

Questions & Answers
RFP #2019-02 Medicare Supplement Services

1. Upon review of the RFP, we noticed that the RFP is scheduled to be due at 1 p.m. on Memorial Day (May 27th). Since this is a Federal holiday, will you accept proposals on Tuesday, May 28th instead?

A revised RFP is posted on Biznet.

https://biznet.ct.gov/SCP_Documents/Bids/49957/TRB_RFP_2019-02_Medicare_Supplement_Services_Revised_.pdf

2. The RFP appears to be missing page 11. Please provide missing page or confirmation that this is a formatting issue.

This is a formatting issue, please ignore.

3. Under Service Expectations, item 11 indicates that the selected vendor will obtain a biannual SAE 16 report. Under the Questionnaire section, Item A-Q28 asks the successful bidder to provide an annual SSAE16. An annual report, compared to biannual, does increase costs to provide services. Please clarify if the TRB seeks an annual or bi-annual report.

Biannual is fine.

4. Under Service Expectations, Item 12 indicates provision of a bi-annual audited TRB claims by an entity approved by TRB.
 - a. Is this audit paid by the TRB?
 - b. If the Audit is paid by the vendor, is there a maximum cost assumption that the vendor can rely on when building their proposal?
 - c. If the SAE 16 report provides claims audit accuracy levels relevant for the TRB as a subgroup of the administrator, would that be sufficient to satisfy this audit?

TRB will pay for any audit.

SAE report is not adequate.

5. Under section B- Telephone and internet service, Q-29 asks for a confirmation that the winning bidder “will prepare and deliver an Explanation of Benefits (EOBs) in instances where there is a patient balance....”

Yes, I believe this is consistent with current practice of delivering EOB.

The first claims of the year will accrue to the Medicare Part B deductible and these claims will require an EOB. Hospital claims also will require a notice to the member of their \$250 copayment/liability per admission.

However, under the new plan design, almost all professional visits will incur a \$10 copayment that is expected to be paid at the time of the visit. When the copayment is paid at the time of the visit, there is no other patient balance to report.

Does the TRB intend that an EOB will need to be generated and mailed to the member for every \$10 copay claim?

No EOB unless there is a patient balance. Copays are not balances. Companies handle that in different ways. We are trying to simplify and lower administrative costs.

6. Would electronic communications regarding claim payment satisfy the provision for an EOB for each claim?

Please see response above.

7. Section D, Installation, Q-10: regarding what resources the successful bidder would provide for open enrollment:

- a. The RFP states that the “TRB currently uses a vendor sponsored open enrollment process.” Is that vendor the CEA-R and/or ARTC? or does this statement indicate that the “vendor” will be the Medicare Supplement Plan administrator?

No, the Vendors are Anthem and the successful bidder here.

- b. If the Medicare Supplement Administrator is expected to pay their proportional share of the expenses, does this indicate that the Medicare Advantage insurer (Anthem) will be a part of the open enrollment meetings?

Yes, Assuming 75% MA Anthem would pay three quarters.

- c. Who will present at the open enrollment meetings? Representatives from the MA and MS programs, or some other individual?

Those individuals plus representatives of the TRB.

- d. How many open enrollment meetings are anticipated? What is the expectation of handouts for the meetings?

Twelve meetings (6 locations, 2 meetings a day). TRB will have materials. Vendors will supplement. This should be viewed by vendors marketing their plan.

- e. Are there any other costs that the winning bidder should include in their calculation of fees for the open enrollment meetings, including communication materials, besides the proportional share of approximately \$12,000 in facility

costs? Specifically, will the TRB prepare a single open enrollment package or will each vendor provide their own material to attendees?

See answer to d.

8. General Installation question:

- a. What material is expected to be provided to members during the open enrollment period? Will the material be posted on vendor sites, mailed to all eligible members, or some combination?

Vendors will have the ability to post materials subject to TRB approval.

- b. Will the MS vendor pay for communication materials or will the TRB print and distribute the open enrollment materials?

MS vendor will pay the costs.

- c. If mailed to all members and paid by the vendors, will the material be contained in a single package from the TRB (containing an objective explanation of the two TRB plan options) or will each vendor competing for membership mail separate packages?

Vendors are not required to mail materials. They may do so if they wish and materials are approved by TRB. If incorrect unapproved materials are sent out the offending vendor would be required to pay cost.

- d. If mailed and there is a single package for each eligible person, who will prepare and coordinate the mailing? The concern is that if Anthem prepares the mailing, will the envelope identify that the mailing is coming from the TRB and not show any Anthem branding on the envelope cover?

See answer to d.

- e. The cost of preparing and disseminating material to 30,000 eligible members is a significant variable for the Medicare Supplement vendor (that expects approximately 25% of the membership). Please detail the expectation for number of pages in each member package and how that will be distributed.

See answer to d. If the vendor provides non approved materials the vendor may be directed to mail corrected materials at their cost.

- f. Will the annual enrollment costs be recurring each open enrollment season?

Most likely there will be an open enrollment as long as there are choices.

9. We had several conversations regarding Plan N in the recent past...please confirm that you are asking for a Plan N quote both fully and Self-insured, or do you want us to follow the specs in the request?

The plan specified is a plan very close in design to the MA plan currently in place. If because of filing issues you are unable to duplicate the plan design and wish to provide a quote (which we would consider) make it the nearest like kind and quality and identify any modifications in an errata.

10. Page 12 of the RFP states that Table 8 provides an estimate of MS Claims, Table 8 provides MA claims (page 13). Was this a typo?

Yes, page 12 are MA claims.

11. On page 7, may we have the definition of “VH claims”?

Vision and Hearing is currently provided by Stirling and Anthem for their constituencies.