

**ATTACHMENT D**  
**CITY OF FREDERICKSBURG MEDICAL AND PRESCRIPTION DRUG QUESTIONNAIRE – RFP# 23-0310**  
**Responses should be returned in Word format.**

The following questionnaire will assist Fredericksburg City in evaluating the quality of care and benefits being offered to employees/retirees and dependents as well as assist in the evaluation of the financial and contractual information requested of the Offeror. An Offeror's evaluation score will not be adversely impacted if a specific question does not apply.

**INSTRUCTIONS**

- (1) This questionnaire is provided electronically with this RFP using Microsoft Word. The electronic version is being provided in order to facilitate the carrier's responses to these sections. This file may be used by each carrier/administrator in completing the responses to this section.
- (2) Answer each question clearly and concisely.
- (3) Each response must immediately follow the respective question. All questions and responses shall be numbered/labeled exactly as in this Questionnaire.
- (4) If the carrier is unable to answer a question or the question does not apply, the carrier shall indicate why.
- (5) If the carrier is unwilling to disclose information asked in a question, the carrier shall indicate why.
- (6) Provide the following information:

Point of Contact:	_____
Title:	_____
Company:	_____
Address:	_____
Telephone:	_____
E-mail address:	_____

- (7) This questionnaire includes questions that pertain to Medical, Prescription Drug, and Reinsurance. Please complete the sections of the questionnaire that are relevant to the proposal you are offering. The table below outlines the sections that should be completed for each option.

Questionnaire Section	Medical	Prescription Drug	Reinsurance	Dental	Vision	EAP
General Information	√		√	√	√	√
Enrollment/Eligibility	√		√	√	√	√
Administration	√			√	√	√
Networks	√			√	√	
Prescription Drug Program		Attachment H				
Managed Mental Health Program	√					
Health Management Services	√					
Data Management	√					
Financial	√	Attachment H	√			
Reinsurance			√			

(8) **No loss/no gain provision** – Confirm no covered members currently covered by or eligible to be covered by Fredericksburg current health care plans shall suffer a loss of coverage as a result of changing carriers. Actively-at-work requirements **WILL NOT** apply to currently covered participants.

(9) Have the proposal requirements been fully met as requested in this RFP?  
 Yes  No

If not, please summarize all deviations

**GENERAL INFORMATION**

1. Please provide pertinent financial data that demonstrates your organization’s ability to successfully perform the contract. Provide your most recent ratings by each of the following:

Company	Rating	Date of Rating	Legal Name of Company to Which Rating Applies
A.M. Best			
Fitch			
Moody’s			
Standard & Poor’s			

2. Is your organization currently compliant with HIPAA HITECH legislation as it pertains to Private Health Information and EDI Standards?  
 Yes  No [If No, please explain.]

**ENROLLMENT/ELIGIBILITY**

1. What is the location of the claims office that will be processing claims and providing general administration for this account? Also indicate any differences based on product. Note hours or operation for claims/customer service. Identify service center locations for

each of the following functions:

Function	Service Center Location
Claims Processing	
Customer Service	
Account Management	
Billing	

2. Provide an implementation schedule.
  - a. Detail specific activities, target dates, data requirements, and responsibilities for completion.
  - b. Detail any expenses involved and whether these expenses are included in your pricing.
3. Describe your ongoing enrollment procedures and annual open enrollment assistance.
  - a. Indicate the services you would be willing to provide, such as on-site assistance with employees, etc.
  - b. Identify any services that would require a separate fee to be paid outside the administrative fees included in the Price Quotations.
4. Please indicate whether you are providing members with Summary of Benefits and Coverage (SBC).
  - a. Please indicate the processes in which they will be provided to clients, and
  - b. The timeline required for generating the documents.
5. How long will you allow retroactive changes to be made to the bill?

Describe your billing process. If Fredericksburg wishes to pay their monthly medical bills based on their internal enrollment records rather than paying your invoice “as billed”, will this be a problem?

**ADMINISTRATION**

1. Describe how your company will interface on an ongoing basis with the Benefits Staff on administrative issues (including billing, payment arrangements, etc.) and describe your process for resolving administrative problems.
2. Provide a listing or concise explanation of your on-line services available to members.
3. Confirm that you will allow Fredericksburg to review and approve all employer-specific communication pieces before they are sent to employees.
4. What consumer tools do you offer members to help them manage their costs as informed consumers? Do you offer members a mobile app to help members track claims, access ID card, research benefits, and engage in health and wellness activities?

5. Are you willing to conduct benefit educational training sessions either in-person or through Webex for employees to assist employees in the understanding of their benefits? Would there be an additional cost for these sessions?
6. Outline your standard coordination of benefits provision.
7. What are the hours of your member services phone center? Are there alternative ways (e.g., email, online) for members to resolve issues if the service center is not open? Is there a local or toll-free customer service number for members?
8. Do you offer online services that would allow the City to complete all administrative functions (enrollments, terminations, open enrollment, add/changes, view claims, print cards?)
9. Do you provide promotional/communication materials free of charge for wellness programs and open enrollment?
10. Do you work with a particular HSA vendor that you partner? If so, please provide additional information. Would you be able to work with the City's existing partner?

## **NETWORKS**

1. Please provide a GeoAccess location match based on your POS & PPO networks using each employee's and retiree's zip code data provided in the census (**Attachment L**). Access Standards: 2 PCPs within 10 miles, 2 specialists within 15 miles and 1 hospital within 20 miles. The GeoAccess reports should be run for all eligible employees and retirees shown in the census (regardless of whether they are enrolled). The reports should be run with active employees and retirees combined into one report. Please provide reports based on the employees/retirees who meet the access standards and those who do not. For those not meeting the standard, please identify how many individuals will not meet the standards and how many miles those individuals will have to travel in order to meet the access standards. The GeoAccess report should be included in **Tab 4**.
2. **For Medical ONLY:** Please complete the Facility and Medical Provider Checklists (**Attachment F & G**) and include them in **Tab 4**. For each provider listed, indicate if they participate in your networks by checking the box. If they do not participate, leave the box blank. DO NOT SORT THESE WORKSHEETS.
3. For all networks included in your quote, do you own the network?
  - a. If yes, how long have you owned the network?
  - b. If no, who owns the network?
  - c. Explain your responsibility and accountability for the network.
4. For Fredericksburg service area, what is your current average negotiated savings percentage for:
  - a. Inpatient Facilities
  - b. Outpatient Facilities
  - c. Professional Services

What changes do you anticipate in your negotiated savings for 2023?

5. How are employees or dependents (i.e., child attending school, COBRA enrollees) who reside outside the network service area covered? How do you define “within the service area”?
6. Do you offer members an online quality and cost comparison tool on physicians and facilities? Please describe how you assess and measure quality? Is cost based on actual cost of a procedure or average cost?
7. What is your standard protocol for processing hospital-based radiologist, anesthesiologists, pathologists, and ER physician claims if these providers are not in your network but are utilized by a member at an in-network facility?
8. What is your standard protocol for processing air-ambulance claims if these providers are not in your network but are utilized by a member? Specifically, are members held harmless or not?
9. Please describe in detail the mental health benefit networks including local networks and remote access benefits.

#### **HEALTH MANAGEMENT SERVICES**

1. What tools are used to determine medical necessity?
2. Please describe health promotion or wellness programs that you can offer at no cost.
  - a. Are there additional programs that could be purchased by Fredericksburg? Please provide a list with a single paragraph response explaining the program.
3. Are you willing to guarantee utilization rates/return on investment on your disease management programs and clinical care management programs?
  - a. Discuss how you would structure the guarantees?
4. Are your network physicians accountable for compliance with wellness, disease management, and pharmacy initiatives to improve quality and cost management?
5. Please provide an example of how your medical management team currently collaborates with employer onsite clinics.
6. Confirm you will provide copies of meaningful reports that demonstrate participation levels and outcomes of disease management and clinical care management programs.
7. Is there a telehealth option integrated into medical program offered at no additional charge?

**DATA MANAGEMENT**

1. Do you offer on-line access to your database which would allow employers to access certain management reports?  
 Yes       No
  - a. If so, please outline the cost to access and run reports, and a list of what kinds of reports are available.
  - b. Indicate how frequently the database is updated with real-time information.
  - c. With Fredericksburg’s permission, will you allow the consultant access to on-line reporting?
  - d. Do the employer and/or consultant can produce ad-hoc reports from your database?
  
2. What is your process for transmitting claims data to a third-party reinsurer?
  - a. What is the frequency of such reports?
  - b. Is there a fee charged to send these claims? If so, please provide it.
  - c. Please confirm that you will include in the above fees any ad-hoc year-end reporting to reconcile large claimant information in a drug carve-out situation.
  
3. Will your firm provide a comparative analysis of the nonquantitative treatment limitations to compare medical and surgical benefits to mental health and substance use disorder benefits to show compliance with the Mental Health Parity and Addiction Equity Act as required by the Consolidated Appropriations Act 2021?
  
4. Does your firm provide a link to the machine-readable files as required by the Departments of Labor, Health and Human Services and the Treasury have for Transparency in Coverage?
  
5. How will your firm help with the RxDC transparency data requirements under the Consolidated Appropriations Act (CAA) under section 204?

**FINANCIAL**

1. Indicate your trend factors both rating and actual observed. Label accordingly for your PPO and POS plans for the last three years for medical and drug. Specify the location/region on which these trend factors are based.

	PPO	POS	Rx
Observed Trend 2020			
Observed Trend 2021			
Rating Trend 4 <sup>th</sup> Qtr 2022			
Rating Trend 1Qtr 2023			
Trend-based on what location			

2. Please describe your proposed funding arrangement.
  - a. Indicate how fees are charged (calculations and timing), monthly cash flow arrangements, escrow requirements, settlement process, terminal liability, etc.
  - b. Explain the billing process for claims and administrative fees.
3. Do you retain any negotiated provider discounts as a source of administrative fees? If so, please explain.
4. Completely outline *any and all* services and/or fees that are included in the claims reporting that are not actually claims such as capitated services, behavioral health, access fees, care management programs, etc.
5. Confirm that your organization will accept fiduciary responsibility for claim payments.
  - a. Outline any fees that would apply.
6. What are your notification requirements for changes in eligibility?
7. What is your enrollment fluctuation threshold on this proposal?
8. In the event of termination on the contract anniversary date, are you willing to process claims runoff?
  - a. For how long?
  - b. What is the cost for this service?
  - c. How is this cost determined?
9. Are you willing to guarantee a maximum percent or dollar increase in administrative fees and/or reinsurance fees for the second, third, fourth, or fifth year?
10. If you are providing a bundled (medical, prescription drug, and reinsurance) response to this RFP, identify clearly any changes to your bid response (pricing, guarantees, etc.) should coverages be purchased a la carte (for example, any fees associated with an outside reinsurer).

## **REINSURANCE**

1. Are you willing to provide "Run-Out" specific reinsurance liability protection in the event the contract is terminated? If so, does the client have to purchase it at initial effective date of contract or upon renewal, or do they have the option of purchasing at time of termination?
2. Is premium accounting done on a self-bill or insurer-generated bill basis?
3. How long has your company been in the stop-loss marketplace?

4. Does your company hold all the specific risk, or do you have outside reinsurance? Please explain. If you have outside reinsurance, then please provide dollar amount limit, which your company retains. If applicable, provide the financial ratings for each reinsurer or partner.
5. How long does it take for a reimbursement be made under the contract? Is SSL reimbursement immediate? If not, explain.
6. What kind of notification by the medical administrator and pharmacy vendor, or the client is required for a claim to be paid? Please explain the process.
7. Please explain your reconciliation process when the client has separate medical and prescription drug administrators and there is no coordination of claims between the two?
8. Is your stop loss proposal firm? If not, when will you agree to provide a firm quote and what claims experience will be required to provide a firm quote?
9. Is there underwriting or lasering on individual claims included in your quote or upon renewal? Will you agree to no new lasers at renewal?
10. Are you willing to offer an unlimited maximum within specific limits?
11. Will you agree to a rate cap on year two of the contract? What is your proposed rate cap?
12. Will you guarantee that future renewals will be released at least 120-days in advance of the renewal date? Will you guarantee to provide, at minimum, an illustrative renewal quote 180 days in advance of the renewal? Please explain.
13. Provide a complete listing of the exclusions and limitations included in your stop loss contracts.
14. Please provide all underwriting assumptions and caveats.
15. Outline any claims/expenses NOT included in your specific reinsurance.

#### **PRESCRIPTION DRUG PROGRAM**

1. How much advance notice must a pharmacy give you if they wish to cancel their contract with you?
2. Describe your generic substitution requirements. Indicate the percentage of prescriptions dispensed with generic substitutions in your program.
3. Explain your mail-order program. Identify where the mail order prescriptions are filled, the average turnaround time from when a member mails the request to receiving the prescription, and the procedure the member follows to submit the initial and subsequent prescription order.

Are any services provided via the Internet? If so, explain.

4. Does your company offer Participants on-line access to data regarding their own prescription drug utilization? Detail what information is available.
5. Complete the following chart on your negotiated fee structure with participating pharmacies:

	Ingredient Fee	Dispensing Fee
<b>Retail</b>		
Brand		
Generic		
Overall Estimated Savings (%)		
<b>Mail Order</b>		
Brand		
Generic		
Overall Estimated Savings (%)		

6. Do your estimated savings in the question above include the impact of rebates? Explain.
7. Explain your drug formulary or preferred drug program. How often is the formulary/preferred list changed and how are providers and Participants notified? Address the appeals and pre-approval processes. How does your program influence drug selection and maximize the value of your formulary/preferred drug program.
8. What prescriptions currently require prior authorization or step therapy prior to dispensing?
9. Please provide an overview of your specialty management program. Please ensure you discuss the following:
  - a. What strategies do you use to control cost?
  - b. What strategies do you use to control utilization?
  - c. How aggressively do you allow plans to deny off label use?
  - d. How do you ensure only patients with proper diagnoses/test results receive specialty medications?
  - e. What do you recommend to a client that is pursuing maximum savings?
  - f. Given that a significant portion of specialty spend is in the hospital setting, what does your organization do to assist plans with cost savings and utilization management (including site of care optimization) under the medical benefit?
10. Do you have any solutions for high-cost gene therapy drugs? Please explain.
11. Explain how rebates would be credited to the City under a shared-risk (or self-funded) funding arrangement. What is the frequency and schedule of rebate credits? What percentage of

rebates is credited to the City? If less than 100%, explain how the difference is reported and allocated.

12. Describe your drug utilization review programs. What flags do you have built-in your system, e.g., to identify drug-to-drug interactions? Are high-cost claimants monitored, and if so, what criteria are used to identify and manage these cases?
13. Please fill out Attachment G and return it.