

**OHIO TURNPIKE AND
INFRASTRUCTURE COMMISSION**
682 Prospect Street
Berea, Ohio 44017

**REQUEST FOR PROPOSALS
FOR GROUP HEALTH PLAN BENEFITS**

ISSUE DATE: July 9, 2015

INQUIRY END DATE: 5:00 P.M. (E.D.T.), July 30, 2015

RESPONSE DUE DATE: 2:00 P.M. (E.D.T.), August 6, 2015

ATTENTION OF RESPONDENTS IS DIRECTED TO:

**ANSWERS TO QUESTIONS RECEIVED THROUGH
MONDAY, JULY 27, 2015**



Q#1 Will the Ohio Turnpike and Infrastructure Commission consider carve-out of the prescription drug benefit?

A#1 No. Respondents proposing Rx benefits must come packaged with Medical and Hearing care. However, Respondents may propose separately on stop loss insurance, vision care and/or dental coverage.

Q#2 The Specific/Aggregate Stop Loss rates and factors broken down by plan. There appear to be three plans. However, the census as provided only reflects an 80%/20% plan and a 90%/10% plan. Can you advise to what happened to the HSA plan?

A#2 There is only one person with the Health Saving Account plan – a new hire that commenced employment on July 1, 2015.

Q#3 Retiree Coverage - the rate pages references non-Medicare retirees. Are we to assume coverage of retirees?

A#3 The Ohio Public Employees Retirement System, a public employee state retirement plan, covers retirees.

Q#4 There appears to be one claimant currently lasered at \$350,000, can you confirm who the claimant is in 2014? Is this the same claimant reflected on the 2015 shock report?

A#4 No, the lasers for 2014 and 2015 were two different members. The 2014 laser is on the 2014 calendar year high claimant report (ID 9773). This member is not on the 2015 calendar year high claimant year to date. The 2015 laser is on the 2014 calendar year high claimant report (ID 7051) as the top claimant. The member is also on the 2015 calendar year high claimant report as the third highest claimant.

Q#5 The scoring sheet references GeoAccess Reports as one of the criteria we are graded on. However, GeoAccess parameters were not provided. Please provide us with the parameters you would like us to run the reports on.

A#5 The Commission will base its review on the disruption file contrasting providers utilized with actual provider availability. In the event a response indicates a geographic region is lacking coverage, then the Commission will issue a follow up with GeoAccess information.

Q#6 Does an Officer need to sign the requested documents or can someone sign with binding authority?

A#6 An individual with authority to contractually bind the respondent under an agreement with the Commission is required to sign the documents.

Q#7 Is it possible to get a detailed Rx claim file with the following fields: Dispense date; Mail/retail indicator; Brand/generic indicator; 11-digit drug NDC; Pharmacy NABP or NPI number; Days' supply; Quantity; Claim or RX number.

A#7 The Rx claim file was included with the RFP. The file name was titled "8. Rx Re-pricing File."

Q#8 Does OTIC currently receive PBM rebates, and if so, can you elaborate to percentage share, etc.?

A#8 The Commission currently receives rebates of \$20.32 per retail brand script and \$58.35 per brand mail order script.

Q#9 For this RFP does OTIC prefer pass-through of rebates, or for such amounts to be used to offset the medical fee?

A#9 The Commission prefers the pass through of rebates.

Q#10 For the following provision, is the copayment penalty two times the usual retail copay, or two times the usual mail copay, "If your Prescription Order is for a Prescription Drug that is available through the Home Delivery Prescription Drug program and you choose not to use the Home Delivery Prescription Drug program, you will be required to pay two times the appropriate Copayment shown in the Prescription Drug Schedule of Benefits when your Prescription Order is filled beyond the third time within a 180-day period."

A#10 The copayment penalty is two times the retail copay amount. Please see Rx benefit summary included in the RFP package.

Q#11 Are there any other TPA's you are considering other than MMO?

A#11 The Commission is seeking Proposals from any qualified TPA. Please see the attached mailing list identifying the recipients of the Group Health RFP.

Q#12 How are you paying Out of network claims MAC or U&C and what percentage.

A#12 For the Commission, Delta utilizes their higher national out-of-network fee table for out of network reimbursements, which approximates to a competitor's 80th percentile UCR.

Q#13 I need the groups dental premium history.

A#13 Monthly dental premium was included with the RFP disk as 4b. Delta Dental Rate History. In addition, please see the table named "Demographics and financials: Totals by month" included with this Q&A #1 for the blended monthly earned premium.

Q#14 I need the dental elections for all enrolled employees.

A#14 Since all lines of coverage are bundled, the census provided with the RFP can be used for both medical and dental. If an employee elects medical, they automatically receive dental with the same coverage tier. For example, if an employee elects 2-party medical he/she would also receive 2-party dental.

Q#15 Who is the intended claim fiduciary?

A#16 The Commission currently is the claim fiduciary, but would like to assess the option of the claim payer assuming this responsibility, including the claim payer hearing claim appeals. Please add this as an option.

Q#16 For the ASO fees, should we quote this on a composite basis (one rate for all employees which is most common) or on a three tier basis similar to our risk rates (single, two person and family)?

A#16 Please quote the ASO Fees on a composite basis.

Q#17 For the ASO proposal, I am assuming weekly wire funding of claims so there would be no prefund required to be held in escrow. If this is not correct, and monthly funding is preferred, please clarify.

A#17 The Commission will not prefund an account not allow an imprest balance or funds to held in escrow. Paid claims would be funded on a weekly basis.

Q#18 For 2016, I want to clarify the dental benefit will still be tied to medical and that the employer contribution is approx.. 50% of the rate. I am not sure on page 8 of the RFP, that the 10% reflects the contribution % if we are only quoting dental.

A#18 The Commission determines the contribution allocation from the total for all health benefits, which results in the Commission paying approximately 85-95% of the benefit costs, depending on the specific plan.

Q#19 Please provide the premium history for the group, a monthly basis for as many years back as possible that would be great.

A#19 See the response to Q#13.

Q#20 We need an updated census or bill with the current dental elections for all employees who are enrolled in the coverage.

A#20 See the response to Q#14.

Q#21 Please confirm that proprietary and/or trade secret responses should be put into a confidential envelope and removed completely from the response to proposal.

A#21 Correct. Please see the discussion at PART I, Section 5 on page 11 of the RFP.

Q#22 Can you get us the Delta Dental breakdown?

A#22 The Commission will provide an answer to this Question in the next Q&A response.

Q#23 Can you get us the Dental experience (member count by month)?

A#23 See the response to Q#13.

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Ohio Turnpike Group
Health RFP Q&A#1
July 28, 2015

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Ohio Turnpike Group
 Health RFP Q&A#1
 July 28, 2015

Demographics and financials: Totals by month.

Claims paid between 01-Jan-2012 and 30-Apr-2015

Month	Subscribers	Earned Premium	Premium/Sub
1/31/2012	762	\$52,432.48	\$68.81
2/29/2012	757	\$52,221.50	\$68.98
3/31/2012	756	\$52,101.30	\$68.92
4/30/2012	763	\$52,523.49	\$68.84
5/31/2012	766	\$52,612.94	\$68.69
6/30/2012	758	\$52,043.47	\$68.66
7/31/2012	745	\$51,108.63	\$68.60
8/31/2012	744	\$51,080.22	\$68.66
9/30/2012	738	\$50,749.04	\$68.77
10/31/2012	734	\$50,508.09	\$68.81
11/30/2012	736	\$50,571.24	\$68.71
12/31/2012	731	\$50,266.36	\$68.76
1/31/2013	716	\$51,273.21	\$71.61
2/28/2013	715	\$51,208.75	\$71.62
3/31/2013	722	\$51,618.54	\$71.49
4/30/2013	722	\$51,490.22	\$71.32
5/31/2013	724	\$51,582.11	\$71.25
6/30/2013	726	\$51,645.77	\$71.14
7/31/2013	728	\$51,739.86	\$71.07
8/31/2013	723	\$51,361.10	\$71.04
9/30/2013	722	\$51,264.01	\$71.00
10/31/2013	722	\$51,357.50	\$71.13
11/30/2013	719	\$51,170.72	\$71.17
12/31/2013	717	\$51,046.20	\$71.19
1/31/2014	716	\$49,178.60	\$68.69
2/28/2014	715	\$49,116.07	\$68.69
3/31/2014	713	\$48,993.14	\$68.71
4/30/2014	714	\$49,055.67	\$68.71
5/31/2014	710	\$48,811.94	\$68.75
6/30/2014	712	\$48,905.35	\$68.69
7/31/2014	708	\$48,509.76	\$68.52
8/31/2014	707	\$48,356.54	\$68.40
9/30/2014	706	\$48,323.53	\$68.45
10/31/2014	701	\$48,017.27	\$68.50
11/30/2014	698	\$47,715.86	\$68.36
12/31/2014	688	\$47,166.64	\$68.56
1/31/2015	709	\$49,520.98	\$69.85
2/28/2015	711	\$49,647.20	\$69.83
3/31/2015	714	\$49,900.44	\$69.89
4/30/2015	713	\$49,801.56	\$69.85