



Park Hill School District  
Request for Proposal  
Group Dental Coverage

*Proposed Effective Date January 1, 2019*



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# Introduction & Bid Process

This document is a request for qualified companies to submit proposals to provide Park Hill School District (PHSD) with dental coverage for eligible employees, dependents, and retirees. The contract period should be from January 1, 2019 to December 31, 2019 or longer.

## Submission Requirements

1. Proposals will be received by Park Hill School District Office, Attn: Jo Ann Blakely, 7703 NW Barry Road, Kansas City, MO 64153, until **4:00 p.m., Monday, May 7, 2018**. Late proposals will not be considered.
2. Two printed, paper copies of the proposals, as well as an electronic copy on a flash drive, must be returned (with all necessary attachments) to PHSD by the proposal receipt date and time specified.
3. Any and all questions regarding this Request for Proposal must be directed in writing to **Michelle Conn (mconn@cbiz.com) at CBIZ Benefits and Insurance Services no later than April 16, 2018 at 4:00 p.m.**
4. Following is a schedule of the RFP process:

RFP Posted and Issued	Monday, April 9, 2018
Questions due to CBIZ	Monday, April 16, 2018
CBIZ Issues Response to Questions	Friday, April 20, 2018
RFP Closing	Monday, May 7, 2018
Contract Award	Thursday, August 16, 2018
Contract Effective Date	January 1, 2019

## General Requirements

Said proposals must conform to the following specifications and instructions.

1. PHSD reserves the right to reject any and all proposals and to waive formalities. Upon review of each proposal, PHSD also reserves the right to request additional clarification, if needed, regarding networks, benefits, and funding.
2. The contractor agrees to hold PHSD harmless in any and all liability claims that might arise from the services provided by this contract.

3. The contractor agrees to comply with the Fair Labor Standards Act, Fair Employment Practices, Equal Opportunity Employment Act and all other applicable Federal, State and County Laws.
4. All reports generated for this contract shall become the property of PHSD upon completion of requirements. The contractor may not, for any reason, use any information or report without the express written consent of PHSD.
5. Your proposal must respond to the specific questions and requests for information addressed in this Request for Proposal. In responding, please include a letter stating the extent to which your proposal deviates from the Description of Required Services and indicate the reason for any deviation. If no statement of deviation is provided, it will be assumed that your proposal conforms to the Description of Required Services.

## Evaluation Criteria

Each proposal should enable the evaluation committee to make a thorough evaluation and arrive at a sound determination as to whether or not the proposal will meet PHSD's requirements. Each proposal must be specific, detailed and complete as to clearly and fully demonstrate that the proposer has a thorough knowledge and understanding of the requirements.

Proposals will be analyzed by the District and CBIZ evaluation team using the following parameters:

- **Cost.** What is the overall cost of the benefit to the District and employees? What are the short-term costs, potential long-term costs?
- **Benefits.** What is the scope of the benefits being offered and how does the plan design change from the current plan?
- **Network of Providers.** Based on plan usage history, does the network of providers within the plan represent providers that District employees use and prefer? How many employees would be required to change providers if moving to a new plan (crossover)?
- **Administration of Claims.** Can the vendor provide reliable, consistent and fair administration of claims? Does the vendor have data/technology systems that reliably integrate employee data, receive premiums, and that can provide datasets back to the District for analysis?

## Contract Award

1. PHSD reserves the right, before making an award, to investigate whether or not the qualifications or services proposed by the offeror meet the requirements set forth in the proposal and are ample and sufficient to insure the proper performance of the contract in the event of an award.
2. Any notice of contract award resulting from this RFP will be made only by written authorization from PHSD.
3. PHSD reserves the right to make multiple and/or partial awards; waive any or all requirements of this RFP; accept or reject any or all proposals, if deemed by PHSD to be in the best interest of PHSD.

# Statement of No Proposal

**Note:** If you do not intend to provide a proposal, please return this form immediately.

We, the undersigned, have declined to submit a proposal for Group Dental Coverage for the following reason(s).

- Insufficient time to respond to the R.F.P.
- We do not offer this product or service
- Ineligible Industry
- We are unable to meet specifications
- Not Competitive at this time
- Other (explain)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date: \_\_\_\_\_

***Please fax to the attention of Michelle Conn at (816) 897-1511.***

# Background Information

## General Background

PHSD is located at 7703 NW Barry Road, Kansas City, MO 64153. PHSD serves students in a 71 square mile area in Platte County, Missouri and is fully accredited by the state of Missouri. PHSD has approximately 1,452 full-time benefit eligible employees. Approximately 379 retirees and 7 COBRA members participate in the dental option. PHSD consists of 10 elementary, three middle and two high schools; an innovation studio for high school level students, a day school for students with special needs, an Early Childhood Education Center, an aquatic center, support services facility and administrative facility. Estimated student enrollment for the current school year approximates 11,287 (K-12).

Currently, PHSD is covered through Delta Dental of Missouri.

PHSD is committed to providing a quality group dental program for its classified and certified employees, as well as participating dependents and retirees.

- **Classification of Employees:** All full-time employees actively working 30 hours per week; Retirees and the surviving spouse of the retirees; Part-time employees based upon their contract with the District. Coverage for employees is effective the first of the month following their date of hire.
- **Classification of Dependents:** Eligible dependents are covered to age 26, end of the calendar year.

## Current Plans

1. PHSD has been with Delta Dental of Missouri since January 2013.
2. PHSD has a fully insured arrangement with Delta Dental.
3. PHSD offers one PPO dental plan.
4. Please see attached for current benefits summaries.

# Description of Required Services

The objective of the RFP process will be to identify among multiple proposals the best employee benefits program with the most effective price for dental coverage. All traditional and non-traditional approaches to providing a quality employee benefits program at an affordable cost will be considered.

## Consultant Appointment

CBIZ Benefits and Insurance Services, Inc. (CBIZ) is PHSD's appointed consultant/broker on specified health/welfare and employee benefits programs and functions as a benefit outsource service. Please submit pricing excluding (net of) all commission/compensation agreement for an insurance broker/consultant.

CBIZ Benefits & Insurance Services has been and will continue to be committed to acting in our clients' best interest by providing services and products that meet our clients' needs as communicated to CBIZ. From time to time, CBIZ may participate in agreements with one or more insurance companies or third party vendors, in connection with the insurance related transactions, to receive additional compensation or consideration. These compensation arrangements are provided to CBIZ as a result of the performance and expertise, by which products and services are provided to the client and may result in enhancing CBIZ's ability to access certain markets and services on behalf of CBIZ clients. More information regarding these agreements and the consideration received pursuant to these agreements is available upon written request.

## Proposed Rate Structure

PHSD wishes to continue to offer a substantial dental package to the employees and participating dependents; the District currently has a 3-tier rate structure. Please provide a 3-tier and 4-tier rate structure in your proposal.

Any differential in unit premium cost between plan options should be solely reflective of the inherent differential in efficiency of the delivery systems.

## Proposed Plan Design

1. It is the intent of PHSD to contract with carriers who are providing plans which offer significant economic incentives for utilizing network providers. As a potential contractor offering your services to PHSD, you should include any unique cost containment provisions and, where applicable, the associated premium discounts.
2. Please duplicate the current plan designs and highlight any alternate plan designs you may propose. Attached is the current plan design.



## Network

1. Please provide a GeoAccess report with your proposal using the following standards:  
Dentists – 2 within 10 miles
2. Please provide a comparison of PHSD’s current provider utilization to all of your proposed network. Attached is a top 50 provider utilization report.
3. PHSD has Retirees who live throughout the United States. Your proposal must include network availability across the U.S.
4. Indicate if you have the ability to create high performance or tiered networks and tie benefit levels or other incentives for use of those networks.

## Funding

1. Currently, PHSD is fully insured, propose benefits programs utilizing an array of funding mechanisms, including but limited to fully insured programs through fully ASO.
2. Include in your proposal a retention illustration as well as stipulate your retention percentage. All proposals should clearly identify all provider network access charges, pooling charges, utilization management charges, and any other non-paid claim charges that will be assessed.
3. **Multi-year rate guarantees or renewal rate-caps are requested and will be given very strong consideration.**
4. The contractor must accompany the renewal quotations within a multi-year cap, with a renewal calculation justifying the percentage of adjustment and the increase in unit cost and may not simply impose the maximum increase.
5. The inclusion of a maximum increase in no way prohibits PHSD or CBIZ from negotiating a lesser increase or premium decrease for any of the renewal options.

## Reporting/Utilization Data

1. As a potential contractor, it is important for you to state your claim reporting capability (all options), including your scope and frequency of such reporting. Please include sample claim reports. Can you compare actual claims utilization by service type on a line item basis, against demographically adjusted normative expected claims? If so, is there an additional charge for receiving this data on a quarterly basis?
2. The availability of detailed management reports, at least on a quarterly basis, is required so as to allow PHSD to respond to employee needs and be in a position to react proactively to claim variations against expectations.

3. The successful bidder must be able to meet PHSD's reporting requirements. PHSD requires that the chosen carrier be able to break out claims data into the following categories by product:
  - Active
  - COBRA
  - Retirees Under 65
  - Retirees Over 65
  
4. The selected vendor will need to be able to accept file feeds from a benefits administration system. The benefits administration vendor with which we actively work accepts a wide range of EDI formats. The scope of services generally falls into the following categories:
  - Electronic Enrollment Services
  - Eligibility Maintenance
  - Payroll Deduction Communication
  - Premium Invoicing Services
  - Administrator Functions
  - Trouble-Shooting Features
  - Qualifying Event Management
  - Form and Document "Portal" Services

# Dental Questionnaire

In answering the following questions, please do not refer to your proposal. Restate each question and then respond directly to the question.

## General Questions

1. Please state your willingness to provide final renewal rates 180-days in advance. If not, what is the period to which you will adhere?
2. Please provide the name, title, and telephone number of three of your clients that are similar in size to PHSD.
3. Please provide your average rate increase for groups of similar size and demographics over the past three years.
4. Will you provide performance guarantees? If so, describe them. Be sure to include a list of the services on which you are willing to guarantee your performance.
5. Are you anticipating any major network renovations of any of your networks which would be accessed by the PHSD?
6. Does your proposal clearly identify the networks that will be available as well as any employees that would not have access to the networks?
7. Please provide a disruption report based on the current PPO network.
8. Do you offer wellness education that would be able to be incorporated into PHSD's wellbeing program, i.e. seminars, webinars, online tools, etc.?
9. Please provide any information that you feel has not been adequately addressed to give your proposal its best opportunity, or any information you feel we need to better understand your recommendations.

## Specific Benefits/Coverage Questions

Please provide the following information for the plan(s) you propose (i.e. please provide separate answers if you will be quoting both a Base and a Buy-Up option)

1. How do you cover Composite Fillings? Currently, they are covered under Basic Services and include Anterior and Bicuspid teeth only.
2. How do you cover Endodontics and Periodontics? Currently, they are covered under Basic Services

3. Do you bill out-of-network claims based on UCR fee? If yes, what percentile of UCR do you pay?  
If no, please explain how you bill out-of-network claims?
4. Do you have a penalty for late entrants (employees that decline coverage when first offered)?  
If you do, please explain in detail.
5. Do you offer any additional benefits not covered by the current plan(s) that may be of interest to the PHSD (i.e. annual maximum rollover provision, etc.)



# Premium/Contribution History

See Attached



# Claim History

See Attached



# Census Information

See Attached