

RFP 18-08 Questions and Answers

- 1. Can you please provide the following information?
 - Census in excel spreadsheet (date of birth, gender, employee home zip code, plan type and election type)
 - Name and effective date of carriers for past 3 years
 - Current/renewal rates
 - Current summary of benefits
 - Current Benefit Booklet/Certificate of Coverage (All ASO, FI over 500 lives)
 - Amount employer is going to contribute toward employee/dependent premium.
 - Most current 24 months of claims experience.
 - Most current 24 months of large claims report (enrollment status, age, diagnosis, prognosis, cost, etc.)
 - Most current 24 months of the monthly enrollment report

The requested information is not available as this is an RFP for national services which may or may not be used by National IPA membership in addition to Region 4 ESC. Current contract information may be found here: http://www.nationalipa.org/Vendors/Pages/TCGGroupHoldingsLLC.aspx#ctl00_PlaceHolderMain_TabbedWebPart_tab1

- 2. (Asked at Pre-Proposal Conference) Is the utilizing agency self-funded?

Utilizing agencies may or may not be self-funded. This RFP is for national services, not just for Region 4 ESC.

- 3. (Asked at Pre-Proposal Conference) Who is the current broker for the current contract?

TCG Benefits

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- 4. As a third party administrator we work with brokers to provide consulting and administrative services. Can we respond as a TPA (without a broker affiliation) to Area 2F Group Medical Plan and Related Services (page 30).

It is up to vendors to determine whether they can respond to this RFP and how they should respond.

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- 5. We have the following questions/requests for additional information:
 - Census in excel spreadsheet (date of birth, gender, employee home zip code, plan type and election type)
 - Name and effective date of carriers for past 3 years
 - Current/renewal rates
 - Current summary of benefits
 - Current Benefit Booklet/Certificate of Coverage (All ASO, FI over 500 lives)
 - Amount employer is going to contribute toward employee/dependent premium.
 - Most current 24 months of claims experience.
 - Most current 24 months of large claims report (enrollment status, age, diagnosis, prognosis, cost, etc.)
 - Most current 24 months of the monthly enrollment report
 - Dental & Vision Certificates/detailed benefit summaries (cannot proceed w/o the plans we are matching)
 - Complete Census that includes EE DOB, gender, home zips, tier elections/waivers (cannot proceed w/o the census)
 - Claims experience (cannot proceed w/o PVC depending on the size of the group)
 - Confirm UCR on Out of Network benefits
 - Confirm Dental & Vision commission
 - Current/renewal rates
 - ER contributions

Please refer to Question 1.