☑ Schedule H1-C - Alternative Placement Request Student Employment

Even if there are no HUB or Student Engagement requirements identified in § 1.3.2, respondents must still fill out "Appendix B - Prime Vendor Information Sheet". The information disclosed in this form will not be used in evaluating a respondent's proposal and is solicited solely for reporting purposes to the Board of School Directors.

1.3.4 *Evaluation and Award*

MPS's Manager of Contract Compliance Services, or his/her designated staff, will be the sole judge of the suitability and completeness of the returned CCS forms and will assign a "pass" or "fail" determination accordingly as to that minimum proposal requirement. MPS reserves the right to award the contract to the respondent who submits a meaningful utilization plan that provides a real opportunity for HUB involvement.

Even if this RFP does not identify CCS requirements in § 1.3.2, MPS reserves the right to award up to ten additional points to respondents who will utilize a certified HUB or commit to Student Engagement hours.

To be eligible to receive these points, respondent must detail in its proposal what role(s) the proposed HUB subcontractor will be responsible for in the scope of services or specify what engagement MPS students will take place within a 12-month contract term. Forms can be found as identified in § 1.3.3 and must be completed and returned with a proposal for consideration. MPS's Manager of Contract Compliance Services, or his/her designated staff, will be the sole judge of the suitability of the proposed participation and will assign points accordingly.

Within 20 business days after a contractor receives MPS Board approval of its contract, it must submit copies of all executed HUB firm subcontracts and all supporting and associated HUB documentation to the Office of Contract Compliance Services. Falsification of any information related to a subcontract, including, but not limited to, subcontractor's name or actual work to be performed by HUB firms is prohibited. No HUB firm substitutions or scope of work reductions shall occur without the expressed written consent of MPS's Manager of Contract Compliance Services or his/her designated staff.

Failure to meet CCS requirements may result in financial sanctions up to, or exceeding, 70% of the value of the awarding contract and will be assessed against contractor invoices. Sanction dollars will be released on subsequent invoices as compliance documentation is provided.

2. SERVICES REQUESTED

2.1 Background

MPS is a large, urban school district with over 9,540 full-time equivalent staff positions. The District is working in consultation with its employee benefits broker, Hays Companies, to issue and administer this RFP for approximately 21,810 enrolled employees, pre-65 retirees, COBRA and dependents.

The following Appendix are included as part of RFP 1008 for informational purposes to assist in the completion of a response:

Appendix C – MPS 2019 Health Benefits
Appendix D – MPS 2019 Health Census Information
Appendix E – Provider Utilization Report (for network disruption analysis)
Appendix F – Claims Repricing
Appendix G – Monthly Enrollment Claims 2017 through 2018

2.2 Scope of Services

MPS seeks proposals for the selection of a Medical and/or Prescription Drug Insurance Carrier(s). Quotes must be self-funded only (we will not be considering full-insured options). Quotes can be for just medical, just prescription drug, or a combined quote with medical and prescription drug. If you will be providing a combined Medical & Prescription Drug Response, please complete this RFP for medical only and RFP #1009 for the Prescription Drug plan but indicate in both Responses that you are responding as a package.

We are also requesting a Health Savings Account (HSA) administration quote.

We are looking for vendors who can provide highly competitive financial offers based on, among other things, the following goals:

- Control costs in the short and long term;
- Contract with a vendor that is well positioned for future changes in the market;
- Contract with a vendor that can provide superior service to MPS's staff and employees; and
- Provide network access to all MPS participants.

All carriers must follow the instructions in this RFP and complete all questions and tables.
If selected, all coverages and plan administration will be effective 01/01/2020.

2.3 Confirmations

See Exhibit 2 for Confirmations.

3. MPS CONTRACT TERMS AND CONDITIONS

3.1 Resulting Contract

Respondent must include a sample contract as part of its Tab E, in addition to the submission of Exhibit 3 of the RFP. Any exception or proposed additional contract term or condition not set forth in Tab E will neither be considered nor accepted.

MPS's Director of Procurement & Risk Management, or his/her designated staff, will review any exceptions or proposed additions to determine if their nature or extent precludes ultimate agreement on a contract between MPS and respondent and will assign a "pass" or "fail" determination accordingly as to that minimum proposal requirement.

A "pass" as to the minimum proposal requirement does not mean that all the exceptions or proposed additions will be agreed to by MPS, but merely that they will be a point of discussion should respondent and MPS enter into contractual negotiations.

3.2 Proposals to Remain Open

By submitting a proposal, respondent is agreeing that its proposal will remain open and its pricing will remain firm until execution of a contract for the services which are the subject of this RFP.

3.3 Award

This RFP will result in either the award of a single contract to a single contractor or no award; there will not be multiple awards made under this RFP.

Contract awards are subject to review by the MPS Administration and Board of School Directors.

3.4 Contract Period

It is anticipated that a contract resulting from this RFP will be for a period of three years from January 1, 2020 through December 31, 2022, with the option of one two-year extension. The below performance metrics will be included as part of any resulting Contract, to be reviewed on an annual basis.

Guarantees — Financial		**Guaranteed Target**	**Amount of fees at risk**
Financial payment (Accuracy of paid benefit dollars)	>99.0%		% of admin fees
Claims Processing (total) accuracy (Incidence of claims processed without any error)	>95.0%		% of admin fee
Payment incidence accuracy (Incidence of claims processed without payment error)	>97.0%		% of admin fee
Adjustment rate (the percentage rate of adjustments)	<6-8%		% of admin fee
Guarantees – Claim Timeliness			
Turnaround time in 14 calendar days	85%		% of admin fee
Turnaround time in 30 calendar days	>99%		% of admin fee
Guarantees – Customer Service			
Telephone response time	90% in 30 seconds or less		% of admin fee
Call abandonment rate	3% or less		% of admin fee
First call resolution rate	90%		% of admin fee
Open call resolution turnaround time	100% in 48 hours		% of admin fee
Guarantees – Satisfaction surveys			
Member satisfaction with claims processing and customer service	90% positive rating		% of admin fee
MPS benefit staff satisfaction with account management	4 on a ranking scale of 1 — 5		% of admin fee
MPS benefit staff satisfaction with transition (eligibility load, open enrollment, etc.)	4 on a ranking scale of 1 — 5		% of admin fee
☐ Other guarantees available, see notes.			
Please provide documentation related to how you intend to measure the above performance metrics.			
Performance Guarantee Section Notes:			

4. INSTRUCTIONS

4.1 Communication/Questions

The only permissible communication regarding this RFP with MPS staff, including any and all questions and requests for clarification, must be directed, in writing via email, to mpsrfps@milwaukee.k12.wi.us. The subject line of the email must be labeled "RFP 1008 — Question." Any other communication to, or contact with, a MPS staff member regarding this RFP by respondent will be considered unauthorized and a cause for rejection of a respondent's proposal.

Any such communications must be received by 2:00 p.m. Central Time, Thursday, March 07, 2019 or will be disregarded.

If a vendor has specific concerns regarding any aspect of the CCS process, including requirements, how requirements may be met or other, questions in writing may be submitted in writing directly to CCS at 505@milwaukee.k12.wi.us. However, the deadline for these questions remains the same. Any questions submitted to CCS must be received not later than 9:00 a.m. Central Time on 3/7/2019.

It is incumbent upon respondents to point out any possible discrepancies, omissions or ambiguities in the RFP using this question process. This includes alerting MPS that the RFP services or pricing requested are non-standard in the industry. By failing to do so, a respondent waives the right to claim any provision of this RFP is ambiguous.

4.2 Answers/Addendum

Answers to submitted questions, as well as any additional information or clarifications to the RFP, will be provided in the form of addenda posted at http://mps.milwaukee.k12.wi.us/en/District/Vendors-Contractors/Vendors/Bids-RFPs.htm. CCS may engage in vendor-specific conversations regarding requirements, but any general information relevant to all vendors generated by these conversations will be published in the addendum.

It is the sole responsibility of respondents to check that site for any addenda that may be issued. Addenda will not be otherwise communicated to prospective respondents and no other response to the emailed questions will be received by the sender.

In the event of any conflict with the RFP, addenda shall govern.

4.3 Submission of Proposals

Respondent must submit one original proposal, clearly marked as such with an original signature, and 9 copies, for a grand total of 10 items. Each proposal – original and copies – must be collated and bound in a manner to make each individual proposal readily apparent and complete.

Each proposal must be clearly marked “RFP 1008”. The proposals must be collectively packaged and sealed. The package should show the following information on the outside: respondent’s name, address, and “RFP 1008 – Medical Third-Party Administrator”. The package must be delivered to:

Milwaukee Public Schools
Department of Procurement & Risk Management
5225 W. Vliet St., Room 160
Milwaukee WI 53208

Proposals are due by 2:00 p.m. Central Time, Thursday, March 21, 2019. Proposals received after this time will fail as to that minimum proposal requirement.

Proposals shall be deemed received by MPS when: (1) time-stamped in the Department of Procurement & Risk Management; or (2) delivered to the Department of Procurement & Risk Management with proof that a common carrier delivered the proposal to the central mail room at 5225 W. Vliet Street, Milwaukee, WI 53208 and it was signed for by an MPS employee no later than 2:00 p.m., Thursday, March 21, 2019.

Electronic proposals will not be accepted.

4.4 Clarifications

After receipt of proposals, it may be necessary for MPS to contact respondent with clarification questions. MPS will do so via the email address of the signatory provided on the respondent's submitted Cover Page (Tab A). Clarification questions often need imminent answers and short deadlines for response may be necessary. It is the respondent's responsibility to monitor the contact email identified at all times during the RFP process. Failure to timely respond to a clarification question submitted to the contact email may result in the rejection of the proposal.

4.5 Award Notification

Upon final approval by the Milwaukee Board of School Directors, MPS will post the results of the RFP at http://mps.milwaukee.k12.wi.us/en/District/Vendors-Contractors/Vendors/Tabulations—Awards.htm. No individual communications will be sent out to respondents. It is the sole responsibility of respondents to check the site for any contract award that may be issued. Respondents may not contact MPS to inquire about the status of an award prior to the posting of the results.

5. MINIMUM PROPOSAL REQUIREMENTS

MPS will determine whether proposals have met the seven minimum proposal requirements set forth below. Only those proposals passing all of these seven minimum proposal requirements, unless waived, will be passed on for evaluation according to the criteria set forth in § 6.1.

Minimum Proposal Requirements	
Timeliness – Submitted by the due date and time. *See* § 4.3.	Pass/Fail
Signed Cover Page (Tab A)	Pass/Fail
Cost Proposal Form (Tab C) – Cost is set forth on the Cost Proposal Form provided as Exhibit 2 to this RFP.	Pass/Fail
CCS Forms (Tab D) – Suitability and completeness of the returned CCS forms. *See* § 1.3.4.	Pass/Fail
Legal/Contract Terms (Tab E) – *See* § 3.1.	Pass/Fail
Confirmations (Tab F) – Respondent meets the minimum respondent qualifications. *See* § 2.2.	Pass/Fail
Completeness – The proposal otherwise complies with the format and content parameters. *See* § 7.	Pass/Fail

MPS reserves the right, in its sole discretion and if deemed in the best interest of MPS, to: waive a

minimum proposal requirement; waive irregularities in any proposal; reject all proposals received in response to this RFP; accept late proposals or improperly formatted proposals; and make a partial award or not make any award.

6. EVALUATION

6.1 Criteria

The criteria below, weighed as indicated, will be used to evaluate those proposals that meet all minimum proposal requirements.

Criteria	Description	%
Experience, Qualifications and Financial Requirements	Information set forth in Section 1 of Tab B.	10%
Quality of Proposed Solution and Ability to Meet MPS's Needs General/Medical Questionnaire	Information set forth in Section 2 of Tab B.	20%
Quality of Proposed Solution and Ability to Meet MPS's Needs – Network Management (Provider Disruption)	Information set forth in Section 3 of Tab B.	20%
Quality of Proposed Solution and Ability to Meet MPS's Needs – Network Access (Geo Access)	Information set forth in Section 4 of Tab B.	20%
Cost	Pricing of Proposed Services.	30%

6.2 Process

6.2.1 *Committee*

An evaluation committee will be established to evaluate the proposals according to the criteria identified in § 6.1. Proposals should be complete on their face. However, after opening of responses, MPS reserves the right to request supplemental information from any or all of the respondents and to factor any additional information into the evaluation. MPS may require oral presentations of a group of finalists in person or on the telephone and may request further information from those finalists.

6.2.2 *Best and Final Offer*

MPS reserves the right to involve one or more respondents in a Best and Final Offer ("BAFO") process. BAFO may be used when no single response addresses all the specifications, when the costs submitted by all respondents are too high, when two or more respondents are virtually tied after the evaluation process or when all proposals are unclear or deficient in one or more areas. If BAFO is utilized, respondents may be required to submit revisions to their proposals. MPS will send out a BAFO request to invited respondents that will set forth the areas of the proposal to be covered and the date and time by which the BAFO must be returned. All respondents will be treated equally, and, during the process, no information

will be transmitted to any respondent about any other respondent's offer. MPS reserves the right, in BAFO, to apply additional criteria not listed in the original RFP, but any additional criteria will be disclosed to respondents in the BAFO request.

6.2.3 *Negotiation*

MPS will open negotiations with the highest-ranked respondent after evaluation, interviews or BAFO process. MPS reserves the right to open negotiations with the second highest-ranked vendor if negotiations with the highest-ranked vendor are not successful. MPS reserves the right to delete or add services until the final contract signing.

7. PROPOSAL FORMAT AND CONTENT

Proposals are to be formatted and tabbed in the form and sequence described in this § 7. Only information provided in the tabs set forth below will be considered. Elaborate proposals, *e.g.*, expensive artwork, beyond that sufficient to present a complete and effective response are not necessary. Quality, not quantity, is desired.

7.1 Tab A: Signed Cover Page

The MPS cover page must be signed by a representative of respondent authorized to bind respondent and submitted as Tab A of the proposal. Please include all contact information.

7.2 Tab B: Response to Request for Services

7.2.1 *Section 1: Respondent's Experience, Qualifications and Financial Requirements*

With specific reference to the services identified in § 2.1, detail respondent's experience and qualifications. Provide specific descriptions of like projects Proposer has done in environments comparable to MPS.

A. GENERAL INSTRUCTIONS

<u>Self-Funded Quotes</u>:

1. Please indicate the services that are included in your fees and those services for which there are additional costs.
2. Provide all ADMIN fees on a per-employee-per-month (PEPM) basis and, for pharmacy pricing, please identify discounts and rebate guarantees, as appropriate.
3. Provide a quote for run-off administrative fees for your contract offering.
4. Stop loss quotes will be requested under a separate process. Please do not include quotes for stop loss with your response.

B. Financial Caveats and Assumptions

1. Describe any rating caveats or assumptions associated with your quoted fees.

2. Please provide ASO fees assuming you are administering Medical only, Medical and Prescription Drug, Prescription Drug Only, and/or HAS services.

3. **MPS** may decide not to accept fiduciary responsibility. If so, how will your fees be affected if you were to accept fiduciary responsibility for **MPS**?

4. Specifically identify any other additional fees (e.g., set-up, ID cards, reports, printing of SPDs, etc.).

5. Please indicate any additional costs associated with administration of run-out claims.

6. If you are not able to quote a specific dollar amount, describe the methodology that would be used to determine the fees.

7. Specifically identify UM/Case Management services and pharmacy clinical programs included in your quotes above.

8. If you are willing to fund pre-implementation testing, please specify the dollar amount as well as the scope of testing you are willing to accommodate.

9. Please identify and detail any shared savings, discount, or re-pricing programs available to **MPS** to lower the cost of non-network and out-of-area claims. Please also detail any and all fees associated with such services.

10. Please describe your standard banking arrangement, including any options available to clients.

11. Do you require an initial or ongoing minimum balance in the bank account from which claims are paid?

    ☐ Yes ☐ No

    Amount ($ or %) __________

7.2.2 *Section 2: Quality of Proposed Solution and Ability to Meet MPS's Needs – General/Medical Questionnaire*

Describe respondent's capacity to ensure that MPS will timely and competently receive all the services requested, taking into consideration all other commitments of the respondent.

Please answer each of the following questions. Your Response will not be considered unless this Section is answered in its entirety.

The information you provide in this section, as well as in other parts of this questionnaire, will be kept confidential, shared only with **MPS** and with Hays staff engaged in evaluating the effectiveness of your services.

A. ACCOUNT MANAGEMENT

1. From what office will the account be managed?

2. Please confirm that one individual will be ultimately responsible for managing all contracted programs (i.e. Medical, Prescription Drug, etc.). Please identify this individual, including a biography, and the number of client accounts this individual is currently responsible for.

3. Show the organization of the account service team proposed for **MPS** in chart format, including titles. Also, include the geographical location and time commitments to other accounts of each of the account service team members.

Team Member	Title	Responsibilities	Location	Length of Time in Current Position

4. Describe the account service approach and address the following:
   - Responsibilities of the day-to-day contact;
   - Problem resolution process;
   - Title/level with problem resolution authority;
   - Year-end plan performance analysis; and
   - Monitoring account service satisfaction.

5. Provide an implementation plan including key dates for a January 1, 2020 effective date. Who from your organization will manage the implementation process? Please identify this individual, including a biography, and the number of client accounts the estimated number of implementations this individual will be responsible for in 2019/2020.

6. Describe your organization's system testing process for both internal and client testing. Include details regarding all applicable environments (development, Q/A testing to production); how configurations and data changes are migrated from one environment to another during implementation/ongoing).

7. Please describe your eligibility file feed format and ability to exchange eligibility data with a Pharmacy Benefit Manager (PBM).

8. Describe your organization's internal quality control procedures in place to audit and review all implementation related tasks, including system configuration (i.e., how your organization checks your own work against a client's business rules and how your organization monitors changes to requirements documentation).

9. Describe how you manage and monitor implementation and ongoing service capacity levels.

10. Describe how you manage the dependent age out process.

11. Describe your incapacitated dependent medical review process and ability to cover disabled dependents after the limiting age

12. Describe your organization's ability to support a "go live" prior to open enrollment (for current year new hire and life event election changes). **MPS** is looking for a "go live" date of no later than October 1, 2019.

13. Do you have a reporting system that is available to clients for use via the Internet for standard and ad hoc reporting?

    ☐ Yes ☐ No Additional fee $__________

14. Please provide the size of your smallest, largest and average self-funded clients.

B. Member Service

For the following questions, please make your responses specific to the member service location you are proposing for **MPS**.

1. Where will member services be handled? Will staff be dedicated/designated to **MPS**? Please define dedicated/designated.

2. Is customer service support available in languages other than English? If so, please identify the languages.

3. What is the average tenure of the customer service representatives?

4. How are customer service representatives compensated?

5. What are the hours of operations of member services? Are extended service hours available and if so, please explain.

6. Is there an IVR system in place?

☐ Yes ☐ No

7. For the office that will handle **MPS's** account, please provide the following service statistics:

	2018
Telephone average speed of answer	
Percentage of calls abandoned	
Average waiting time	
Average call time	
Average time for problem resolution from initial notification	
Telephone quality	
Percentage of problems resolved during first call/contact (member does not need to call back)	

C. Claims Processing / Administration

1. Where will claim processing be handled?

2. Will **MPS's** claims be handled by a dedicated unit or service representative? If yes, please explain the structure of this unit.

☐ Yes ☐ No

3. Please provide claim adjudication statistics for the proposed claim office in the table below.

	2018
Financial accuracy (percent of dollars paid correctly)	
Overall accuracy	
Turnaround time in 14 calendar days	
Turnaround time in 28 calendar days	

4. When was the most recent major upgrade of your claim processing system?

5. Are there any upgrades to your claim processing system planned for the next 24 months? If so, please explain.

6. Describe the member appeal process and your ability to assist with voluntary external review process for the member.

D. Web Tools

1. Which of the following services are currently or will be available on or before January 1, 2020 through your Website?

Requirement	Current	2020
Member Self-Service		
Can members:		
a. access provider information?	☐ Yes ☐ No	☐ Yes ☐ No
b. access provider directories?	☐ Yes ☐ No	☐ Yes ☐ No
c. access provider directories with driving instructions?	☐ Yes ☐ No	☐ Yes ☐ No
d. participate in community forums?	☐ Yes ☐ No	☐ Yes ☐ No
▪ If no, does your Web site link to this type of site?	☐ Yes ☐ No	☐ Yes ☐ No
e. access benefit plan summaries?	☐ Yes ☐ No	☐ Yes ☐ No
f. enroll on-line?	☐ Yes ☐ No	☐ Yes ☐ No
g. check eligibility?	☐ Yes ☐ No	☐ Yes ☐ No
h. order replacement ID cards?	☐ Yes ☐ No	☐ Yes ☐ No
i. "talk" to providers (i.e., "Ask-the-Physician")?	☐ Yes ☐ No	☐ Yes ☐ No
j. file a claim?	☐ Yes ☐ No	☐ Yes ☐ No
k. download printable versions of claim forms?	☐ Yes ☐ No	☐ Yes ☐ No
l. check claim status?	☐ Yes ☐ No	☐ Yes ☐ No
m. submit appeals?	☐ Yes ☐ No	☐ Yes ☐ No
n. submit inquiries to customer service via email?	☐ Yes ☐ No	☐ Yes ☐ No
o. identify and/or compare pricing of products and services?	☐ Yes ☐ No	☐ Yes ☐ No

Requirement	Current	2020
Provider Support		
Can providers:		
p. verify in "real-time" the eligibility status of members?	☐ Yes ☐ No	☐ Yes ☐ No
q. create virtual medical records for their patients?	☐ Yes ☐ No	☐ Yes ☐ No
r. access drug and medical history for their patients?	☐ Yes ☐ No	☐ Yes ☐ No
s. access lab values or other encounter data?	☐ Yes ☐ No	☐ Yes ☐ No
t. submit claims?	☐ Yes ☐ No	☐ Yes ☐ No
u. submit precertification information/extended LOS information?	☐ Yes ☐ No	☐ Yes ☐ No
Health Management		
Can members:		
v. access disease management program information?	☐ Yes ☐ No	☐ Yes ☐ No
w. access educational information?	☐ Yes ☐ No	☐ Yes ☐ No
x. complete a health risk assessment?	☐ Yes ☐ No	☐ Yes ☐ No
y. develop and save a health profile?	☐ Yes ☐ No	☐ Yes ☐ No
Plan Sponsor/Employer Support		
z. Can plan sponsor check customer online?	☐ Yes ☐ No	☐ Yes ☐ No
aa. Can plan sponsor update "real time" eligibility online?	☐ Yes ☐ No	☐ Yes ☐ No
bb. Can plan sponsor create reports online?	☐ Yes ☐ No	☐ Yes ☐ No

E. Disease/Lifestyle Management Capabilities

1. Please discuss your approach to participant identification and stratification include the ability to:
    a. Stratify eligible participants based on severity level and risk for non-adherence to recommended care/behavior.
    b. Accept regular eligibility files and regular claim files from designated vendors (and continue to identify and stratify members that are potential participants in the disease management program.
    c. Coordinate activities with **MPS's** various vendors (i.e., Wellness, Disability) in order to avoid duplication of effort and to maximize effectiveness.

2. Participant Outreach – Please discuss your approach to:
    a. Contacting potential participants for continuation in the program and track refusal to participate and dis-enrollment from the program.

b. Assessing all participants' adherence to prescribed medical care, and developing an individualized plan of care for each participant based on national standards of care and/or evidence-based medicine in coordination with the participant's health care provider.
c. Educating each participant regarding his/her health care condition and the needs brought about by the illness. The goal of member education is to increase the participant's understanding of the disease and to empower him/her to be more effective in self-care of the health problem(s) so he/she:
    i. Is a more effective partner in the care of the disease;
    ii. Is better able to understand the appropriate use of resources needed to care for the problem(s);
    iii. Is able to identify when there is a negative change in the health condition and to seek appropriate attention before crisis level is reached; and/or
    iv. Is more compliant with medical recommendations.
d. Providing interventions appropriate to the participant's level of severity and risk that may include regular phone calls to the participant, home visits, and/or educational materials mailed to the participant's home. The frequency and type of follow-up must be appropriate for the risk/severity level of the participant.
e. Contacting participants in moderate or high-risk categories must be an interactive communication with the member. Solely leaving voice mail or sending e-mail or regular mail will not be considered appropriate.

3. Please include information on value add wellness programs available to members that are included in your offering at no additional cost to MPS.

4. Communications and Customer Support – Requested Elements

Requirement	Current	2020
a. Provide a 24 hour-a-day, seven day-a-week toll free telephone consultation service staffed by qualified, experienced nurses to respond to eligible members' and/or caregivers' question.	☐ Yes ☐ No	☐ Yes ☐ No
b. Develop and circulate educational materials to communicate to members about the disease management program and relevant health care information.	☐ Yes ☐ No	☐ Yes ☐ No
c. Maintain a comprehensive website for participants that includes health related articles and/or self-directed online tools.	☐ Yes ☐ No	☐ Yes ☐ No
d. Develop provider support for, and give provider education regarding, the specific evidence-based guidelines selected for use.	☐ Yes ☐ No	☐ Yes ☐ No
e. Ensure no barriers to medical provider input into the development of an eligible disease management participant's plan of care.	☐ Yes ☐ No	☐ Yes ☐ No

5. Outcomes Measurement and Reporting Requirements

Requirement	Current	2020209
a. Document and report participant satisfaction with the program annually or in accordance with the timeline recommended by **MPS.**	☐ Yes ☐ No	☐ Yes ☐ No
b. Document and report program savings and/or return on investment to **MPS.**	☐ Yes ☐ No	☐ Yes ☐ No
c. Make standard and/or ad hoc reports available to support the performance standards.	☐ Yes ☐ No	☐ Yes ☐ No

F. Consumerism Capabilities

1. Describe activities to identify those providers (hospitals and/or physicians) that are more efficient and/or low cost.

2. Describe the web-based cost estimation tools that the plan makes available for physician/professional and facility/ (inpatient and outpatient) services.

3. Describe the types of consumer-directed health plan products you offer.
   Include product design for account-based programs.

   - ☐ Work with a single bank
   - ☐ Provide smart card technology
   - ☐ Other (please describe)

4. Describe other plan strategies for including incentives in current or planned products for consumers to purchase health care based on value.

5. Describe the measures used for incentive programs for doctors. Examples of benefit design include tiered or narrow networks, as well as differential coinsurance, deductible or maximum out-of-pocket levels that steers patients to higher performing providers; public reporting may include identification in a provider choice tool or consumer guide.

G. Specific Company information

1. How long has your organization been in the business of providing Insurance and/or ASO/TPA services?

2. For ASO/TPA services, do you partner with any Third-parties to provide such services? If so, please identify them and describe their involvement.

3. What is the total number of employees engaged in providing the proposed services?

4. Identify your company's percentage market share for the proposed services.

5. Is your company owned by a parent company? If so, please provide details.

5. Is your company "for sale" or otherwise anticipating or currently involved with a merger, acquisition, divestiture or other relationship that will impact your company in the near future? If so, please explain.

6. What is your client retention rate for the past three years?

7. Are there any current or prior contractual relationships with **MPS**? If so, include the details of any services that were the subject of such prior contractual relationships.

8. Please include an organizational chart showing the structure of your organization and any affiliated organizations. Please indicate members of your team that will directly support **MPS**, their experience and where they are located.

9. Please provide six references who may be contacted by **MPS**. These references should include two new customers, two long-term customers and two recently terminated customers – all references should be of similar size and geographical make-up as **MPS**.

7.2.3 Section 3: Quality of Proposed Solution and Ability to Meet MPS's Needs – Network Management (Provider Disruption)

For **each network /plan design** you have proposed, unless otherwise noted we will assume that your plan/network will accommodate all employees/retirees on the census in the geographic area they reside based on the zip codes included on the census file. If you will not be able to accommodate a particular zip code, please indicate that in your proposal.

We have included a provider file to be used to complete a detailed network disruption analysis. Please leave the excel file in the same format, just indicate if the provider is "IN" or "OUT" of your proposed network.

In addition, please answer the following questions:

Do the credentialing processes for your physician and hospital networks meet current NCQA guidelines?

☐ Yes ☐ No

2. Please provide the total number of the following providers with whom you have contracts for the networks that service Milwaukee County.

Type
PCP*
Pediatricians
OB/GYN
Specialists
Hospitals

* PCP: General Practitioner/Family Practice, Internist

3. What were your average in-network effective discounts for the networks that service Milwaukee County?

Category
Hospital Inpatient
Hospital Outpatient
Other Health
Physician

4. List all **MPS** locations where you lease, rather than own, the network(s). Indicate the name(s) of the leased network you utilize in each location.

5. Discount Calculation – Are any charged/submitted amounts reduced for any of the following when calculating your achieved discount? If, so, please indicate.

    a. Hospital Bill Audit Savings
    b. Fraud Savings
    c. UR Savings
    d. UM Savings
    e. Prompt Pay Discount Savings
    f. Special Claim Negotiation Savings
    g. COB Savings
    h. Subrogation Savings
    i. Any other savings included in your calculation not listed here (please detail)

6. Discount Calculation – Are any charged/submitted amounts reduced for any of the following when calculating your achieved discount? If, so, please indicate.
    a. Claims in excess of a specific amount (i.e., Specific Stop Loss or dollar amounts)
    b. Claims in excess of Hospital Stop Loss Contractual Amount
    c. Transplant Claims
    d. Claim Treatments under a Disease Management program
    e. Claims incurred on a specific group of participants (If so, please indicate the group(s))

f. Specific services or claim categories (i.e., ER treatments, MHSA services, DME, injectable drugs, maternity, etc.)

7. For all Responses, please provide provider disruption results based on the provider report included with this RFP. Simply indicate which providers are in-network on the attached Appendix E.

8. For all Responses, please provide a claims repricing summary as well. A file is attached with the information needed to complete the claims repricing analysis as Appendix F.

9. For out-of-network claims, please describe your R&C fee profile. How often is it updated? What percentile is used?

7.2.4 Section 4: Quality of Proposed Solution and Ability to Meet MPS's Needs – Network Access (Geo Access)

MEDICAL NETWORK

Provide an analysis based on the following criteria using the zip codes in the census information provided in your standard format using the criteria below.

The analyses outlined below should be performed for all employees or retirees, as applicable.

- Included all records on the census. Zip codes that are not in your service area **must** be included in your analysis.

1. Your response should be one report file with the following sections repeated for each provider type:

   a. Title Page
   b. Accessibility Summary: Employees **with** Access
   c. Accessibility Detail: Employees **with** Access, summarized by MSA
   d. Accessibility Detail: Employees **with** Access, summarized by County
   e. Accessibility Summary: Employees **without** Access
   f. Accessibility Detail: Employees **without** Access, summarized by MSA
   g. Accessibility Detail: Employees **without** Access, summarized by County

   The above 7 sections (a-g) should be repeated for each of the following provider types:

   - Primary care physicians
   - OB/GYN
   - Pediatricians
   - Specialists
   - Hospitals

2. Provider Access Criteria

- Please identify the percentage of **MPS** employees by location that have access to:

Provider Type	Employees
Primary Care	2 physicians in 10 miles
OB/GYNs	2 physicians in 10 miles
Pediatricians	2 physicians in 10 miles
Specialists	2 physicians in 10 miles
Hospitals	1 hospital in 15 miles

- PCPs include: general practitioners/family practice and internists.

- Exclude closed practices from analysis.

3. Response Format

- Provide detailed electronic (pdf) files with the data requested in your response.

Explain your flexibility and/or process if **MPS** either currently, or in the future, has a location that does not meet access standards.

7.3 Tab C: Cost Proposal Form

Exhibit 1, attached hereto, must be completed and submitted as Tab C of the proposal. This is the only place cost/pricing should be referenced in the proposal.

7.4 Tab D: CCS Forms

Complete and submit all required CCS forms, identified in § 1.3.3, as Tab D of the proposal.

7.5 Tab E: Legal/Contract Terms

Pursuant to the directions in § 3.1, please provide a sample contract and complete Exhibit 3, indicating your willingness to accept proposed provisions. If you accept with revisions, please elaborate.

7.6 Tab F: Confirmations

Exhibit 2, attached hereto, must be completed and submitted as Tab F of the proposal.

7.7 Tab G: Miscellaneous

Any additional materials, brochures or other documentation may be submitted as Tab G. Only relevant and necessary information should be included.

7.8 Tab H: Confidential or Proprietary Information

If respondent wishes to designate any portion of its proposal as confidential or proprietary, respondent may fill out and submit a "Request to Designate Information as Confidential or Proprietary" as Tab H. This form is found at http://mps.milwaukee.k12.wi.us/en/District/Vendors-Contractors/Vendors/Forms.htm. The Board is bound by Wisconsin statutes regarding public records (Wis. Stat. § 19.21, *et seq.*) and, as such, all of the terms of the contract resulting from this RFP will be public.

8.0 Appeals

Appeals regarding MPS's procurement process are handled by the Office of Accountability and Efficiency. Details on appeals can be found at http://mps.milwaukee.k12.wi.us/MPS-English/OBG/OAE/Policies-and-Laws/Bid_RFP-Appeals-Form.pdf.

EXHIBIT 1 to RFP 1008: Medical Third-Party Administrator

COST PROPOSAL WORKSHEET

Respondent Name: ____

All pricing for Proposed Administration Fees, Disease Management and Additional or Included Costs should be priced as a "Per Employee per Month" fee. If a fee is included in another service, please indicated "Included in XXX Fee" naming the fee with which it is included.

All pricing for Reporting should be priced as an hourly rate. For Evaluation purposes all Reporting Fees should be multiplied by 2 hours per month, and 12 months for an estimated yearly total. All pricing for Reporting shall be firm for Years 1 through 3.

For Evaluation purposes all "Per Employee per Month" fees should be multiplied by the total number of estimated employees times 12 months.

Cost Evaluation shall be based on The Sum of "Proposed Administration Fees Years 1 -3, total of Reporting Fee per Year (multiplied by 3 Years), and Disease Management Fees Years 1-3."

Cost submitted shall be all-inclusive, including but not limited to, any and all administration expenses, overhead expenses, staffing costs, etc.

Any modification to this form will be considered non-compliance with the format and content parameters. Any supplemental pricing information attached or referenced will not be considered.

All quantities are estimates only, and are not guarantees of a purchase commitment. All fees will be billed on an "as used" basis.

PROPOSED ADMINISTRATION FEES

Year 1	**Year 2**	**Year 3**
☐ Medical Admin Fee: $	☐ Medical Admin Fee: $	☐ Medical Admin Fee: $
☐ Network Access Fee: $	☐ Network Access Fee: $	☐ Network Access Fee: $
☐ UR/UM Fees: $	☐ UR/UM Fees: $	☐ UR/UM Fees: $
☐ Nurse Line: $	☐ Nurse Line: $	☐ Nurse Line: $
☐ COBRA: $	☐ COBRA: $	☐ COBRA: $
☐ HIPAA: $	☐ HIPAA: $	☐ HIPAA: $
☐ HSA $	☐ HSA $	☐ HSA $
☐ Disease Management $	☐ Disease Management $	☐ Disease Management $
☐ Stop loss filing fee $	☐ Stop loss filing fee $	☐ Stop loss filing fee $
☐ Case Management $	☐ Case Management $	☐ Case Management $
☐ Run out administration $	☐ Run out administration $	☐ Run out administration $
☐ Run in administration $	☐ Run in administration $	☐ Run in administration $
☐ Set Up $	☐ Set Up $	☐ Set Up $
☐ Online employer access $	☐ Online employer access $	☐ Online employer access $
☐ Online employee access $	☐ Online employee access $	☐ Online employee access $
Total of Year 1 Fees $ (Sum of Fees x 9,180 employees x 12 months)	**Total of Year 2 Fees $** (Sum of Fees x 9,180 employees x 12 months)	**Total of Year 3 Fees $** (Sum of Fees x 9,180 employees x 12 months)

REPORTING

Type of Report	Included	Hourly Rate
Paid claims and exposure for month and cumulative from anniversary date, broken out by plan, location, active, COBRA, union, non-union, wellness / non-wellness incentive and retirees.	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Large claimants including diagnosis, prognosis, dependent status, and total paid claims from anniversary date	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Lag report	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Utilization by provider (both in and out of network)	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Utilization by diagnosis and point of service (both in and out of network)	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Network savings analysis report	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Claims payment summary by dependent status	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Total amounts paid and excluded (i.e., deductibles, coinsurance, COB)	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Enrollment Count Reports by Plan, Location and Coverage Tier.	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months

Accounting Report of all Check Issued, Voided, and Cashed	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Performance Review Report	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
IRS 1099 Provider Payment Report	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Large Case Management Report	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Disease Management Effectiveness/Return on Investment	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Stop Loss Reports	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Carve-out Vendor Reports (for outside vendors)	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Case Management Notes (for stop loss disclosure / claims)	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Annual Ad-Hoc Data File for Utilization Analysis (PlanIT)	☐ Yes ☐ No	Hourly Rate if not Included $ Total $ Hourly Rate x 2 hours x 12 months
Total of Reporting Fees per Year		**Total $** (Sum of all “Totals” in Reporting Section)

DISEASE MANAGEMENT

Diseases in Current Formal Disease Management Program (separate from case management program) Type of Program	Included	Per Employee per Month Fee Year 1	Per Employee per Month Fee Year 2	Per Employee per Month Fee Year 3
Asthma	☐ Yes ☐ No	$	$	$
Atrial Fibrillation	☐ Yes ☐ No	$	$	$
Cerebral Vascular Accident	☐ Yes ☐ No	$	$	$
Congestive Heart Failure	☐ Yes ☐ No	$	$	$
COPB	☐ Yes ☐ No	$	$	$
Ulcerative Colitis	☐ Yes ☐ No	$	$	$
Coronary Artery Disease	☐ Yes ☐ No	$	$	$
High Blood Pressure	☐ Yes ☐ No	$	$	$
Migraines	☐ Yes ☐ No	$	$	$
Sickle Cell Disease	☐ Yes ☐ No	$	$	$
Transient Cerebral Ischemia	☐ Yes ☐ No	$	$	$
Multiple Sclerosis	☐ Yes ☐ No	$	$	$
Depression	☐ Yes ☐ No	$	$	$
Hyperlipidemia	☐ Yes ☐ No	$	$	$
Lower Back Disorders	☐ Yes ☐ No	$	$	$
Rheumatoid Arthritis	☐ Yes ☐ No	$	$	$
HIV	☐ Yes ☐ No	$	$	$
Epilepsy	☐ Yes ☐ No	$	$	$
Chronic Renal Failure	☐ Yes ☐ No	$	$	$
Hypertension	☐ Yes ☐ No	$	$	$
Diabetes	☐ Yes ☐ No	$	$	$
Mood Disorders	☐ Yes ☐ No	$	$	$
Others: List	☐ Yes ☐ No	$	$	$
		Total of Year 1 Fees $	**Total of Year 2 Fees** $	**Total of Year 3 Fees** $

(Sum of Fees x 9,180 employees x 12 months)	(Sum of Fees x 9,180 employees x 12 months)	(Sum of Fees x 9,180 employees x 12 months)

ADDITIONAL OR INCLUDED COSTS

Benefit (Check all that apply to your quote)	**Optional**	**Cost for this Component per Employee per Month (list even if included above)**
☐ Transplant Network (please list name):		$ ☐ incl in admin
☐ Utilization Review Vendor (please list name):		$ ☐ incl in admin
☐ Carved Out PBM fees (additional cost)		$ ☐ incl in admin
☐ Case Management Vendor (please list name):		$ ☐ incl in admin
☐ Disease Management Program:		$ ☐ incl in admin
☐ Subrogation Vendor:		$ ☐ incl in admin
☐ Pharmacy Benefit Manager:		$ ☐ incl in admin
☐ Maternity Management:		$ ☐ incl in admin
☐ 24-hour nurse line		$ ☐ incl in admin
☐ Pricing transparency program:		$ ☐ incl in admin
☐ Telemedicine program:		$ ☐ incl in admin
☐ HSA administration:		$ ☐ incl in admin
☐ HIPAA administration:		$ ☐ incl in admin
☐ Other relationships with outside vendors not already identified above (please list):		$ ☐ incl in admin

Data transfer quarterly of complete Claim payment detail to Hays or designated vendor?	☐ included in admin ☐ additional charge of $ per transfer
Turnaround time of above data transfer?	calendar days ☐ cannot do
Online access to claims information?	☐ included in admin ☐ additional charge of $
Online access to eligibility information?	☐ included in admin ☐ additional charge of $
Do you allow carve out of stop loss?	☐ No ☐ Yes ☐ Additional cost of $ for reporting
Do you allow carve out of network(s)?	☐ No ☐ Yes ☐ Additional cost of $ for reporting
Do you allow carve out of PBM?	☐ No ☐ Yes ☐ Additional cost of $ for reporting
Do you allow carve out of Case Management/UR?	☐ No ☐ Yes ☐ Additional cost of $ for reporting
Do you allow carve out of Disease Management?	☐ No ☐ Yes ☐ Additional cost of $ for reporting
Additional Costs Section Notes:	

Cumulative Totals Years 1-3

Total of Year 1 Fees $ (Proposed Administration Fees)	**Total of Year 2 Fees $** (Proposed Administration Fees)	**Total of Year 3 Fees $** (Proposed Administration Fees)
Total of Year 1 Fees $ (Reporting Fees)	**Total of Year 2 Fees $** (Reporting Fees)	**Total of Year 3 Fees $** (Reporting Fees)
Total of Year 1 Fees $ (Disease Management Fees)	**Total of Year 2 Fees $** (Disease Management Fees)	**Total of Year 3 Fees $** (Disease Management Fees)
Cumulative Total of Year 1 **Fees $**	**Cumulative Total of Year 2** **Fees $**	**Cumulative Total of Year 3** **Fees $**
Cumulative Total of Years 1-3 **Fees $**		

Indicate guaranteed maximum not-to exceed percent fee increase for a possible two-year extension (Years 4 and 5) of the Contract:

Proposed Administration Fees Years 4 and 5 ____________%

Reporting Fees Years 4 and 5 ____________%

Disease Management Fees Years 4 and 5 ____________%

Additional or Included Costs Years 4 and 5 ____________%

Exhibit 2 to RFP 1008: Medical Third-Party Administrator

Rating Methodology/Underwriting Assumptions

Confirm that:

A = Agree D = Disagree	A	D
1. The proposed effective date is ***January 1, 2020.***	_____	_____
2. Rates **DO NOT** include commissions.	_____	_____
3. Your rates/fees in this RFP Response and future quotes assume that you will be responsible for processing all claims incurred on or after ***January 1, 2020.***	_____	_____
4. Rates in your Response may accommodate multi-year rate guarantees or guaranteed rate caps in accordance with requirements set forth under the contracts section by MPS.	_____	_____
5. Your rates/fees assume administrative services only. We are not accepting fully-insured quotes.	_____	_____
6. You are willing to coordinate with outside vendors (e.g. COBRA, FSA, Population Health, etc.).	_____	_____
7. Any additional cost for coordination with outside vendors is specifically identified in your financial response.	_____	_____
8. For Self-Funded Administration, you will provide run-out administrative fees (to be utilized upon contract termination) on the effective date and provide revised run-off administrative fees in conjunction with each subsequent renewal.	_____	_____

Account Management/Administration

Confirm that:

A = Agree D = Disagree	A	D
1. A dedicated account management team will support the **MPS** benefit team on an ongoing basis.	_____	_____
2. You agree to provide assistance during the implementation process (including, but not limited to, in-person implementation meetings and informed support at employee meetings) and be available for face-to-face meetings to discuss ongoing issues.	_____	_____
3. You will provide an employer portal for new hires/changes.	_____	_____
4. You will develop and provide Certificates of Coverage, Benefit Summaries, SBCs and SPDs (if appropriate), including electronic .pdf and hard copies (if requested by **MPS).**	_____	_____

A = Agree D = Disagree	A	D
5. You can offer implementation/transitional performance guarantees, including fees at risk.	_____	_____
6. You agree to a meeting with your IT/eligibility area and **MPS's** IT department to discuss file exchanges, prior to being awarded the business as desired by the school district/relevant to your product offerings.	_____	_____
7. Based on the eligibility data you receive, you will: a) Terminate coverage according to the date indicated by **MPS;** b) Add coverage for members who joined the plan according to the date indicated by **MPS**; and c) Send out ID cards and other appropriate communication materials for members who have added coverage.	_____	_____
8. You will identify your subcontracted relationships and will be responsible for their performance.	_____	_____
9. You agree to notify **MPS** of contract termination no later than 180 days prior to the renewal date. **MPS** will notify the administrator of contract termination no later than 60 days prior to the renewal date.	_____	_____
10. You will provide standard reporting on a monthly basis to Hays Companies based on the account structure (class/location) requested at time of implementation.	_____	_____
11. You are able to match the proposed plan designs (see Summary of Benefits in the attachments.).	_____	_____
12. You agree to maintain eligibility and agree to be flexible in terms of file layouts and data exchange frequency.	_____	_____
13. You will provide a separate break out of the account structure and standard reporting in addition to breakouts by division and/or locations for actives, retirees, COBRA participants and other related subgroups, if appropriate.	_____	_____
14. Training/Assistance with online billing process will be provided.	_____	_____
15. The ability to download monthly billing to excel, csv, etc. will be provided.	_____	_____
	_____	_____
16. You agree to coordinate with any Third-party Rx/Mail order provider, as appropriate.	_____	_____

A = Agree D = Disagree	A	D
17. You agree to share medical/Rx claims data on an annual basis in a format required by any Third-party claims analytics provider, as appropriate.	_____	_____

General Proposal Requirements

A = Agree D = Disagree	A	D
1. All qualified proposals will be evaluated, and the award will be made to the vendor(s) whose combination of cost and services are deemed to best satisfy the objectives of **MPS**. **MPS** reserves the right to accept or reject any subcontractor the vendor may include in their proposal. This document is only part of the RFP and is in no way to be misconstrued as a commitment to purchase on the part of **MPS**.	_____	_____
2. Even though your RFP Response/Proposal may be rejected, MPS reserves the right to adapt any of the concepts or ideas contained therein without incurring any liability. MPS and Hays agree not to disclose any proprietary or confidential information.	_____	_____
3. Respondent agrees to keep the information provided herein confidential. This requirement applies whether the recipient of the RFP package agrees to bid or not. Other than reports submitted to either MPS or Hays, the recipient/bidder agrees not to publish or reproduce or in any other way divulge such information in whole or part, in any manner of form, or authorize or permit others to do so.	_____	_____
4. Confirm that you will store, transmit, communicate and safeguard individually identifiable health information in a manner consistent with and as required by applicable federal and state law.	_____	_____
5. Confirm your organization has satisfied all applicable privacy, EDI transaction and security requirements of HIPAA (Department of Health and Human Services regulations).	_____	_____

_______________________________ _______________________________

Authorized Company Officer (Signature) Date

_______________________________ _______________________________

Title Company

Exhibit 3 TO RFP 1008: Medical Third-Party Administrator Legal/Contract Terms

Right to Audit

MPS reserves the right to audit, including but not limited to a claims audit, either directly or through its authorized agent(s), the health plan administrator's compliance with the terms of the Agreement. **MPS** further reserves the right, either directly or through its authorized agent(s), to conduct a chart audit or other appropriate review to assess the quality of any services performed by the health plan administrator or its affiliated health care providers upon reasonable notice to the health plan administrator. Upon providing appropriate assurances as to confidentiality and proper use of medical information, the health plan administrator agrees to provide **MPS** or its authorized agent(s) with the medical records maintained by the health plan administrator as well as any data needed to perform audits or other reviews. Any audits will be completed with no additional cost to **MPS** for the services provided relative to the audit.

☐Accept ☐Reject ☐ Accept with revisions

Confidentiality

The health plan administrator agrees to maintain the confidentiality of all medical, financial and other patient specific data pertaining to Members, as required by state and federal law. The health plan administrator agrees that, except as otherwise provided herein, such data will not be released to individuals or entities other than the Member to which the data relate or such Member's authorized representative, except as required by law or as may be required by order of a court having jurisdiction over the Member. The health plan administrator also agrees that **MPS** has the right to use and disclose all medical, financial and other patient-specific data pertaining to members and the health plan as defined by law and upon providing appropriate assurances as to compliance with HIPAA and other privacy standards.

☐Accept ☐Reject ☐ Accept with revisions

Insurance/Liability

To protect **MPS** or any of its affiliates or Members from incurring liability for payment of any fees which are the legal obligation of the health plan administrator, the health plan administrator agrees to maintain and demonstrate the maintenance of all the following protections:

i) Insolvency insurance at an amount, which is sufficient, based on relevant industry standards, to cover obligations of providers for services provided to members.
ii) Liability insurance at an amount, which is sufficient, based on relevant industry standards, to cover obligations of providers for services provided to members.
iii) Contractual arrangements with health care providers affiliated with the health plan administrator prohibiting such providers from holding any Member liable for the payment of any fees, other than co-pays and deductibles as set forth in the Plan.
iv) Other protections for its Members from liability as provided by applicable state or federal laws.

☐Accept ☐Reject ☐ Accept with revisions

Member Complaints

The health plan administrator agrees to act promptly in response to complaints received from Members. The health plan administrator will maintain electronic and written records of all complaints. The records will include, but not be limited to, the date and nature of the complaint filed and the date and manner by which the health plan administrator responded. The health plan administrator shall have a grievance and appeal procedures for addressing complaints and shall make such process available when addressing complaints. **MPS** shall have the right to inspect such written records, including transcripts of member telephone calls, during normal business hours by providing advance written notice to the health plan administrator.

☐ Accept ☐ Reject ☐ Accept with revisions

Hold Harmless

The administrator(s)/carrier(s) will not charge against experience those claim payments not authorized under the benefit plan (except when authorized by **MPS** in writing) if such payments were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers or employees.

The administrator(s)/carrier(s) will reimburse on an immediate basis any overpayments that were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers or employees.

The administrator(s)/carrier(s) will indemnify, hold harmless and save **MPS**, its agents, officers and employees from liability of any kind or nature (including costs, expenses or attorney's fees) for damages suffered by any entity or person as a result of error, negligence, reckless or willful acts or omissions of the administrator, its agents, officers or employees.

The above three paragraphs shall hold for the term of the contract with the administrator(s)/carrier(s) even if not expressly provided for in the contract.

☐ Accept ☐ Reject ☐ Accept with revisions

Compliance

The selected vendor must be prepared to assist **MPS** with all state and federal compliance issues, including negotiating, in good faith, appropriate Business Associate and similar "chain-of-trust" agreements and contractual provisions ("Agreements") in order to comply with the HHS final health care privacy and security regulations and, if necessary, any applicable state law. These Agreements may include (i) addenda to the vendor contract to provide the required Business Associate contractual provisions under the HHS privacy and security regulations and (ii) similar Business Associate agreements with any subcontractors (as approved by **MPS**) of the selected vendor and other service vendors to **MPS** and **MPS's** health plans, as necessary.

Respondent must demonstrate their capability and plan for coming into timely compliance with all federal regulations governing employer-sponsored health plans that take effect during the contractual period, including:

- Insolvency insurance at an amount, which is sufficient, based on relevant industry standards, to cover obligations of providers for services provided to members.
- US Department of Labor (DOL) final regulations on claims [and appeals] procedures.
- US Department of Health and Human Services (HHS) final regulations on electronic health data transaction and coding standards.
- HHS final regulations on health care data privacy and security.
- Patient Protection and Affordable Care Act (PPACA).

☐ Accept ☐ Reject ☐ Accept with revisions

MPS Contract Compliance Requirement

The HUB requirement on this Contract is 0%. The student engagement requirement of this Contract is 300 hours per 12-month term. The Career Education requirement for this Contract is 10 hours per 12-month term. Failure to achieve these requirements may result in the application of some or all of the sanctions set forth in MPS Administrative Policy 3.10, which is hereby incorporated by reference.

☐ Accept ☐ Reject ☐ Accept with revisions

APPENDIX B

Prime Vendor Information Sheet

This form should be filled out by the **PRIME** vendor with prime vendor company information regardless of whether there is a HUB participation requirement listed.

Prime HUBs must identify the actual percentage of service/product-they will provide. Only that percentage of service/product actually provided by the HUB prime will count toward HUB participation.

You are also encouraged to fill out additional forms for each of your subcontractors. The information in this appendix will be used for statistical reporting purposes only.

Are you a certified MBE firm? ☐ Yes ☐ No Certifying Agency____

Are you a certified WBE firm? ☐ Yes ☐ No Certifying Agency____

Are you a certified SBA-8A SBE, DBE, DVSOB firm? ☐ Yes ☐ No Certifying Agency____

Total number of all employees within your company: _____________

Number of minority employees within your company: ______________

Number of women employees within your company: ______________

1. Please include a copy of each firm's [prime and subcontractor] Affirmative Action Statement.
2. Please provide the following information for each individual assigned as a team member on the MPS project (both prime vendor team and subcontractor team): Name, project assignment, ethnicity, gender, resident (r) or non-resident (nr) of Milwaukee, and hours/percent of project dollars.

Name of Team Member	Project Assignment	Ethnicity	M/F	Resident/ Non-resident	% of Project Dollars

SCHEDULE H1-B

Student Career Awareness/Education Plan/Commitment

Project/Contractor Information

CONTRACTOR COMPANY NAME	MPS SITE/PROJECT NAME	NUMBER OF REQUIRED HOURS

Name of Education Liaison Contact

CONTACT PERSON	PHONE	FAX	E-MAIL

Place an "X" below to indicate how you plan to fulfill your career awareness/education requirement. This is a ten (10) hr. requirement unless otherwise listed in the project specifications. Preparation time of two (2) hours is allowed. Career awareness/education hours are counted by company, not by number of presenters. Interviews with students for fulfillment of student employment requirements and conversations with CCS personnel are not counted toward education activities.

☐Classroom skill development/project activity

☐Career-based learning & online career coach mentoring

☐Student group tours/observations – job site

☐Classroom presentation/demonstration

☐Contractor provided option (Please provide description.)____

Provide a detailed description of your career awareness/education plans for this project.

____

____

____

____

____

____

I hereby declare and affirm that I, ________________ NAME ________________ TITLE

am a duly authorized representative of ____________________ COMPANY NAME

located in ____________ STATE ____________ COUNTY ____________ CITY

and that I have personally reviewed the material and facts describing our proposal regarding student career awareness/education. I agree to provide the experience(s) contained herein. If a contractor is non-compliant, MPS may impose one or more identified sanctions, and require proof of corrective action by the contractor.

SIGNATURE OF AUTHORIZED COMPANY OFFICER	TITLE	DATE

For Office Use Only

SIGNATURE OF CCS REPRESENTATIVE	TITLE	DATE

01/2017

Schedule H1-C
Alternative Placement Request
Student Employment

Please submit the following form identifying your election for Alternative Placement. The Office of Contract Compliance Services is the sole approver for alternative placement and will assist with referrals of available sites.

Alternative Placement is available to MPS Contractors/Vendors with justified limitations which prevent actual student employment participation within their place of employment. Additionally, a company representative will be required to perform 2 alternative placement site visits for the duration of the project or per 12 month contract period (where applicable). "Alternative Placement" is defined as a work site other than that of the MPS Contractor/Vendor's worksite, identified as appropriate for work experience with MPS students in order to meet MPS Contractor/Vendor's Student Employment obligations under the DFMS Participation Plan for Contractors or MPS Professional Services Contract. Justifications for Alternative Placement include the following: **company age restrictions, work-site capacity limitations and location limitations**.

In limited circumstances, when the Contractor's place of employment is beyond the transportation resources available to students or when certain project circumstances exist that prevent student employment at the job site, the Contractor may subcontract with a third party who is currently providing services that were originally agreed upon between MPS and the Contractor for an "alternative placement" of students. In such cases, the contractor maintains responsibility for the student's work site and wages as well as ensuring a reasonably safe and meaningful work experience. Under this arrangement the contractor will be the "statutory employer" for all insurance purposes, including, but not limited to worker's compensation purposes, and is hereinafter referred to as "Contractor/Statutory Employer." The placement is hereinafter referred to as "Alternative Placement" or "Alternative Placement Site." The Contractor/Statutory Employer understands and agrees that financial responsibility for claims or damages to students/employees, shall rest with Contractor/ Statutory Employer. Contractor/ Statutory Employer shall effect and maintain any insurance coverage, including but not limited to, Workers' Compensation, Employers' Liability and Commercial General Liability.

A company representative will be required to perform 2 alternative placement site visits for the duration of the project or per 12 month contract period (where applicable). Each company must provide MPS with documentation of the alternative placement site visit and verification of site safety.

Project/Contractor Information

______________________	______________________	______________________
CONTRACTOR COMPANY NAME	MPS PROJECT NAME	BID/RFP NUMBER
______________________	______________________	______________________
CONTACT PERSON	PRIMARY PHONE	E-MAIL

Number of required project hours: ____________

ALTERNATIVE PLACEMENT SITE ELECTION

Place an "X" below to indicate if you plan to fulfill your student employment requirement through an alternative placement site.

☐ Yes, I am requesting alternative placement.

☐ No, I plan to employ the student employee within my organization.

Please list below justification for student employment request.

____
____
____
____
____

TO BE COMPLETED BY CONTRACTOR/VENDOR:

I hereby declare and affirm that [______________________________] is in agreement with the conditions for utilizing an
INSERT COMPANY NAME
Alternative Placement Site and that our company meets the standards for which an accommodation is granted. I also understand that it will be the responsibility of our company representative to complete the required site visits and report to MPS CCS a student status report which will contain signatures from the identified MPS alternative placement site liaison. I also agree to pay the student worker, at minimum, the City of Milwaukee's Living Wage Rate.

____________________________	________________________	________________
SIGNATURE OF AUTHORIZED COMPANY OFFICER	TITLE	DATE
____________________________	________________________	________________
SIGNATURE OF CCS REPRESENTATIVE	TITLE	DATE

09-2014

SCHEDULE H1-A
Student Employment Commitment

Project/Contractor Information

CONTRACTOR COMPANY NAME	MPS SITE	MPS PROJECT

Name of Employment Liaison Contact

CONTACT PERSON	PHONE	FAX	E-MAIL

Number of required hours: ______________

Options

Place an "X" below to indicate how you plan to fulfill your student employment requirement.

☐ ALTERNATIVE PLACEMENT SITE ☐ AFTER SCHOOL ☐ SUMMER ☐ YOUTH APPRENTICESHIP ☐ OTHER

Employment Plan – Use additional pages if necessary. Plan must meet hours required.

From ________________________________ to ______________________________

List month							
Number of employment hours							

Provide a detailed description of your employment plan for this project.

____

____

____

____

____

I hereby declare and affirm that I, ______________________ (NAME) ______________________ (TITLE)

am a duly authorized representative of ______________________ (COMPANY NAME)

located in ______________ (STATE) ______________ (COUNTY) ______________ (CITY)

and that I have personally reviewed the material and facts describing our proposal regarding student employment. I agree to provide an employment partnership experience for the MPS student. (H1C is required to be submitted as well). If a contractor is non-compliant, MPS may impose one or more identified sanctions, and require proof of corrective action by the contractor.

SIGNATURE OF AUTHORIZED COMPANY OFFICER	TITLE	DATE

For Office Use Only

SIGNATURE OF CCS REPRESENTATIVE	TITLE	DATE

01/2017