

Bid 15152 RFP Supplemental Questions

- 1) For a self-funded quote to included Administrative Services, what suggested levels of specific and aggregate coverage would the city desire to see in our proposal? **\$150,000, \$200,000, and \$300,000 for the specific and 125% for the aggregate.**
- 2) What contract basis would the city like to see utilize in our stop loss quote, 12/12 or 12/15? **Both**
- 3) What is the city's current process for enrolling employees? **Primarily paper**
- 4) The claims information providing is lacking key components necessary to provide an accurate quote for stop loss. Please provide the following:
 - a. Claims vs Premium for 2015 **See claims addendum**
 - b. Paid Claims and enrollment Information by month for 2015 **See claims addendum**
 - c. Large Claims information for 2015 **See claims addendum**
- 5) Which company is the third party analytics company utilized by the city? **Advanced Plan for Health**
- 6) Please provide complete descriptions of the city's existing or past wellness plans and wellness incentives.
- 7) Costs are asked to be quoted on a Per member Per Month basis. Would the city accept Per Employee Per Month as a basis in which to quote? **Yes**
- 8) In the RFP, the respondents are asked to provide a quote with existing benefits. However, the Municipal Health Benefit Trust is an unregulated trust that provides health benefits. As such, it will not be possible for our organization or any other regulated entity to provide an exact match of benefits. Will the city accept proposals that do not match exactly the benefits currently offered due to this difference in regulated and non-regulated entities? **Yes**
- 9) How does the current funding arraignment work? Self-funded plan but monthly premium paid, please clarify **The City pays an insured premium that is subject to review every six months.**
- 10) Will all agencies (listed in the RFP and covered under the current contract) to be covered as of 1-1-16? **Yes**
- 11) Can you provide Pharmacy script data (most recent 12 months of data available) and/or details on current discounts/arrangement? **No**
- 12) Is the contract written with the MHBF? **Yes**
- 13) What is the legal status of the MHBF? MEWA? Etc. **MEWA**
- 14) Please provide month by month enrollment information for the most recent 24 months. Please provide in the form of two reports
 - (1)most recent paid 12 months available and (2) prior paid 12 months) **See claims addendum**
- 15) Please provide month by month paid claim information for the most recent 24 months. Please provide in the form of two reports
 - (1)most recent paid 12 months available and (2) prior paid 12 months) **See claims addendum**

16) Please provide large claim information with diagnosis information for the most recent 24 months. Please provide in the form of two reports (1)most recent paid 12 months available and (2) prior paid 12 months). **See claims addendum**

17) Please confirm dates and groups for which the reporting reflects. **See claims addendum**

18) Please provide large claim information group by member **See claims addendum**

19) Are the current benefits grandfathered? **No**

20) Do you have a separate Pharmacy carrier or is it with the medical carrier as well? **It is through the Municipal League Health plan.**

Would the City be open to a Pharmacy only offering or will it be integrated with Medical?
Integrated with medical

If you have a separate PBM, how long has the City been with this vendor? **NA**

21) City wellness items to be addressed:

On-going:

Employee Assistance Program

Vaccination of 'at-risk' employees (Hepatitis A&B, Rabies, TDaP, flu)

Annual Health Fair

Heart Health Screening (Police and Fire Departments)

Health Care Plan offers annual age/gender appropriate screening with no out-of-pocket cost

Voluntary weight management and exercise programs (various 'premiums' offered to participants)

Employee discounts at City owned Fitness Facilities

Previous via Health Care Program—Currently not as robust:

Smoking Cessation

Diabetes Management*

Heart Health*

Health Risk Assessment-Annual

*Included appropriate screening tools (glucometer, BP cuff and certain medications w/ no co-pay required)