

# **THE TOWN OF MANSFIELD**

## **REQUEST FOR PROPOSAL**

*for*

**Medical, Prescription Drug, and Dental Benefits Administrative Services**

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## SECTION I: OVERVIEW

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### A. RFP OBJECTIVES

The Town of Mansfield has asked Milliman, Inc. to solicit bid proposals for administrative services (ASO) for the Medical (including Vision), Prescription Drug, and Dental assistance plan. This RFP is in response to that request. You may choose to respond to all components or separate benefits plans. The Town of Mansfield reserves the right to choose one plan administrator for all products, or individual administrators for the different benefit plans.

The purpose of this RFP is to select a vendor, or vendors, capable of administering the current Town benefit plan options in the most cost-effective manner, and providing high-quality services to covered members through a broad network of providers. Due to collective bargaining agreements, vendors must be able to adjudicate The Town of Mansfield's current plan of benefits, exactly. There can be **no** deviations.

Bidders may submit proposals for the following:

1. Medical benefits (including vision) administration;
2. Pharmacy benefit management;
3. Dental benefits administration;
4. Any combination of the above.

Please provide your cost proposals as though each benefit can be chosen on their own as a stand-alone benefit. If you choose to provide a proposal that offers a multiple combination, please clearly identify any discount associated with the economies the Town of Mansfield might receive by purchasing more than one product.

With respect to the ASO contract, the Town of Mansfield requires health care management services, pharmacy benefit management services, and dental benefit management services including but not limited to: utilization management, case management, disease management, wellness and healthy lifestyles programs. With the overall objective of reducing health care costs, the Town of Mansfield is interested in proposals for a strategic approach to promoting wellness and healthy lifestyles for town employees, using vendor programs and offerings in conjunction with its current in-house Wellness Program.

The Town of Mansfield is seeking proposals for a January 1, 2015 effective date. This RFP is for a two year period, but based upon performance of the Contractor, the Town of Mansfield at its sole discretion may renew for up to a total of three years of contract extensions.

For the ASO contract, the Town of Mansfield is requiring multi-year administrative fee guarantees and provider discount guarantees, as described elsewhere in this document. **These will be considered minimum requirements for all successful bidders. These guarantees will be considered in tandem with your financial proposal as a complete proposal. Submission of your proposal acknowledges acceptance of this requirement and is an agreement to duplicate current benefits exactly.**

This RFP provides details of what is required to submit a proposal and what is required of the selected bidder in performing the scope of work. Bidders must follow the instructions in these bid specifications and complete all questions and tables.

This RFP gives estimated dates for the various events in the RFP and vendor evaluation processes. While these may be subject to change, bidders must be prepared to meet them as they currently stand. Any failure to meet a deadline in the RFP submission or evaluation phases may result in vendor disqualification.

## **B. GENERAL MEDICAL INFORMATION**

The Town of Mansfield provides health care benefits on a self-funded basis, to active and retired town employees and eligible dependents, along with the Mansfield Board of Education Employees and the Regional School District #19 employees. The Town allows five outside agencies to purchase insurance through the Town: a regional housing authority, a regional transit district, a regional health district; a public-private economic development partnership; and a non-profit daycare. Those entities plan choices are those plans offered to the Town's non-union employees. The entities are herein referred to as the Town of Mansfield. Your proposal should provide financial proposals and guarantees for all entities. The Town of Mansfield will not consider proposals that are not complete for all entities.

All enrollees are covered under Anthem Blue Cross and Blue Shield (Anthem). The plan provides a variation of PPO options and POE options and (1) High Deductible option. We have provided Anthem Benefit Summaries that outline the plan design structure and copay specifications by Union bargaining group

All health plan options are available to active employees and non-Medicare eligible retirees. Medical benefits for Medicare-eligible retirees are provided with a Medicare Supplement plan that is carved out separately through Anthem.

The health plan is self-funded and operates on a calendar year. Members contribute different % of premium based on their union contracts. Premium rates are determined by The Town of Mansfield in conjunction with its benefit plan actuary; generally in the fall of each year an annual Open Enrollment for plan participants is held in the month of November.

### **C. GENERAL PHARMACY BENEFIT PLAN INFORMATION**

The program covers approximately 520 subscribers and their dependents, recently averaging 1,278 covered lives, located primarily in the Mansfield, CT area.

All members and dependents are covered under different prescription drug plan designs depending on what is outlined in their union contract. The prescription drug benefits are currently administered by Anthem.

#### **Objective**

The Town of Mansfield is seeking proposals for a January 1, 2015 effective date for management of its prescription drug benefit program. The purpose of this RFP is to select a high quality PBM vendor that can administer the current plan design and maximize savings to The Town of Mansfield, with minimal network disruption.

Currently, for both retail and mail order drugs, The Town of Mansfield provides a three tiered coinsurance plan design. This design varies by bargaining Union. We have provided Prescription Drug Benefit Summaries of each of the design structures and copay specifications.

The Town of Mansfield is seeking to maximize plan savings based on the plan design currently in place. The Town of Mansfield's latitude to make plan design or other unilateral market-driven changes to maximize plan savings is governed by the need to collectively bargain all such changes. **Due to collective bargaining agreements, The Town of Mansfield must duplicate this plan of benefits exactly. There can be no deviations. Your proposal must provide for an initial two year contract with the availability of three, one year subsequent renewals.**

The Town of Mansfield is requesting both traditional and transparent (pass-through) pricing models. Bidders are required to complete all financial exhibits as instructed. All financial exhibits and requested network and formulary reports and analysis are required to be presented in hard copy and electronic format as requested. Note that fees must be based on prescriptions dispensed (not adjustments, errors, reversals, or "redos"), and include the following services:

- Online Claims adjudication

- Member submitted claims adjudication
- Standard Systems Edits
- Member Call Center including toll free telephone access
- Formulary Management
- Member Enrollment and Eligibility Verification and Maintenance
- MAC and WAC pricing program
- Detailed Data Reporting
- Provider Management and Education
- Patient Education
- Medicare Part D Administration with CMS
- Distribution of ID cards
- Provider directories, and formulary lists
- Mail Service fulfillment
- Specialty Drug procurement – **Specialty drug program cost proposals should be considered part of the overall cost, but illustrated separately for review of the entire program.**
- Retail Pharmacy Network Maintenance and Management
- Medicare COB services, including:
  - Part B services and diabetic supplies
  - Part D. secondary claim adjudication
- Clinical programs, including DUR and Prior Authorization
- Member Claims Appeals Services
- Analysis and cost projections for various collective bargaining proposals
- Analysis and cost projections for various legislative requests

## **D. GENERAL DENTAL PLAN INFORMATION**

### **Background**

The Dental program is currently administered by Anthem and covers approximately 515 subscribers plus their dependents. Employees are permitted to choose the dental plan independent of the medical and pharmacy plan.

### **Objective**

The Town of Mansfield is seeking proposals for a January 1, 2015 effective date for management of its Dental benefit program. The purpose of this RFP is to select a high quality dental plan administrator that can administer the current plan design and maximize

savings to The Town of Mansfield, with minimal network disruption. We are requesting multi-year administrative fee guarantees and competitive network access.

**Due to collective bargaining agreements, The Town of Mansfield must duplicate this plan of benefits exactly. There can be no deviations. Your proposal must provide for an initial three year contract with the availability of two one year subsequent renewal extensions.**

The dental plan of benefits includes an underlying schedule of payments for services, which is clearly outlined in the summary plan description provided with this RFP. The schedule illustrates amounts the plan will pay. If charges are greater than the plan's payment, the employee is responsible for the difference. The schedule of allowed charges must be duplicated exactly.

***Dental Plan Design:***

We have provided the Anthem Benefit Summaries which outlines the benefit design structure of the current Dental plan for each bargaining unit.

**E. BENEFIT PLAN DESIGN:**

**Prior to providing a bid response, bidders should carefully review the entire Medical, Prescription Drug and Dental Plan Document in detail, to ensure that they are capable of accurately administering all aspects of the Town of Mansfield's health plan.**

## F. VENDOR SELECTION CRITERIA

Below is a list of minimum requirements and performance expectations that the Town of Mansfield uses for health plan management in the spirit of value-based purchasing with an emphasis on continuous improvement. These are standards **which vendors must presently meet**, in order to submit a proposal to The Town of Mansfield in response to this RFP.

Each proposal shall be evaluated in accordance with The Town of Mansfield's selection criteria and other relevant factors, including:

- ✓ Organizational Stability and Experience
- ✓ Total Cost - Administrative Fees, Rates & Other Guarantees
- ✓ Aggressive Multi-Year Rate and Discount Guarantees
- ✓ Competitive Hospital and Physician Negotiated Rates
- ✓ Proven health promotion and long term chronic disease prevention programs
- ✓ Outcome-driven evaluation of disease prevention program effectiveness
- ✓ Network Access, including National Networks
- ✓ Minimal Membership Disruption
- ✓ Quality proven Utilization Management Programs
- ✓ State of the art administrative and claim paying services
- ✓ Ability to accurately administer the Town's plan options
- ✓ Demonstrated ability to manage costs.
- ✓ Proven flexibility in reporting, including the ability to customize management reports to meet Town specific requirements
- ✓ Integrated on-line systems to facilitate online eligibility reporting and claim payments
- ✓ Aggressive performance guarantees and performance penalties
- ✓ Adherence to Town's contracting requirements
- ✓ Demonstrated ability to implement the Town of Mansfield's benefit program in an accurate and timely manner.
- ✓ COBRA administration services.
- ✓ Traditional and Transparent Pricing Models
- ✓ Prescription Reimbursement Pricing
- ✓ Enhanced financial proposal for maintenance drugs at retail facilities
- ✓ Formulary and Rebate Management/savings
- ✓ Ability to provide prescription drug benefits to active employees, retirees under age 65 and Medicare eligible retirees
- ✓ Specialty Drugs Pricing and Administration & Pricing Controls



- ✓ Data Reporting, synchronization with Town's enrollment process and Town's access to reporting data
- ✓ Retail and Mail network access and management

## G. MINIMUM REQUIREMENTS

The Town of Mansfield requires that bidders meet the following minimum requirements: *(please confirm your agreement to each requirement)*

1. **Complete RFP Response** – Bidders must include in proposals all information requested in this RFP. A bidder must respond to all components of the RFP related to the service upon which it is bidding. If a question or section does not apply to the service you are bidding on, please so state in your response.
2. **Bundled Services** – The Bidder must be able to provide all requested health plan services, including, but not limited to hospital, physician, mental health, COBRA administrative services, and other ancillary benefits as a bundled service.
3. **Participants Immediately Covered** - All current participants must be covered on January 1, 2015 and not subject to evidence of insurability. No pre-existing conditions exclusions are acceptable.
4. **Qualifying Experience** – The Bidder must have proven experience providing the requested services to groups similar in size to the Town of Mansfield.
5. **Prescription Drug Integration** – The Bidder must have the ability to merge prescription drug claims and utilization data from the Town of Mansfield's prescription benefit manager (PBM), currently Anthem.
6. **Financial Stability** – The Bidder must demonstrate its financial stability and meet the following submission requirement(s) by providing a) most recent financial report, and b) most recent independent auditor's report.
7. **Brokers:** The Town of Mansfield will not entertain proposals from any agent or broker on behalf of a vendor. All proposals must be signed and submitted by the bidder.
8. **Dental Schedule:** Must be able to exactly duplicate the schedule of dental benefits illustrated within the attached summary plan description.
9. **Dental Provider Access:** Network dentist comparison must match The Town of Mansfield's currently utilized network dentist list at 85% or greater.

## SECTION II: BIDDING INSTRUCTIONS AND CONDITIONS

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### A. GENERAL PROPOSAL CONDITIONS

All bidders, by submitting a proposal, agree to the following terms and conditions unless expressly noted otherwise in your cover letter.

- 1. Award or Rejection:** This RFP does not commit the Town of Mansfield to award a contract. The Town of Mansfield reserves the right to accept or reject any or all proposals received, for specific reasons, which include, but are not limited to non-compliance with RFP requirements. Contracts awarded will be made via written documentation.
- 2. Intent to Bid:** Any bidder wishing to bid must affirmatively indicate within the time period allotted in the timetable.
- 3. Bidder Questions:** Any bidder wishing to ask questions must do so within the time period allotted in the timetable. All responses will be provided together at the same time and disseminated to all bidders that have indicated an intent to bid, regardless of issuing questions.
- 4. Costs for Proposal Preparation:** Any cost incurred by bidders in preparing or submitting proposals is the bidders sole responsibility.
- 5. Oral Explanations:** The Town of Mansfield will not be bound by oral explanations or instructions given at any time during the competitive process or after the award of the contract.
- 6. Time of Acceptance:** The bidder agrees to be bound by its proposal for a period of at least 120 days from the time of the submission of the proposal, during which time the plan and/or Milliman, Inc. may request additional information or clarification of the proposal for the purpose of evaluation.
- 7. Representations and Warranties:** Bidder warrants the accuracy of information submitted and acknowledges that the Town of Mansfield will rely on the bidder's information in making its selection and contracting with the successful organization. Responses to this RFP will be the primary source of information used in the evaluation process. Each bidder is requested and advised to be as complete as possible in its RFP response.
- 8. Written Consent:** After award of the contract, vendor is prohibited from subletting, conveying, assigning, or otherwise disposing of any contract or contractual obligation resulting from this RFP, its rights, title or interest therein or its duties or obligations thereunder, or its power to execute such agreement to any other company, corporation or entity without the previous express written consent and written approval of the Town of Mansfield.

9. **Exceptions:** Any exceptions to terms, conditions, or other requirements in any part of these specifications must be clearly pointed out **in bold type** in the appropriate section of the proposal. Otherwise, it will be considered that all items offered are in strict compliance with the specifications. The successful bidder will be responsible for compliance. Any exceptions will be part of the evaluation process and may constitute grounds for rejection of the proposal.
10. **Bidder's Representative:** The proposal must be signed by a representative of your organization, who is authorized to bind the firm to a contract in the event of the award.
11. **Rights to Claims Data:** All claims data is the property of the Town of Mansfield and must be made available upon request.
12. **General Legal Compliance:** All bidders and services must adhere to all relevant federal and town laws and regulations.
13. **Right to Audit:** All bidders agree to extend to the Town of Mansfield the right to an independent audit.
14. **Conflict of Interest:** Bidders shall certify in writing that no relationship exists between the bidder and the Town of Mansfield, and no relationship exists between the bidder and another person or organization that constitutes a conflict of interest with respect to a contract resulting from this RFP.
15. **Confidentiality:** All proposals and other materials submitted will become the property of the Town of Mansfield and may be returned only at the Town of Mansfield's option. The successful bidder's response will become part of the contract file and will become a matter of public record, as will all other bid responses received. Under no circumstances can the entire response or price information be marked confidential. Responses so marked may not be considered.
16. **Statement of Rights:** The Town of Mansfield reserves the right to obtain clarification or additional information necessary to properly evaluate a proposal. Vendors may be asked to give a verbal presentation of their proposal after submission. Failure of a vendor to respond to a request for additional information or clarification could result in rejection of that vendor's proposal.

***By submitting a proposal, the bidder acknowledges that it has read this RFP, understands it, and agrees to be bound by its requirements and conditions. Failure to meet any of these conditions may result in disqualification of bids. Please indicate clearly in your cover letter if you cannot adhere to any of these conditions.***

## **B. BID SPECIFICATIONS**

**Proposal Response:** Your proposal should be submitted assuming an effective date of **January 1, 2015**. The initial contract period should be for 24 months (January 1, 2015 through December 31, 2016) with the availability of up to three (3) subsequent years of renewals.

Proposals for the Medical ASO services, prescription benefit manager, and dental services should be provided separately. Indicate the discount in fees, if any, for combining services with one vendor. You are not required to provide a bid for all services (i.e., you may bid on only one of these services).

**Proposal Format:** Each proposal must include sufficient data to allow for verification of the total cost of vendor's bid. Each proposal must respond to every request for information in this document. Bidders are asked to respond only to the specific questions in the RFP. Repeat the specific question and provide the response. All responses must be addressed concisely and clearly. All pricing must be provided as requested in the RFP Exhibits. Any additional costs must be clearly explained.

**Attestation of Accuracy Form:** Proposal responses will be considered only if the Attestation of Accuracy form has been signed by the following representatives:

A senior official responsible for coordinating bidder responses and for binding the company to the responses to this RFP; The chief actuary or independent actuary retained by the bidder who certifies the method used to determine and report requested discount information; and The bidder's Medical Director or Chief Medical Officer.

These representatives will be required to confirm that the bidder's response complies fully with the instructions provided in the Town of Mansfield's RFP. This attestation form will confirm that, upon review, and to the best of these parties' knowledge, the information provided is an accurate and complete representation of the activities and results for the bidder's organization and is not in any material way false, untrue, invalid or misleading.

**Certificate of Compliance:** This form must be completed and submitted as part of the response for the proposal to be considered valid.

**Contact with Town Staff/Others:** From the release of this RFP until a bidder proposal is selected, prospective bidders may not communicate with any Town staff regarding this RFP, unless The Town of Mansfield initiates the communication. All questions are to be directed to Steve May at Milliman, Inc.

**C. TIMETABLE**

Action/Event	Date
RFP Released to Bidders	June 11, 2014
Questions Due from Bidders	June 18, 2014 by 4:00 p.m. EST
All Responses Distributed to All Bidders	June 25, 2014
Bid Responses Due to Milliman and Town	July 16, 2014 by 2:00 p.m. EST
Finalist Meetings with Bidders	Week of August 5, 2014
Vendor Selected/Bid Awarded	August 19, 2014
Contract Development and Finalization	August 19 – October 15, 2014
Implementation/Transfer Phase	August 19, 2013 – November 1, 2013
Contract Effective Date	January 1, 2015

**D. CONTACTS**

**Copies** of your proposal **must** be delivered to the individuals below, **no later than 2:00 PM EST Wednesday, July 16, 2014:**

One original, five (5) hard copies, two (2) CD copy, and one redacted CD copy to:

The Town of Mansfield  
Town Manager’s Office  
Attn: Maria Capriola  
4 So Eagleville Road  
Mansfield CT 06268

AND

One (1) hard copy and One (1) CD copy to:

Milliman, Inc.  
Attn: Steve May  
80 Lamberton Road  
Windsor, CT. 06095

Please designate the individual representing your company during the proposal process and confirm that this individual has the authority to bind your company to the provisions of your bid:

Representative Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

The following services are requested:

Town Requests	Bidder Quoting
Self-Funded Medical (ASO) Services	<input type="checkbox"/>
Self-Funded Dental (ASO) Services	<input type="checkbox"/>
Self-Funded PBM (ASO) Services	<input type="checkbox"/>

## E. NETWORK ACCESS

### Geographic Match

E1.1 Complete the geographic access analysis using driving distance as the measurement of distance, not “as the crow flies”. For each geographic setting, provide the number of providers within the area. For average travel distance and percent access, the geographic areas refer to employees residing in that particular county. For example, if an employee residing in Mansfield has access to 2 PCPs within 8 miles, but one of the PCP’s is located in neighboring Tolland County, this employee is considered to have 100% access.

EACH TYPE OF PROVIDER IS **MUTUALLY EXCLUSIVE**. DO NOT DOUBLE COUNT PROVIDERS. AN OB/GYN MAY SERVE AS A PCP, BUT ONLY INCLUDE THIS UNDER THE OB/GYN HEADING.

Responses are due both in the electronic Excel format provided and in hardcopy.

Notes: Standard for Definition of Access to Network Provider

<i>PCPs:</i>	<i>2 physicians within 8 miles</i>
<i>OB/GYNs:</i>	<i>2 physicians within 8 miles</i>
<i>Pediatricians:</i>	<i>2 physicians within 8 miles</i>
<i>Specialists:</i>	<i>2 physicians within 8 miles</i>
<i>Hospitals:</i>	<i>1 hospital within 15 miles</i>
<i>Pharmacies:</i>	<i>2 pharmacies within 10 miles</i>
<i>Dentists:</i>	<i>2 dentists within 15 miles</i>
<i>Orthodontists:</i>	<i>1 orthodontist within 8 miles</i>

PBM Geographic Access:

1. Provide a detailed geographic access report using the census summary supplied.
2. Provide the number of pharmacies in your Connecticut network.
3. Provide the number of pharmacies in your broadest national network.
4. Provide a projected cost savings for more narrow networks and identify how the networks are pared down to provide the savings. Which pharmacies are carved out of the broad network to provide a more lucrative financial arrangement?
5. Provide a network disruption analysis using the Town of Mansfield’s current data.

Dental Geographic Access:

6. Provide a detailed geographic access report using the census summary supplied.
7. Provide the number of dentists in your Connecticut network.
8. Provide the number of dentists in your broadest national network.
9. Provide a projected cost savings for more narrow networks and identify how the networks are pared down to provide the savings. Which dentists are carved out of the broad network to provide a more lucrative financial arrangement?

10. Provide a network disruption analysis using The Town of Mansfield's current data.

E1.2 Indicate software used (i.e. GeoAccess):

E1.3 What geographic areas are not in your current service areas where The Town of Mansfield's participants reside? List by town and county.

Town	County
_____	_____
_____	_____
_____	_____

E1.4 Indicate with a "Y" for Yes and "N" for No whether the Providers (physicians and hospitals) are in your POE and PPO networks **[See Physician Disruption and Hospital Disruption tabs in "The Town of Mansfield RFP Attachment.xls".]**

E1.5 Is your POE network the same as your PPO Network? Are the same discounts negotiated?



## **SECTION III: FINANCIAL SECTION**

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### **A. RATES AND FEES**

**The Illustration of your ASO cost Proposal(s) will be illustrated in the attached Fee Proposal Exhibit.xls**

1. ASO Proposals: Provide multi-year administrative and network access fee guarantees for the policy years beginning January 1, 2015 and January 1, 2016. The Town of Mansfield will have the option to extend the contract annually for up to three additional one-year periods. Therefore, The Town of Mansfield requests that you provide fee proposals for 3 additional one year time periods. If you are proposing fees, rates or maximum increases for the three optional one year extension periods of January 1, 2017, January 1, 2018, & January 1, 2019, please illustrate them accordingly. See Excel spreadsheet within the folder titled Fee Proposal for proposal format request.
2. You must confirm that all proposals are provided with fee and rate guarantees as requested herein.
3. Proposed cancellation clauses that include monetary penalties or liquidated damages clauses for termination prior to the end of the guarantee period are undesirable and will be considered a negative factor by the Town of Mansfield in evaluating proposals received.

### **B. CLAIMS REPRICING AND DISRUPTION INSTRUCTIONS**

All requests for access to the Milliman Secure FTP Web Transfer Console shall be made in writing only, addressed and forwarded to Steve May, Benefits Consultant for Milliman. Steve's E-mail address is [steve.may@milliman.com](mailto:steve.may@milliman.com). Upon receipt of the request Milliman will send the log in information to the requester in order to allow the proposer to download the password protected re-pricing data for your proposal. The instructions for accessing the FTP site are as follows:

#### **Milliman Secure FTP Web Transfer Console**

##### **OVERVIEW**

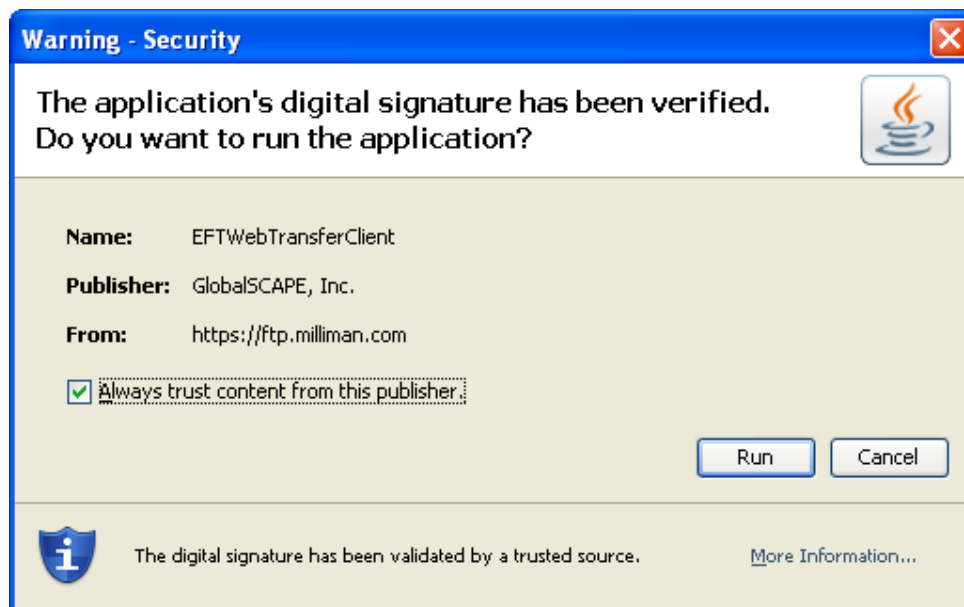
The Milliman FTP server now supports use of a Web Transfer Console (WTC). This allows clients to continue to use a Web browser to securely transfer files with Milliman but overcomes certain limitations. The WTC provides the ability to transfer multiple files at once, delete files, and a progress transfer box. This option keeps the convenience of using a Web browser while offering features of a traditional FTP client software package.

The WTC uses Java and you must have Java enabled on your Web browser to use it. Java can be installed by visiting [www.java.com](http://www.java.com). If you are not able to install Java then you can request to your Milliman contact to switch you back to the regular Web transfer option.

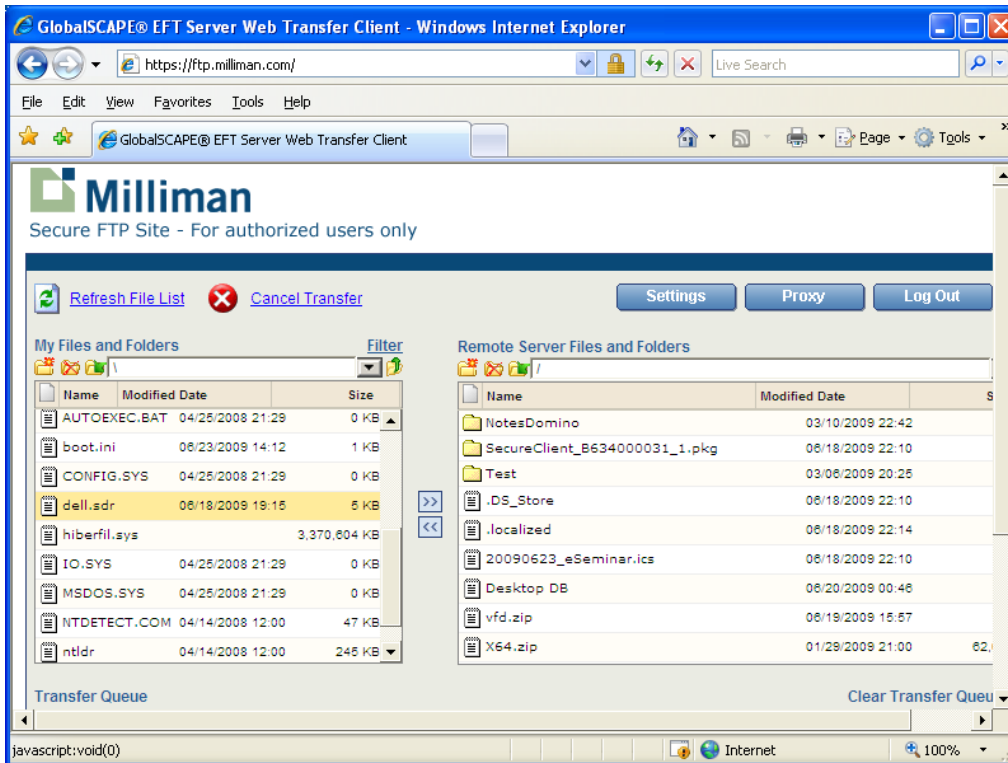


## INSTRUCTIONS

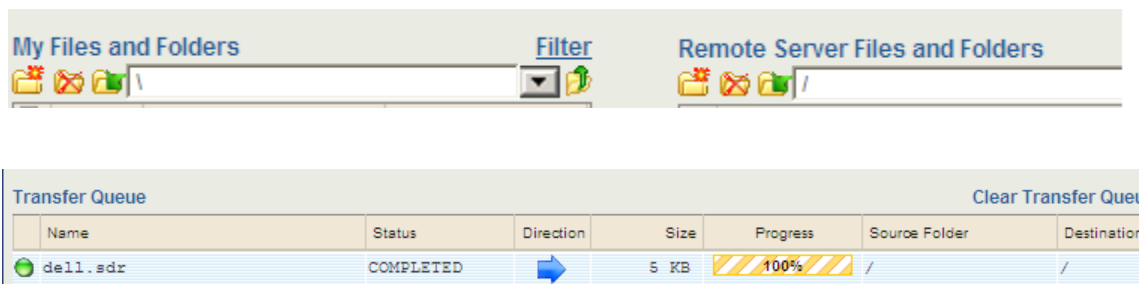
1. Open a Web browser and go to <https://ftp.milliman.com>
2. Type in your Milliman user name and password.
3. You may get the prompt below. Click the box and choose Run. You must allow this for the client to work.



- After the client loads you will see your local computer in the left pane and the Milliman remote directory in the right pane. To upload a file, select it in the left pane and press the right arrow key to transfer to Milliman. To download a file, select it in the right pane and press the left arrow key to transfer to your computer.



- In the bottom pane under Transfer Queue you will see the progress of your upload/download.



- When you have completed your transfer, click on the Log Out button in the top left hand corner of the screen.



After logging out you will see the Milliman Security Notice. After reading, close your Web browser. Your transfer is now complete.

Detailed claims data is included on the FTP site for claims incurred 3/1/2013 through 2/29/2014 paid through 4/30/14 for The Town of Mansfield. The file is provided as a tab-delimited text file with a double-quote text qualifier and column headings. All proposers must supply repricing results based on a historical repricing approach for the same time period as the data provided. Discounts used to reprice the claims should reflect actual negotiated reimbursement and not include any non-covered/ineligible amounts.

The FTP site also contains a spreadsheet, which the proposers should use to populate their repricing and disruption results. The data includes a "Milliman Claim Type" field that identifies the type of claim billed (*i.e.*, inpatient hospital, outpatient hospital, physician, or other). Use this field to summarize the repricing results on the "Repricing Summary - Aggregate" tab in the Excel summary spreadsheet. Please populate the yellow-highlighted cells with your results.

The data contains a "MSA" field based on the location of the member on the claim line. Use this field to summarize your repricing results on the "Repricing Summary - By Market" tab. The total in this tab should equal the repricing results on the "Repricing Summary - Aggregate" tab.

Identify each provider in the "Provider Summary" tab as "I" (In-Network) or "O" (Out-of-Network) based on the provider's network status for the network that is being quoted. The total of in-network and out-of-network dollars in this exhibit should match the in- and out-of-network dollars on the "Repricing Summary - Aggregate" tab.

**Each proposer should summarize the reasons for exclusion of any claims in the file along with the associated eligible billed amounts.** Note that Milliman has already excluded pending, denied, voided and secondary claims from the historical file prior to sending it to the proposers. Ending Dollars on the "Reconciliation" tab should equal the aggregate Historical Billed on the "Repricing Summary - Aggregate" tab. Insert additional rows as needed on the "Reconciliation" tab. Identify the excluded "Row Numbers."

In addition to the repricing and disruption, each proposer should fill out the repricing questionnaire included on the disk. Proposer responses can be supplied directly in the questionnaire.

The summarized repricing results in the spreadsheet will require the proposers to roll up their results to a major service category and market level so that proprietary, provider-specific discounts are not disclosed. If a proposer needs Milliman to enter into a confidentiality/non-disclosure agreement to receive the requested summarized results, then the proposer must present an agreement acceptable to Milliman no later than July 16, 2014.

**Verification of Accuracy**

Please designate the individual responsible for coordinating proposal responses and for binding the company to the responses to this RFP.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

Please designate the chief actuary or independent actuary retained by the proposer who certifies the method used to determine and report requested discount information.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

Please designate proposer's Medical Director or Chief Medical Officer.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

THE TOWN OF MANSFIELD  
**Medical**  
QUESTIONS

## SECTION IV: QUESTIONNAIRE – MEDICAL

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### OVERALL REQUIREMENTS

In order for your proposal to be considered and accepted, your organization must provide answers to all questions presented in this section. When answering the questions, please repeat the question and provide your answer numbered to correspond to the RFP question. All questions must be answered. Reference should not be made to a prior response unless the question involved specifically provides such an option. **Be sure to refer back to the earlier sections of this RFP before responding to any of the questions, so that you have a complete understanding of all of the Town of Mansfield's requirements with respect to the proposal.**

#### A. CLAIMS MANAGEMENT

##### Behavioral and Substance Abuse Questions

1. Are Behavioral and Substance Abuse claims paid from the same claims platform, which pays medical claims, or from a separate claims platform? Describe in detail how this works.
2. Please confirm that if partial or full capitation is selected, you will provide the Town of Mansfield, in addition to all other reporting, with actual claims experience.
3. Under Federal Mental health Parity (FMHP), how will you manage behavioral health care?
4. Under FMHP, how will you manage out of network providers for medical necessity?
5. Indicate non-network equivalent R&C Percentile used for non-network reimbursement for the POE & PPO Plans.
6. Indicate source of non-network R&C Allowances.
7. Explain any financial incentives (bonuses) or disincentives (withholds) in network provider contracts that are tied to utilization goals, specialty referrals, member survey results, quality of care outcomes or other performance results.
8. If applicable, please describe how you will work with the current administrator to insure a smooth and orderly transition for the participants.
9. What percentage of professional providers in your network that will serve the Town of Mansfield are at full capacity and are not accepting new patients? Provide number by specialty and by county area.
10. Describe your internal mechanisms for controlling inpatient costs. Are there incentives built in to move patients from inpatient to outpatient?

11. If you are proposing a sub-contracted arrangement with behavioral health and substance abuse vendors, please describe how you coordinate with your affiliated organization, addressing utilization/care management and administrative issues.
  - a. Describe your integrated approach to utilization and case management for dual diagnoses.
  - b. Describe your approach to case management for persons with chronic diseases, end of life care or other situations where both medical and behavioral health care are beneficial.
12. If you are proposing integrated (not subcontracted) behavioral health and substance abuse management, is there a dedicated unit or dedicated personnel for behavioral health/substance abuse case management distinct from those who handle medical case management? If yes:
  - a. Describe your integrated approach to utilization and case management for dual diagnoses.
  - b. Describe your approach to case management for persons with chronic diseases, end of life care or other situations where both medical and behavioral health care are beneficial.

### **Disease Management**

13. Describe your disease management programs. Include in the description the types of conditions managed, the target population for each program, the identification process, the process for stratifying the population, standard interventions for each population tier, the average amount of time an individual participates in the program, and any program hierarchy for assigning individuals with co-morbidities.
14. Confirm that the five major disease management programs are built into your base pricing proposals, both self-insured and fully-insured.
15. Describe your methodologies for calculating and reporting cost savings related to prospective, concurrent and retrospective review.
16. Confirm that your ROI data contains only members who are actively participating in a DM program. "Actively participating" excludes members who have been contacted by phone or mail but have not responded. The Town of Mansfield requires information on the exact number of members actively engaged in a program. Return on Investment's (ROI's) that are not based on engaged and active participation of the member will be considered inaccurate and invalid.
17. Are any individuals excluded from the programs? If so, provide a description of the persons excluded and criterion used to exclude them.
18. In the past 12 months, what portion of individuals identified with the target condition ultimately enrolled in your program(s)?



19. How will disease managers coordinate with other health care management programs (e.g., utilization management, pharmacy management, behavioral health, case management)?
20. Describe your methodologies for calculating and reporting cost savings related to disease management.
21. What ROI have you have experienced with your disease management programs? Describe the specific programs and exactly how you calculate the ROI.
22. Provide any findings and outcome data you have that demonstrate the effectiveness of your disease management programs.
23. Provide a description of your standard disease management reports. Indicate the frequency, level of reporting specifically for the Town of Mansfield, and define the data included. Provide a copy of the report template.

#### **Case Management Questions**

24. Provide a detailed description of your case management program, including any specialty programs that are included in your proposal.
25. Are you willing to offer a specific team of account managers for the Town of Mansfield membership? If so, please provide a brief resume of the account managers that will service The Town of Mansfield.
26. At what dollar level is a claim case managed?
27. Aside from cost, what specific criteria are used to identify cases for case management? Describe the means used to screen the population for case management. When and how is case management initiated?
28. What is the process for assigning pre-certification, large case management cases and appeals to external providers for review? What percent of cases typically require external provider involvement? At what point is external provider involvement initiated?
29. Will your firm provide case management for the out-of-network cases? For what percentage of your clients do you routinely provide case management for the out-of-network cases?
30. Describe any additional programs available that are not included in the proposal and the fees associated with those programs.
31. Describe how you calculate case management savings. Include details on any classification schemes (e.g., hard and soft savings)?
32. Provide a description of the standard case management reports provided. Indicate the frequency, level of reporting, and define the data included. Provide a copy of the report template.

**Health Care Management**

- 33. Explain any financial or other incentives established for providers to comply with utilization management protocols, treatment standards or other aspects related to health care management.
- 34. If you have a 24-hour nurse Call Center, what is their primary function? How do they integrate with other health care management components?
- 35. How do you analyze and illustrate the effectiveness of these specialized programs? How often are they reviewed and analyzed for continued inclusion?
- 36. Will you accept prescription drug claim data from the pharmacy benefit manager for health care management purposes? If yes, explain your process for doing this and how the information will be used. Please confirm that there will be no additional fees for this service.

**Quality Management**

- 37. Are any of your health care management programs accredited? If so, list which programs (e.g., utilization review, case management), by what organization (NCQA, Utilization Review Accreditation Commission (URAC)) and the current accreditation status?
- 38. What percentage of physicians, non-physician providers and facilities are credentialed prior to contracting (including physicians with leased health plans)?
- 39. Are there formal, written credentialing/re-credentialing standards for general medical and surgical hospitals? If "yes," provide a copy.
- 40. Submit copies of your Healthcare Effectiveness Data and Information Set (HEDIS) reports for the last reporting period.

**Coordination of Benefits (COB)**

- 41. When you are the secondary payer in a COB situation, do you use your usual, customary, and reasonable (UCR) profiles, reduced network fees, or those of the primary carrier in determining your level of reimbursement?
- 42. Please complete the following table:

	Average COB savings as a percent of total plan cost	Will you guarantee COB Savings?
Active/Early Retiree		Y/N
Medicare Eligible		Y/N

**Health Promotion, Wellness and Prevention Programs**

- 43. Describe the health promotion, wellness, prevention and similar kinds of programs, including health risk appraisals that are included in your proposal. The Town of Mansfield

is specifically interested in favorably influencing lifestyle diseases (e.g., coronary artery disease, diabetes, high blood pressure and obesity).

44. Describe any optional health promotion/ wellness/ prevention programs you offer.
45. Provide the specific additional administrative fees, if any, related to each of these programs.
46. Describe the value of these programs (*i.e.* cost-benefit analysis).
  - a. How do they integrate with other vendors if separate (e.g., pharmacy, employee assistance program (EAP))?
  - b. How do they integrate with other health care management programs (e.g., case management, disease management)?
  - c. How do you incorporate the results into your other health care management programs?
  - d. What type of consumer tools/services do you provide to enable people to make the best choices when they need health care? Describe in detail your web-based member tools and transparency capabilities?
47. What ROI have you experienced with your health promotion, wellness and/ or prevention programs? Describe the specific programs and methods used to calculate the ROI.
48. Provide any other findings and outcomes you have experienced with your health promotion, wellness and/ or prevention programs.
49. Provide a description of the standard health promotion, wellness and/or prevention reports provided. Indicate the frequency, level of reporting (e.g., book of business, specific to the Town of Mansfield) and define the data included. Provide a copy of the report template.
50. After a year with your services, what impact do you believe your program will have on the Town of Mansfield's:
  - a. Inpatient utilization – frequency of admits and duration of stay.
  - b. Outpatient utilization – frequency and duration of treatment.
  - c. Out-of-network utilization – steerage to in-network usage.
  - d. Other.

**B. OPERATIONS**

**Claim Questions**

**51.** Based upon the latest 12 month period: (Please answer all parts of this question)

- a. What is the average number of business days to process a claim from date received to date check/explanation of benefits (EOB) issued?
- b. What percent of all claims submitted (regardless of information provided on claim) are processed (from date received to date check/EOB issued) within 10 business days? \_\_\_\_%
- c. What percent of all claims submitted (regardless of information provided on claim) are processed (from date received to date check/EOB issued) within 30 business days? \_\_\_\_%

**52.** For each claim office proposed, please provide the following data:

<b>Financial and Coding Accuracy</b>	<b>Latest 36 months</b>
Financial accuracy as a percent of total claims dollars paid (include over/underpayments)	____%
Coding accuracy (claims without error) as a percent of total claims submitted	____%

- 53.** What are your procedures for recovery of overpayments or duplicate payments?
- 54.** Do you agree to return 100% of all recovered monies from overpayments or duplicate payments to the Town of Mansfield?
- 55.** What are your procedures for recovery of overpayments on claims that require subrogation?
- 56.** How do you screen for and identify claims that could be the responsibility of a third-party? Please explain your process in detail including details on any subcontractors or vendors your organization uses to research and/or recoup.
- 57.** Do you agree to return 100% of all recovered monies from overpayments on third-party liability or subrogation claims to the Town of Mansfield?

## **Administrative Services**

58. Confirm that you can coordinate medical claim administration and prescription drug vendor/subcontractor.
59. Will you transfer claim information and other administrative records to any carrier/TPA that would replace you in the event of termination of this contract at no charge?
60. What on-line services/functions will be made available to the Town of Mansfield? (*Confirm all that apply*)
  - a. Claims Summary and detail
  - b. Billing History
  - c. Provider Directory
  - d. Enrollment Summary
  - e. Specific Plan Details
  - f. Medical Cost Tracker by Member
  - g. Last Vision Service Payment
  - h. Ability to Order New Member Materials
  - i. Ability to Print Temporary ID Cards
  - j. Health Topics/Medical Information
  - k. COBRA Enrollment
  - l. Special Group Enrollment
  - m. Medical Coverage Positions/Coverage Stance (*i.e.* Cochlear Implants)
  - n. Other

## **Provider Networks and Network Adequacy**

61. Describe how a member will access out of town networks. In a POE plan where a member is traveling and needs to use a network provider, describe how this will work. In a POE plan, is there any limit to the amount of time a member may use an out of town network provider – i.e., a non-Medicare eligible retiree moves to Arizona and remains in the POE plan.
62. The Town of Mansfield is interested in understanding the movement in your discounts over time. Illustrate the change in your provider discounts, as a percentage increase or decrease, for each of the past five (5) years.
63. If a scheduled fee arrangement is the basis for reimbursement, describe how the scheduled fees are derived. For example, if utilizing Resource Based Relative Value Scale (RBRVS), please provide your percentage correlation to the Medicare (adjusted for Rhode Island) schedule.
64. Are there financial incentives for network hospitals that are tied to utilization goals, readmission rates, quality of care outcomes, or other performance results? If so, please explain.
  - a. Is any part of your network leased? If yes, identify owner of the network and the geographic service area.

- b. Do you use a secondary (wrap) network for providers not in your primary provider network? If so, please describe the network used.

### **Vendor Responsiveness to Client**

- 65.** Mansfield Account Team: Provide an organizational chart showing the key management staff members who will handle account management for The Town of Mansfield's account, and indicate which staff members will be 100% dedicated. Include separate charts for medical and behavioral health. Include the following: Account manager assigned to the Town of Mansfield, underwriter for the Town of Mansfield account, day-to-day account representative assigned to the Town of Mansfield, claims manager for the Town of Mansfield account, medical director/disease management manager for the Town of Mansfield account.
- 66.** Include the following information for each individual identified in the response to the prior question:
- a. Name, title, address, telephone number
  - b. A brief biography, including:
    - ✓ Relevant qualifications and large client experience
    - ✓ Length of service with your organization
    - ✓ Account responsibilities other than The Town of Mansfield
- 67.** Client Service: When you get member complaints, how and when do you relay that information back to the Town of Mansfield?

### **Implementation**

- 68.** Describe in detail your implementation process. Include a detailed implementation timetable, including developing the vendor contract with the Town of Mansfield.
- 69.** How will you handle transitions where a person is in treatment with a provider not in your network on the date of implementation? Will you permit a grace period? If so, for how long?
- 70.** How and when would staff supporting the client be trained on the client's account and benefits?

### **Member Service (i.e., Customer service, Internet access)**

- 71.** Confirm that a specific toll-free number will be made available to participants at no additional charge to handle claims or other service issues.
- 72.** What hours will the telephone lines be staffed by actual customer service representatives? (Please do not include hours the telephone line is staffed by an answering service. Include weekend hours.) Hours: \_\_\_\_\_

73. Do you offer a 24-hour telephone Nurse Triage (nurse advice/demand management) telephone program for enrollees? If so, describe.

## **C. MISCELLANEOUS**

### **Organizational Questions**

74. Provide three (3) references of like size and complexity to the Town of Mansfield account. Include contact name, address, phone number, e-mail, size of the group and products administered.
75. Provide two (2) references of previous clients that no longer obtain services through your company. Include contact name, address, phone number, e-mail, size of the group and products administered.
76. Confirm that you and all proposed subcontractors are authorized/licensed to do business in Connecticut.
77. Have you ever failed to complete any work awarded to you? If so, where and why?
78. Have you ever defaulted on a contract? If so, where and why?
79. Is there any pending litigation which could affect your organization's ability to perform this agreement? If so, please describe.
80. Has your firm ever had a contract terminated for cause within the past five years? If yes, provide details.
81. Has your firm been named in a lawsuit related to errors and omissions within the past five years? If yes, provide details.
82. During the past seven years, has your firm ever filed for protection under the Federal bankruptcy laws? If yes, provide details.
83. Are there any other factors or information that could affect your firm's ability to provide the services being sought about which The Town of Mansfield should be aware?

### **COBRA Services Questions**

COBRA services must be included. ASO Administrative Fees should include pricing for COBRA services.

84. Describe your standard COBRA services.
85. Can COBRA eligibility be provided through an on-line data entry system? Describe your system and the process for submitting COBRA eligibility.
86. How will you bill and collect COBRA premiums from the COBRA participants?

- 87. Describe how you will track those that elect COBRA, when they are no longer eligible, when they are delinquent in premium payments, when they must be terminated and how you will communicate this information to the Town of Mansfield.
- 88. How will you provide billing and collection reporting for COBRA to the Town of Mansfield?
- 89. If relevant, how will the vendor bill ASO fees and based on what enrollment figures?

**Banking Questions**

- 90. What are the payment options from the Town of Mansfield to the Vendor?
  - a. ACH
  - b. Wire Transfer
  - c. Other (please describe)

**Financial Condition of Organization**

- 91. Indicate your most current claims paying abilities as rated by: (a) AM Best; (b) Standard and Poor; and (c) Moody's.
- 92. Has there been a downgrade in your ratings in the past three years? If yes, explain.
- 93. Indicate any reinsurance policies in place or special cash reserves set aside to continue paying claims for existing clients in the event your organization ceases to operate due to bankruptcy, liquidation or other factors.
- 94. Do you meet all NAIC, minimum town insurance and managed care net worth and reserve requirements? If no, explain.
- 95. Complete the following for your entire book of business.

<b>CAUTION: Responses not provided in the proper format will not be scored.</b>	<b>Most Current 12-Month Period</b>	<b>Previous Year</b>
a. Admitted Reserves <b>as a Percent of Premium</b>	%	%
b. Current Ratio (Cash to Current Liability) <i>(For example, if 100%, indicate 1.0)</i>		
c. Days in Unpaid Claims	<b>Days</b>	<b>Days</b>
d. Medical Claims Loss Ratio		
e. Present Net Worth (Assets less Liabilities) as a percentage of total annual premium revenue	%	%



96. Indicate your **most current** claims-paying abilities as rated by:

Independent Rating Agency	Rating	Date
AM Best		
Standard & Poor		
Moody's		
Other/Not Rated (circle one and explain)		

97. Has there been any downgrade in your ratings in the last 2 years?

- Yes, please explain the nature and reason(s) for the change
- No

98. Indicate **any reinsurance policies presently purchased OR special cash reserves set aside**, to continue paying claims on existing policies in the event your organization ceases to operate due to bankruptcy, liquidation or other factors. (*Check only one*)

- None
- Reinsurance is in effect or separate reserves are held to cover contractual services for the following number of days:
  - (Response valid only if # of days provided)**
  - Reserves as a percent of premium are     %  
**(Response valid only if % provided)**
  - Other:

99. Do you meet all NAIC, minimum town insurance, and managed care organization net worth and reserve requirements? If no, explain.

- Yes
- No, please explain:

**Liability Insurance/Pending Legal Action**

100. A. Are there any outstanding legal actions pending against your organization?

- Yes, please explain the nature and current status of the action(s) to the extent possible.
- No

B. Can you assure the Town of Mansfield these actions will not disrupt business operation?

- Yes
- No

101. What fidelity and surety insurance or bond coverage do you carry to protect your clients? Specifically describe the type and amount of the fidelity bond insuring your employees that would protect this plan in the event of a loss. [Please provide copies of such policies].



**102.** A. Indicate your firm's liability INSURANCE LIMIT with regard to errors, omission, negligence, and malpractice. Annual dollar limit per occurrence: \_\_\_\_\_

B. Provide name of insurer: \_\_\_\_\_

### **Performance Guarantees and Performance Penalties**

**103.** Detail the performance guarantees, including the amounts of performance penalties, that you are offering the Town of Mansfield in connection with: (1) Implementation, (2) Overall Account Management/Client Satisfaction, (3) Claims Time to Process; (4) Claims Financial Accuracy, (5) Claims Payment Accuracy, (6) Telephone Responsiveness – First Call Resolution, (7) Average Speed of Answer, (8) Call Abandonment Rate, (9) Eligibility Processing, (10) Timeliness and Accuracy of ID cards, (11) Any additional guarantees your firm wishes to offer. The Town of Mansfield expects that vendors will put forth aggressive guarantees as part of their overall proposal.

**104.** Detail the performance guarantees, including amounts of performance penalties, you are offering the Town of Mansfield in connection with your disease management services. The Town of Mansfield expects that vendors will put forth an aggressive guarantee on performance that conforms to your strategies for claims cost controls.

### **Reporting**

**105.** Client Reports: Proposers are asked to provide a full package of their available reports and to indicate which reports are available to the client on-line. The Town of Mansfield is specifically interested in certain reports. In addition to providing your full reporting package, please respond to the questions in this section.

**108.** Provide a description of the standard utilization management reports provided. Indicate the frequency, level of reporting (e.g., book of business, Town-specific) and define the data included. Provide a copy of the report template.

**109.** Provide a sample of Monthly, detailed claims and enrollment data downloads.

**110.** Confirm that there is no additional cost for these reports and electronic data downloads as required by The Town of Mansfield.

**111.** What information/reports are available via on-line access?

**112.** With regard to your computer systems, please describe your record retention and destruction policy, including how long records are retained.

**113.** What types of security do you have with regard to your website and the transfer of data?

**114.** Please describe the requirements on the user/client site to access your site (i.e. levels of passwords required for users to log onto the site).

### **Federal Health Care Reform**

- 115.** To what extent will Federal Health Care Reform affect your pricing?
- 116.** What specific impact(s) on the Town of Mansfield’s current plan options will Federal Health Care Reform have (benefits and costs)? Please be specific.
- 117.** Confirm that you will supply the new summaries of benefits and coverage (SBCs) as required by PPACA for delivery to the Town of Mansfield members.
- 118.** How will PPACA reinsurance taxes be charged to the Town of Mansfield? Will your financial proposal contemplate paying the reinsurance tax on behalf of the Town of Mansfield?
- 119.** What maximum annual increase to network provider fees will you guarantee in year 2 of this contract (after effective date)? Maximum increase is defined as the weighted average increase in physician charges based on a uniform list of top 100 CPT codes. Amounts exceeding the maximum increase will be reimbursed dollar for dollar to the Town of Mansfield.
- 120.** Indicate non-network equivalent R&C Percentile used for non-network reimbursement for the POS & PPO Plans.
- 121.** Indicate source of non-network R&C Allowances (Ingenix, Medicare, ADP, Other).
- 122.** Explain any financial incentives (bonuses) or disincentives (withholds) in network provider contracts that are tied to utilization goals, specialty referrals, member survey results, quality of care outcomes or other performance results. If the withhold is paid by the Town of Mansfield in the claims base, please indicate the per employee per month “fee” associated with this program. Indicate the expected return on investment for such a program.
- 123.** What percentage of your provider base is included in a healthy incentive or bonus program as described above?
- 124.** Will you provide reporting to illustrate the outcomes and return on investment for the healthy incentive or bonus program described above? Please provide a sample reporting package.
- 125.** Will R&C data and claim payment data be made available by CPT code and zip code?  
i. Plan Yes\_\_\_\_\_No\_\_\_\_\_  
ii. To Participant Yes\_\_\_\_\_No\_\_\_\_\_
- 126.** How do you determine situations that warrant assistant surgeon reimbursement?
- 127.** Do you reimburse the assistant surgeon a percentage of the primary surgical allowance for the specific surgery performed?
- 128.** What percentage do you use?
- 129.** If you use another method of reimbursement, please explain.

130. What is the reimbursement arrangement for services provided by non-physicians (e.g., physician assistant, physical therapist, etc.) who can charge patients independently?

Current Payment Arrangement	Separate Fee Schedule	% of Physician Reimbursement	Do Not Cover
Nurse Practitioner			
Physician Assistant			
Physical Therapist			
Chiropractors			
Other:			

131. When you are the secondary payor in a COB situation, do you use your UCR profiles, reduced network fees, or those of the primary carrier in determining your level of reimbursement?
132. Describe how network hospitals are reimbursed. Your answer should be consistent with the fees provided on the spreadsheets provided. If reimbursement varies by geographic location, identify reimbursement arrangements by area for those relevant to the Town of Mansfield's membership.

Predominant Area: <i>The Town of Mansfield</i>	Full Service Acute Care	Ambulatory Surgical Facility	Behavioral Health Facilities	Other
Number of Hospitals/ Facilities				
Hospital Payment Method Per diem, per admission, other describe:				
Ratio of network hospital charges to Medicare payment	%	%	%	%
<b>Minimum network hospital discount guarantee (as a ratio of Medicare payments)</b>	%	%	%	%
What overall maximum increase to network hospital room and board rates will you guarantee in the second year of this contract?				

133. A. How are network outpatient facilities such as surgicenters, imaging centers and laboratories reimbursed (on a discounted fee arrangement, percent of Medicare APCs, prepaid capitated arrangement)?
- B. If a scheduled fee arrangement is the basis for reimbursement, describe how the scheduled fees are derived.

- 134.** Describe any other contractual relationships with any other providers such as pharmacies, physical therapists, orthotics suppliers, prosthetic suppliers, vision care and home health care providers.
- 135.** Do you have special arrangements with “Centers of Excellence” facilities?
- Describe the illnesses/conditions and services associated with your Centers of Excellence programs.
  - Are services bundled with regard to reimbursement?
  - Is the facility at risk for cost incurred in excess of the negotiated charge?
  - Include the actual bundled charge for each condition, AND list the facilities by name and region.
- 136.** Are there financial incentives for network hospitals that are tied to utilization goals, readmission rates, quality of care outcomes, or other performance results? If so, please explain.

#### **D. FINANCIAL GUARANTEES**

##### **Administration Fees**

- 137.** A. Are your fees quoted guaranteed for the initial 24-month policy period? (*Check only one*)
- Yes  
 No
- B. Will your fees be guaranteed for each succeeding full twelve-month period? (*Check only one*)
- Yes  
 No
- C. Will this provision be included in your contract? (*Check only one*)
- Yes  
 No

**A yes answer will require contract to include such language**

- 138.** Do you agree to include a minimum of 120 days advance notice of renewal fees in your contract? (*Check only one*)
- Yes  
 No (Please explain)
- 139.** Do you guarantee discounts, per diems and any other provider reimbursement allowances provided on a dollar for dollar basis? (Any claims amounts above the discount guarantee will be absorbed by the vendor).
- Yes  
 No (Please explain)
- 140.** Will you guarantee savings from any of the following programs, if they are being proposed? (Define Structure & Penalties Proposed)

Check if Yes

(% of fees returned)

- Utilization Management \_\_\_\_\_ %
- Disease Management \_\_\_\_\_ %

**ASO Banking/Claim Reimbursement Arrangements**

**141.** A. Describe the way in which the banking arrangement works. Include explanations of the type of the account from which claims are paid (e.g., in whose name it appears, where it will be), the timing of the call for funds (e.g., as checks are issued, as they are cashed), any deposit amount required in the account, its term (weekly, monthly) how it is determined and any interest earned on the deposit, or on amounts held in the account until checks are cashed.

---

B. Describe whether the bank uses HIPAA-compliant transactions.

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**142.** Are banking charges included in your fees?

- Yes
- No

Please provide an estimate of such charges and describe the basis on which they are made.

---

**143.** A. If your account is funded as needed, can the Town of Mansfield select a bank?

- Yes
- No

B. Is there an added cost for such a bank? If so, how much?

- Yes
- No

**144.** How quickly and often must the Town of Mansfield make reimbursements to you?

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**145.** What audits of reconciliation are done?

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**146.** Is any part of your network leased? If yes, identify owner of the network and the geographic service area.

**147.** Do you use a secondary (wrap) network for providers not in your primary provider network? If so, please describe the network used.

**Quality Management**

148. Are any of your health care management programs accredited? If so, list which programs (e.g., utilization review, case management), by what organization (NCQA, URAC) and the current accreditation status?
149. What percentage of physicians, non-physician providers and facilities are credentialed prior to contracting (including physicians with leased health plans)?
150. Are there formal, written credentialing/re-credentialing standards for general medical and surgical hospitals? If "yes," provide a copy.
151. Submit copies of your HEDIS reports for the last reporting period.
152. Describe the quality improvement initiatives implemented in 2013.
153. Describe the appeals process for both clinical and administrative appeals. What is the maximum turnaround time for each step?
154. How do you detect underutilization/overutilization by providers? How are such situations addressed?
155. List the top five member complaints in 2013. How have you addressed them?
156. How often do you conduct customer satisfaction surveys?
  - a. Who performs the surveys?
  - b. Confirm that you will submit the results of customer satisfaction surveys if awarded the contract
  - c. Submit the results of your last two completed surveys.

### **Rating Practices**

157. Provide multi-year administrative and network access fee guarantees for the 2015 2016 policy periods. If you are proposing either rates or maximum increases for the three optional one year extension periods of 2017, 2018, and 2019, please illustrate them accordingly.
158. What are your current annual trend rates for prospective rate setting purposes? Are these the trend rates that were used in developing your proposed claims projections?
159. Do you anticipate renegotiating provider contracts in the next 12 to 24 months? If so, please describe the planned changes and anticipated impact on your book-of-business premium rates.
160. Will you take on the role as the fiduciary for the plan?
161. As fiduciary, please explain your role and the additional risk you will assume.
162. Is there an additional cost for taking on the role of fiduciary? If so, what is the additional cost?



**General**

- 163. Have there been any governmental investigations of your organization due to Medicare fraud? If so, please describe.
- 164. Do you anticipate any changes in your organization’s basic ownership structure or any other significant changes in your organization within the next 12 months? If so, please describe.

✓

**General Health Care Management**

- 165. Indicate in the table below the size of the self-funded and fully-insured book of business for which you provided the following services in 2012.

	2012 Number of Covered Lives	
	Self-Funded	Fully-Insured
Inpatient prior authorization		
Outpatient prior authorization		
Acute inpatient concurrent review		
Skilled nursing facility concurrent review		
Retrospective medical necessity review		
DRG review		
Nurse Call Center		
Wellness Programs		
Case Management		
Disease Management		

- 166. Indicate the type of ownership or relationship for any aspect of your utilization review, wellness/ prevention, case management, disease management or other health care management functions, including all vendors and subcontractors.
  - a. Are you and any subcontractors authorized/licensed to do business in Connecticut?
  - b. For vendors or subcontractors, provide the name of the organization, address, nature of the relationship and services provided.
  - c. Do you or any subcontractors anticipate any major changes in your or subcontractor’s organization or corporate structure over the next 12 to 24 months? If so, explain. How will this affect service or costs under the contract, if you are awarded the contract?
  - d. Have you or your subcontractors relocated staff, changed computer/telephone systems or undertaken any technology, communication or health care

management initiatives in the last 12 months, or are any planned for the next 12 months? If so, please explain.

167. Explain any financial or other incentives established for providers to comply with utilization management protocols, treatment standards or other aspects related to health care management.
168. What type of provider quality and cost data do you make available to members?
169. Describe any specialized programs (e.g., centers of excellence, specialty networks, etc.) you have in place for other groups that you feel would be advantageous to the Town of Mansfield. If yes:
  - a. Would these programs be provided by the proposer or by a sub-contractor?
  - b. Include a list of the facilities/providers and the types of services that will be referred to these specialized programs.
170. Describe your process for introducing members to these programs?
171. How do you analyze and illustrate the effectiveness of these specialized programs? How often are they reviewed and analyzed for continued inclusion?
172. Will you accept prescription drug claim data from the pharmacy benefit manager for health care management purposes?
173. Explain the process for this and how the information will be used.
174. Is there an additional cost for this service?

## THE TOWN OF MANSFIELD

### Pharmacy Benefit Management Services

#### QUESTIONS

***In accordance with the evaluation criteria, it is expected your proposals will utilize the provided data in order to:***

- 1. Duplicate 2014 plan design.***
- 2. Duplicate the current formulary: If the current formulary cannot be duplicated, you are to provide a drug-by-drug listing illustrating which drugs will move from preferred to non-preferred status.***
- 3. Provide pricing illustrations that will give The Town of Mansfield choice of administering the prescription drug plan on a traditional discounted basis and a pass through transparent basis.***
- 4. Provide mail order pricing that will encourage traditional mail order utilization while providing aggressive mail order discounts for maintenance drugs dispensed at the retail pharmacy.***
- 5. Define and illustrate specialty drug practices and pricing controls***
- 6. Illustrate network access within the Town of Mansfield and nationally***
- 7. Describe how you will coordinate benefits with Medicare Parts B and D***

## **SECTION V: QUESTIONNAIRE - PHARMACY BENEFIT MANAGEMENT SERVICES SECTION**

### **GENERAL REQUIREMENTS AND QUESTIONS FOR ALL BIDDERS**

In order for your proposal to be considered and accepted, your organization must provide answers to all questions presented in this section. Each question must be answered specifically and in detail. Reference should not be made to a prior response, or to your contract, unless the question involved specifically provides such an option. Be sure to refer to the earlier sections of this request for proposals (RFP) before responding to any of the questions, so that you have a complete understanding of all of the Town of Mansfield's requirements with respect to the bid.

If your proposal is different in any way (whether more or less favorable) from that indicated in this request for proposals, clearly indicate where. If you do not, the submission of your proposal will be deemed a certification that you will comply in every respect (including, but not limited to, coverage provided, funding method requested, benefit exclusions and limitations, requested services to be provided, underwriting provisions, etc.) with the requirements set forth in this RFP.

If you are unable to perform any required service indicate clearly: a) what you are currently unable to do, and, b) what steps will be taken (if any) to meet the requirement, the timetable for that process and who will be responsible for the implementation, along with that person's qualifications.

Include any additional information in your proposal that you consider useful to the Town of Mansfield. However, direct responses to all of the questions set forth below must be provided.

***Respond to all questions separately if a response is not applicable to both your network pharmacy card program and mail order program.***

#### **A. ADMINISTRATIVE FEES AND RETENTION**

All services requested in this RFP are assumed to be covered in the base fee. All services covered under the basic fee should be listed. Any services for which there are additional fees separate from the base fee, should be listed with each fee clearly delineated.

All fees are binding for a minimum of 120 days upon receipt of your proposal and are guaranteed for each 12-month policy period offered.

1. Confirm that you are providing guaranteed price proposals. Any differential between the actual claims experience and your proposal will be made whole at the end of the policy year.
2. Do you agree to bill the Town of Mansfield for claims and/or administrative fees no more frequently than twice monthly?
3. Complete the attached tables for each of the policy (calendar) years requested. The Town of Mansfield is requesting that you provide a proposal for a two year period, beginning January 1, 2015 and ending December 31, 2016. Based upon the information within this proposal, provide total estimated annual fees. If services are included in the general claim-processing fee, indicate "included" on the corresponding,

line. For optional services explain how fees will be charged (i.e., what basis) and your proposed fee levels.

Please complete the **Prescription Drug Exhibits attached.**

4. Detail all services and supplies that are covered under your basic fees.
5. Confirm there are no additional fees associated with plan design changes or plan restructuring. Also confirm that the addition of new classes of eligible employees will not require additional fees.
6. The fees presented in this proposal are binding during the life of this contract. Any unsolicited changes to these fees or additional fees may be grounds for termination. Will you comply with these conditions as stated herein?
7. Fees are assumed to be based on an incurred (date filled) basis. Will you offer to pay claims on an immediate paid claim basis (i.e. run-in)? If so, indicate how fees will vary if the Town of Mansfield requests that you begin paying claims regardless of incurral date.
8. Confirm that your fees include the cost of claims incurred/filled during the effective dates of this contract regardless of when they are actually processed and paid.
9. Confirm that fees quoted are not contingent upon any of the following:
  - a. Minimum enrollment or utilization requirements.
  - b. Participation in any supplemental programs.
  - c. Direct communication with patient population.
  - d. Use of member data by your organization for any purpose not specifically authorized by the Town of Mansfield.
10. Fees must be based on only "true" claim transactions (not adjustments, errors, reversals, or "redos"). Please confirm that your quoted fees will be charged on only "true" transactions that would generate a payment.
11. Please confirm that your fees will be guaranteed for the twelve-month period beginning on the contract effective date and for each succeeding full twelve-month period.
12. What underwriting requirements are imposed in conjunction with any fee guarantee offered?
13. Does your proposed formulary restrict or exclude any drugs available to members? Please provide a complete list of prescriptions excluded from the proposed formulary.
14. For years subsequent to the initial two-year guarantee, confirm that you will provide preliminary renewal proposals upon request by the Town of Mansfield, but no later than April 1 of each year.
15. Confirm that proposed renewals will be finalized no later than 60 days prior to January 1.

## **B. PRESCRIPTION REIMBURSEMENT [COMPLETE ALL TABLES]**

16. Provide the reimbursement formula that you will guarantee under both a traditional and transparency model.

**Please note that for Multi-Source Brand and Generic drugs the guaranteed discounts are to be expressed on a two-tier basis. Tier One includes all drugs containing a WAC unit cost price. The Tier One discount needs to be expressed as a guaranteed variance from the WAC price regardless of AWP Costs. For Tier Two, Multi-Source Brand and Generic drugs (without WAC prices), a straight guaranteed discount from AWP can be provided.**

17. Provide proposed reimbursements in two forms:
- Traditional per brand script reimbursement arrangement
  - Per script basis, provide a guaranteed reimbursement based upon total scripts dispensed, brand or generic

### **Definitions of Discounts:**

**All AWP discounts must be Minimum Guarantees based on a percentage off of the lowest priced unit AWP listed for the drug and dosage dispensed at the time of service (per First Databank), and not based on the actual 11 digit NDC dispensed. All WAC discounts must be Minimum Guarantees based on WAC unit cost in effect at time of adjudication. All discount guarantees must be independently verifiable by a third party using a nationally recognized source of time sensitive AWP and WAC pricing data. Bidder agrees that Town may audit to verify that discount guarantees were obtained.**

18. What is your source for AWP (average wholesale price)? How often are prices updated? How often are network ingredient costs, dispensing fees, capitations, and out-of-network allowances updated?
19. Please verify that your AWP discounts at retail and mail order on single-source brand prescriptions and multi-source brand and generic prescriptions without WAC prices will be guaranteed based upon a discount percentage applied to the lowest unit cost for the strength and form of drug being dispensed on the fill date. If not, please indicate on what basis the AWP discounts are guaranteed (i.e., based on the actual 11 digit NDC dispensed).
20. Please verify that your WAC discounts at retail and mail order on multi-source brand and generic prescriptions with WAC prices will be guaranteed based upon a discount percentage applied to the WAC price for the strength and form of drug being dispensed on the fill date.
21. Please verify that you will agree to discount audit methodologies for all AWP and WAC guarantees using First Databank as the time sensitive source of AWP and WAC pricing data.
22. What percent of your network pharmacy contracts will include the "lesser of retail price, MAC price or discounted price" provision? \_\_\_\_\_% How do you determine that plan

members always receive this lowest price? What procedures are established to ensure that the pharmacy is in compliance with this provision?

23. Will you guarantee that on a dollar for dollar basis the average, realized discounts for brand and generic drugs will be no less and quoted dispensing fees will be no more than those quoted at retail and mail order for the life of the contract?
24. Is the guaranteed discount a minimum guarantee or a fixed guarantee? In other words, if some network pharmacies provide greater discounts, are they passed on to the Town of Mansfield?
25. Do you retain any spread between payments made to network pharmacies and what the Town of Mansfield ultimately is charged for each claim? If so, describe in detail and quantify the additional AWP discount percentage that you retain.
26. With respect to all pricing formulas presented, will you agree to permit an audit of your claim files, at your expense, by Town representatives to verify the reimbursement prices shown in this proposal?
27. Are there instances where members would be charged the greater of discounted ingredient costs plus dispensing fee or the plan copayment amount? If yes, will you be willing to waive this provision at both retail and mail order?
28. Describe any financial incentives you are willing to offer the Town of Mansfield based on increased Internet utilization in recognition of the inherent cost savings.
29. How many distinct MAC listings do you currently administer? What are the average AWP discount yield levels based on latest available data?
30. Will you guarantee a minimum MAC Generic discount at Retail and Mail Order? If yes, what discount levels will you guarantee for the full contract term?
31. Provide the number of generic products for which you have a MAC price for each MAC list you administer. What percentage of all generics dispensed does this represent?
32. What is the current weighted average MAC Price per day of therapy for all generic drugs dispensed in your retail pharmacies for the last 12 months?
33. Does your MAC listing include Multi-Source Brand drugs? If yes, what is the average AWP discount realized on these products? Will you pass these additional savings along to The Town of Mansfield?
34. Can you customize your MAC price list for this client? Would the savings increase if select pharmacies were removed from the network for this client? If so, explain and quantify additional savings.

### **C. FORMULARY SAVINGS AND REBATES**

35. What dollar rebate per prescription (not per rebatable prescription) will you offer the Town of Mansfield at retail and mail order? What percentage of the total expected rebate does this amount represent?

36. Please provide a copy of your 2014 broad, standard/medium, and narrow formulary lists. Clearly identify any drugs that are excluded from these formulary listings.
37. Confirm that the guaranteed rebates are a minimum guarantee.
38. Confirm that the guaranteed dollar rebate per prescription dispensed is based on all prescriptions dispensed, not only on brand or formulary prescription dispensed.
39. Confirm that the "Rebate/Rx as a % of the Total Rebate/Rx" is based on the rebate the Town of Mansfield will receive per prescription as a percentage of the total rebate received by your organization.
40. Will you guarantee this minimum rebate and percentage amount for the duration of the contract?
41. Do you receive manufacturer revenues, in addition to formulary rebates, which are associated with therapeutic drug switching activities or other promotional activities at retail or mail order? If yes, please describe.
42. Do you receive formulary rebates from manufacturers of generic drugs? If yes, will these be shared with the Town of Mansfield? (Y/N) Retail:\_\_\_\_\_ Mail Order\_\_\_\_\_
43. For the Town of Mansfield's retail and mail prescriptions by cost and by volume (see attached data), please provide an electronic spreadsheet indicating which drugs are included in your broad, preferred and non-preferred formulary. It is expected that the current formulary mix will be duplicated. If not specifically identified, it will be assumed that the current formulary mix is exactly duplicated.

#### **D. ORGANIZATIONAL STABILITY AND EXPERIENCE**

44. References - Provide the names, addresses, and telephone numbers of at least three of your firm's current clients that are similar with respect to group size, type of coverage, and requested services to the Town of Mansfield. **Please include at least one public sector client reference.**
45. Are the retail and mail order networks solely owned and operated by your organization? If not, explain the contractual relationship you have with all outside parties. Are your provider contracts based on exclusive arrangements? Include any leasing arrangements currently in effect.
46. Does your organization own its own mail order delivery? If not, with whom do you contract for this service? Length of this relationship?
47. Indicate the number of any outstanding legal actions pending against your organization. If there are any, please explain the nature and current status of the action(s). What assurances can you provide to the Town of Mansfield that these actions will not disrupt business operations or impact your firm's ability to perform all contractual services for the Town of Mansfield account?



48. Have you acquired or sold any organizations in the last 24 months? If so explain.
49. Have you relocated staff, or changed computer or telephone systems in the last 12 months? Do you anticipate any major changes to your organization or structure, computer or telephone systems or staffing, in the next 12-24 months? If so, elaborate.
50. What is the annual turnover rate of Account Management staff over the past 12 months?

## **E. ADMINISTRATIVE AND CLAIM PAYING SERVICES**

### **Account Service**

51. Provide a resume for each of the proposed the Town of Mansfield account team members. Resumes should indicate the individual who will serve as the Town of Mansfield's account representative, and the supporting team members. Indicate the number of years' experience (1) with pharmacy benefit management and (2) with your firm and (3) public sector plan experience, for each individual.
52. Which office will handle the account service for the Town of Mansfield account? Which office will handle customer service for the retail and mail order programs? If these are different offices, please delineate each one. What are the standard office hours for the customer service office? For the account service office?
53. Confirm that you will attend quarterly meetings with the Town of Mansfield to discuss plan performance, present financial results, etc.
54. Do customer service reps have on-line access to real-time claim processing information?
55. Do customer service reps have authority to approve claims?
56. Do you provide member support services for selecting and/or locating network pharmacies?
57. Can your firm provide the Town of Mansfield's benefit administration staff with online real time lookup access to claim information? Please elaborate.
58. Provide samples of all communications materials available to the Town of Mansfield and plan participants with regard to retail pharmacy networks and network utilization, mail pharmacy utilization, educational programs, ID cards, etc.

### **Member Services**

59. How many toll free telephone numbers are available to the Town of Mansfield and plan members to handle claims or other member service issues? Are separate telephone numbers required for the mail order program? What hours will the telephone lines be staffed? What languages will be available to members via the toll-free numbers?
60. Will your firm offer a dedicated toll-free number specific to the Town of Mansfield?

61. What is your standard policy with respect to the issuance of identification cards (provide sample)? How many cards per employee/retiree are covered under the basic fee? Confirm that there is no additional fee for additional cards or replacement cards. Can you produce replacement cards within 24 hours, if necessary?
62. What services are available to members via the Internet? Please provide detail regarding your current website and current internet capabilities.

### **Claim Processing Service**

63. Based on the latest available data, what percent of paper submit claims are processed (check issued) within 10 working days from the date of receipt? Specify time period.
64. How do you avoid duplicate payments of the same claim? If duplicate payments or overpayments are discovered, what are your procedures for recovery and remittance of the funds to the Town of Mansfield? What percent of your total clients received reimbursement or credit for discovered duplicates and overpayments in the past 12 months?
65. Do you provide clients with on-line access to reports and/or to their warehoused data? Can online, real-time claim tracking be made available to the Town of Mansfield
66. Explain the options available for transmitting eligibility data. Can weekly eligibility updates be made? Can clients go on-line and update eligibility themselves? If yes, describe process. How soon does change take effect – real time or other? Describe how eligibility is reconciled.
67. How will you provide COB administration to the Town of Mansfield: 1) with other employer plans; 2) with Medicare Part B drug benefits; and 3) with Medicare Part D benefits? Please explain your COB procedures, the average savings that you obtain and how COB savings are calculated. What data is required from the Town of Mansfield in order for you to perform COB accurately and timely?
68. Does your proposal include a process for billing the Town of Mansfield's drug plan as secondary payer, for Medicare Part B services and supplies, including diabetic supplies, where Medicare Part B is primary? If so, describe the process.
69. Please explain your standard subrogation policy provisions and procedures and any options that are available, along with their advantages and disadvantages.
70. Do you agree to transfer complete and accurate electronic claim history and eligibility data to the Town of Mansfield or its authorized representative at no additional cost upon contract termination?

### **Specialty Pharmacy**

71. Describe your plan's formulary strategies for specific disease towns such as cancer, rheumatoid arthritis, hepatitis C, multiple sclerosis, and other prescriptions that would be categorized as specialty drugs.

72. Describe how specialty infusion, utilization management and medication compliance programs are incorporated into your cost management and utilization strategies.
73. Provide a list of current disease states that may require specialty drug therapies. What does your firm do to manage the utilization and cost of these drugs?
74. Can specialty drugs be dispensed through the Town of Mansfield's standard three-tier plan as outlined in this RFP? Is the Town of Mansfield required to purchase specialty drugs solely through your specialty pharmacy arrangement (Y/N)? Explain.
75. Describe the cost advantages of your specialty drug pharmacy option.
76. Describe the specialty drug guarantees and price controls that you are willing to offer the Town of Mansfield in your proposal.
77. Illustrate the cost proposal for your specialty drug program. Is this additional cost included in your proposal to perform pharmacy benefit management services?
78. Can your firm provide and process specialty immunizations/vaccines; i.e., Varivax, Hepatitis A and B, etc?
79. Describe to whom (Physician? Member? Pharmacy?) and how these drugs are provided.
80. Describe the guarantees for availability and delivery of specialty drugs once the treatment plan has been approved.
81. What percentage of the total specialty drugs are dispensed through your third party specialty drug benefits manager?
82. What would prompt the instance where a specialty drug is not dispensed or purchased through your specialty provider?

### **Information Services/Data Reporting**

83. Describe the standard information/reports the Town of Mansfield can expect (1) quarterly; (2) semi-annually; (3) annually; and (4) year end settlements. How soon after each time period ends will the Town of Mansfield receive such reporting?
84. Confirm that your organization will provide (1) monthly cost data for Medicare Part D in the appropriate formats, and (2) a report detailing rebates each time a rebate is paid to the Town of Mansfield.
85. The Town of Mansfield requires online access to claim information and training to access the vendor's system.
86. Confirm that you will agree to supply monthly detailed claims reporting to the Town of Mansfield's health benefits administrator at no additional cost. Reporting will occur directly with the health benefits administrator to facilitate disease management programs.

## **F. NETWORK MANAGEMENT AND QUALITY ASSESSMENT**

87. Describe the general credentialing and recredentialing process and minimum criteria for selecting a network pharmacy. Include the minimum required malpractice coverage per individual practitioner, or group. If the process differs by type of pharmacy (i.e., independent vs. chains), please indicate and describe separately. Provide the number of years that a pharmacy contract is in effect.
88. Describe your organization's objectives/efforts with regard to provider relations. Is there an oversight committee that addresses pharmacy relations issues? If so, what are the credentials of the staff members that serve on the committee? What procedures are in place to monitor network provider grievances?
89. Describe the process in place to ensure that clients are credited for prescriptions filled but not obtained (Return to Stock situations).
90. List the specific network management processes currently in place to avoid fraud and abuse.
91. In addition to standard retail pharmacy contracts, do you have any other affiliations or alliances with retail pharmacy providers? If yes, describe any such alliances or affiliations, with which provider(s) are they, and any ways in which these relationships will affect the Town of Mansfield.
92. Summarize the quality assurance programs your organization presently has in place, and list the most important actions these programs have taken in the past 12 months to improve performance.
93. Is the right to audit included in your standard provider contracts? (Yes/No) - Percent of pharmacies audited by your firm annually: Separately respond for : Desktop; On-Site; At Random audits.
94. Do you monitor individual physician prescribing patterns? If so, what action is taken with physicians who have a high degree of non-compliance to improve their compliance?
95. If you provide mail order benefits through a third party, describe any audit procedures that your firm has in place to ensure proper dispensing and pricing practice adherence.
96. Do you produce network pharmacy report cards? If yes, explain the nature and uses of the report and include a sample.
97. What are some of the major issues resulting from the report card process? Discuss some of your initiatives designed to address these issues.

## **G. DRUG UTILIZATION REVIEW (DUR)**

98. What DUR edits occur retroactively? Please describe actual savings on your overall book of business as a result of your retroactive DUR program.

99. Which Drug Utilization Review features, capabilities, or processes differentiate your organization from competitors?
100. Are reported savings based on actual client level claim-by-claim analysis? If no, please describe the savings calculation process in detail for each of the claim edit services you offer.
101. Do you have edits or programs in place designed to detect and address potential drug addiction? If yes, explain and include a listing of potentially addictive drugs addressed.
102. Do you have specific alerts or flags that signal the need for liver testing based on patient drug therapies? If yes, describe the process by which the patient, physician, and pharmacist are alerted. Also, include the specific therapies or combinations of therapies involved.
103. Do you have a Formulary Grievance Process in place to address member concerns regarding Formulary alternatives? If yes, explain this process in detail.
104. What criteria and methodologies are used to identify and monitor high cost claimants? Are there additional costs for these programs?
105. Indicate how your freestanding DUR program will be integrated with any other utilization review program of the medical plan administrator.
106. Provide a sample of DUR reports you will provide to the Town of Mansfield. Are they available online?

#### **H. FORMULARY AND REBATE MANAGEMENT**

107. Describe how your formulary is established? How are specific drugs selected?
108. Please include copies of your Broad, Standard and Narrow formularies.
109. How often does your pharmacy and therapeutic committee meet?
110. Aside from changes due to brand drugs losing patents, how often does your preferred formulary change?
111. Can the frequency of the preferred formulary change be altered for the Town of Mansfield's plan of benefits?
112. What would necessitate a change in your preferred formulary?
113. Confirm that you will identify any proposed formulary changes to the Town of Mansfield prior to communication to the market. Confirm that this communication will include a member disruption and financial analysis associated with the proposed change.

114. Please list all members and accompanying credentials of the pharmacy and therapeutic committee members utilized by your organization. Is there more than one committee? Be sure to disclose if any committee members are employed by or under contract with any drug manufacturers.
115. What percent of drug manufacturer rebate contracts include instances of drugs being "Bundled" in order to achieve greater rebates?
116. How often are rebates calculated and paid to the client? Indicate the average number of days between Rx fill date and actual rebate credits/payment to the client.
117. What percent of all available brand drugs are excluded from your preferred formulary (based on total number of Rx dispensed for plans with an open formulary)? \_\_\_\_\_%
118. Do you agree to provide the Town of Mansfield or its designee the right to audit actual manufacturer rebate contracts? ***This question must be answered. Any conditions must be indicated here.***

#### **I. TRADITIONAL/TRANSPARENCY MODELS**

119. For your proposed retail pharmacy network, provide the number of participating pharmacies and confirm that no retail chains are excluded.
120. If certain chains are excluded, please list each excluded chain and number of stores affected.
121. Under your retail network, describe the procedures in place to ensure that the Town of Mansfield is not charged using any AWP that is higher than the lowest cost AWP for that particular medication. For example, amoxicillin has several sources, with a widely differing AWP for the same strength, dosage, and package size. Of these various sources, how can you assure the Town of Mansfield that it will be charged based on the lowest cost purchasing source (including based on the most favorable package size, initial packaging and not repackaged AWP, and NDC code for the particular medication)?
122. The same questions listed above apply to mail service. Under your mail service, how can you assure the Town of Mansfield that it will be charged based on the lowest cost source for a medication?
123. Is your organization willing to guarantee that the Town of Mansfield is only charged based on the AWP of the lowest cost NDC code source for a medication?
124. Would you allow the Town of Mansfield or its designee to implement and utilize software that would identify the lowest cost AWP source, and only reimburse you based on the lowest cost AWP source?
125. Provide an electronic version of your current MAC list, including pricing. Indicate if the pricing is your acquisition price, or if a different price is charged to the Town of Mansfield than your acquisition cost.

126. If your organization does not own the retail network, or contracts with another entity for retail network access, provide the name of the organization that leases the retail network. Provide the length of the term of the current arrangement, identifying the end date of the current arrangement.
127. If your organization does not own the mail order facility, or contracts with another entity for mail order services, provide the name of the organization used for mail order services. Provide the length of the term of the current arrangement, identifying the end date of the current arrangement.
128. If your organization does not own the electronic claim processing system utilized to adjudicate claims, provide the name of the organization used for claim adjudication services. Provide the length of the term of the current arrangement, identifying the end date of the current arrangement.
129. If your organization does not own the electronic system utilized to produce client performance and cost and utilization reports, provide the name of the organization used for these services. Provide the length of the term of the current arrangement, identifying the end date of the current arrangement.
130. If your PBM organization does not have its own pharmacy and therapeutics committee, provide the name of the organization used for these services. Provide the length of the term of the current arrangement, identifying the end date of the current arrangement.
131. If your PBM organization does not have its own drug manufacturer rebate contracting area, provide the name of the organization used for these services. Provide the length of the term of the current arrangement, identifying the end date of the current arrangement.
132. If your PBM organization does not have its own customer service area (toll free lines for members, physicians, pharmacists), provide the name of the organization used for these services. Provide the length of the term of the current arrangement, identifying the end date of the current arrangement.
133. If your PBM organization does not own the specialty drug administrator, provide the name of the organization used for these services. Provide the length of the term of the current arrangement, identifying the end date of the current arrangement.
134. If your firm currently directs or sub-contracts any PBM functions to outside organizations, identify the contracted organization and list the PBM functions performed by the contracted organization.

## **J. PERFORMANCE GUARANTEES**

135. The Town of Mansfield will require performance guarantees for this contract. Your proposal should include the most favorable performance guarantees that your firm is willing to offer. Please delineate each guarantee subject, amount at risk, and criteria for meeting the guarantee. Guarantees should include, but not be limited to: Annual

Client Satisfaction Survey; Customer Service Response Time; Average Speed of Call Answer, Busy Signals, Percent of Calls Abandoned; Mail Service Prescription Accuracy; Mail Service Turnaround Time, both Routine Scripts and Scripts Requiring Intervention; Timeliness of Management Reports; Timeliness of Rebate Payments; Timeliness of Electronic Eligibility Updates; Client Satisfaction Account Management Services; Medicare Part D Reporting Timeliness.

## **K. COVERAGE AND CONTRACTUAL ISSUES**

136. Confirm that you can match the proposed plan design exactly.
137. The Town of Mansfield wishes to assess vendor capabilities and pricing with regard to a possible future EGWP option for the Medicare eligible retirees, but only as a future alternative. Please respond regarding your organization's capabilities in this area. The Town of Mansfield will reject any bids, which include an EGWP as the sole option for Medicare eligible retirees, and which do not provide pharmacy benefits for both the active and retiree populations.
138. Please explain what happens when an enrollee obtains prescriptions outside the network. Are there any situations, such as emergencies, in which benefits are payable for prescriptions dispensed by non-network providers?
139. Provide a list of the standard coverage exclusions and limitations for your network and non-network options.
140. Describe the appeals process for denied or rejected claims, including first level and second level appeals. Does your organization handle claim appeals directly or do you use an outside contractor? If you use a contractor, please provide the name and number of years of the business relationship. Specify how claim denials for experimental drugs are handled.
141. The Town of Mansfield wishes to include in the contract the right to cancel the contract at any time should it find performance of any subcontractor to be unsatisfactory. In addition, The Town of Mansfield wishes to include a clause to the effect that, upon contract termination, the cost of any work required by a new administrator to bring records in unsatisfactory condition up to date shall be the obligation of your firm and such expenses shall be reimbursed by your firm. Do you agree to include these provisions in your contract?
142. The Town of Mansfield requires the right to audit the performance of the plan and services provided. Provide a comprehensive list of services, specific records and contracts, and type of access which will be made available to The Town of Mansfield. Also, indicate any frequency and notice requirements.
143. Do you have a contractual relationship with third party administrators/organizations in which you pay service fees or other fees for which the Town of Mansfield is directly or indirectly charged? If so, identify the outside organizations that receive these service fees and explain the nature of the relationship.



144. Run-out claims are claims incurred while the contract is in force but presented after the termination of the contract. Will you agree to pay run-out claims if your contract is cancelled? For how long? Is there an additional charge for this service? If so, what is the charge?
145. Do you agree that during the duration of any contract, and after termination, any direct contact, direct marketing, educational material, and other communication made to plan participants, other than responses to individual member inquiries regarding individual medical and claim or member services issues, are strictly prohibited?
146. Confirm that all books, records, lists or names, documents and all data specific to the Town of Mansfield's Plan shall be the property of the Plan and shall be used exclusively for the Plan and only at the direction of The Town of Mansfield? **Your proposal must specifically answer this question.**
147. Because the contract will be governed by the laws of the State of Connecticut, the contract must be in full accord with the laws of that State. It will be the responsibility of the bidder to include all provisions required by the laws of the State of Connecticut.
148. Complete the tables below, providing your guaranteed discounts, fees, etc. for each year of the three-year contract period. Include commentary about guarantees you will offer during each of up to two one-year contract extensions.
149. Explain the basis off of which the discount is measured (i.e., what AWP reference is being used).

Retail 30 day	Active & Early Retiree Population		
	2015	2016	2017
Generic Discount			
Generic Dispensing Fee			
Brand Discount			
Brand Dispensing Fee			
Specialty Discount			
Specialty Dispensing Fee			
Rebate per Script			
Administrative Fee			

Retail 90 day (85 day fills and greater)	Active & Early Retiree Population		
	2015	2016	2017
Generic Discount			
Generic Dispensing Fee			
Brand Discount			
Brand Dispensing Fee			
Specialty Discount			
Specialty Dispensing Fee			

Rebate per Script			
Administrative Fee			

Mail Order	Active & Early Retiree Population		
	2015	2016	2017
Generic Discount			
Generic Dispensing Fee			
Brand Discount			
Brand Dispensing Fee			
Specialty Discount			
Specialty Dispensing Fee			
Rebate per Script			
Administrative Fee			

150. Will you provide a three year financial rate guarantee? If so, please provide any details not reflected in the table above.
151. The average rebate per script should be reflected in the tables above (on a per script basis for all scripts) on a guaranteed basis. Under what circumstances can this figure be higher? Explain in detail how the Town of Mansfield will be reimbursed for rebates. For example, will rebates be applied as a credit in the following year, will monthly reimbursement checks be paid to the Town of Mansfield, etc.
152. The generic discount guarantee should be inclusive of MAC'd scripts, generic scripts processed using a discount off of AWP and scripts where the discounted ingredient cost is determined by using the "lesser than" logic involving usual and customary pricing. Approximately what percentage of your retail generic drugs (based on a dollar count basis) is reimbursed at MAC pricing?

THE TOWN OF MANSFIELD  
**Dental Benefits Plan**  
QUESTIONS

## SECTION VI: PROPOSAL QUESTIONNAIRE - DENTAL BENEFITS PLAN

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The Town of Mansfield is requesting a self-insured administrative services only pricing proposal. Bidders are required to complete all financial exhibits as instructed. All financial exhibits and requested network reports and analysis are required to be presented in hard copy and electronic format as requested.

Fees are requested on **a per employee per month basis** for an estimated 322 covered employees.

Note that fees must include at least the following services:

- Online Claims adjudication
- Member submitted claims adjudication
- Standard Systems Edits
- Member Call Center including toll free telephone access
- Member Enrollment and Eligibility Verification and Maintenance
- Detailed Data Reporting
- Provider Management and Education
- Patient Education
- Distribution of ID cards
- Provider directories
- Member Claims Appeals Services
- Regular reporting and analysis of claims utilization for purposes of improving dental and overall member health.
- Analysis and cost projections for annual renewal and fiscal budgeting
- Analysis and incurred-but- not- reported reserve setting
- Analysis and cost projections for various collective bargaining proposals including but not limited to updates to the fee schedule
- Analysis and cost projections for various legislative requests
- Provide projected theoretical rates
- Provide estimated incurred-but- not- reported claims reserves
- COBRA Administration

In order for your proposal to be considered and accepted, your organization must provide answers to all questions presented in this section. Each question must be answered specifically and in detail. Reference should not be made to a prior response, or to your contract, unless the question involved specifically provides such an option. Be sure to refer to the earlier sections of this request for proposals (RFP) before responding to any of the questions, so that you have a complete understanding of all of the Town of Mansfield's requirements with respect to the bid.

If your proposal is different in any way (whether more or less favorable) from that indicated in this request for proposals, clearly indicate where. If you do not, the submission of your proposal will be deemed a certification that you will comply in every respect (including, but not limited to, coverage provided, funding method requested, benefit exclusions and limitations, requested services to be provided, underwriting provisions, etc.) with the requirements set forth in this RFP.

If you are unable to perform any required service indicate clearly: a) what you are currently unable to do, and, b) what steps will be taken (if any) to meet the requirement, the timetable for that process and who will be responsible for the implementation, along with that person's qualifications.

Include any additional information in your proposal that you consider useful to The Town of Mansfield. However, direct responses to all of the questions set forth below must be provided.

#### **A. ADMINISTRATIVE FEES AND RETENTION**

All services requested in this RFP are assumed to be covered in the base fee. All services covered under the basic fee should be listed. Any services, for which there are additional fees separate from the base fee, should be listed with each fee clearly delineated.

All fees are binding for a minimum of 120 days upon receipt of your proposal and are guaranteed for each 12-month policy period offered.

1. Do you agree to bill the Town of Mansfield for claims no more frequently than weekly, and for administrative fees no more frequently than monthly?
2. Complete the attached tables for each of the policy (calendar) years requested. The Town of Mansfield is requesting that you provide a proposal for a two year period, beginning January 1, 2015 and ending December 31, 2016. Based upon the information within this proposal, provide total estimated annual fees. If services are included in the general claim-processing fee, indicate "included" on the corresponding line. For optional services explain how fees will be charged (i.e., what basis) and your proposed fee levels.
3. Detail all services and supplies that are covered under your basic fees.
4. Confirm there will not be additional fees associated with plan design changes or plan restructuring. Also confirm that the addition of new classes of eligible employees will not require additional fees (i.e., the PEPM fees will remain the same).
5. The fees presented in this proposal are binding during the life of this contract. Any unsolicited changes to these fees or additional fees may be grounds for termination. Will you comply with these conditions as stated herein?
6. Fees are assumed to be based on an incurred (service date) basis. Will you offer to pay claims on an immediate paid claim basis (i.e. run-in)? If so, indicate how fees will vary if the Town of Mansfield requests that you begin paying claims regardless of incurred date.

7. Confirm that your fees include payment of claims incurred during the effective dates of this contract regardless of when they are actually processed and paid.
8. Confirm that fees quoted are not contingent upon any of the following:
  - Minimum enrollment or utilization requirements.
  - Participation in any supplemental programs.
  - Direct communication with patient population.
  - Use of member data by your organization for any purpose not specifically authorized by the Town of Mansfield.
9. Please confirm that your fees will be guaranteed for the twelve-month period beginning on the contract effective date and for each succeeding full twelve-month period.
10. What, if any underwriting requirements are imposed in conjunction with any fee guarantee offered?
11. For years subsequent to the initial three-year guarantee, confirm that you will provide preliminary renewal proposals upon request by the Town of Mansfield, but no later than September 1 of each year.
12. Confirm that proposed renewals will be finalized no later than 60 days prior to January 1.

### **Organizational Background**

13. How long has your organization been providing dental plan benefits in the State of Connecticut?
14. Identify the organization's current status as an independent corporation, product line, or subsidiary of another company; identify the parent organization.
15. Please provide the organization's latest A.M. Best financial rating, or other rating of similar institution.

### **Account Management, Member Satisfaction and Customer Service**

16. Please identify the Account Executive and the Service Representative who would be assigned to this account. From which office(s) will these individuals provide service?
17. Describe the background and experience of the account team members.
18. Please provide the name, address, phone number and a current resume for each member of the account team.
19. How many other clients are assigned to these individuals? How many total member lives do they currently serve?
20. What are the hours of operation of the Member Services staff? Of the Account Management staff?

21. Can a Customer Service Representative access claims history/provider information in response to an inquiry?
22. Please describe how you log member inquiries or complaints and summarize reasons for the inquiries or complaints. How are inquiries or complaints matched to the provider of care? Are these calls tracked and reported?
23. Is the tracking done by employer group, individual member, and dentist/dentist group?
24. Are provider directories available electronically? Do you utilize internet capabilities for provider directories, including search capabilities for a provider by zip code?
25. What are the guidelines utilized to identify and manage dental procedure necessity?
26. How do you handle instances when a Member requests a more expensive procedure than is necessary under acceptable dental guidelines? Do you monitor the provision of such services?

### **Access to Providers**

27. Please provide a geo-access report for each zip code as provided in the census information, separately for general practitioners and specialists, using the requested standards. Show counties without zip codes on a county basis.
28. 2/15 standard for open panel general providers.
29. 1/15 for open panel orthodontists.
30. General Dentists: What is the percentage of offices closed to new patients for each location?
31. Specialists: What is the network composition (i.e. specialties represented) and percentage of offices closed to new patients for each location?
32. Please provide a summary of Specialists and General providers that accept Pediatric dental patients.
33. Are you willing and able to expand networks where access is limited? Please describe how you would accomplish this.
34. Please provide the percentage of provider turnover in your Connecticut provider network during the most recent 12 months for the following reasons: voluntary disenrollment, involuntary disenrollment.
35. What is your current membership to primary care dentist ratio in Connecticut?
36. What is your targeted ratio?
37. What is your current membership to specialist dentist ratio in Connecticut?
38. What is your targeted ratio?

39. Please describe the referral process for specialty services including any pre-authorizations required.
40. Do you monitor patient access to appointments for network adequacy? If so, how?
41. How long is your network's average wait time to get an appointment for preventive or restorative treatment when the patient is not in pain?

### **Administration, Network Management and Quality Assurance**

42. Will all the Town of Mansfield claims be processed from one service center?
43. Provide address of claim processing service center.
44. Are there any plans to relocate this facility or to change the claim processing system or platform?
45. What was the employee turnover rate in the proposed claim payment office(s) in the past 36 months, by year?
46. Provide four current and two terminated references. Include name, telephone number and title of contacts, and contract effective/termination date. Be sure to provide a current reference of an organization of similar size and complexity as the Town of Mansfield.
47. Do you own your networks or contract for them with other organizations?
48. Describe the credentialing process for dentists. (Primary source verify: license, specialty cert., malpractice insurance, town board disciplinary action, national provider database.)
49. Are site visits routinely performed for pre-paid dentists? How often?
50. Outline the steps taken to terminate network providers who fail to perform at acceptable levels.
51. Are members informed when providers have been voluntarily or involuntarily terminated within the last 12 months?
52. If so, how?
53. If a network provider is terminated, how does your organization provide for completion of work in progress?
54. Describe the organization and structure of your provider network and outline criteria used to determine the adequacy of your network in meeting patient needs.
55. List items or circumstances that trigger a claim review by a dental consultant. What is the approximate percentage of dental claims referred to a dental consultant?



56. Outline the appeal mechanism used when benefits are denied.
57. Outline the management procedures and methodology used to identify and correct under-treatment.
58. Please provide your record retention protocol, being sure to indicate how long you retain records and forms.
59. Are paper records and electronic submissions from subscribers retained? Please describe.
60. What kind of data back-up system is utilized?
61. Can data files be refreshed from the archives? If not, why?
62. Can older archived data be reloaded and used to update missing dependent information previously provided?
63. Do you analyze claim data to detect patterns of abuse by Providers (e.g., dentists that perform more extractions than average, etc.)?
64. Do you perform provider claim submission audits? Please describe their frequency, how they are performed, and other pertinent details.

### **Eligibility**

65. How long is eligibility history maintained online? Is it integrated with claims and billing?
66. Describe the procedures that are followed when a claimant is not on any eligibility file.
67. Confirm that your organization can accept weekly feeds, and will update enrollment weekly.
68. How soon after the eligibility feed is received are made is the system updated to reflect those changes?

### **Claim Payment System / Claim Processing**

69. When was the system implemented? When was it last updated?
70. How soon after benefit plan changes are implemented is the system updated to reflect those changes?
71. What period of claims history is maintained online (Years/Months)?
72. Will the claims system track plan deductibles and maximums automatically for the Town of Mansfield?
73. If not, how are these tracked?

74. How often are CDT codes updated in your system?

**Reasonable and Customary (R&C)**

75. Are R&C cuts made automatically by the system or do they pend for processor review and approval?

76. If it is automatic, describe the database used and town how often it is updated.

77. Are R&C schedules maintained by geographic area?

78. If so, on what basis (zip codes, telephone exchange, other)?

79. Does the system have inherent tolerance levels for R&C cutbacks?

80. If yes, describe.

81. What percentile of charges is normally used?

82. Can this be modified?

83. How are Discounted Fee-for-Service Network allowances determined?

84. How often are they updated?

85. When were they last increased and by how much?

**Implementation and Communications**

86. Assuming notification of your selection as the Town of Mansfield's Dental Care provider, how do you propose to organize the transition and implementation schedule?

87. Provide a "critical path" analysis of the specific tasks required, actions involved, and the responsibilities of all parties during each scheduled phase.

88. Describe your anticipated role and the Town of Mansfield's anticipated role in the implementation process.

89. What is the minimum amount of preparation time your firm requires to effectively and efficiently administer the Town of Mansfield plan?

90. What communication materials (i.e., provider directories, benefit booklets) does your firm provide to employees at the start of the program (after initial enrollment)?

91. Can these materials be customized for the Town of Mansfield? Please provide samples.

92. Are you willing to mail the material directly to each participant's home address for the first open enrollment?

93. Please indicate any extra charges for these services.

94. What document is provided to an employee to identify him or her as a member of your plan (e.g. identification card)? Please provide a sample.
95. What communication materials and other efforts will you provide to encourage preventive oral health behavior among The Town of Mansfield employee population, including dependents.

### **Premium Rate Schedule**

96. Please provide theoretical rates for your dental plan offering for the calendar year 2015 for the plan of benefits outlined within this request. Rates must be shown on a three (3) tier basis (Employee, Employee + 1, Family).
97. Specify any charges not included in the premium rates that can reasonably expected by the Town of Mansfield.

### **Rate Questionnaire**

98. What is your average trend rate for the most recent 24 months (shown quarterly) for the benefit programs outlined in this request?
99. What has been the average rate increase for the benefit programs outlined in this request for the last two years? Please illustrate on at least a quarterly basis.

### **Account Reconciliation**

100. Please confirm that, as part of your account reconciliation process, your process would identify when fees are being paid at an enrollment level that does not match the actual enrollment (i.e. Family premiums paid for a Single enrollee).
101. How do you document underpayments?

### **Information Services/Data Reporting**

102. Provide an example of the standard information/reports the Town of Mansfield can expect (1) quarterly; (2) semi-annually; (3) annually; and (4) year-end settlements. How soon after each time period ends will The Town of Mansfield receive such reporting? Additionally, please provide examples of metrics you will report on which measure The Town of Mansfield plan's employees' and dependents' dental health compliance, utilization, and cost by type of benefit, versus norms, etc.
103. Describe any electronic data warehousing capability from which the Town of Mansfield could generate ad hoc reports, or from which the Town of Mansfield or its authorized representative could obtain periodic feeds?
104. The Town of Mansfield requires online access to claim information and training to access the vendor's system.
105. Confirm that you will agree to supply monthly detailed claims reporting to The Town of Mansfield's benefits administrator.

### **Network Management and Quality Assessment**

106. Provide the number of years that a network provider's contract is in effect.
107. Summarize the quality assurance programs your organization presently has in place, and list the most important actions these programs have taken in the past 12 months to improve performance.
108. Is the right to audit included in your standard provider contracts? (Yes/No)

### **Performance Guarantees**

109. The Town of Mansfield will require performance guarantees for this contract. Your proposal should include the most favorable performance guarantees that your firm is willing to offer. Please delineate each guarantee subject, amount at risk, and criteria for meeting the guarantee. Guarantees should include, but not be limited to: Annual Member Satisfaction Survey; Claim Processing Accuracy, Financial Accuracy, Customer Service Response Time; Data Reporting Timeliness, Accuracy, Completeness; , Timeliness and Accuracy of Electronic Eligibility Updates; Client Satisfaction with Account Management Services.

### **Coverage and Contractual Issues**

110. Please explain what happens when an enrollee obtains dental services outside the network
111. Provide a list of the standard coverage exclusions and limitations for your network and non-network options.
112. Describe the appeals process for denied or rejected claims, including first level and second level appeals. Does your organization handle claim appeals directly or do you use an outside contractor? If you use a contractor, please provide the name and number of years of the business relationship.
113. The Town of Mansfield wishes to include in the contract the right to cancel the contract at any time should it find performance of any subcontractor to be unsatisfactory. In addition, the Town of Mansfield wishes to include a clause to the effect that, upon contract termination, the cost of any work required by a new administrator to bring records in unsatisfactory condition up to date shall be the obligation of your firm and such expenses shall be reimbursed by your firm. Do you agree to include these provisions in your contract?
114. The Town of Mansfield requires the right to audit the performance of the plan and services provided. Provide a comprehensive list of services, specific records and contracts, and type of access which will be made available to the Town of Mansfield. Also, indicate any frequency and notice requirements.
115. Do you have a contractual relationship with third party administrators or organizations in which you pay service fees or other fees for which the Town of Mansfield is directly

or indirectly charged? If so, identify the outside organizations that receive these service fees and explain the nature of the relationships.

116. Confirm that all books, records, lists or names, documents and all data specific to the Town of Mansfield's Plan shall be the property of the Plan and shall be used exclusively for the Plan and only at the direction of the Town of Mansfield? **Your proposal must specifically answer this question.**