COST QUESTIONNAIRE – RETIREE MEDICAL PLANS

1. Did you submit a proposal for administrative services for FCG’s active medical, pharmacy benefit management (PBM) and/or flexible spending account plans? If so, indicate any and all advantages (fee savings or discounts) applicable to the self-insured medical program if you are awarded the PBM and/or flexible spending account contracts as well.
2. Confirm that no participant will lose coverage or benefits (No loss / No Gain) due to a change to your firm.
3. Using the following format, provide detailed financial quotations for the following plan line ups using the following assumptions:
* Fees must be guaranteed for 36 months;
* Administrative fees will be paid monthly;
* Administrative cost will be assessed on a per-retiree-per-month (PRPM) basis, with no subsequent accounting or year-end reconciliation;
* The PEPM fee can differ by plan type but not by enrollment tier (e.g. single/two-party/family). If fees differ by plan, specify for each plan type in the line-up;
* Quotation should include:
	1. ASO fee;
	2. Network Access fee;
	3. Case Management fee;
	4. Utilization Review fee; and
	5. Any other fees (break out each separately.)

Scenario A: Propose fees for an offering that most closely aligns to FCG’s current design for retirees with integrated PBM (PBM cost information should be provided separately in the PBM Cost Questionnaire response.

Scenario B: Propose fees for an offering that most closely aligns to FCG’s current design for retirees with PBM carved out to a third party vendor

Scenario C: Propose fees for an offering that includes a PPO option, a POS and a HDPH with HSA or HRA. Detail the basic components of the designs of each option (deductible, co-pays/co-insurance, out-of-pocket max., exclusions, etc.)

Scenario D: Propose fees for an offering that either a Medigap or Medicare Advantage plan with Part D prescription plan included. Detail the basic components of the designs of each option (deductible, co-pays/co-insurance, out-of-pocket max., exclusions, etc.)

Scenario E: Propose fees for a Retiree Health Exchange management program. Detail the basic components of the designs of each option (deductible, co-pays/co-insurance, out-of-pocket max., exclusions, etc.) and the number of options that would be offered on the exchange with cost impact.

Scenario F: Propose fees for an offering that you believe would be best suited to the county for the 2021 plan year. Detail the basic components of the designs of each option (deductible, co-pays/co-insurance, out-of-pocket max., exclusions, etc.)

1. Has offeror participated in Aon’s most recent National Health Plan Discount Database? If yes, offeror authorizes utilization of Aon's National Health Plan Discount Database to support the cost evaluation of this proposal.
2. Have you included guarantee fees or fee caps in the financial quotation?
3. Describe the terms and conditions under which you have the right to modify the administrative agreement and/or its fees
4. Confirm that your quote excludes commissions.
5. FCG does not currently use Stop Loss coverage. Provide information on the cost and design of Stop Loss coverage for each plan option using a $250,000 and $500,000 stop loss limit.
6. Will you allow Stop Loss to be carved out to a third party vendor?
7. Confirm that the claim amounts paid by FCG will be the negotiated amounts. In other words, FCG will pay the actual negotiated amount; none of the savings will be retained by your organization or shared with any other organization unless specifically disclosed to and agreed to by FCG.
8. Indicate below the fees that will apply to process run-out claims if the contract were terminated for self-insured coverages:
	1. Administration/overhead
* Per Retiree Per Month
* Per Claim Transaction
	1. Claim processing fees
* Per Retiree Per Month
* Per Claim Transaction
	1. Network access fees
* Per Retiree Per Month
* Per Claim Transaction
	1. UR fees
* Per Retiree Per Month
* Per Claim Transaction
	1. Other Fees
* Per Retiree Per Month
* Per Claim Transaction
1. Are you willing to provide a fund that FCG can use for wellness activities? If so, indicate how much you would be willing to set aside in this allowance? Describe the items/services that are eligible for reimbursement from the fund without approval.
2. Outline the disease management programs you recommend for the county as well as associated fees. Include your assumptions for the number of participants who will fall into each group, the number who will engage and the methodology used to bill fees (i.e., per member identified, per member engaged, PEPM for all retirees, etc.) Include fees for the following:
* Implementation
* Data Exchange
* Reporting
* Account Management
* Other: Specify
* Other: Specify
* Data Mapping if Required
1. Are you willing to guarantee an ROI for disease management programs? If so, provide detail.
2. Are you willing to provide performance guarantees for your disease management programs?
3. Detail any fees/costs associated with implementation of your ASO services for the first year of operation? This discussion should include, but not be limited to, file programming, onsite representative set-up, project management, data conversion, etc. In particular, also detail costs of a customized communications program designed to acquaint participants with your plans, services and capabilities?
4. Have you identified the costs for any services beyond those specified that you recommend that FCG consider that are not included in your quoted fees? Provide a description of each service, the charge of said service and your best estimate of the annual cost.
5. Include descriptions of your proposed banking arrangements, funding arrangements, any deposit or reserve requirements, etc.
6. Do you require the use of a specific bank for claim funding? If yes, indicate the bank name.
7. Confirm that in the event of termination, the offeror selected will be responsible for all claims incurred but not paid prior to termination date. These claims will be processed for at least one year and no additional administrative fees will be charged.
8. Will you provide a financial allowance for a clinical audit and random claims audit to be provided by a third party consultant (one of each every three years)? If so, what is your financial allowance?
9. Pricing - Renewal Services. For the funding arrangement requested in this RFP, complete the following table indicating your willingness to comply with the following renewal requirements and services:

|  | **Yes** | **No** | **Comments?** |
| --- | --- | --- | --- |
| 1. Notification of renewal fees must be accompanied by a detailed breakdown of all administrative expense components and provided at least 150 days in advance of the contract anniversary date.
 |  |  |  |
| 1. Administrative fees shall be guaranteed for a minimum of 36 months from the contract anniversary date, unless an alternate date is mutually agreed to in advance by FCG.
 |  |  |  |
| 1. Vendor will provide routine underwriting- and actuarial-related contract services.
 |  |  |  |
| 1. The vendor will provide a complete description of the methodology inherent in the renewal work up.
 |  |  |  |
| 1. The vendor will provide a definition of all terms and an itemization of all assumptions used including projected claims, trend factors and the formula involved, plus a complete explanation of the logic inherent in the final renewal rate/fee package.
 |  |  |  |
| 1. Vendor will provide routine underwriting- and actuarial-related contract services.
 |  |  |  |
| 1. The vendor will provide estimated or actual identification of expenses, including the change in IBNR, claim administration expenses, other expenses (such as, number of transactions/EOBs), and a detailed allocation of your administrative cost projections.
 |  |  |  |
| 1. For the self-insured coverages requested, the vendor will provide Administrative Services Only (ASO) fee and rate justification.
 |  |  |  |
| 1. The vendor will provide an accurate development of expected premium rates, claim projections and estimated incurred but unpaid (IBNR and O&U) claim reserves.
 |  |  |  |
| 1. The vendor will provide a comparison of old and new pseudo premium rates and factors.
 |  |  |  |

1. Performance Guarantees. Current performance guarantees in effect for FCG’s plans are confidential. Using the chart below, indicate the fees you are willing to put at risk for the following categories:

|  |  |  |
| --- | --- | --- |
| **Performance Category** | **Specific Measurement** | **% of Fees at Risk** |
|  |  |  |
| **Claims** |  |  |
| Claim Time-To-Process (TTP) |   |   |
| Payment Accuracy |   |   |
| Financial Accuracy |   |   |
| Processing Accuracy |   |   |
| Overall Accuracy |   |   |
|  |  |  |
| **Customer Service** |  |  |
| Average Speed of Answer |   |   |
| Call Abandonment Rate |   |   |
| Average Hold Time |   |   |
| Member Inquiry Resolution |   |   |
| Accuracy of CSRs |   |   |
| CSR Training |   |   |
| Member Satisfaction Survey |   |   |
|  |  |  |
| **Enrollment/Eligibility** |  |  |
| Accuracy of ID Cards |   |   |
| ID Card Mailing for OE |   |   |
| ID Card Mailing non-OE |   |   |
| Accuracy of non-OE Eligibility Updates |   |   |
| Accuracy of non-OE Eligibility Updates |   |   |
| HIPAA Certificates |   |   |
|  |  |  |
|  |  |  |
| **Account Management** |  |  |
| Key Activities |   |   |
| Responsiveness/Satisfaction |   |   |
| FCG Inquiries |   |   |
| OE Staffing |   |   |
| Report Card |   |   |
|  |  |  |
| **Network** |  |  |
| Notice of Termination |   |   |
| Provider Directory |   |   |
| Provider Recruitment |   |   |
| **Discount Guarantee** |   |   |
|  |  |  |
| **Data Reporting and Analysis** |  |  |
| Delivery of Agreed Upon Reports |   |   |
| Quarterly Data Meeting |   |   |
| Monthly Claims Reports |   |   |
|  |  |  |
| **Prescription Drugs** |  |  |
| Rebates |   |   |
| Network Access |   |   |
| Average Speed of Answer |   |   |
| Satisfactory Abandon Rate |   |   |
| **Mail Order:** |  |  |
| Turn Around Time (TAT) for Clean Rx |   |   |
| TAT for Rx with Exception |   |   |
| Average Speed of Answer |   |   |
| Satisfactory Abandon Rate |   |   |
|  |  |  |
| **Clinical** |  |  |
| Case Management |   |   |
| Member Satisfaction |   |   |
| ROI Guarantee |   |   |
| Disease Management |   |   |
| Asthma Testing Compliance |   |   |
| Cholesterol Testing Compliance |   |   |
| Savings Target Guarantee |   |   |
|  |  |  |
| **Clinical Pharmacy** |  |  |
| Asthma Event |   |   |
| Cholesterol Event |   |   |
|  |  |  |
| **HEDIS** |  |  |
| Breast Cancer Screening |   |   |
| Asthma Medication Management |   |   |
|  |  |  |
| **Audit of PGs** |   |   |
|  |  |  |
|  |  |  |
| **Total Fees at Risk** |  |   |