

South Texas Independent School District



Request for Proposal (RFP# 26-009)

Employee Benefits – Fully Funded & Self-Funded Plan Third Party Administrator (TPA), Preferred Provider Organization (PPO) Network Access

Effective Date: September 1, 2025

Deadline for Proposals: 2:00 p.m., Wednesday, April 23, 2025

Proposal should be clearly marked: RFP# 26-009

Submit to:

Ms. Marla Knaub
South Texas ISD
Assistant Superintendent for Business & Operations
7001 E. Expressway 83
Mercedes, Texas 78570

Prepared by: Roger Garza, Insurance Consultant
Valley Risk Consulting, Inc., 1200 Fresno, Suite C, McAllen, Texas 78501

South Texas Independent School District is accepting proposals for:

RFP# 26-009 Employee Benefits – Fully Funded & Self-Funded Plan Third Party Administrator (TPA), Preferred Provider Organization (PPO) Network Access

Proposals are to be mailed or delivered to the attention of Ms. Marla Knaub, Assistant Superintendent for Business & Finance, South Texas Independent School District, 7001 E. Expressway 83, Mercedes, TX 78570. Please mark your envelope plainly: **“Employee Benefits Fully Funded & Self-Funded Plan Third Party Administrator (TPA), Preferred Provider Organization (PPO) Network Access (RFP# 26-009), Due Date: Wednesday, April 23, 2025 @ 2:00 p.m.”**

Proposals will be accepted **until 2:00 p.m. on Wednesday, April 23, 2025,** at which time they will be opened. Proposals will be opened, but not publicly in the Administration Office at the above address. Any proposals received late will not be accepted and will be returned unopened. South Texas ISD is not responsible for proposals misplaced or mailed incorrectly.

Please reply using the enclosed forms. **Please submit one (1) original, (2) two copies & (1) USB Flash Drive of your proposal response.** Questions on this Request for Proposals should be submitted via email to Valley Risk Consulting at rfpquestions@vrctx.com & cc to Ms. Marla Knaub, Assistant Superintendent for Finance & Operations at Marla.Knaub@stisd.net, & Reynaldo Cantu, STISD Purchasing Agent at Reynaldo.Cantu@stisd.net, no later than **12:00 pm Wednesday, April 16, 2025.**

The proposal will be presented for approval at an STISD School Board meeting. The district reserves the right to accept or reject any or all proposals, waive minor technicalities, or award the proposal to the offeror who best serves the interests of the district.

Please fill out, sign, and submit with your proposal response the enclosed IRS Form, W-9, and Conflict of Interest Questionnaire.

We look forward to hearing from you.

Sincerely,



Marla Knaub
STISD Assistant Superintendent for Finance & Operations

Enclosures

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

Employee Benefits – RFP # 26-009 Fully Funded & Self-Funded Plan
Third-Party Administrator (TPA), Preferred Provider Organization (PPO) Network Access

PROPOSAL PACKAGE CHECKLIST REMINDER

FOR YOUR PROPOSAL TO BE CONSIDERED IN THE PROPOSAL PROCESS, THE FOLLOWING ITEMS ARE REQUIRED TO BE INCLUDED IN THE PROPOSAL PACKAGE:

DESCRIPTION OF ITEM:	<u>YES</u>	<u>NO</u>
1. GENERAL CONDITIONS AND RFP ASSUMPTIONS (Fill in ALL blank lines as needed).	_____	_____
2. FELONY CONVICTION NOTIFICATION (Fill in one of the appropriate sections - A, B, or C).	_____	_____
3. PROPOSAL SPECIFICATION REQUIREMENT FORM (Fill in ALL blank lines as needed).	_____	_____
4. PROPOSAL FORMS pertaining to this proposal should have <u>ALL lines filled in as needed.</u>	_____	_____
5. NON-COLLUSION STATEMENT & SIGNATURE SHEET (Fill in blank lines on the form completely and sign the form).	_____	_____
6. 1295 FORM AVAILABLE FROM THE SECRETARY OF STATE	_____	_____
7. W9 FORM (Fill in one of the appropriate sections).	_____	_____
8. CONFLICT OF INTEREST FORM (Fill in one of the appropriate sections).	_____	_____
9. VENDOR CERTIFICATION FROMS (Fill in one of the appropriate sections).	_____	_____

Date

Company Representative

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

**Employee Benefits – RFP # 26-009 Fully Funded & Self-Funded Plan
Third-Party Administrator (TPA), Preferred Provider Organization (PPO) Network Access**

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SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

Employee Benefits – RFP # 26-009 Fully Funded & Self-Funded Plan Third-Party Administrator (TPA), Preferred Provider Organization (PPO) Network Access

Section

1

General Information

General Conditions and RFP Assumptions

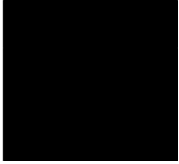
1. The **South Texas Independent School District** is requesting proposals for Third Party Claims Administration Services (TPA), Utilization Review, and Preferred Provider Organization Network Access (PPO). The South Texas Employee Benefit plan is considered “Non-Grandfathered” under the Affordable Care Act (ACA) for this RFP. TPA/Carriers submitting proposals with bundled services should do so with the understanding that the district will be considering entering into agreements on a direct basis with the service providers independent of the TPA/Carriers to best serve the interest of the district.
2. The district is soliciting proposals for **Fully Funded & Self-Funded** plans only.
3. All companies submitting proposals must be licensed by the Texas Department of Insurance and be permitted to contract with the State or any of its subdivisions where applicable. All insurance carriers must be rated A- or better by AM Best Company.
4. All Fees and pricing should be included in a separate tab, clearly marked, and explained thoroughly.
5. A proposed draft copy of an Administrative Service Agreement (ASA) must be submitted with your proposal response. An executed contract must be in place within 30 days of the awarding of the proposal. No sample agreement will be considered valid.
6. South Texas ISD’s Medical Plan is considered Non-Grandfathered under the Affordable Care Act (ACA). Vendors are required to submit their proposals under this assumption.
7. South Texas ISD reserves the right to accept or reject all or any part of the proposal, waive minor technicalities, and award the proposal that best serves the interest of the district. The district also reserves the right to waive or dispense with any of the formalities contained herein. The South Texas ISD Board of Directors will make the final decision of agreement of award.
8. TPA/Carriers submitting proposals should do so with the understanding that South Texas ISD will only consider offers that include Fiduciary claims responsibility. It is further understood that the awarded TPA/Carriers will agree to hold the STISD harmless in the event of any IRS penalties or fines imposed as the result of the TPA/Carrier’s failure to comply with ACA Public Law.
9. **TPA/Carriers should submit proposals with commissions or third-party compensation and agent service fees.**
10. TPA/Carriers submitting proposals should do so with the understanding the STISD will not agree to pay any additional fees, costs or expenses other than those expressly outlined in the proposal response and the STISD will require the TPA/Carrier to certify they will not receive any revenue or compensation for any other third party related to the services provided under the agreement except for the revenue and compensation expressly describe in its proposal response form. Proposals must be clearly explained and identified. All costs including optional programs must be clearly stated and summarized. Exceptions or deviations from the specifications must be explicitly identified.

11. One (1) original, two (2) copies & (1) USB Flash Drive of the proposal must be delivered to the Administration Office, c/o South Texas ISD, 7001 E. Expressway 83, Mercedes, Texas 78570. **no later than 11:00 am, Wednesday, April 23, 2025**, in a sealed envelope, clearly marked:
12. No telephone or fax proposals will be accepted. Proposals may only be accepted if delivered by U.S. Postal Services or other courier services including hand delivery. The district will not be responsible for missing, lost, or late mail. Any proposals received after the time set for opening will be returned to the proposer unopened upon written request at the proposer's expense.
13. The proposal will be opened at **11:00 am, Wednesday, April 23, 2025**. The proposals will be opened but not read aloud to avoid disclosure of contents to competing vendors and the contents shall be kept confidential during the proposal evaluation and negotiations.
14. Proposals are desired for a primary term of one (1) year with the option to renew for two (2) additional one-year terms with a minimum of a 36-month rate guarantee (TPA services). However, the Board of Directors reserves the right to accept a guarantee of less than 24 months if it is in the district's best interest.
15. Public Sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties' liability. Therefore, your documents should not contain any such clauses.
16. **South Texas Independent School District** reserves the right to accept or reject all or any part of the proposal, waive minor technicalities, and award the proposal that best serves the interest of the district. The district also reserves the right to waive or dispense with any of the formalities contained herein. The South Texas ISD Board of Directors will make the final decision on the award.
17. **COMMUNICATION WITH SCHOOL DISTRICT MEMBERS:** Company and representatives submitting proposals shall not discuss this RFP with employees of STISD or members of the Board of Directors. Communication includes but is not limited to unsolicited literature, emails, faxes, or phone calls related to any aspect of the RFP. If discussion is necessary, you will be notified in writing by the individual listed above. Failure to abide by this requirement will result in the automatic disqualification of the company representative at the discretion of the district. Questions about the request for proposals should be emailed and addressed to, Valley Risk Consulting at rfpquestions@vrctx.com, Ms. Marla Knaub Marla.Knaub@stisd.net & Reynaldo Cantu Reynaldo.Cantu@stisd.net, **no later than 12:00 pm Wednesday, April 16, 2025**.
18. Proposals should be based on duplication of the existing Plans of Benefits. Any deviations must be identified and explained. All proposals will be assumed to have been submitted without any deviations unless noted.
19. All materials necessary to effectively communicate and administer the program shall be prepared and printed by the proposer at the proposer's own expense. These materials include but are not limited to, master plan documents, summary plan descriptions/schedules of benefits, claim forms, identification cards, check stock, and explanations of benefits.
20. Enrollment meetings will be scheduled before the effective date of the contract. The proposer will be responsible for presenting the new plan and enrolling employees at the various campuses of the South Texas ISD during May & August 2025.
21. The appropriate enclosed proposal forms which include a Questionnaire, Rate Pages, Felony Conviction Notice, Non-Collusion Statement & Signature Sheet, etc., must be completed and included in the response. An authorized official of the carrier/TPA with legal authority to bind the carrier/TPA must sign all proposal forms submitted. **FAILURE TO COMPLETE PROPOSAL FORMS WILL RESULT IN DISQUALIFICATION.**
22. The South Texas Independent School District accepts no financial responsibility for any costs incurred by any proposer while responding to these specifications.

23. The Request for Proposals package will be available for download from our website at www.stisd.net under "Business & Finance". Vendors WILL NOT be notified of additional information/addenda postings. It is the vendor's responsibility to view the STISD's web page regularly, and/or before submitting a proposal response, to ensure that no addenda or additional information has been issued, or to obtain any addenda that may have been issued.
24. The proposal is to be based on the provided census as of Feb 2025, (MS-Excel format).
25. The effective date is September 1, 2025. The district will assist with the coordination of the transfer of enrollment information including accumulator information in an electronic format; however, the successful vendor should be prepared with a contingency plan to affect a smooth transition within the time and with the information immediately available. The successful vendor should also be prepared to conduct education meetings regarding the new administration procedures and full enrollment of all current participants on-site at multiple locations. Alternatively, the successful vendor must also be prepared to conduct full re-enrollment electronically via a web-based application at no additional cost to the district.
26. Any estimated savings, performance, or other guarantees included in any part of the proposal should be specific, and quantifiable and should include a validation method.
27. Enforceability - This Contract shall be interpreted, construed, and governed by the laws of the United States and the State of Texas and shall be enforceable in any court of competent jurisdiction in Hidalgo County, Texas.
28. Advertising – The vendor will not advertise or publish that it has agreed with STISD as an endorsement of services without prior written consent.
29. Gratuities - No gratuities in the form of entertainment, gifts, or otherwise, shall be offered or given by the vendor or any representative of the vendor to any administrator, employee, or anyone affiliated with the School District to secure a contract or secure favorable treatment concerning a contract. Failure to comply with this requirement will cause the proposal to be rejected, or the contract (if approved) to be void.
30. No limitations on audits.
31. Enrollment – Open enrollment for health benefits is conducted throughout August. On-site enrollment dates will be announced.
32. Format:
 1. Introduction Letter
 2. Company Information
 3. Detail Pricing of all costs associated with this RFP
 4. District Required Forms
 5. Response to Questionnaires
 6. Exhibits
 - Census
 - Claims Utilization
 - Plan Benefit Summary

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

Employee Benefits – RFP # 26-009 Fully Funded & Self-Funded Plan
Third-Party Administrator (TPA), Preferred Provider Organization (PPO) Network Access



District Forms

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

Employee Benefits – RFP # 26-009 Fully Funded & Self-Funded Plan
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FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or company that enters a contract with a school district must give advance notice to the district if the person, owner or operator of the company has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”
Subsection (b) states “a school district may terminate a contract with a person or company if the district determines that the person or company failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or company for services performed before the termination of the contract.”

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY HELD CORPORATION, BUT THE COMPANY REPRESENTATIVE MUST CHECK OFF A SELECTION BELOW (A, B, OR C)

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

AUTHORIZED COMPANY OFFICIAL’S NAME (PRINTED):

AUTHORIZED COMPANY OFFICIAL’S SIGNATURE:

DATE: _____

******* PLEASE CHECK OFF A SELECTION BELOW *******

- A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.
- B. My firm is not owned and/or operated by anyone who has been convicted of a felony.
- C. My firm is owned or operated by the following individual(s) who have/have been convicted of a felony:

Name(s) Felon(s) _____

Details of Conviction(s): _____

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

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PROPOSAL SPECIFICATION REQUIREMENTS (TO BE FILLED IN BY OFFEROR AND SUBMITTED WITH PROPOSAL)

Is this proposal in conformance with the enclosed specifications?

Yes _____ No _____

If the answer is no, the offeror must identify and explain each exception taken, regarding each page and paragraph to which the exception will apply.

It should be understood that if no exception is taken the offeror should supply all items as specified. Failure to indicate any difference in products offered in this proposal may be deemed sufficient grounds for rejection of a vendor's proposal.

Comments: _____

Date

Company Name

Company Representative

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

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These specifications are intended to secure proposals for:

The selection of a proposal for TPA/Carrier & PPO Services Network will be made after careful evaluation of the proposals received. Each proposal will be evaluated for acceptability, with emphasis on the various factors enumerated in the table outlined below. Each factor is assigned a numerical score. The scores will be used to develop a list of potential providers with whom negotiations may be conducted.

According to the Texas Education Code, Subchapter B, Section 44.031 (b), in determining to whom to award a contract, the district shall consider the following:

- (1) the purchase price of all plan aspects;
- (2) the reputation of the vendor and of the vendor's goods or services;
- (3) the quality of the vendor's goods or services;
- (4) the extent to which the goods or services meet the district's needs;
- (5) the vendor's past relationship with the district;
- (6) the impact on the ability of the district to comply with laws and rules relating to historically underutilized business **(not applicable)**;
- (7) the total long-term cost to the district to acquire the vendor's goods or services; and
- (8) Whether the vendor or the vendor's ultimate parent company or majority owner: A) has its principal place of business in this state; or B) employs at least 500 persons in this state; and
- (9) any other relevant factor specifically stated in the request for bids or proposals.

The RFP consists of MS Word, MS Excel, and Adobe Acrobat Files containing:

1. RFP Documents (including cover letter) (Adobe Acrobat)
2. Employee Census with employee information as of February 2025, (Excel)
3. Plan Benefits Summaries for the current Health plan (Adobe Acrobat)

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

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AFFIDAVIT OF NON-COLLUSION

By submission of this bid/proposal/quote, the undersigned certifies that:

1. The undersigned affirms that they are duly authorized to execute this contract;
2. This bid or proposal has been independently arrived at without collusion with any other Bidder or with any Competitor;
3. This bid or proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of bids, or proposals for this project, to any other Bidder, Competitor or potential competitor;
4. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a bid or proposal;
5. The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the Bidder as well as to the person signing in its behalf.

Signature below certifies accuracy of answers to all sections on this page.

Company Name _____

Address _____

City/State/Zip _____

Phone Number/Fax Number _____

Authorized Signature _____

Print Name/Title _____

CONFIDENTIAL DISCLOSURE STATEMENT

For purposes of complying with the Texas Public Information Act (the “Act”), we are asking that VENDORS interested in submitting a response to a district’s request for bids, proposals, or qualifications statements INCLUDE A STATEMENT (THIS FORM) STATING WHETHER NONE, ALL OR SOME OF THE INFORMATION SUBMITTED WITH THEIR RESPONSES IS CONSIDERED BY THE COMPANY AS CONFIDENTIAL BECAUSE IT MEETS ONE OR MORE OF THE EXCEPTIONS LISTED IN THE ACT.

Failure by the company(s) to fill out and sign this form, will release South Texas ISD of any liabilities in the event South Texas ISD releases information included in their bids, proposals, or qualifications statements responses as a result of complying with a request for public records under the Act.

If the Confidential Disclosure Statement is properly filed, and South Texas ISD receives a request for public records under the Act related to such vendor’s response, South Texas ISD will seek an opinion from the Texas Attorney General’s Office as required.

This Confidential Disclosure Statement is being made by:

_____ to South Texas ISD for the
(Vendor Name)
purpose of non-disclosure of various materials included in this package.

The rights and obligations of the parties for such information are as follows:

1. “Disclosing Party” means a party that discloses Confidential Information under this Request. “Receiving Party” means a party that receives Confidential Information under this Request.
2. “Confidential Information” means information of any kind that is obtained by the Receiving Party from the Disclosing Party relating to this *Request and which, by appropriate marking, is identified as confidential and proprietary at the time of disclosure.*
3. Notwithstanding the foregoing, Confidential Information shall not include any information that:
 - a) is publicly available before the Effective Date, or becomes publicly available thereafter no breach of this Request by the Receiving Party;
 - b) was known to the Receiving Party before the date of disclosure or became known to the Receiving Party thereafter from a third party that has no obligation to the Disclosing Party to keep such information confidential;
 - c) is independently developed by the Receiving Party without the benefit of Confidential Information of the Disclosing Party, as evidenced by written records; **or**
 - d) must be produced by the Receiving Party according to an order of a court of competent jurisdiction or a valid subpoena, provided that the Receiving Party promptly notifies the Disclosing Party and cooperates reasonably with the Disclosing Party’s efforts to contest or limit the scope of such order.

4. The Receiving Party agrees that it will maintain the Confidential Information in confidence using a reasonable standard of care, and no less than the standard of care taken to protect its or his/her confidential information and will use such Confidential Information solely to evaluate its or his/her interest in participating in a future Requests.
5. **As stated above, in the event South Texas ISD receives a request for public records under the Act related to the vendor's response, South Texas ISD will seek an opinion from the Texas Attorney General's Office as required.**
6. This Agreement shall not be construed as an obligation to enter into a Purchasing Agreement or any other subsequent relationship or agreement.

_____ (**Vendor**) wishes to have the following pages protected under this agreement and not be released to a third party. The following pages are not to be disclosed unless South Texas ISD receives authorization via an opinion from the Texas Attorney General's Office:

- NONE of the Pages in this Request for Proposals are Confidential
- ALL Pages in this Request for Proposals are Confidential
- ONLY Pages on this Request for Proposals are labeled as Confidential

Name of Company or Firm: _____

By: _____ Title: _____

Signature: _____ Date: _____

Implementation of House Bill 1295 Certificate of Interested Parties (Form 1295):

In 2015, the Texas Legislature adopted [House Bill 1295](#), which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015, to implement the law. The commission does not have any additional authority to enforce or interpret [House Bill 1295](#).

Filing Process:

By January 1, 2016, the commission will make available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized. The completed Form 1295 with the certification of filing must be filed with the governmental body or state agency with which the business entity is entering into the contract.

The governmental entity or state agency must notify the commission, using the commission's filing application, of the receipt of the filed Form 1295 with the certification of filing not later than the 30th day after the date the contract binds all parties to the contract. The commission will post the completed Form 1295 to its website within seven business days after receiving notice from the governmental entity or state agency. Information regarding how to use the filing application will be available on this site by January 1, 2016. A sample Form 1295 is included in this procurement document to make prospective vendors aware of this requirement. Vendors are NOT required to complete the enclosed form and include it in their response. Complete instructions and important information can be located from the following link:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

OFFICE USE ONLY

Complete Nos. 1 - 4 and 6 if there are interesting parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interesting parties.

1 Name of business entity filing form, and the city, state, and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract and provide a description of the goods or services to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

 Printed name of officer administering oath

 Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date



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**Vendor Certifications
Agreement Funded by U.S. Federal Grant**

1. Felony Conviction Notification

Texas Education Agency Code, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony." Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract." This notice is not required of a publicly-held corporation, but the company representative must check off a selection below (A, B, or C).

Initial where applicable.

- A. My company is a publicly-held corporation; therefore, this reporting requirement is not applicable
- B. My company is not owned nor operated by anyone who has been convicted of a felony
- C. My company is owned and operated by the following individual(s) who has/have been convicted of a felony:
 Name of Felon(s): _____
 Details of Conviction(s): _____

2. Criminal History Record Information Review of Certain Contract Employees

By signing below, the Bidder agrees to comply with Section 22.0834. Criminal History Record Information Review of Certain Contract Employees, Texas Education Code if awarded a contract through this solicitation. The undersigned Bidder, if awarded a contract, shall obtain criminal history record information through the criminal history clearinghouse as provided by Section 411.0845, Government Code relating to an employee or applicant who has or will have continuing duties related to the contracted services; and the employee or applicant has or will have direct contact with students. The Bidder agrees to certify of the receipt of criminal history record information before or immediately after employing or securing the services of the employee or applicant that has or will have continuing duties related to the contracted services if the employee or applicant has or will have direct contact with students. The Bidder further agrees that if awarded a contract, shall assume all expenses associated with the criminal background check and shall immediately remove any employee or agent who was convicted of a felony or misdemeanor involving moral turpitude, as defined by Texas law, from District property or the location where students are present.

- None of my employees and any of my subcontractors has or will have continuing duties related to the contracted services; and has or will have direct contact with students. I further certify that my company has taken precautions or imposed conditions to ensure that my employees and any subcontractor will not have continuing duties related to the contracted services; and will not have direct contact with students throughout the term of the Contract.

OR

- Some or all of my employees and/or my subcontractors will have continuing duties related to the contracted services; and will have direct contact with students. I further certify that:

3. Debarment and Suspension

By signing below Contractor certifies that neither it nor its principals are currently listed on the government-wide exclusions in SAM as debarred, suspended, or otherwise excluded by agencies or declared ineligible under statutory or regulatory authority other than Executive Order 12549. Contractor further agrees to immediately notify the District if he/she is later listed on the government-wide exclusions in SAM, or is debarred, suspended, or otherwise excluded by agencies or declared ineligible under statutory or regulatory authority other than Executive Order 12549.

4. Confidential/Copyrighted Information

By signing below, the Contractor agrees, if a bid is, or parts of bid is confidential, the Contractor has specified by stamping in bold letters the term "CONFIDENTIAL" on all or the confidential part of the bid. The bid may be considered public information even though all or parts are marked confidential. Furthermore, Contractor agrees a copyrighted bid is unacceptable and will be disqualified as unresponsive.



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5. Declaration of Business Location- TEC 44.031(b)(8)

By signing below, Bidder certifies the Bidder's or the Bidder's ultimate parent company or majority owner:

- A. Has its principal place of business in the State of Texas; **OR**
- B. Employs at least 500 persons in the State of Texas; **OR**
- C. Principal place of business is not in the State of Texas: _____
(City, State)

6. Owner(s) Name of Business

By signing below, Bidder certifies the owner(s) name of the business submitting bid is/are: (Please print name(s) below. If not applicable, please indicate N/A)

_____	_____
_____	_____
_____	_____
_____	_____

7. Delinquent Taxpayers

In accordance with law, the District shall not enter a contract or other transaction with a person indebted to the District, nor shall the District award a contract to or enter into a transaction with an apparent low bidder or successful proposer indebted to the District.

- I am not a delinquent taxpayer to South Texas ISD
- I am a delinquent taxpayer to South Texas ISD (Your bid may be disqualified if your debt is not cleared prior to award.)

8. Texas Historically Underutilized Businesses (HUB)- TEC 44.031(b)(6) or Small and Minority Firms, Women's Business Enterprises and Labor Surplus Area Firm

Contractor certifies the Bidder's company is HUB certified with the State of Texas.

- I am an active certified HUB vendor. HUB expiration date: _____
- Small and Minority Firms, Women's Business Enterprises and Labor Surplus Area Firms
- I am neither.

9. Buy American Provisions

By signing below, Contractor certifies that Contractor is in compliance with all applicable provisions of the Buy America Act. Purchases made in accordance with the Buy America Act must still follow the applicable procurement rules calling for free and open competition.

10. Prohibition on Contracts with Companies Boycotting Israel- HB89

By signing below, pursuant to Texas Government Code, Chapter 2270, {Vendor} represents and warrants to the District that {Vendor} does not boycott Israel and will not boycott Israel during the term of This Agreement.

11. Non Collusion Statement

By signing below, {Proposer} certifies and represents to South Texas ISD that {Proposer} has not offered, conferred, or agreed to confer any pecuniary benefit, as defined by Section 1.07(a)(6) of the Texas Penal Code, or any other thing of value, as consideration for the receipt of information or any special treatment or advantage relating to this proposal; the {Proposer} also certifies and represents that



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Vendor Certifications

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Proposer} has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal; the {Proposer} certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the South Texas School District concerning this proposal on the basis of any consideration not authorized by law; the Proposer also certifies and represents that Proposer has not received any information not available to other proposers so as to give the undersigned an advantage with respect to this proposal; the {Proposer} further certifies and represents that {Proposer} has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future, offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the South Texas Independent School District in return for the person having exercised the person's official discretion, power or duty with respect to this proposal; the Proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any office, trustee, agent or employee of the South Texas Independent School District in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal; the {Proposer} certifies that the Proposer has not prepared this proposal and will not prepare any future proposals arising from this Request for Proposal (RFP) in collusion with any other respondent, and that the content of any future proposals arising out of this RFP will not be communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the District's selection of a contractor for this RFP.

12. Prohibition on Contracts with Companies Engaged with Iran, Sudan or Foreign Terrorist Organization- SB252

By signing below, {Vendor} hereby certifies that it is not a company identified on the Texas Comptroller's list of companies known to have contracts with, or provide supplies or services to, the government of Iran, the government of Sudan, or a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State.

13. Applicable to Grants, Subgrants, Cooperative Contracts, and Contracts Exceeding \$100,000 in Federal Funds

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. The undersigned certifies, to the best of his/her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of congress, or an employee of a member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative Contract, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative Contract.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of congress, or an employee of a member of Congress in connection with this Federal grant or cooperative Contract, the undersigned shall complete and submit Standard Form-LLL, "disclosure Form to Report Lobbying", in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all covered sub-awards exceeding \$100,000 in Federal funds at all appropriate tiers and that all sub-recipients shall certify and disclose accordingly.

14. Equal Employment Opportunity

In fulfilling its obligations under the Agreement, Proposer shall comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

15. Rights to Inventions Made Under a Contract or Agreement



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**Vendor Certifications
Agreement Funded by U.S. Federal Grant**

To the extent that the Agreement requires the performance of experimental, developmental or research work, Proposer agrees that the District shall have rights in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the District from which received financial assistance to carry out the work contemplated by the Agreement.

16. Clean Air Act (42 U.S.C. § 7401 et seq.) and the Federal Water Pollution Control Act (33 U.S.C. § 1251 et seq.), as amended

In the event that the fees payable to Proposer under the Agreement exceed \$100,000, Proposer agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. § 1251 et seq.). Violations shall be reported to the Awarding Agency and the Regional Office of the Environmental Protection Agency (EPA).

17. Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352)

In the event that the fees payable to Proposer under the Agreement exceed \$100,000, Proposer shall file the certification required under 31 U.S.C. § 1352. Each tier shall certify to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures shall be forwarded from tier to tier up to the Proposer.

18. Access to Records

Proposer agrees that the Inspector General of the District or any of their duly authorized representatives shall have access to any books, documents, papers and records of the Proposer that are directly pertinent to Proposer's discharge of its obligations under the Agreement for the purpose of making audits, examinations, excerpts and transcriptions.

19. Applicability to Selected Vendors

Proposer agrees that all contracts it awards pursuant to the Agreement shall be bound by the foregoing terms and conditions.

I, the undersigned agent for the firm named below, certify that the information stated above has been reviewed by me and the information furnished is true to the best of my knowledge.

Vendor Name: _____

Address, City, State, Zip Code: _____

Phone Number: _____

Printed Name of Authorized Representative: _____

Title of Authorized Representative: _____

Email Address: _____

Signature of Authorized Representative: _____

Date: _____

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

Employee Benefits – RFP # 26-009 Fully Funded & Self-Funded Plan
Third-Party Administrator (TPA), Preferred Provider Organization (PPO) Network Access

Section

3

Proposer Questionnaire

Claims Administration

1. Describe the Company submitting the proposal:

- a. Name of TPA/Carrier: _____
- b. Business Address: _____
- c. Mailing Address: _____
- d. Name of Account Executive/Representative assigned to the district: _____
- e. Telephone Number: _____
- f. Type of Company: Corporation General Partnership Sole Proprietorship
 Registered Limited Liability Partnership Limited Liability Company
- g. Please provide jurisdiction for corporation or partnership charter: _____
- h. Please provide the date corporation or partnership chartered: _____
- i. Is the company licensed by the State of Texas as a Third-Party Administrator? Yes No
- j. Will you agree to provide a resume for each key employee in your organization upon request? Yes No
- k. Has the company been a defendant in any lawsuit in any state or federal court during any of the preceding five (5) years? Yes No

If yes, identify each lawsuit by party, case number, court, subject matter, and disposition:

- l. Does the TPA/Carrier have any claims filed against it which are unresolved and presently pending before any State of Texas Administrative agency? Yes No
If yes, please provide a full description of the matter:

2. Financial Information:

- a. Has the company filed a voluntary or involuntary petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during any of the preceding seven (7) years? Yes ___ No ___

If yes, provide the name of the court and the case number(s):

- b. Has any owner, member, or partner of the company filed a petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during any of the preceding seven (7) years? Yes ___ No ___

If yes, provide the name of the court and the case number(s):

Audited financial statement for the preceding fiscal year included with the response? Yes ___ No ___

3. Describe Claim Administration experience:

- a. Number of Clients: _____
- b. Number of Covered Employees: _____
- c. Other: _____

4. Provide three (3) Texas client references (preferably school districts):

Name of Client	Contact Person	Telephone Number	Number of Employees

5. Describe what quality assurance procedures you currently have in place to ensure accuracy of payments, eligibility, check draft security, appropriateness of treatment versus diagnosis, medical necessity, adherence to reasonable and customary allowances, coordination of benefits

6. Administration Contract:

- a. Will you agree to the terms of the attached Administration Services Agreement (ASA) **WITHOUT** modifications? Yes ___ No ___

If not, please explain:

- b. Will you agree to process 98% of all submitted claims within fifteen (15) business days at a minimum of 98% overall accuracy and/or other mutually agreed upon performance guarantees? Yes ___ No ___
- c. Will you agree that a failure to uphold the standards in (b) and/or other mutually agreed upon performance guarantees may result in a penalty to be deducted from the administration fee? Yes ___ No ___
- d. Will you allow the district to enter into and facilitate Direct Provider Agreements? Yes ___ No ___
- e. Will you agree to allow a third party to conduct an on-site claims audit without limitations? Yes ___ No ___
- f. Will you agree to hold the district harmless if any of your firm is found to be negligent in the administration of the Plan that results in IRS fines or penalties? Yes ___ No ___
- g. Will you agree to serve as fiduciary concerning the STISD employee benefits plan and be subject to fiduciary responsibilities and obligations in your administration of the plan? Yes ___ No ___
- h. Is a copy of an administrative services agreement (ASA) included with your response? Yes ___ No ___
- i. Will you agree that the district will not be required to pay any additional fees, costs, or expenses other than those expressly outlined in the proposal response? Yes ___ No ___
- j. Will you certify that you will not receive any revenue or compensation from any other third party related to the services provided under the agreement except for the revenue and compensation expressly described in the proposal response form? Yes ___ No ___
- k. Provide a list of all standard reports available to the district at no additional cost and the frequency of these reports. (Place them in a Section marked in your proposal)

7. Claim Payment Services

Location of office where actual claims will be paid? _____

- a. Describe the process of appeal for contested claims. _____
- b. Do you screen for unbundling of provider charges? Yes ___ No ___
- c. Do you pay for printing costs of checks and explanation of benefits? Yes ___ No ___
- d. Is sample EOB and check included with your response? Yes ___ No ___
- e. Please describe the banking arrangements necessary to reimburse claims that are paid.
- f. Describe the basis and procedure for determining Reasonable and Customary. _____

- g. Describe your firm's audit requirements. _____

- h. Describe the procedure used for subrogation and recovery. _____
- i. Is there a cost associated with this service? _____

8. Reporting Services (List additional costs, if any):

- a. Will Actuarial Services be available? Yes ___ No ___
- b. Will your firm provide ACA reporting requirements under IRC sections 6055 and 6056? Yes ___ No ___
- c. Is there a cost associated with that service? If yes, describe. _____
- d. What additional steps will you take to ensure the district remains ACA compliant? _____

- e. Describe experience in coordinating with Preferred Provider organizations (include re-pricing capabilities):

- f. Describe your firm's approach to negotiating with out-network providers. _____

- g. Do you provide access to transplant network(s) through Administrative Services Agreement? Yes ___ No ___
- h. Are online services available and included in the cost? Yes ___ No ___
Please describe (Claims Status, Enrollment, Provider Directory, Reports, Other):
- i. Are enrollment meetings and monthly on-site claims assistance included? Yes ___ No ___
- j. Will all materials necessary to effectively communicate and administer the program be prepared and printed by the proposer at the proposer's expense? Yes ___ No ___
(Ex: ID Cards, Employee Benefit Book, Claim Forms, Schedule of Benefits, EOBs, Certificates of Credible Coverage)
- k. Will employee ID cards, Employee Benefit Book, and other related materials be mailed to the employee's home at the proposer's expense? Yes ___ No ___
- l. Do you provide all required HIPPA notices? Yes ___ No ___
Are there additional costs associated with this service? Yes ___ No ___
- m. Do you provide COBRA administration? Yes ___ No ___
Are there additional costs associated with this service? Yes ___ No ___
- n. Are your fees contingent upon bundle services? Yes ___ No ___
- o. Do administrative fees include run-out claims processing upon termination? If not, how much do you charge for run-out processing? How long will it take you to process those claims?

p. Describe how you will assist the district with calculations on incurred but not reported reserves:

q. Describe how you will assist the district with calculations on received but not paid reserves:

_____.

9. Please state any variations to the RFP. Please explain. _____

10. For what period are quoted rates guaranteed? _____

Is a longer rate guarantee available? Yes ___ No ___ How many years? _____

Company Name

Authorized Signature (officer of the company)

Address

Signatory's Name and Title (Printed)

Company website

Telephone / Fax Number

Other

Email Address

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

Employee Benefits – RFP # 26-009 Fully Funded & Self-Funded Plan
Third-Party Administrator (TPA), Preferred Provider Organization (PPO) Network Access

Section

3

Proposer Questionnaire

PPO Network Services

1. Describe the company submitting the proposal:

- a. Name of Firm: _____
- b. Address: _____
- c. Contact Person: _____
- d. Telephone Number: _____ Fax Number: _____
- e. Year Founded: _____

2. Describe PPO Network experience:

- a. Number of Clients: _____
- b. Number of Texas Clients: _____
- c. Number of Employees Covered: _____
- d. Number of Network Providers: _____
- e. Other: _____

3. Provide three (3) Texas client references (preferably school districts):

Name of Client	Contact Person	Telephone Number	Number of Employees

4. Insurance coverage:

The company must provide satisfactory evidence of existing insurance coverage for \$1,000,000.00 for Errors and Omissions or other fiduciary liability. If the company is selected to provide services it must provide evidence that such coverage will be in effect for the duration of the agreement. (Include Copy of Insurance Certificate)

5. Provider Network:

a. Name of network: _____

b. Approximately how many Lives are enrolled in the network?

_____ Hidalgo County _____ Cameron County _____ Region One

c. How long has the network been operational in the Region One area? _____

d. How many of the following medical providers participate in your network in the Region One area? Do not count any physician more than once due to multiple locations or specialties.

Hospitals		Cardiologist	
Laboratory		Dermatologist	
Chiropractor		Endocrinologist	
Internal Medicine		ENT	
Pediatrics		General Surgery	
OB/GYN		Neurology	
Allergist		Psychologist	
Oncologist		Psychiatrist	
Orthopedist		Oral Surgeon	
Urologist		Other	
		Total	

e. Describe network access outside of the Region One area for Specialty care not available in the local area:

Other Texas providers: _____

f. Describe any special national networks that are utilized, such as National Centers of Excellence; specifically identify:

1. Each Center of Excellence facility with which you contract

2. Nature of Illnesses/conditions

3. Treatments/Services and providers covered by the contract

4. If only selected providers are covered by the term of the contract

5. How are cases selected for Centers of Excellence?

6. How do you communicate with members, their families, and their providers the ability to take advantage of care at a Center of Excellence?

7. Does your firm's Center of Excellence program include provisions of services, such as discounts at hotels or lodging close relatives who are accompanying a member to the Center of Excellence?

8. Do you use an organ transplant network? If so, Describe the network:

6. Preferred Provider Services:

a. Are the physicians in your network required to accept the assignment of benefits? Yes ___ No ___
b. How do you prevent physicians in your network from balanced billing?

c. Are you willing to provide current Provider Network information for providers currently under contract upon request: Yes ___ No ___

d. Describe the procedure for notifying the District of change in providers:

e. What criteria are used for selecting providers? _____

f. Describe the provider discount structure and average savings generated by the provider discounts in this geographic area. How can your savings be documented?

g. Describe provider re-pricing procedures: _____

h. Will you be willing to provide sample reports upon request? Yes ___ No ___

i. How often are Provider agreements updated? _____

j. Are all Provider information available online? Yes ___ No ___

k. Describe claims cost management procedures: _____

l. How are out-of-network claims negotiated? _____

m. Do you have a re-pricing agreement for Out of Network Benefits? Yes ___ No ___

7. Will you be prepared to re-price sample claims upon request for the PPO network evaluation?
Yes ___ No ___

8. Please state any variations to the Request for Proposal Assumptions or other qualifications for your proposal:

9. For what period are quoted rates guaranteed? _____

10. Is a longer rate guarantee available? Yes ___ No ___

If so, please describe: _____

Company Name

Authorized Signature (officer of the company)

Address

Signatory's Name and Title (Printed)

Company website

Telephone / Fax Number

Other

Email Address

Available on Website