

REQUEST FOR PROPOSALS RFP24-003

FOR

ATHLETIC INSURANCE BROKER SERVICES

Submission Deadline: June 23, 2023

2:00 p.m. Central Time

Questions and/or requests for clarification of this RFP should be submitted via email to the Purchasing Manager, Kelly Sloan at purchase@missouriwestern.edu. All questions and/or clarifications can be sent regarding this RFP to the Purchasing Department until 12:00pm on June 16, 2023. Questions received after this date may not be answered. Please reference RFP24-003 on all correspondence. Answers to the submitted questions will be emailed to each vendor as an addendum to this RFP. It is the responsibility of all interested parties to read this information and return it as part of the RFP confirming receipt.



**BID SPECIFICATION SHEET FOR RFP24-003**

**ATHLETIC INSURANCE BROKER SERVICES**

**Overview of Project**

Missouri Western State University (MWSU), a public higher education institution, is requesting proposals from qualified sources to enter into a contact with a specialized insurance broker to provide MWSU with any athletic related insurance products needed with specific emphasis on secondary/blanket excess accident coverage for our collegiate athletes.

**School Overview**

Detailed information regarding Missouri Western State University may be found at <http://www.missouriwestern.edu/>about/

**INSURANCE Requirements**

Secondary Athletic Insurance including:

* Annual Blanket Excess Accident Insurance Policy
* $0 specific deductible, $90,000 Medical Maximum
* Benefits to include: HMO/PPO Denials, Heart & Circulatory coverage, pre-existing/re-aggravation, expanded medical (wear & tear injuries)
* 2-year (104 week) benefit period
* AD&D to include $10,000 specific and $500,000 aggregate
* Only A rated carriers will be acceptable
* Accidental Dental

Potential need for short-term medical plans for domestic and international students

Other insurance coverages that fits MWSU’s risk profile/needs

Work with MWSU to manage risk and control costs by analyzing internal and external factors and consulting our institution on the effects.

**Bidder company InFORMATION (Address each point)**

* Company background (history, longevity in athletic insurance, key personnel, indicating whether the company is local, regional, national or international.
* Describe your approach to customer service.
* Explain method of verifying student athletes’ primary insurance. Please provide details of the program and the cost per verification.
* Describe your process for an annual renew of athletic insurance.
* Please detail any additional service that you provide.
* Describe your marketing strategy and philosophy and how you would assist in developing insurance specifications for submissions.
* Provide a list of insurance companies that you have the ability to obtain quotes from matching the insurance requirements listed above.
* Provide details of all past/pending litigation or claims filed against your company.
* Please provide a timeline of events between the completion of this award and the inception of coverage (August 1, 2023).
* Provide a copy of your personal and company insurance license in Missouri as well as your Errors & Omissions Insurance Certification of Coverage.

**THIRD PARTY ADMINISTRATOR (TPA) REQUIREMENTS (ADDRESS EACH POINT)**

* Must have a single point of contact assigned to communicate with us. Provide a brief resume for each of the proposed key personnel that will work with MWSU on a day to day basis on claims processing. Focusing on relevant experience and list the assigned function of each key person.
* TPA must have 100% electronic/paperless claims processing. System must be HIPAA compliant and include secure File Transfer Protocol (FTP) capability for uploading as opposed to email. Provide screen shots of the system offered.
* TPA has HIPAA-compliant online claims management system that will provide real-time status of pending claims and show 1 paid claim live (provide screen shots of proposed system).
* TPA has online reporting capabilities including the ability to pull ad-hoc reports at any time. As well as the ability to sort by sport, provider, anatomy, claim size, date, name, etc.
* Detail any electronic interfacing capabilities you may have with injury tracking software or other systems used in athletic training rooms.
* Please provide a narrative as to your experience in working/negotiating with medical providers in the St. Joseph are.
* Please specifically state the average turnaround time for a payment back to a provider if give a “clean claim submittal”.
* TPA must demonstrate its experience in achieving discounts from medical providers. Provide insight into existing or potential discount arrangements that you have in place with local providers.
* TPA must demonstrate its experience in finding cost saving and in negotiating lower prices for typically used medical services, such as diagnostic imaging, surgery/hospital fees, physician fees, etc. Provide samples of contracts negotiated and a listing of the fees charged proactively for these services or percentage of savings charged retroactively. Please detail any special discount agreements that you have with any specialist surgeons across the country. Would we have access to these discounts as part of the insurance coverage? What about if it is procedure that the student would like to have and pay for on their own?

**Bidder Instructions**

* Proposals may not be accepted if the RFP number is not on the outside of the envelope.
* The vendor must comply with all Federal, State and Local regulations and laws.
* MWSU reserves the right to award to the bidder whose bid complies with all mandatory specifications and requirements. MWSU reserves the right to accept or reject any or all items of this bid and to waive any minor irregularity or informality.
* Proposal must be prepared in accordance with Submission Material (described below). Those proposals, which are not in compliance, may be deemed non-responsive.
* The last day for questions regarding this RFP is 12:00 p.m. Central Time, June 16, 2023. These questions should be submitted to [purchase@misssouriwestern.edu](mailto:purchase@misssouriwestern.edu).
* RFP should be submitted no later than June 23, 2023 2:00 p.m. Central Time to:

Missouri Western State University

Purchasing, Popplewell Hall 221

4525 Downs Drive

St. Joseph, MO 64507

**Submission Materials**

ELECTRONIC AND/OR FAXED COPIES WILL NOT BE ACCEPTED. Responses must be signed and sealed in mailing envelopes with the Vendor’s name and address clearly written on the outside. The Request for Proposals Bid Number (RFP24-003) shall also be clearly marked on the outside of the envelope or package. Proposals received after the deadline will not be accepted or considered. The following items should be mailed to MWSU by June 23, 2023 no later than 2:00pm.

* Invitation to Bid Page: Complete the required vendor contact information for RFP24-003 (separate page).
* Bidder Company Introduction and Third-Party Administrator addressing each point beginning on page 3.
* References (3) specifications found on page 5.
* Pricing detail found on page 6.
* Addendum: Include any addendums for verification of receipt.
* Current signed W-9
* Include one (1) original plus two (2) copies of all proposal submission materials for a total of three (3) hard copy documents.

**Proposal Term & implementation**

MWSU is seeking a multi-year contract for full implementation beginning on August 1, 2023 running for three (3) years until July 31, 2026.

Upon mutual agreement by the vendor and MWSU, the contract may be renewed by MWSU for an additional two (2) years (ending July 31, 2028) following the initial three (3) year contract period.

**Questions**

Questions and/or requests for clarification of this RFP should be submitted via email to the Purchasing Manager, Kelly Sloan at [purchase@missouriwestern.edu](mailto:purchase@missouriwestern.edu). **All questions and/or clarifications can be sent at any time regarding this RFP to the Purchasing Department until Friday, June 16, 2023 at noon.** Questions received after this date may not be answered. Please reference the RFP24-003 on all correspondence. Answers to the submitted questions will be e-mailed to each vendor as an addendum to this solicitation. It is the responsibility of all interested parties to read this information and return it as part of the RFP confirming receipt.

**Evaluation and Selection**

For vendors who meet the minimum qualifications their proposals shall be evaluated by the Selection Review Committee. Final decisions will be based on the Review Selection committee’s assessment of the best use of limited dollars and potential return on investment.

Responses to this RFP will be evaluated upon the features and functionality stated in the proposal and the related costs as well as the responses provided.

Factors that will be considered during the assessment and decision process include:

* Experience with MIAA Athletic programs
* Third Party Administrator Capabilities
* References provided by prior and current customers of the vendors
* Costs

**REFERENCES**

Every vendor must provide at least three (3) references of other college/universities you currently contract with, which reflect a successful implementation of similar scope and size. References should include the following information:

* Customer name and address
* Contact person and telephone number
* Significant details of Athletic insurance
* Audience size



**PRICING SHEET FOR RFP24-003**

**ATHLETIC INSURANCE BROKER SERVICES**

**BROKER COMPENSATION**

Provide a breakdown of how you would be compensated for your work as our athletic insurance broker.

1. Based on the scope of work outlined in Section III (Statement of Needs), provide a description of your preferred remuneration basis (commission basis, fee basis or a combination of the two). Based on your experience with similar broker service agreements, estimate your annual compensation.

1. Indicate services to be included in the base remuneration and those that are provided for an additional fee. Indicate any discretionary services outlined in your proposal that are not included in your fees. In addition, indicate the method for determining the cost of any additional or supplemental services.

1. Address the method of your compensation. Will the University be responsible for payment of the broker fee or is your compensation paid by the insurance carrier? Detail alternative methods of payment and/or cash flow arrangements that you would consider appropriate for our program.

1. Fully disclose the commission, market service agreements, rebate or any other form of compensation you receive from insurance providers.

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Vendor Signature

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_