

**STATE OF CONNECTICUT TEACHERS' RETIREMENT BOARD  
MEDICARE SUPPLEMENT SERVICES**

*"An Affirmative Action/Equal Opportunity Employer"*

**REVISED 05/08/2019**

**STATE OF CONNECTICUT**

**TEACHERS' RETIREMENT BOARD**

**REQUEST FOR PROPOSALS FOR MEDICARE SUPPLEMENT SERVICES**

**RFP# 2019-02**

**PROPOSALS ARE DUE BY MAY 28, 2019 1:00 p.m. local time**

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## I. Introduction

The Connecticut State Teachers' Retirement Board (TRB) is seeking proposals for the provision of services for operation of the Board's Medicare Supplement Plan. The selected Administrator/ Vendor will provide services necessary for the reimbursement of member claims in excess of Medicare and the customer service function that is consistent with such services. While this service has historically been provided on a fee per member per month basis with TRB funding the risk the Board is also interested in receiving proposals from licensed insurers to provide the service for a fixed premium in addition to self-funded proposals. The contract awarded pursuant to this RFP will have a term of two (2) years beginning January 1, 2020 through December 31, 2021. Our preference is to receive a letter of intent to participate from all interested firms by May 10, 2019. The intent to participate letter does not bind potential participants to submit a proposal. As part of this process, questions that are received by TRB from potential participants are posted on the TRB website as an addendum to this Request for Proposals (RFP) so that all potential proposers have equal access to the same information. Letters of intent to participate should be submitted to:

Ms. Helen Sullivan,  
Administrator  
Connecticut State Teachers' Retirement Board  
765 Asylum Avenue  
Hartford, CT 06105  
[helen.sullivan@ct.gov](mailto:helen.sullivan@ct.gov)

Failure to provide a letter of intent to participate does not disqualify the firm from submitting a proposal by the proposal due date (see next page). The letter of intent is simply suggested to allow for interested parties to receive all information pertinent to the process.

## II. Proposed Time Table

RFP published	May 07, 2019
Intention to Participate	May 10, 2019
Questions Due	May 13, 2019
Proposals Due by 1:00 p.m.	May 28, 2019
Finalist Interviews at TRB's discretion	June 04, 2019 (Proposer must hold date)
Proposer Selection	June 12, 2019

The TRB schedule of events is intended to give a proposed schedule and may change based upon the availability of the Board or other factors.

## III. Delivery of Proposals

Firms must provide five (5) hard copies of proposals, along with all documents and exhibits. Proposals and accompanying documents and exhibits must be delivered no later than 1:00 p.m. on May 28, 2019, addressed to Ms. Helen Sullivan, 765 Asylum Avenue, Hartford, CT 06105. All proposals will be time stamped upon receipt. Proposals received after 1:00 p.m. on the due date will be disqualified from this process and will not be opened. All proposals and content of all proposals must be in paper form as well as electronic form. As we are not seeking a network based program we are asking that no proposal exceed 100 pages including all exhibits.

## IV. Publication of RFP

Consistent with State of Connecticut requirements, this RFP is being listed on the state's procurement/contractor portal on the State Department of Administrative Services website, [www.das.state.ct.us](http://www.das.state.ct.us), as well as on the agency's website at [www.ct.gov/trb](http://www.ct.gov/trb). Notice of this RFP will be published in locations required by the State of Connecticut process.

## V. The Connecticut TRB Medical Plan

The TRB is a governmental plan with approximately 100,000 members that participate in the plan in a number of different ways. This includes approximately 36,000 retired members as well as 54,000 active members. Participation in the program is statutory as provided for per the Connecticut General Statutes, Chapter 167(a). Membership is limited to “Teachers” which includes certified teachers and administrators and other individuals identified under the enabling statute. In addition to the pension program provided to retired teachers (including: classroom teachers, school administrators, some college professors etc.) the TRB also offers two Medicare plans (a Medicare Advantage plan and a Medicare Supplement plan, plus a single EGWP that provides services for members of each the two offerings) to eligible retired members and eligible dependents (counted as members in their own right) that may at their option elect to participate. Total enrollment is approximately 30,000 members between the two medical plans. Additionally, members participate in a vision and hearing program offered by the medical plan that they select. The plans operate nationally but a plurality of the membership live in the State of Connecticut.

The TRB is the agency authorized by the Connecticut General Statutes to operate retiree medical programs for retired teachers and other statutorily covered individuals. The Administrator of the Agency is Ms. Helen Sullivan, who reports to a Board with 14 members. The Board has members who are elected by the active and retired teachers, ex-officio members and members who are appointed by the Governor. Members of the Board are identified as representing active teachers, retired teachers and the public. The TRB operates as an agency of the State of Connecticut and follows the purchasing procedures and regulations of the State. The State of Connecticut is the ultimate purchaser of the goods and services.

The TRB medical program is provided for in Section 10-183(t). This section provides for the board to provide a base plan under which the State and the retirees pay 1/3 of the cost of the plan with the remaining funded by an assessment on the active teachers. Until July of 2018, an indemnity style benefit under an excess of Medicare program was the base plan

at which point the Anthem Medicare Advantage plan became the base plan and the Medicare Supplement plan administered by Stirling Benefits became the buy up plan. The buy up plan members pay the contribution of the base plan plus the estimated premium differential between the two plans. The vision and hearing and dental plans are entirely paid for by participants and thus have no cost to the Board. Since 2008 all new members have been required to participate in all of the TRB offerings: Medical, Rx, Vision and Hearing and Dental. The primary reason for the switch to the new MA as the base plan was the financial position of the State of Connecticut.

The prescription drug program currently is an EGWP delivered by a Pharmacy Benefit Manager (PBM), the current vendor being Express Scripts. This ESI program has been in place since January 1, 2015. The TRB Medicare Advantage plan, the Rx plan and the dental program are not subjects of this Request for Proposals. The subject of this proposal is the Medicare Supplement buy up plan and the Vision and Hearing programs for members of the Medicare Supplement plan. Again, we are seeking either insured or self-funded offerings for such a program.

Current enrollment in the TRB sponsored Medicare programs is just over 30,000 members. The Medicare Advantage Plan has over 23,000 member and the Medicare Supplement plan has approximately 6,600 members. The enrollment in the TRB sponsored Medicare program has been growing at a rate of approximately 4% net of plan exits (mostly by death). This reflects a substantial decrease in the plan growth rate as compared to the previous ten years and is the expected growth in participation for the next several years.

For the most recent two years in question plan had in excess of 28,000 members. Table 1 shows the change in enrollment over the most recent two year period.

	<b>Table 1 Recent Plan Enrollment</b>		
	<b>MS Plan</b>	<b>MA Plan</b>	<b>Medical Total</b>
June 2018	28,934	0	28,934
July 2018	7,363	21,544	28,907
January 2019	6,834	22,867	29,701

As can be seen in Table 1 the MS plan was the only medical plan offered to the membership until June of 2018. As such the premium for the plan including drugs was \$303 per member month and the amount paid by the retiree was \$101 per member per month. Under the plan the only classification is member (there are no two party families) and that is set by Statute. Table 2 identifies that for July of 2018 the membership was moved to a MA plan with an option to continue in the MS plan with the member paying the full difference in cost between the two programs. The MA plan premium was set at \$74 PMPM and \$199 for the MS plan. The medical portion of the cost was set at \$36 for the MA plan and \$151 for the Medicare Supplement plan. Thus the contributions reflect the \$125 expected difference in cost per member per month.

Upon this change, the substantial majority of the membership moved from the MS to the MA plan. Table 1 indicates that well over 75% of the membership moved plans. We believe this was primarily as a result of the change in relative costs rather than dissatisfaction with the Medicare Supplement plan. We believe that the Medicare plan cost differential has stabilized compared with the dramatic change last year and that the movement in the population will not be as rapid as in the recent past.

For January 2019, there were additional changes in the plan. The MA plan was changed from a network-based plan to a passive network. Thus, all available Medicare participating providers are treated as in network usage. This resulted in an increase in monthly premium costs of \$6 from

\$36 ppm to \$42 PMPM. In addition several changes were made to the MS plan to reduce the price margin between the two plans. For January of 2019, the Medical rate was reduced to \$108 above the base plan rather than the \$125 PMPM for the previous period. Thus the PMPM expected cost of the MS plan is \$150 including the approximately \$10 administrative PMPM. This is a substantive increase in fees from the previous level just below \$5 PMPM.

**Table 2  
 Base Plan Cost  
 Medical plus RX**

	Base Plan Medical costs	Buy up plan cost	Buy up cost
January 2018	\$146	NA	NA
July 2018	\$36	\$125	\$161
January 2019	\$42	\$108	\$150

### Claims Experience Under the MS Plan

Please find in table three a listing of the paid claims for the Medicare supplement plan (including Part B drugs) for the trailing 24 months. As can be seen from the data there are three separate regimes that have occurred over that period. The first regime is the period prior to July 1 of 2018. During this period there was a single plan where the claims administration was performed by Stirling Benefits. The plan design used then was offered as an alternative buy-up plan to the membership. The “Base” plan was the Medicare Advantage plan. Thus the MS was a buy up plan between July 1 of 2018 until January 1 of 2019. At that point the MS plan was offered in a less costly version but still as a buy up.



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Table 3 provides Claim experience for the MS plan from February of 2018 through March of 2019.

**Table 3**

Month/ year	Medical Claims	# Medical members	\$ Medical Claims \$mill.	VH Claims	# VH Members	\$VH claims In thousands
2/18	57,986	28,782	\$3.41	1301	25,418	\$124.00
3/18	54,836	28,876	\$3.39	1054	25,568	\$103.00
4/18	55,656	28,919	\$3.05	1201	25,631	\$115.00
5/18	84,426	28,937	\$4.45	1495	25,680	\$220.00
6/18	50,659	28,934	\$2.52	1533	25,702	\$184.00
7/18	88,025	7,410	\$4.46	1578	26,195	\$147.00
8/18	27,888	7,523	\$1.80	790	26,457	\$90.00
9/18	19,824	7,492	\$0.98	550	27,243	\$61.00
10/18	28,065	7,519	\$1.43	494	27,312	\$68.00
11/18	19,259	7,543	\$1.04	1039	27,410	\$117.00
12/18	26,309	7,525	\$1.51	974	27,410	\$60.00
1/19	22,375	6,834	\$0.71	645	6,450	\$97.00
2/19	17,510	6,806	\$0.57	350	6,037	\$41.00
3/19	26,866	6,809	\$0.78	338	6,045	\$32.00

Table 3 provides claim measures for continuing participating members. The shift in membership stabilized in January of 2019 as some members returned to the MS Plan, as there was some pushback on the managed care under the MA plan.

The population was somewhat older on average with the average age in the total plan being 75 versus 77.1 in MS plan. The MS group also appeared to be somewhat more prosperous as there was disproportionate membership from Fairfield County.

## VI. Plan Design

The MS plan design prior to July of 2019 is found in Table 4. This plan is a replication of an old Blue Cross High Option plan from the 1980's.

**Table 4**  
**Stirling 2017 Plan Design**

Covered Services	Medicare Benefits	Medicare pays	Member pays	TRB Pays
<b>Part A Hospital Services</b>	First 90 days- Additional. 60 Lifetime - TRB extra 60 days-	Covered expenses	Nothing	Medicare Part A Deductible and excess over Medicare payment
<b>Part B Medical Services</b>	Medicare Covered Medical services	80% of covered services	\$185 Med B deductible 10% of assignment fee	Balance on covered services 90%
<b>Outpatient Hospital</b>	Covered as part B	Mixed	Paid as part B st deductible and coinsurance	Same as part B
<b>Hospice</b>	Generally CIF	Generally CIF	None	NA
<b>SNF</b>	First 20 days Next 80 days  TRB extra 20 days	100% paid All but \$170.5 per day  Nothing	Nothing Nothing  Nothing	None Amount above \$170.5 per day  Amount in full
<b>Out of Country</b>	Hospital CIF for 30 days 80% of provider and 20% of remained	Nothing	Excess over UC and 20% of provider 80% of other	Pays for base coverage

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For January of 2019 the MS plan was set up with higher level of cost shares a deductible coinsurance and copays were added to the plan this is illustrated in Table 5

**Table 5**  
**January 2019 to present MS Plan**

Covered Services	Medicare Benefits	Medicare pays	Member pays	TRB Pays
<b>Part A Hospital Services</b>	First 90 days- Additional 60 Lifetime - TRB extra 60 days-	Covered expenses	\$250 per visit maximum of \$1,000 per year	Excess of covered services
<b>Part B Medical Services</b>	Medicare Covered Medical services	80% of covered services	\$185 Med B deductible \$500 plan deductible \$500 plan coinsurance at 10%	Nothing until \$685 OOP the 10% to \$1,185 then remaining 20% including assignment
<b>Outpatient Hospital</b>	Covered as part B	Mixed	Paid as part B st deductible and coinsurance	Same as part B
<b>Hospice</b>	Generally CIF	Generally CIF	None	NA
<b>SNF</b>	First 20 days Next 80 days  TRB extra 20 days	100% paid All but \$170.5 per day  Nothing	Nothing Nothing  Nothing	None Amount above \$170.5 per day  Amount in full
<b>Out of Country</b>	Hospital CIF for 30 days 80% of provider and 20% of remained	Nothing	Excess over UC and 20% of provider 80% of other	Pays for base coverage

For January of 2020, the board is looking at making the plan design for the MA plan and the MS plan more comparable. Table 6 provides a summary of the current MA plan, the proposed MA plan and the proposed MS plan. As can be seen in Table 6 the proposed MS plan for 2019 moves to a copay based structure similar to the MA plans. We believe this provides a simpler choice for members based upon the structure of the program rather than both the structure and the benefits.

We further believe that MS plan has some constituency can prefers the older delivery model as long as the cost differential remains manageable.

**Table 6  
 Copay 2020 CY  
 For MA and MS plans**

<b>Plan</b>	<b>Current MA Plan</b>	<b>2020 MA Plan</b>	<b>2020 MS Plan</b>
Deductible	None	None	\$185 Medicare deductible
Office copay	\$5	\$10	\$10
ER Copay	\$100	\$100	\$100
Inpatient facility copay	\$200	\$200	\$250
Outpatient facility copay	\$100	\$100	\$100
Out of country URGENT Services only	St copays above	St copays above	St copays and UC maximums
Copay maximum	\$2000 PMPY	\$2000 PMPY	\$2000 PMPY
OOPM	\$2,000	\$2,000	\$2,185

Table 7 provides a description of the 2020 MS plan. As the Table indicates the plan structure is changed to a copay based structure similar to the MA plan. This is in contrast to the current mixed cost sharing with deductibles, coinsurance and Copays. We believe that the new structure will provide for a clearer comparison between the two plans.

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**Table 7**  
**2020 MS Plan**

<b>Covered Services</b>	<b>Medicare Benefits</b>	<b>Medicare pays</b>	<b>Member pays</b>	<b>TRB Pays</b>
<b>Part A Hospital Services</b>	First 90 days- Additional. 60 Lifetime -	Covered expenses	\$250 per visit	Amount not covered by Medicare and copays
<b>Part B Medical Services</b>	Medicare Covered Medical services	80% of covered services	Medicare. Deductible \$185 \$10 Office visit or other medical service \$100 Ambulance \$100 ER	Amount not covered by Medicare and copays
<b>Outpatient Hospital</b>	Covered as part B	Mixed	\$100 copay per visit	Amount not covered by Medicare and copays
<b>Hospice</b>	Generally CIF	Generally CIF	\$250 per visit	NA
<b>SNF</b>	First 20 days Next 80 days	100% paid All but \$170.5 per day	\$250 per visit	Amount not covered by Medicare and copays
<b>Out of Country</b>	Hospital CIF for 30 days 80% of provider and 20% of remained	Nothing	\$250 per visit \$10 for provider copay or other service copay	Amount not covered by Medicare and copays

Table 8 provides an estimate of the cost of the MS plan claims from January of 2018 to March 2019. The claims under the plan were recalculated using the new plan payment algorithm such that the plan cost presented equalizes the costs over the three plan regimes. The costs are presented in terms of the number of claims that are generated using the current regime (plan design)

Table 8 provides recent experience on the Medicare Advantage plan. The data in Table 8 is immature as the initial claim period of the plan is the July period. Additionally the claims are reported on a paid basis.

**Table 8**  
**Medicare Advantage Plan**  
**Membership, Premium and claims**

<b>Date</b>	<b>Members</b>	<b>Total premium in millions</b>	<b>Paid Loss Ratio</b>
<b>7/18</b>	21,842	\$15.3	23.5
<b>8/18</b>	21,853	\$15.2	76.6
<b>9/18</b>	22,040	15.2	79.5
<b>10/18</b>	22,097	\$15.2	123.3
<b>11/18</b>	22,148	\$15.2	101.4
<b>12/18</b>	22,136	\$15.1	105.5
<b>1/19</b>	22,902	\$17	89.4

## **VII. MS Provider Duties**

### **Member Communication**

One critical area of concern to the TRB is communication with the membership. On an ongoing basis the call center is responsible for providing fast responses to calls from members and providers and that the information provided is accurate and consistent with the needs of the TRB. Any and all communication with the membership or any third party by the vendor is subject to approval by the TRB.

The call center staff is expected to use scripts to answer questions posed by individuals calling on a recorded line. We do not expect that the center be specialists in Medicare procedures as the program pays based upon Medicare, it is a program that primarily pays excess balances. TRB does expect that the call center associates have an understanding of basic Medicare issues and coverages. Additionally, TRB expect significant expertise in the TRB MS coverage and that the associates have a limited scope of services for other accounts. Ideally, a dedicated service team with secondary coverage that is trained in the product would fit the needs of TRB.

To ensure compliance with the communication provisions the TRB is seeking performance guarantees. The base of such guarantees can be divided into five areas: Approval of all public communication prior to dissemination, response rates exceeding minimum standards for both accuracy and continuity (drop rates), maintenance of operating hours as provided for herein, maintenance of staffing standards, and providing accurate information to members.

### **Performance Standards for Communications**

- A. Time to answer: The time to answer standard is based upon the period of time from the receipt of call to the time when a qualified customer service representative provides a live voice response to the member or other TRB related call. The minimum monthly average call standard for such call response is 40 seconds. Failure to meet a 40 second standard for any month will result in a \$2,500 reduction in administrative fees. Failure to provide average call response in 50 seconds or more a \$5,000 reduction in monthly fees and a response time of 60 seconds or more will result in a \$10,000 reduction in fees. The TRB contract does

contain Force majeure provisions so that in case of disaster based service issues the performance fees may be waived upon the discretion of the TRB Agency head. The force majeure provisions apply to all performance fees.

- B. Average drop rate: Once a call is received in the system any call termination by the caller to the TRB call center counts as a dropped call regardless of the source of the drop. The expectation is for 2.5% or less of all calls should suffer from drops on a monthly average basis. Failure to meet this standard will result in a penalty for that month of \$2,500. Failure to meet 3% dropped call rate will cause a \$5,000 penalty. A 4% drop rate will cause a \$10,000 reduction in fees for the month in question.
- C. Demonstrate that member issues raised on such calls are 99% resolved within five business days of issue being raised. Failure to meet a monthly average resolution of three business days will be subject to \$2,500 reduction in fees for that month.
- D. Outreach to Member Groups. While there is an important role for the Plan Administrator in communication with members the TRB is interested in ensuring that the message of the agency is accurately and completely described. In order to ensure that messages to the membership are coordinated with the TRB, the selected vendor will not be permitted to print, publish or communicate to any TRB stakeholder any information without the express written consent of the Agency head. The vendor as part of this service shall not disparage the TRB, any of its Vendors or plans. The vendor shall not engage in meetings, publish any materials including written, oral or video form unless all materials are approved prior to their publication by the Agency head. The vendor does not have permission to address any TRB stakeholder audience unless the Agency head or the consultant is present. Failure to meet this standard shall result in a \$5,000 reduction in fees for each and every event as determined in the sole discretion of the Agency head.

**Service expectations:**

- 1) Form or continue an arrangement with Medicare intermediaries (or in some cases the member) to collect claim information on member use of services; reimburse the intermediary from the fee that your firm receives from the TRB (the subject of this RFP).



- 2) Establish a process to adjudicate claims for members.
- 3) Establish a process to pay on behalf of members or pay members consistent with CMS guidelines and effectuate such process. Including requirements to offer electronic payment mechanisms.
- 4) Maintain enrollment file based upon information provided by TRM.
- 5) Maintain plan document consistent with required legal standards based upon plan changes made by TRB.
- 6) Provide call center services to respond to questions posed by the membership in a manner consistent with standards established in the guarantee section. This requires the creation of a process to acquire data from Medicare intermediary or other party and to process the claims to determine the reimbursement. The TRB has worked with the current vendor to establish basic scripts.
- 7) Provide support for open enrollment meetings as described in this RFP.
- 8) Provide communication materials to members.
- 9) Provide managed care/utilization review services for portions of the plan requiring such services (generally, the plan pays in excess of Medicare and uses Medicare managed care protocols).
- 10) Provision of Explanation of Benefits to members in instances where the claim is not fully paid.
- 11) Provision of bi-annual SAE 16 report.
- 12) Provision of bi annual audited TRB claims by an entity approved by TRB. Here the TRB is looking for TRB specific audits of process and claim accuracy.
- 13) Maintain relationships with vendors and TRB.
- 14) Provide for run out services for members leaving the account. This includes any run out that would be associated with cancellation of the MS and VH program.

## **Cancellation of Agreement**

The contract that results from this RFP will contain an option for the TRB to cancel the contract based upon 90 days' notice. The requirement upon the potential vendor will be for 270 days' notice. The reason for the differential treatment is that the TRB process generally takes 9 months to replace a vendor.

## **VIII. Proposal Evaluation**

The Selection Committee composed of three members of the Board will review qualifications of the proposals. After the qualifications for each firm has been established and determined to provide services consistent with the needs of the TRB, the most favorable economic proposal will be examined. Upon selection of the proposal meeting the needs of the TRB, the TRB will negotiate with the highest rated firm to determine if the parties can reach agreement. If the parties are unable to reach agreement the TRB may in its discretion negotiate with the next highest ranked proposal to determine if an arrangement can be reached.

The TRB reserves the rights to retain all proposals submitted and use any idea in a proposal regardless of whether that proposal is selected. Proposals will not be returned to the sender and become the property of the State of Connecticut upon submission. The State will not reimburse any party any amounts for preparation or submission of responses to the RFP. As part of submitting your proposal you are agreeing to these terms. If such terms are unacceptable please do not submit a proposal.

TRB will accept redacted versions of the RFP to the degree that such redactions are consistent with the Connecticut FOI act. Price is not considered to be a trade secret.

## IX. Questionnaire

Instructions: Your response must follow the order of the questionnaire and the index we have provided therein.

### A. Firm General Information

1. What is the name and address of your Firm?
2. What is the location of your local office (account management) that would service the TRB Account?
3. What is the background of the account representative that would provide services to the TRB account?
4. What is the background and training of the person that would be assigned as an account manager? Please include a biography/resume.
5. How many accounts would the Account Manager be assigned to other than TRB?
6. Please list the other types of members of the account management team providing services to an organization such as TRB.
7. If your firm is not publicly traded please provide us with the most recent audited annual financial statement.
8. Who or what parties own more than 10% of your firm? Please list any holders with more than 10% and what percentage they own? If your firm is publicly traded please indicated if there is a parent firm (combined financial statements).
9. Is your firm a Connecticut based employer i.e. where are you incorporated, where are your employees located etc.?
10. Please identify any claim, administrative, medical review or customer service process that is provided (if you were servicing this account) from an offshore location, i.e. outside of the United States or Canada.
11. If maintaining such services within the US or Canada is an option please provide the terms and conditions of such option? The TRB strongly prefers US and particularly Connecticut based provision of services.
12. What is the primary business of your firm? If the entity that is providing the proposal response is a subsidiary or division of a larger firm please provide information on both.

13. What portion of your firm's business is devoted to retiree services?
14. Do you provide the full services associated with Health Care Programs within your firm or do you subcontract services?
15. If the answer was no to question 14 please identify the primary subcontractors and the role that they would play in providing services to customers such as the TRB.
16. How many firms does your company do business with? What is the nature of the services provided?
18. How many members are serviced in the Health plans that your firm manages? How many of them are associated with retiree populations.
19. How many health plans does your firm manage?
20. Identify three clients that would serve as references for your firm's services? It would be preferable if they are: 1) Other state retirement systems, 2) Public entities, 3) More than 5,000 covered lives, involved in Medicare services. If you do not service other large Medicare Account please provide references from the most similar accounts that you service. Please identify their contact information.
21. Please provide the two most recent SAE reports.
22. Please identify three firms who have terminated your firm's services during the last two years as well as their contact information.
23. Please identify any current lawsuits between your firm and a customer or past customer. Firm is broadly defined so that just because an operating subsidiary is not being sued if the parent is sued please provide the complete firm response.
24. Please identify any current regulatory actions against your firm by state or federal agencies.
25. Would TRB be able to provide enrollment updates in real time? How would that work? What systems are needed?
26. Please provide copies of your standard report materials provided to customers as well as a description of frequency of the reporting.
27. What reports would you consider a custom report that would require additional costs?
28. Please confirm that your firm has a successful SSAE16 and that you will provide a copy to TRB on an annual basis moving forward.

28. Please confirm that your contracts with suppliers purchased on behalf of TRB are available for review and consistent with State of Connecticut regulations.
29. Has your firm ever been suspended by CMS from either offering or selling Medicare plans of any type?
30. If the answer to the question above is yes please describe the situation and current status.

**B. Telephone/Internet Services**

1. Where is the primary telephone service center located that would provide services to the TRB?
2. Are you able to provide services from 8 AM to 5 PM Monday to Friday, Eastern Standard Time on all days other than designated State of Connecticut Holidays? Failure to follow this schedule will subject the vendor to penalties under the performance section of the contract.
3. Do you provide the option for US only call centers? If so, does it affect the cost of services?
4. If the service center hours are exceeded by the service day, how are the telephone calls routed?
5. What are the secondary call centers that provide the service once the primary service center is non-operating?
6. Are any of the service centers located outside the continental United States? Would they be involved with TRB? If so where are they?
7. What is the protocol associated with telephone calls being routed to secondary telephone service centers?
8. Within service centers is there a TTY service available? What languages are accepted by your staff?
9. Please explain the services center personnel training that is provided to deal with individuals who have age related deficiencies in perception and sensory limitations.
10. What is the protocol for reaching a customer service representative?
11. Are the telephone systems voice activated in regard to responses by members or key based?
12. What is necessary to opt out of IVR? Does the member hitting zero?

13. What is the average wait for an opt-out to talk to a live person?
14. What is a peak hours wait for an opt-out to talk to a live person? Please illustrate.
15. What is your firm's average time to answer over the health care book of business?
16. What is the call dropped rate for your firm as a percentage of total calls for health care products?
17. How do you monitor customer service representatives for compliance and behavior? What are the sample sizes, how frequently are calls monitored?
18. If a member has a complaint about the behavior of a customer service representative how is the complaint made? Explain the process.
19. Will members have access to records through an Internet portal?
20. Please provide a graphic of the primary screens provided through such portal?
21. What is the password protocol for the Internet portal?
22. What records can be accessed from the Internet portal?
23. Do you own or contract the call centers?
24. How many call center members are in the location that would serve TRB?
25. How many different groups will the TRB call representatives service?
26. Is the portal opening screen customizable to the customer i.e. TRB?
27. The TRB is very interested in rapid access of its member to be able to contact a human voice in a time consistent with industry standards (goal of 30 seconds or less). What process do you have to ensure that our members are not talking to machines? The TRB is interested in having performance guarantees on this service.
28. The TRB views call disconnections as an interruption of service and an indication of member unhappiness with the service provided by the call center (the goal of a disconnect rate less than 1.5 percent. The TRB is interested in having performance guarantees on this service.
29. Please confirm that your firm will prepare and deliver Explanation of Benefits (EOBs) in instances where there is a patient balance as part of the cost of this proposal.
30. Describe the process for a member to get online and on phone confirmation of coverage or exceptions.

**C. Financial (Pricing)**

TRB is only interested in a full service cost agreement for calendar year 2020, 2021 and 2022. The cost of services is to be a single price based upon the opportunity. The TRB will not guarantee volumes as that is outside the control of the TRB. A quote which is not a single service quote for the period above will result in disqualification of the proposal for non-conformance. The cost of service must include the cost of any run out under the plan. TRB is aware that it is seeking a service level higher than what is being provided by the current vendor.

**Cost Offering**

The bidder proposes:

Administrative services at:

\$X.XX per member per month for 2020

\$X.XX per member per month for 2021

\$X.XX per member per month for 2022

Provision of a fully insured contract at:

\$XXX.XX for Medical \$X.XX for V&H 2020

\$XXX.XX for Medical \$X.XX for V&H 2021

\$XXX.XX for Medical \$X.XX for V&H 2022

## **D. Installation**

1. Please provide a Gantt chart of how the installation process would work given a January 1, 2020 start date.
2. Describe the process that your firm would use to install the account.
3. What is your member communication plan that you use for accounts? Any communication required because of errors in presentation of written or oral communication will be at the expense of the vendor.
4. What special allowances are made for accounts where the average age is age 77 (actual average age of TRB MS population)?
5. What is your program outline for training TRB staff in your firm's operating protocols?
6. Provide the data layouts that your firm would need for the various inputs during install.
7. Provide a glossary for data inputs necessary for installation.
8. Do you manage Medicare Part B drugs through your system? If the system allows for Part B negotiations in the near future are you prepared for such a task?
9. Do you have established procedures to deal with Fraud, Waste and Abuse (FWA)? Please outline such procedures and how you implement and monitor FWA in the plan operation.
10. What resources would you provide for open enrollment? TRB currently uses a vendor sponsored open enrollment process and the vendor is expected to pay the proportionate share of the open enrollment. Last year costs were approximately \$12,000 for facilities, current enrollment in the MS plan is 22%.

## **X. Managed Care Protocols**

While the plan is primarily an excess of a Medicare program some services are in excess of those provided by Medicare and as such require prior authorization.

1. Describe care management programs that assist retirees in proper utilization, health improvement and usage of quality healthcare providers.
2. How do you work to help members who are managing multiple health conditions?
3. Describe your medical management experience with retiree groups.
4. Describe your process for ensuring continuity of care during transition.



5. Describe how your program design enhances quality of care, including improvements in health status and clinical outcomes. How does your approach differ across your plans?
6. Describe in detail all programs and services, such as wellness programs, disease management programs, case management programs, pharmacy utilization management programs (e.g. chronic disease checkups for utilization), etc. you will offer with this plan that may in some way control costs.
7. Identify all of your home care / visits, care management and disease management services for the retiree population.
8. Identify any unique programs that differentiate your offer. Please attach examples of reports demonstrating your disease management and care management activities that prove the effectiveness of your programs (i.e., reductions in bed days per thousand, increased preventive care visits, etc.)
9. How does the appeals process for prior approval denials work?
10. Are you a licensed managed care provider in Connecticut as required by the CGS?

## **XI. Performance Guarantees**

In addition to the grantees for communications identified earlier please find following a list of performance guarantee areas. Identify the guarantee that your firm is willing to provide in the areas of:

- 1) Installation
- 2) Care delivery
- 3) Member satisfaction polls
- 4) Claims error rates etc.

## **XII. Scoring Criteria**

The TRB will utilize the following criteria to assess the proposals that are submitted:

1. Experience of the Vendor/ Positive reviews in the marketplace
2. Experience/Background of the Individual Account/Service Manager
3. Acceptance of State Contract without modification (the state contract has some flexibility in certain limited identified areas)
4. Guarantees (Claims Processing/Accuracy/Reports/etc.)
5. Pricing
6. Financial Strength
7. Accepting of Connecticut State Purchasing rules and contractual provisions

## **XIII. State Contracting Requirements**

1. Please confirm that your organization can agree to the terms of the State of Connecticut contract.
2. Please confirm that you have sent the contract to attorney for review and that they can confirm agreement to the State of Connecticut's contract.

### **State required forms (Important Mandatory Forms)**

In order for your response to this RFP to be considered certain State forms need to be included with your response.

**Proposer's Statements of Qualifications**

Page 1 of 2

This form will be used in assessing a proposer's qualifications and to determine if the proposal submitted is from a responsible proposer. State law designated that contracts be awarded to the lowest responsible qualified proposers. Factor such as past performance, integrity of the proposer, conformity to the specifications, etc., will be used in evaluating proposals. Attach additional sheets if necessary.

Company Name:

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Address:

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Company has been engaged in business under this name \_\_\_\_\_ number of years.

List any contract awards to your Company by the State of Connecticut within the last three (3) years that you actually performed service against. Indicate which state agency, and provide contract name and number and the name and telephone number of the purchasing agent administering the contract.

Contract Number	Contract Name	State Agency	Purchasing Agent	Telephone No.

List any contract awards to your Company by the State of Connecticut within the last three (3) years. Indicate which state agency, and provide contract name and number, and the name and telephone number of the purchasing agent administering the contract.

Contract Number	Contract Name	State Agency	Purchasing Agent	Telephone No.

List other names your Company goes by:

---

List at least three completed projects similar in nature to this REQUEST FOR PROPOSALS, which demonstrates your Company's ability to perform the required services.

Company Name and Address                      Telephone No.                      Dollar Value


**Proposer's Statements of Qualifications**

Page 2 of 2

Company Name: \_\_\_\_\_

Size of Company or Corporation: \_\_\_\_\_

Number of Employees:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Is your Company registered with the Office of the Connecticut Secretary of State?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Registration Date, if available \_\_\_\_\_

List any relevant certifications, licenses, registrations, etc., which qualify your Company to meet the requirements of this proposal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any criminal convictions against your Company and any of your Company's officers, principal shareholders, directors, partners, LLC members and LLC managers.

\_\_\_\_\_  
\_\_\_\_\_

List any administrative actions either pending review by the State or determinations that the State has made regarding your Company or any of your Company's officer, principal shareholders, directors, partners, LLC members or LLC managers. This would include court judgments, actions, suits, claims, demands, investigations and legal, administrative or arbitration proceedings pending in any forum. Include a listing of OSHA violations and any actions or orders pending or resolved with any state agency such as the Department of Consumer Protection, the Department of Environmental Protection, etc. Detail this information on a separate sheet of paper. Such information should be for the last three (3) years.

I hereby certify under penalty of false statement that all the information supplied is complete and true.

Signature: \_\_\_\_\_

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

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

**PROPOSER DEBARMENT AND/OR SUSPENSION**

Has the proposer, any Company official, or any subcontractor to the proposer, received any notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government or any governmental entity?

NO

YES

The above-signed proposer further affirms and declares that neither the proposer and/or any Company official, nor any subcontractor to the proposer and/or any Company official has received any notices of debarment and/or suspension from contracting with other states within the United States.

NO

YES

If the above signed proposer, any Company official or any subcontractor to the proposer has received notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government or any governmental entity, said notices must be attached to this document when submitting the proposal.

Number of notices attached: \_\_\_\_\_

**Standard Proposal Terms and Conditions**  
**Submission of Proposal**

1. Telephone or facsimile proposals will not be accepted in response to a request for proposal.
2. Proposals received after the time and date of proposal opening specified in each request to propose shall not be accepted for consideration and shall be returned unopened. Proposal envelopes must clearly indicate the proposal number as well as the date and time of the opening of the proposal. The name and address of the proposer should appear in the upper left hand corner of the envelope.
3. Incomplete proposal forms may result in the rejection of the proposal. Amendment to proposals received by the Agency after the time specified for opening of proposals shall not be considered. An original and five (5) copies of the proposal schedule shall be returned to the Agency. Proposals shall be computer prepared, typewritten, or handwritten in ink. Proposals submitted in pencil shall be rejected. Persons duly authorized to sign said proposals on behalf of the vendor will sign all proposals. Unsigned proposals may be rejected. Errors, alterations or corrections on both the original, and five (5) copies, of the proposal schedule to be returned must be initialed by the person signing the proposal or their authorized designee. If an authorized designee initials the correction, there must be written authorization from the person signing the proposal to the person initialing the erasure, alterations, or correction. Failure to do so shall result in rejection of proposal for these items erased, altered or corrected and not initialed.
4. Conditional proposals shall be rejected. A conditional proposal is one, which limits, modifies, expands or supplements any of the terms and conditions and/or specifications of the request for proposal.
5. Alternate proposals will not be considered unless the request for proposal specifically mentions alternate proposals. An alternate proposal is one, which is submitted in addition to and is not dependent upon the proposer's primary response to the request for proposal.
6. In the event of a discrepancy between the unit price and the extension, the unit price shall govern. Prices should be extended in decimal form, not fractions, to be net, and shall include transportation and delivery charges fully prepaid by the Contractor to the destination specified in the request for proposal, and subject only to cash discount.
7. Pursuant to Section 10-412 of the Connecticut General Statutes, the State of Connecticut is exempt from the payment of excise, transportation and sales taxes and imposed by the Federal Government and/or the State. Such taxes must not be included in proposal prices.

8. The proposer fully acknowledges and agrees with all of the terms and conditions contained in this Proposal Form, the accompanying request for proposal. Further, if the proposer is awarded a contract or the good and/or services called for in the request to propose, the proposer's signature on Proposal Form shall mean that the proposer shall be bound by and perform fully in accordance with all of the terms and conditions set forth in the request for proposal.

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Standard Proposal Terms and Conditions

**Submission of Proposal**

**Guaranty or Surety**

1. Proposal and or performance bonds may be required. Bonds must meet the following requirements; Corporation-must be signed by an official of the corporation above their official title and the corporate seal must be affixed over the signature; Firm or Partnership- must be signed by all the partners and indicate they are "doing business as"; Individual- must be signed by the owner and indicated as "Owner". The Surety Company executing the bond or countersigning must be licensed in Connecticut and the bond must be signed by an official of the Surety Company with the corporate seal affixed over their signature. Signatures of two witnesses or both the principal and the surety must appear on the bond. Power of attorney for the official signing the bond for the surety Company must be submitted with the bond.

**Samples**

1. The quality accepted proposal samples does not supersede specifications for quality in the request for proposal unless the sample is superior in quality. All deliveries shall have at least the same quality as the accepted proposal sample.
2. Samples are furnished free of charge. Proposers must indicate if their return is desired, which the Agency shall do provided that they are returned at the proposer's sole cost and expense, FOB RFP's destination, and that they have not been made useless by testing. If they are made useless by testing, the State may dispose of the samples as it deems to be appropriate. Samples may be held comparison with deliveries.

**Award**

1. Award of a contract will be made to the most efficacious qualified proposer and shall be based on quality of the goods or services to be supplied, their conformance with specifications, delivery terms, past performance, and financial responsibility.
2. The Agency may reject any proposer in default of any prior contract of guilty of misrepresentation of any proposer with a member of its firm in default or guilty of misrepresentation.
3. The Agency may correct inaccurate awards resulting from clerical or administrative errors.
4. Proposers have ten days after notice of award of the contract to reject the award, after ten days the contract will be binding on the Contractor. If the Contractor rejects the award



within the ten-day period, the Agency will award the contract to the next lowest responsible qualified proposer.

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Standard Proposal Terms and Conditions

**Submission of Proposal**

**Other Requirements**

1. Conn. Gen. Stat. 4a-81 (the "Act") requires that the request for proposal of which these Terms and Conditions are a part include a notice of the consulting affidavit requirements described in the Act. Accordingly, pursuant to the Act, proposers are notified as follows:
  - (a) No state agency shall execute a contract for the purchase of goods or services, which contract has a total value to the state of fifty thousand dollars or more in any calendar or fiscal year, unless the state agency obtains the written affidavit described in subsection (b) of this section.
  - (b) (1) The chief official of the proposer awarded a contract described in subsection (a) of this section or the individual awarded such contract who is authorized to execute such contract, shall attest in an affidavit as to whether any consulting agreement has been entered into in connection with such contract. Such affidavit shall be required if any duties of the consultant included communications concerning business of such state agency, whether or not direct contact with a state agency, state or public official or state employee was expected or made. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, proposer, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in resolution, introduction or requests for information or (C) any other similar activity related to such contract. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of Chapter 10 of the Connecticut General Statutes concerning the State's Codes of Ethics, as of the date such affidavit is submitted. (2) Such affidavit shall be sworn as true to the best knowledge and belief of the person signing the certification on the affidavit and shall be subject to the penalties of false statement. (3) Such affidavit shall include the name of the consultant, the consultant's firm, the basic terms of the consulting agreement, a brief description of the services provided, and an indication as to whether the consultant is a former state employee or public official. If the consultant is a former state employee or public official, such affidavit shall indicate his or her former agency and the date such employment terminated. (4) Such affidavit shall be amended whenever the proposer awarded the contract enters into any new consulting agreement during the term of the contract.
  - (c) If a proposer refuses to submit the affidavit required under subsection (b) of this section, then the state agency shall not award the Contract to such

proposer and shall award the contract to the next highest ranked proposer or the next lowest responsible qualified proposer or seek new proposals.

2. Conn. Gen. Stat. 4-252 (the "Statute") requires that the request for proposal, of which these Terms and Conditions are a part, include a notice of the proposal certification requirements described in the Statute. Accordingly, pursuant to the Statute, proposers are notified as follows:
  - (a) The terms "gift," "quasi-public agency," "state agency," "large state contract," "principals and key personnel" and "participated substantially" as used in this section shall have the meaning set for the in the Statute.
  - (b) No state agency or quasi-public agency shall execute a large state contract unless the state agency or quasi-public agency obtains the written certifications described in this section. Each such certification shall be sworn as true to the best knowledge and belief of the person signing the certification, subject to the penalties of false statement.

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Standard Proposal Terms and Conditions

**Submission of Proposal**

- (c) The official of the person, firm or corporation awarded the contract, who is authorized to execute the contract, shall certify on such forms as the State shall provide:
- (1) That no gifts were made between the date that the state agency or quasi-public agency began planning the project services, procurement, lease or licensing arrangement covered by the contract and the date of execution of the contract, by (A) such person, firm, corporation, (B) any principals and key personnel of the person, firm or corporation, who participated substantially in preparing the proposal or proposal or the negotiation of the contract, or (C) any agent of such person, firm, corporation or principals and key personnel, who participated substantially in preparing the proposal or the negotiation of the contract, to (i) any public official or state employee of the state agency or quasi-public agency soliciting proposals for the contract.
  - (2) Who participated substantially in the preparation of the proposal solicitation or request for proposals for the contract or the negotiation or award of the contract, or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.
  - (3) That no such principals and key personnel of the person, firm or corporation, or agent of such person, firm or corporation or principals and key personnel, knows of any action by the person, firm or corporation to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the person, firm or corporation to provide a gift to any such public official or state employee; and
  - (4) That the person, firm or corporation made the proposal without fraud or collusion with any person.
- (d) Any proposer that does not make the certifications required under subsection (c) of this section shall be disqualified and the state agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified proposer or seek new proposals.
- (e) The date that the state agency or quasi-public agency began planning the project, services, procurement, lease or licensing arrangement to be covered by the contract is on or after 25 January 2012.

## Additional Forms

### I. Ethics Summary and Forms

[http://www.ct.gov/ethics/lib/ethics/guides/2016/contractors\\_guide\\_to\\_the\\_code\\_of\\_ethics\\_revjan2016b.pdf](http://www.ct.gov/ethics/lib/ethics/guides/2016/contractors_guide_to_the_code_of_ethics_revjan2016b.pdf)

Gift Certification Form 1 **required with contract**

<https://portal.ct.gov/-/media/OPM/OPMForm1GiftandCampaignContributionCertificationRev052615pdf.pdf?la=en>

Consulting Agreement Affidavit Form 5 **required with the proposal**

<https://portal.ct.gov/-/media/OPM/OPMForm5ConsultingAgreementAffidavit32814pdf.pdf?la=en>

Affirmation of Receipt of State Ethics Laws Summary Form 6 **required with the proposal**

<https://portal.ct.gov/-/media/OPM/Finance/psa/OPMEthicsForm6Final91511PDFpdf.pdf?la=en>

Iran Certification Form 7

<https://portal.ct.gov/-/media/OPM/OPMForm7IranCertification32814pdf.pdf?la=en>

### II. State Contractor Contribution Ban

Form SEEC 10 **required with the proposal**

[https://seec.ct.gov/Portal/data/forms/ContrForms/seec\\_form\\_10\\_final.pdf](https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_10_final.pdf)

Form SEEC 11 **required with the proposal**

[https://seec.ct.gov/Portal/data/forms/ContrForms/seec\\_form\\_11\\_notice\\_only.pdf](https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf)

### III. Proposer Information Form (For Selected Proposer Only)

[http://www.ct.gov/doag/lib/doag/animal\\_control/2015/vendor\\_profile\\_form\\_\(sp-26nb\)\\_&\\_w-9.pdf](http://www.ct.gov/doag/lib/doag/animal_control/2015/vendor_profile_form_(sp-26nb)_&_w-9.pdf)

<http://www.ct.gov/chro/lib/chro/pdf/notificationtobidders.pdf>

Signing this form will acknowledge your receipt of the above State of Connecticut contracting requirements as well as the contractual requirements outlined in the sample agreement. By submitting this form, you acknowledge you will be in a position to comply with all CT contractual terms and conditions. For consideration in this RFP process, this form must be *signed by an individual authorized to bind the firm to contracts, and return* with your proposal by 1:00 pm on May 28, 2019.

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Authorized Signature of Proposer

Company Name

Date