

# Connecticut State Teachers' Retirement Board Retiree Health RFP

To participate in this procurement and submit a proposal to this RFP, follow the process below:

Go to <http://www.proposaltech.com/home/app.php/register>. Enter Bidder's email address into the field provided. No registration code is necessary. Click "Begin Registration." If Bidder has already had an account with Proposal Tech, it will be listed on the registration page, if Bidder does not, it will be asked to provide company information. Once Bidder's account has been confirmed, check the appropriate box for the RFP Bidder is registering for and click the "Register" button. An invitation will be emailed to Bidder within fifteen minutes. If Bidder has any questions regarding the registration process, contact Proposal Tech Support at 877-211-8316 x84.

## 1 PURPOSE/ INTRODUCTION

1.1 The Connecticut State Teachers' Retirement Board ("the TRB") is conducting an active search of the marketplace for service providers that can partner with the TRB to provide Medicare Advantage and Prescription Drug (MA-PD) services, and Medicare Part D EGWP PDP to be offered in concert with a Medicare Supplement Plan for its Medicare-eligible retirees and Medicare-eligible dependents of retirees. The Part D PDP plan combined with the Medicare Supplement is the **same pharmacy plan as that of the MA-PD. The TRB is requiring that the carrier for the MA-PD plan is also the carrier for the Part D EGWP PDP.** The effective date for the plans is January 1, 2025.

TRB is interested only in plans that do business in all 50 states, Puerto Rico and all U.S. territories.

Through the issuance of this Request for Proposal (RFP), the TRB is soliciting proposals from qualified vendors that can provide the services listed above. If interested and able to meet the requirements described in this RFP, the TRB appreciates and welcomes your offer.

The TRB reserves the right to award any service in whole or in part, if proposals demonstrate that doing so would be in the TRB's best interest. The TRB also reserves the right to issue multiple awards, no award, cancel, or alter the procurement at any time. In addition, the TRB reserves the right to extend the proposed RFP period, if needed. Proposals containing the lowest cost will not necessarily be awarded as the TRB recognizes that factors other than costs are important to the ultimate selection of the provider or providers. Proposals provided in response to this RFP must comply with the submittal requirements set forth in later sections, including all forms and certifications, and will be evaluated in accordance with the criteria and procedures described herein. Based upon the results of the evaluation, the TRB will award the contract(s) to the most advantageous Vendor(s), based on cost and the technical evaluation factors in the RFP. Any contract awarded hereunder shall be subject to the approval of the Office of the Attorney General in accordance with applicable state laws and regulations.

Please read the entire solicitation package and submit an offer in accordance with the instructions. All forms contained in the solicitation package must be completed in full and submitted along with the Technical Response and Price Proposal Worksheets, Attachment 3 a. - c. , which combined, will constitute the offer. **This RFP and your response, including all subsequent documents provided during this RFP process will become part of the contract terms and policy between the parties.**

Entities responding to this RFP should also note that the TRB is requiring access to certain information and that data must be provided to both the TRB and its health care consultant, Segal. Submission of your proposal will acknowledge acceptance of these requirements.

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The TRB has retained Segal to assist in the evaluation of the proposals for responsiveness to the RFP and to review such proposals with them. Each proposal shall be evaluated in accordance with the factors listed in Section 3.8 Evaluation of Proposals.

## 2 GENERAL INFORMATION

### 2.1 CURRENT PLAN INFORMATION

The TRB is a governmental pension plan with approximately 52,700 active members, 16,550 inactive members, 38,000 retired members and beneficiaries, 250 disabled, 1,700 continuances, 320 QDRO and 500 persons receiving monthly survivor benefits.

The TRB is governed by Chapter 167a of the Connecticut General Statutes as amended through the 2023 session of the TRB Legislature. The System is administered by the TRB, located in Hartford, CT. The TRB consists of sixteen members: four elected active teacher members, four elected retired teacher members, the Commissioner of the Department of Education, Treasurer, the Secretary of the Office of Policy and Management and five public members appointed by the Governor. All TRB members serve without pay but are reimbursed for necessary expenses. A subcommittee of the Board will review the responses to the RFP and make a recommendation of a firm(s) to the full Board. Upon Board approval, contract negotiations and execution will commence according to the State of Connecticut procurement policies and procedures. The Chief Administrative Officer is Helen Sullivan, who directs all activities of the system.

The TRB sponsors Medical, Pharmacy and Dental insurance programs for any member who is receiving retirement benefits or a disability allowance from the system, the spouse or surviving spouse of such member, or a disabled dependent of such member if there is no spouse or surviving spouse, and who are participating in Medicare Part A hospital insurance and Medicare Part B medical insurance.

The TRB provides both a Fully Insured MAPD, and a Fully Insured Medicare Supplement with a Fully Insured Part D EGWP PDP for any member who is receiving retirement benefits or a disability allowance from the system, the spouse or surviving spouse of such member, or a disabled dependent of such member, and who are participating in Medicare Part A hospital insurance and Medicare Part B medical insurance. The TRB currently contracts with United HealthCare (UHC) for these programs. Members may elect either the MA-PD "base" plan or the Medicare Supplement program with PDP. Extra Vision and Hearing benefits are also included in both programs. The MA-PD is a National Passive PPO with the same member cost sharing both in and out of network.

The cost share equivalent is based on the medical and prescription coverage equally distributed three ways. One-third is paid by the health plan member, one-third is paid for by the State of CT appropriations, and one-third is paid for by the TRB. The Board approved a MA-PD Plan to become the base plan effective July 1, 2018 ("Base Plan"). The base plan is the plan used to determine each shareholder's cost share. The previous base plan was established (by Board approval) as a supplement to Medicare Parts A and B, which is offered to members as the "Buy Up Plan". The base plan has 28,253 members, and 4,326 remain in the Medicare Supplement "Buy Up Plan".

The TRB also provides a Dental program that is paid for entirely by the members who participate. Dental benefits are not part of this RFP.

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## **OPTING OUT**

If a member beneficiary opts out, he/she will lose their TRB MA-PD and/or Medicare Supplement and Part D EGWP coverage altogether and will not be permitted to re-enroll for two years.

Retirees and their dependents who are currently enrolled in the MA-PD plan or Medicare Supplement plan and subsequently drop, or terminate Medicare will lose their TRB retiree health coverage and will not be permitted to re-enroll in coverage for two years.

## **2.2 CONTRIBUTION INFORMATION**

State statute provides retirees with a subsidy that is 1/3 of the cost of the base plan. The TRB also contributes 1/3 of the cost of the base plan. Retirees contribute the remaining 1/3.

## **2.3 OBJECTIVES**

The TRB seeks to provide high quality, cost-effective benefits to its retirees and their families. The TRB is soliciting offers for a fully insured National Passive MA-PD PPO plan with a single vendor, with the same benefits for services rendered in or out-of-network. The TRB is also soliciting offers for a fully insured Part D EGWP PDP as well as a Fully Insured Medicare Supplement plan. The proposed plan(s) should duplicate the current plans described in <https://portal.ct.gov/TRB> consistent with CMS guidelines. Vendors are encouraged to identify and offer features or enhancements that provide additional value without adding cost as well as any creative solutions that will achieve the TRB's goals. Both the MA-PD and the Medicare Supplement plan must include the enhanced vision and hearing benefits. If CMS requires a certain Medicare benefit level that is superior to what is required in this RFP, then the CMS benefit should be applied and noted.

## **2.4 SCOPE OF WORK**

Provide MA-PD PPO and Part D EGWP PDP and Medicare Supplement plan services.

The following services are required:

- Member Services
- Claims Adjudication
- Data and Performance Reporting
- Member Enrollment and Eligibility Maintenance
- Star Rating Maximization
- Risk Score Strategy and Management
- Medical Management
- Network Access and Network Management
- Formulary and Clinical Program Management
- Provider Advocacy and Assistance with Claims Issues
- Medicare Advantage, Medicare Supplement and Part D Administrative Assistance
- Effective Member Communications
- Patient and Provider Education
- Automatic Claims Filing, Medicare Coordination

## **2.5 CONTRACT TERM**

The contract term is for a three-year period beginning January 1, 2025 with Implementation to begin at contract award. The contract term will include a clause that gives the TRB the right to extend the contract for up to two additional one-year periods.

## **2.6 PLANNED SCHEDULE OF RFP ACTIVITIES**

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It is the TRB's intention to comply with the following schedule. The TRB reserves the right to amend the RFP and adjust this schedule as it deems necessary. All documents and updates to the RFP including, but not limited to, the actual RFP, questions and answers, addenda, etc., will be provided to all registered Vendors via the ProposalTech system.

Event	Due Date
Release of RFP	March 25, 2024
Intent to Respond (by 2:00 p.m. EST)	April 3, 2024
Written Questions from Proposers (by 2:00 p.m. EST)	April 5, 2024
Response to Questions from Proposers	April 10, 2024
Complete Electronic Proposals Submission (by 2:00 p.m. ET)	May 10, 2024
Notification of Finalist(s)	May 20, 2024
Finalist(s) Presentation(s) in Hartford	Week of May 27, 2024
Anticipated Contract(s) Award Date	June 12, 2024
Implementation Begins	June 2024
Proposed Effective Date	January 1, 2025

A proposal may not be modified, withdrawn, or canceled by the Vendor for a 180-day period following the deadline for proposal submission, or receipt of best and final offer, if requested, and the Vendor so agrees in submitting the proposal. A proposal may be withdrawn only prior to the proposal submission due date, by submitting to the Consultant a written request for withdrawal, signed by the Vendor.

## 2.7 OTHER INFORMATION

Other documents and information that may be helpful in preparing your proposal may be accessed via the Internet. Vendors are responsible for checking the TRB website for the most up to date information - <https://portal.ct.gov/TRB>

## 3 RESPONSE INSTRUCTIONS

### 3.1 INSTRUCTIONS FOR SUBMITTING OFFERS

Detailed instructions for the completion and submission of your proposal will be found in the electronic RFP (eRFP) on ProposalTech. ProposalTech will be available to assist you with technical aspects of utilizing the system.

All sections of the eRFP must be answered completely and as outlined in the RFP, using ProposalTech. It is not acceptable to use the term "See Attached" as a response to any of the questions, fee quotation forms, plan or network comparisons. Such a response may jeopardize your chances for consideration. Final submissions must be posted with ProposalTech at no later than the due date and time cited. Access to the eRFP will be locked after that time. Vendors will not be able to post or change their responses. Late proposals will not be considered. TRB reserves the right to ask Vendors follow-up questions through ProposalTech as may be necessary to fully evaluate bidder capabilities.

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Please note that these instructions are to be read and followed by each Vendor and that failure to follow these instructions may result in rejection of a proposal for non-responsiveness or cancellation of contract if already awarded. Any mention of "days" in this RFP will refer to calendar days unless noted.

## 3.2 INTENT TO RESPOND AND NON-DISCLOSURE AGREEMENT (NDA)

The completed Intent to Respond form must be submitted via the ProposalTech system by the deadline noted in Section 2.6 PLANNED SCHEDULE OF RFP ACTIVITIES.

The Intent to Respond form will be posted to ProposalTech. It should be completed and uploaded to ProposalTech by the specified due date. An Intent to Bid form does not bind participants to submit a proposal.

**Instructions for submission: Click on the Messaging/History in the left-hand side menu and on the following page create a "New" message and select "Individual User" (Jennifer Slutzky) to send to. Once your attachment is uploaded, be sure to check the box to include your attachment with the email and then click "Send."**

It is the Vendor's sole responsibility to assure delivery by the designated deadline. The Intent to Respond form should indicate your organization's primary contact, direct telephone number, and e-mail address. The form should also indicate the name and email address of the primary data contact. Secure data will be provided via Segal's Secure File Transfer (SFT) system.

Upon receipt of the Intent to Respond form, Segal will review its files for a current Global or Bid-Related NDA/Confidentiality Agreement in Segal's system. If there is an NDA/Confidentiality Agreement on file with Segal, Segal will send the data securely to the interested Vendor, as appropriate.

If there is no NDA/Confidentiality Agreement on file with Segal, a document will be issued to the interested Vendor for signature. Verbiage is non-negotiable. Upon receipt of the newly signed NDA, or confirmation of an existing NDA on file, the data will be securely released to the Vendor.

**Secure data will not be released until your Intent to Respond form and signed NDA are submitted.**

*Single, Radio group.*

1: Completed and sent,

2: Not provided

Attached Document(s): [Attachment 1 - Intent to Bid Form.doc](#)

## 3.3 VENDOR QUESTIONS

Any questions regarding this RFP should be submitted directly via Proposal Tech using the "Ask Questions" feature to Jennifer Slutzky. Please submit your RFP related questions via ProposalTech to Segal by date and time as specified in Section 2.6, if not sooner. Questions from any Vendor that is considering a response to this RFP will be answered. Questions sent via email or telephone will not be accepted. The TRB reserves the right to provide a combined answer to similar questions. Any and all questions and answers to this RFP will be posted on ProposalTech and the TRB website at <https://portal.ct.gov/TRB>

Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support.

## 3.4 PROPOSAL SUBMISSION

Proposals are to be submitted electronically via the ProposalTech system by May 10 at by 2:00 p.m. ET. Proposals posted later than the time and date specified will not be considered. If you choose not to offer a

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proposal, please confirm this in writing with the specific reasons for your declination. All decisions and evaluations will be determined from the proposals submitted electronically via the ProposalTech system and onsite finalist reviews, if applicable.

**In addition to the complete proposal submission, the Proposer must also provide one copy of their complete proposal submission, financial and technical, that has been redacted for proprietary information, via ProposalTech.**

**Proprietary Items Exempt from Disclosure:** The identification of confidential responses has been turned on for this RFP. If you feel that a response to a question contains proprietary/confidential information, click the "Disclosure" tab located underneath the question and check the box for "Exemption from Disclosure." Provide a reason for the exemption in the text field provided. If you do not provide a reason for exemption, the question will not be considered answered. **DO NOT** make every response confidential, but only select those responses that contain information that is truly confidential. Failure to follow these directions will result in your responses being released as part of any FOIA request. If you have any questions regarding this process, please contact Proposal Tech Support at 877-211-8316 x84.

**Any information provided in attachments should also be redacted.**

## 3.5 RESTRICTION ON CONTACT WITH STATE PERSONNEL

Except as called for in this RFP, from the date of release of this RFP until the right to negotiate a contract is awarded as a result of this RFP, any communications with personnel employed by the TRB, members of the Board, and RFP committee members about the RFP are prohibited until selection of the successor Vendor. All communications must be directed to Jennifer Slutzky via ProposalTech. For violation of this provision, the State reserves the right to reject the proposal of the violator.

## 3.6 PUBLICATION OF RFP

Consistent with State of Connecticut purchasing requirements, this RFP is being listed on the state's procurement/contractor portal on the State Department of Administrative Services website, [www.biznet.ct.gov](http://www.biznet.ct.gov), as well as on the agency's website at [www.ct.gov/trb](http://www.ct.gov/trb)

## 3.7 EVALUATION OF PROPOSALS

The TRB will utilize the following criteria to assess the proposals that are submitted. These are not listed in order of importance:

- Value of the benefit plans and services, taking into consideration the requirements of the RFP, proposed services and any "value-added" benefits and services
- Cost of the proposed benefits and/or services
- Demonstrated programs and risk adjustment strategies, which minimize claim cost through medical management strategies
- Contractor's Commitment to quality and price transparency
- Qualifications of the firm including financial capacity and staffing, and availability of staff to work with TRB during Open Enrollment and continue to support the TRB throughout the contract
- Presence in the State of Connecticut
- Contractor's experience with MAPD Plans and Medicare Supplement, commitment to such plans, and experience offering such plans to public sector plans, which includes robust references
- Network access and network management (medical and pharmacy)
- Formulary Management

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- Contractor's ability to educate and communicate with retirees and families/caretakers
- Contractor's ability to educate, communicate with and support provider entities
- Contractor's ability to minimize member disruption
- Proven strategies to maximize Star Ratings and receive bonus subsidies from CMS
- Contractor's compliance with state contracting requirements and willingness to enter into the State standard contract terms and conditions
- Demonstration of Contractor's commitment to affirmative action by full compliance with the regulations of the Commission on Human Rights and Opportunities
- Performance Guarantees
- At the option of the review committee, Contractor's oral, finalist interview

## 3.8 CONFLICT OF INTEREST

Vendors must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. If none exist, the Vendor shall certify in writing that no relationship exists between the Vendor and the State of Connecticut that interferes with fair competition or is a conflict of interest, and no relationship exists between the Vendor and another person or organization that constitutes a conflict of interest with respect to any State contract. Any successful Vendor must execute a contract and grant disclosure and certification form.

The Vendor shall provide assurances that it presently has no interest and shall not acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder. The Vendor shall also provide assurances that no person having any such known interests shall be employed during the performance of this contract.

## 3.9 ORDER OF PRECEDENCE

In the event of inconsistencies or contradictions between language contained in the RFP and a Vendor's response, the language contained in the RFP will prevail. Should the TRB issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Vendor's proposal in the event of an inconsistency, ambiguity, or conflict.

## 3.10 GOVERNING LAW

The contract shall be governed in all respects by the laws of the State of Connecticut.

# 4 PROPOSAL REQUIREMENTS

## 4.1 STATE OF CONNECTICUT GENERAL TERMS AND CONDITIONS

### 4.1.1 General Terms and Conditions

*By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:*

1. **Equal Opportunity and Affirmative Action.** The State of CT is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and applicable State

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- laws and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the TRB nor the State shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
  3. **Exclusion of Taxes.** The TRB is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
  4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
  5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, The TRB may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the TRB, and at the proposer's expense.
  6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the TRB. TRB may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected, and a place provided by the TRB. At its sole discretion, the TRB may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.
  7. **Presentation of Supporting Evidence.** If requested by the TRB, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The TRB may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the TRB may also check or contact any reference provided by the proposer.
  8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the TRB or the State or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the TRB and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The TRB shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by The TRB and, if required by the Attorney General's Office.
  9. **Acceptance or Rejection by the State**—The State reserves the right to accept or reject any or all proposals submitted for consideration. All proposals will be kept sealed and safe until the deadline for submission has passed. By responding to this procurement, applicants agree to accept the Comptroller's determinations as final.
  10. **Conformance with Statutes**—Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the federal government.
  11. **Ownership of Proposals**— All proposals submitted in response to this RFP are to be the sole property of the State of Connecticut and will be subject to the applicable Freedom of Information provisions starting at Section §§1-200 of the Connecticut General Statutes. In addition to the completed response, any proposer that submits matter that it in good faith determines to contain trade secrets or confidential commercial or financial information must mark such materials as "CONFIDENTIAL" within Proposal Tech which may be disclosed without objection in the event a FOI request is made for its proposal. Failure to clearly mark materials as "CONFIDENTIAL" may result in the release of the RFP response on file with the TRB at the time such FOI request is made.



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12. **Ownership of Subsequent Products**—Any product, whether acceptable or unacceptable, developed under a contract award as a result of this RFP is to be the sole property of the State of Connecticut, unless explicitly stated otherwise in the RFP or contract.
13. **Communication Blackout Period**—Except as called for in this RFP, contractors may not communicate about the RFP with the TRB or members of its Board until the successful bidder(s) are selected. No Contractor or Contractor's representative may contact an employee of the The TRB or member of the its Board or their representatives regarding their proposal until final selections have been made. Until such time as final selections are made, any such contact will be considered collusion under the "Terms and Conditions" herein and may be grounds for disqualification of the Contractor's proposal.
14. **Notice of Intent to Respond**—The notice of intent to respond (Attachment 1) will be due to Jennifer Slutzky by 2:00 P.M. on April 3, 2024 via the ProposalTech system as described above in Section 3.2. In the notice, the Contractor must provide an email address to receive information about the RFP process, including data, answers to questions submitted by other potential contractors, requests for clarification and other matters about the selection process.
15. **Availability of Work Papers**—All work papers and data used in the process of performing this project must be available for inspection by the State of Connecticut Auditors of Public Accounts for a period of three (3) years or until audited.
16. **Timing and Sequence**—All timing and sequence of events resulting from this RFP will ultimately be determined by the State. Late responses may or may not be considered, and it will be left to the TRB's discretion whether to accept or reject late responses.
17. **Stability of Proposed Prices**—Any price offerings from Contractors must be valid for a period of one hundred eighty (180) days from the due date of the Contractor proposals.
18. **Oral Agreements**—Any alleged oral agreement or arrangement made by a Contractor with any agency or employee will be superseded by the written agreement.
19. **Amending or Canceling Requests**—The TRB reserves the right to amend or to cancel this RFP prior to the due date and time, if such action is deemed to be in the best interest of the TRB.
20. **Rejection for Default or Misrepresentation**—The State reserves the right to reject the proposal of any Contractor that is in default of any prior contract or for misrepresentation.
21. **Rejection of Qualified Proposals**—Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
22. **Collusion**—By responding to this RFP, the Contractor implicitly states that the proposal is not made in connection with any competing Contractor submitting a separate response to the RFP and is in all respects fair and without collusion or fraud. It is further implied that the Contractor did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the Contractor's proposal preparation.
23. **Conformance to Instructions**—All responses to the RFP must conform to the instructions herein. Failure to provide any required information, provide the required number of copies, meet deadlines, answer all questions, follow the required format, or failure to comply with any other requirements of this RFP may be considered appropriate cause for rejection of the response.
24. **Appearances**—In some cases, Contractors may be asked to appear to give demonstrations, interviews, presentations or further explanation to the RFP's screening committee.
25. **Standard Contract and Conditions**—The Contractor must accept the State's standard contract language and conditions.
26. **Entire Agreement**—The contract will represent the entire agreement between the Contractor and the State and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for payment of services under the terms of the contract until the successful Contractor is notified that the contract has been accepted and approved

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by the TRB and by the Office of the Attorney General. The contract may only be amended by means of a written signed agreement by the State, the Contractor, and the Office of the Attorney General.

27. **Rights Reserved to the State**—the State reserves the right to award in part, to reject any and all proposals in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.

## 4.1.2 Standard Contract, Parts I and II

*By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the State's "standard contract" terms]:*

Part I of the standard contract will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract.

Part II of the standard contract includes the mandatory terms and conditions, may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

## 4.1.3 Assurances

*By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:*

**4.1.3.1 Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.

**4.1.3.2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.

**4.1.3.3. Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

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**4.1.3.4. Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the proposal, by reference or otherwise, into any contract with the successful proposer.

**4.1.3.5. Press Releases.** The proposer agrees to obtain prior written consent and approval of the Agency for press releases that relate in any manner to this RFP or any resultant contract.

Confirm you have reviewed, signed and uploaded the State of Assurances to the Manage Documents page.

Attached Document(s): [STATEMENT OF ASSURANCES.docx](#)

*Single, Radio group.*

1: Confirmed and attached,

2: Not confirmed: [ 1000 words ]

## 4.1.4 Additional Procurement Requirements

The Connecticut Department of Administrative Services ("DAS") has implemented a requirement that all firms seeking to do business with the State of Connecticut must register their business on CTSOURCE.

**Registering with the State Contracting Portal.** Respondents must register with the State of Connecticut contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> if not already registered. Respondents shall submit the following information pertaining to this application to this portal (on their supplier profile), which will be checked by the Agency contact.

- Secretary of State recognition - Click on appropriate response
- Non-profit status, if applicable
- Notification to Bidders, Parts I-V
- Campaign Contribution Certification (OPM Ethics Form 1): [OPM Ethics Form](#)

Firms will have the ability to view, verify and update their information by logging in to their CTSOURCE account, prior to submitting responses to an RFP.

The guide to using CTSOURCE appears at <https://portal.ct.gov/-/media/DAS/CTSource/Documents/CTsource-Supplier-Registration-Portal-User-Guide-Final.pdf>.

If you experience difficulty establishing your firm's account, please call DAS at 860-713- 5095 or send an email to [das.ctsource@ct.gov](mailto:das.ctsource@ct.gov).

If you have difficulty accessing your CTSOURCE account call 1-866-889-8533 or email [webprocure-support@proactis.com](mailto:webprocure-support@proactis.com).

The OPM Ethics Form, ) : [OPM Ethics Form](#) must be signed, dated, notarized, and uploaded to CTSOURCE in accordance with the instructions on page 23 of the User Guide:

For information on how to complete these forms, please access the Office of Policy and Management website by using the following link: [http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV_GID=1806)

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The State of Connecticut's Contract Compliance Forms applicable to State contracts are available at : [NotificationtoBidderspdf.pdf \(ct.gov\)](#) You must complete the Bidder Contract Compliance Monitoring Report and upload it to CTSOURCE. More information about the State of Connecticut's Contract Compliance requirements is available on the Commission on Human Rights and Opportunities' web site under "Contract Compliance."

Your proposal should confirm you have downloaded, completed, and submitted all of the procurement documents listed above to CTSOURCE. If not, please explain.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 100 words ]

## 4.1.5 Rights Reserved to the State

*By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:*

**4.1.5.1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the TRB.

**4.1.5.2. Amending or Canceling RFP.** TRB reserves the right to amend or cancel this RFP on any date and at any time, if the TRB deems it to be necessary, appropriate, or otherwise in the best interests of the State.

**4.1.5.3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, The TRB may reopen the procurement process, if it is determined to be in the best interests of the State.

**4.1.5.4. Award and Rejection of Proposals.** The TRB reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The TRB may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the TRB will be served. The TRB reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.

**4.1.5.5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

**4.1.5.6. Contract Negotiation.** The TRB reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The TRB further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the TRB may seek Best and Final Offers (BAFO) on cost from proposers. The TRB may set parameters on any BAFOs received.

**4.1.5.7. Clerical Errors in Award.** The TRB reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void ab initio and of no effect as if no contract ever existed between the State and the proposer.

**4.1.5.8. Key Personnel.** When the State is the sole funder of a purchased service, TRB reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The TRB also reserves the right to approve replacements for key personnel who have terminated employment. The TRB further reserves the right to require the removal and replacement of

# Connecticut State Teachers' Retirement Board Retiree Health RFP

any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the TRB.

## 4.1.6 Statutory and Regulatory Compliance

*By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:*

**4.1.6.1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, and identifies the applicable exemptions from the state FOI Act, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

**4.1.6.2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

**4.1.6.3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "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, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "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 as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.

**4.1.6.4. Campaign Contribution Restriction, C.G.S. § 9-612.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at [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)

## Connecticut State Teachers' Retirement Board Retiree Health RFP

**4.1.6.5. Gifts, Conn.Gen.Stat. § 4-252.** Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order No. 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or proposal, represents:

- (1) That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi- public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, 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;
- (2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and
- (3) That the Contractor is submitting bids or proposals without fraud or collusion with any person.

Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

**4.1.6.6. Iran Energy Investment Certification C.G.S. § 4-252(a).** Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.

**4.1.6.7. Nondiscrimination Certification, C.G.S. § 4a-60 and 4a-60a.** If a bidder is awarded an opportunity to negotiate a contract, the proposer must provide the State agency with written representation in the resulting contract that certifies the bidder complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts - regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if the contractor understands its obligations. If a bidder or vendor refuses to agree to this representation, such bidder or vendor shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified bidder or seek new bids or proposals.

**4.1.6.8. Access to Data for State Auditors.** The Contractor shall provide to OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by OPM [or the Client Agency] and the State Auditors of Public Accounts at no additional cost.

# Connecticut State Teachers' Retirement Board Retiree Health RFP

## 4.1.7 Standard Contract Terms and Conditions

Be advised that the State has certain contract requirements. Contractors responding to this RFP must be willing to adhere to the following contract requirements and must affirmatively state their adherence to these terms and conditions with a transmittal letter appended to their proposal response.

The Contractor must agree that the contract shall be governed by, construed, and enforced in accordance with the laws and court decisions of the State of Connecticut without giving effect to its principles of conflicts of laws. Under no circumstances may a State of Connecticut contract contain limited liability and/or binding arbitration provisions. The State may not indemnify a Contractor or waive its sovereign immunity.

At all times, Contractor shall utilize approved, qualified personnel necessary to perform the services under this Agreement. If at any time the TRB in its sole discretion determines that the personnel/staff assigned to perform the services under this agreement is incompetent, dishonest or uncooperative, TRB reserves the right to request that Contractor reassign personnel/staff and arrange for an employee(s) or subcontractor(s) satisfactory to TRB to provide the services otherwise performable by the Contractor hereunder.

Contractor shall review any requests by TRB to reassign personnel/staff. In requesting such reassignment of personnel/staff, TRB shall give thirty days (30) notice to Contractor of TRB's desire for such reassignment. Contractor will then have fifteen (15) days to investigate the situation and attempt, if it so desires, to resolve the situation to the mutual satisfaction of the parties. Should the parties not reach a mutual resolution, then fifteen (15) days thereafter, or thirty (30) days from the date of the notice of reassignment, the TRB may terminate this agreement by providing written notice.

Contractor shall advise the TRB promptly, in writing, of any labor related occurrence known to Contractor involving Contractor's employees, which may reasonably be expected to affect Contractor's performance of services under this agreement. Notwithstanding such occurrence, the Contractor shall at all times assign competent personnel/staff to perform the services contracted for under this agreement.

## 4.2 GENERAL PROPOSAL CONFIRMATIONS

Below are the specific confirmations for submitting a proposal. By checking "Confirmed", Vendor represents the proposal submitted adheres to these confirmations, unless otherwise noted in the proposal. **Failure to agree to any of these confirmations may result in disqualification of proposal.** If a Vendor takes exception to any of these confirmations, it must be so noted in the Bid Exceptions and Deviations Document, Attachment 2 of their proposal response. These confirmations will also explicitly apply to any subcontractors used by the Vendor to deliver services to the TRB.

4.2.1 Confirm that you are licensed to do business in the State of Connecticut.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

4.2.2 Completion of this proposal confirms your ability to mirror requested benefits. If you are unable to meet all requirements, variations should be clearly reported in the Bid Exceptions and Deviations Document. Completion in whole or in part will also act as confirmation of the accuracy of the data provided in your proposal.

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*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

4.2.3 Confirm that there will be no minimum participation requirements.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

4.2.4 Confirm you will comply with any independent auditing or claims review firm employed by the TRB or the State of Connecticut in providing required financial information, claim information and claim documents for claims audits and/or review.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

4.2.5 Confirm that you will be responsible for defending any litigation concerning erroneous claims administration.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

4.2.6 Confirm you will notify the Plan and each affected individual directly if a breach of unsecured protected health information is discovered, as required under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, and in accordance with the HIPAA/HITECH Comprehensive Final Rule.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

4.2.7 Confirm that you agree to provide detailed claims data as asked for in this RFP.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

4.2.8 Confirm you will notify the TRB when you first identify significant issues that cause member or provider disruption.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

4.2.9 Confirm you will send timely notification letters to members and their providers of drug formulary changes or other changes where there is a negative impact on the member at no additional fee, when applicable.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

4.2.10 No covered Medicare-eligible retiree or covered Medicare-eligible dependent of a retiree shall lose or gain coverage as a result of vendor change. Any and all transition-of-care-related issues and non-confinement provisions must be expressly waived for the initial enrollment for covered retirees and covered dependents



# Connecticut State Teachers' Retirement Board Retiree Health RFP

that have already satisfied the limitations under the existing plan, unless otherwise specified in the eligibility rules established by the TRB and/or CMS.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed: [ 1000 words ]

4.2.11 Confirm that all data, records, files and other information relating to the plan belong to the TRB, that the TRB may use the data for whatever business purposes the TRB deems necessary, and are subject to release to the TRB if the contract is terminated.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not Confirmed, please explain: [ 1000 words ]

4.2.12 Confirm you have provided a copy of your emergency operations/disaster recovery/business continuity/pandemic plan as part of your response to this RFP.

*Single, Radio group.*

- 1: Confirmed, Attached,
- 2: Not Confirmed, please explain: [ 1000 words ]

4.2.13 Confirm you have provided detailed information on insurance, bonding, and guarantees offered in the event of issues caused by loss of operations due to an emergency or disaster.

*Single, Radio group.*

- 1: Confirmed, Attached,
- 2: Not Confirmed, please explain: [ 1000 words ]

4.2.14 Confirm you will disclose any offshore relationships.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not Confirmed, please explain: [ 1000 words ]

4.2.15 Confirm you will receive prior approval from TRB for all communications to members. This includes all written website, electronic communication including, but not limited to, media advertising and regulatory mailings required under federal and/or state law. During open enrollment periods, all general media advertising in the State of Connecticut media markets must also be approved by the TRB. Failure to comply will result in a penalty payment of 0.50% of total expenses, no less than \$30,000 and no greater than \$100,000.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not Confirmed, please explain: [ 1000 words ]

4.2.16 Confirm you will accept and provide electronic data feeds in the appropriate HIPAA or TRB defined format on a schedule determined by the TRB. All carriers will receive the identical format and data structure as defined by the TRB.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not Confirmed, please explain: [ 1000 words ]

4.2.17 Confirm you will share data with health benefits administrators and the TRB's healthcare consultant and actuary, Segal.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not Confirmed, please explain: [ 1000 words ]

# Connecticut State Teachers' Retirement Board Retiree Health RFP

4.2.18 HIPAA Events: Confirm members may add, drop or make changes as appropriate if an allowable qualifying event occurs.

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, please explain: [ 1000 words ]

4.2.19 Confirm you will provide the TRB with online access to their enrollment information in real time.

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, please explain: [ 1000 words ]

4.2.20 Confirm you will be responsible for maintaining all provider contracts, terms and conditions, within its claims payment system.

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, please explain: [ 1000 words ]

4.2.21 Confirm that during the length of the contract, you shall not undertake a major conversion for, or related to, the system used to deliver services to the plan without specific written notice to the TRB. This does not apply to any program fixes, modifications, and enhancements.

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, please explain: [ 1000 words ]

4.2.22 Confirm you will notify the TRB prior to any changes in Vendor's representatives account management team.

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, please explain: [ 1000 words ]

4.2.23 Confirm you agree to change the assigned account management team members at the TRB's request.

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, please explain: [ 1000 words ]

4.2.24 Confirm you will provide a SSAE-16 or equivalent Report on an annual basis.

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, please explain: [ 1000 words ]

4.2.25 Confirm you will provide a copy of the data dictionary for all fields that are operational in any system proposed. This data dictionary must include the length of the field and a specific description of the data stored in each field.

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, please explain: [ 1000 words ]

4.2.26 Confirm you will comply with HIPAA, PPACA and other federal and/or state mandates to include privacy, security and electronic data transfer requirements.

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*Single, Radio group.*

- 1: Confirmed,
- 2: Not Confirmed, please explain: [ 1000 words ]

4.2.27 Confirm you will describe any breaches, complaints or grievances with regards to protected health information (e.g., security or privacy) for you complete book of business; list the event and resolution in detail.

*Single, Radio group.*

- 1: Confirmed, please describe: [ 1000 words ] ,
- 2: Not Confirmed, please explain: [ 1000 words ]

4.2.28 Confirm you have disclosed any event where its employees have willfully committed acts that compromise member information, regardless of whether it is PHI or not.

*Single, Radio group.*

- 1: Confirmed, please describe: [ 1000 words ] ,
- 2: Not Confirmed, please explain: [ 1000 words ]

4.2.29 Confirm your agreement to meet all CMS enrollment and eligibility requirements.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not Confirmed, please explain: [ 1000 words ]

4.2.30 Confirm your agreement with details on data interfacing as outlined in the table below.

Attached Document(s):

Organization	Description of Files	Frequency	File Format	Confirmation	Comments
TRB	Vendor will receive an initial full eligibility feed and eligibility updates (change file)	At least weekly	Standard HIPAA 834 Benefit Enrollment and Maintenance transaction file layout	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain in comments	1000 words.
Segal (health care consultant)	Vendor to provide a detailed claims and patient information data feed monthly data feed of all medical and pharmacy claims, as outlined in the Reporting to the TRB section of this RFP.	Monthly. Data feed must be provided for the prior month by the 3 <sup>rd</sup> business day of the current month.	Mutually agreed upon format	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain in comments	1000 words.

## 5 MEDICARE ADVANTAGE AND PRESCRIPTION DRUG PLAN CONFIRMATIONS

Below are the specific confirmations for submitting a MA-PD proposal. By checking “Confirmed”, Vendor represents the proposal submitted adheres to these confirmations, unless otherwise noted in the proposal. **Failure to agree to any of these confirmations may result in disqualification of proposal.** If a Vendor takes exception to any of these confirmations, it must be so noted in the Bid Exceptions and Deviations Document of

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their proposal response. These confirmations will also explicitly apply to any subcontractors used by the Vendor to deliver services to the TRB.

5.1 Confirm you will have a rating of four stars or better for the duration of any resulting contract. The TRB requires that the MA-PD contract will maintain a rating of four stars or better. In the event that the plan rating drops below four stars, Vendor will be required to honor the contract pricing network at the four star or above rating.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.2 Confirm that you will provide a National Passive MA-PD PPO plan with same in-network and out-of-network cost sharing for members.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.3 Confirm that you will provide the requested plan design(s) identically in all states.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.4 Confirm that you will provide the same fully-insured rates throughout the country.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.5 Confirm that you agree that retirees who are disabled and on Medicare, but who are under age 65, are eligible for the MAPD PPO plan(s) proposed.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.6 Confirm that you agree to provide the MMRs and MORs as detailed in this RFP.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.7 Confirm you will develop and maintain the formulary submission files as required by CMS.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.8 Confirm you will submit all required filings with CMS.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.9 Confirm you are knowledgeable and compliant with all CMS requirements and regulations for enrollment/disenrollment, member communications, formulary, utilization management, and transition processes applying to PDP plans.

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*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.10 Confirm you will manage the abridged and comprehensive formulary documents and an online formulary lookup tool as needed for the TRB website.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.11 Confirm you will provide for all needed first and second level appeals processes, per CMS requirement for the formulary.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.12 Confirm that your pricing is based on the TRB's actual claims data (claims line detail will be provided) provided to Vendors in connection with this RFP.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.13 Confirm you will participate in the validation of the Medical Loss Ratio (MLR) to be performed by the TRB or its designee. The validation will include a review of the Quality Improving Activities (QIA) as defined by CMS.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.14 Confirm you will provide all requested data the TRB needs to validate a Medical Loss Ratio (MLR).

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.15 Confirm you will provide a TRB-specific web site for members so that members can access plan specific information. The website shall include provider and pharmacy directories (or look-up functions) and the drug formulary, a drug pricing look-up tool, as well as plan documents sent to all members such as Evidence of Coverage documents and Annual Notice of Change documents.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.16 Confirm you will have a program in place to prevent and detect internal and external fraud and fraudulent practices. The program must have the ability to screen for potential fraud and systematically review provider claims. The Vendor will report its fraud findings to the TRB and any corrective measures, where necessary.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

5.17 Confirm you will provide an opportunity to review and approve all communication materials (including letters, brochures, electronic, website, etc.) prior to being sent to members and providers. This includes all CMS-related communications, even if edits are not allowed by CMS.

# Connecticut State Teachers' Retirement Board Retiree Health RFP

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed: [ 1000 words ]

5.18 Confirm you will handle all initial internal and external appeals in accordance with CMS requirements and guidelines.

*Single, Radio group.*

- 1: Confirmed: [ 1000 words ] ,
- 2: Not confirmed: [ 1000 words ]

5.19 Confirm you will handle all grievances in accordance with CMS requirements and guidelines. Describe how you will comply with this requirement.

*Single, Radio group.*

- 1: Confirmed: [ 1000 words ] ,
- 2: Not confirmed: [ 1000 words ]

5.20 For each renewal period, confirm you will provide, at a minimum, the same elements as detailed in the Price Proposal Worksheets (Attachment 3) in this RFP.

*Note this may be subject to change depending on detail that may be needed for analysis.*

Attached Document(s): [Attachment 3a- Price Proposal for National Passive MA-PD PPO\(9913363.1\).xlsx](#), [Attachment 3b - Price Proposal for Part D EGWP\(9913366.1\).xlsx](#), [Attachment 3c - Price Proposal for Medicare Supplement\(9913359.1\).xlsx](#)

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed: [ 1000 words ]

## 6 MEDICARE SUPPLEMENT PLAN CONFIRMATIONS

Below are the specific confirmations for submitting a Medicare Supplement Plan. By checking "Confirmed", Vendor represents the proposal submitted adheres to these confirmations, unless otherwise noted in the proposal. **Failure to agree to any of these confirmations may result in disqualification of proposal.** If a Vendor takes exception to any of these confirmations, it must be so noted in the Bid Exceptions and Deviations Document of their proposal response. These confirmations will also explicitly apply to any subcontractors used by the Vendor to deliver services to the TRB.

6.1 Confirm you will 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.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed: [ 1000 words ]

6.2 Confirm you will 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.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed: [ 1000 words ]

6.3 Confirm you will provide Explanation of Benefits to members in instances where the claim is not fully paid.

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*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

6.4 Confirm that you are set up to receive electronic and automatic crossover of claims and eligibility from the Medicare intermediary or Medicare carrier.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

6.5 Confirm you will have a program in place to prevent and detect internal and external fraud and fraudulent practices. The program must have the ability to screen for potential fraud and systematically review provider claims. The Vendor will report its fraud findings to the TRB and any corrective measures, where necessary.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

6.6 Confirm you will provide an opportunity to review and approve all communication materials (including letters, brochures, electronic, website, etc.) prior to being sent to members and providers. This includes all CMS-related communications, even if edits are not allowed by CMS.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

6.7 For each renewal period, confirm you will provide, at a minimum, the same elements as detailed in the Price Proposal Worksheets (Attachment 3) in this RFP.

*Note this may be subject to change depending on detail that may be needed for analysis.*

Attached Document(s): [Attachment 3a- Price Proposal for National Passive MA-PD PPO\(9913363.1\).xlsx](#), [Attachment 3b - Price Proposal for Part D EGWP\(9913366.1\).xlsx](#), [Attachment 3c - Price Proposal for Medicare Supplement\(9913359.1\).xlsx](#)

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 1000 words ]

## **7 QUESTIONNAIRE - GENERAL INFORMATION, CAPABILITIES, AND EXPERIENCE WITH NATIONAL MA-PD, MEDICARE PART D EGWP and MEDICARE SUPPLEMENT PLANS**

### **7.1 REFERENCES**

7.1.1 Provide three (3) current customer group health plan references. For at least two (2) of these references, Vendor should cover at least 25,000 group health plan members. For at least one (1) of these references, Vendor should provide a reference for their largest (based on total group membership) Public Sector group health plan client. The TRB is interested in working with carriers that have experience with and a history of

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providing MA-PD and Part D and Medicare Supplement benefits to public sector plans of similar size. Provide the following for each reference:

<b>MA-PD</b>	Reference 1	Reference 2	Reference 3
a. Customer name	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
b. Length of time serviced	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
c. Number of covered members	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
d. Description of services	<i>100 words.</i>	<i>100 words.</i>	<i>100 words.</i>
e. Name of contact	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
f. Contact title	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
g. Contact phone number	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
h. Contact email	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
i. Contact address	<i>50 words.</i>	<i>50 words.</i>	<i>50 words.</i>

## 7.1.2

<b>MEDICARE SUPPLEMENT</b>	Reference 1	Reference 2	Reference 3
a. Customer name	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
b. Length of time serviced	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
c. Number of covered members	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
d. Description of services	<i>100 words.</i>	<i>100 words.</i>	<i>100 words.</i>
e. Name of contact	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
f. Contact title	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
g. Contact phone number	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
h. Contact email	<i>20 words.</i>	<i>20 words.</i>	<i>20 words.</i>
i. Contact address	<i>50 words.</i>	<i>50 words.</i>	<i>50 words.</i>

7.1.3 Provide this same information for two (2) recently-terminated customers. Include the reason the engagement was terminated.

<b>MA-PD</b>	Reference 1	Reference 2
a. Customer name	<i>20 words.</i>	<i>20 words.</i>
b. Length of time serviced	<i>20 words.</i>	<i>20 words.</i>
c. Number of covered members	<i>Integer.</i>	<i>Integer.</i>
d. Description of services	<i>100 words.</i>	<i>100 words.</i>
e. Name of contact	<i>20 words.</i>	<i>20 words.</i>
f. Contact title	<i>20 words.</i>	<i>20 words.</i>
g. Contact phone number	<i>20 words.</i>	<i>20 words.</i>
h. Contact email	<i>20 words.</i>	<i>20 words.</i>
i. Contact address	<i>50 words.</i>	<i>50 words.</i>
j. Reason for termination	<i>100 words.</i>	<i>100 words.</i>



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## 7.1.4

<b>MEDICARE SUPPLEMENT</b>	Reference 1	Reference 2
a. Customer name	20 words.	20 words.
b. Length of time serviced	20 words.	20 words.
c. Number of covered members	Integer.	Integer.
d. Description of services	100 words.	100 words.
e. Name of contact	20 words.	20 words.
f. Contact title	20 words.	20 words.
g. Contact phone number	20 words.	20 words.
h. Contact email	20 words.	20 words.
i. Contact address	50 words.	50 words.
j. Reason for termination	100 words.	100 words.

## 7.2 COMPANY OVERVIEW

7.2.1 Please provide the following information:

	Your Company	Parent Company
Legal Company Name	1000 words.	1000 words.
Corporate Office Address	1000 words.	1000 words.
Telephone Number	1000 words.	1000 words.
Company URL (web address)	1000 words.	1000 words.

7.2.2 Provide the location of your office(s) that would be responsible for managing the TRB contract.  
1000 words.

7.2.3 Provide the names of all subcontractors along with the type of services they will provide, the number of years your firm has utilized the subcontractor, and the contractual relationship between subcontractor and your company. Please use the table provided below.

<b>MA-PD</b>	<b>Name and Address</b>	<b>Type of Service(s)</b>	<b>Years Utilizing this Contractor</b>	<b>Contractual Relationship</b>
1.	1000 words.	1000 words.	1000 words.	1000 words.
2.	1000 words.	1000 words.	1000 words.	1000 words.
3.	1000 words.	1000 words.	1000 words.	1000 words.
4.	1000 words.	1000 words.	1000 words.	1000 words.
5.	1000 words.	1000 words.	1000 words.	1000 words.

7.2.4 Please complete the following table.

<b>MEDICARE SUPPLEMENT</b>	<b>Name and Address</b>	<b>Type of Service(s)</b>	<b>Years Utilizing this Contractor</b>	<b>Contractual Relationship</b>
----------------------------	-------------------------	---------------------------	--	---------------------------------

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1.	1000 words.	1000 words.	1000 words.	1000 words.
2.	1000 words.	1000 words.	1000 words.	1000 words.
3.	1000 words.	1000 words.	1000 words.	1000 words.
4.	1000 words.	1000 words.	1000 words.	1000 words.
5.	1000 words.	1000 words.	1000 words.	1000 words.

7.2.5 Has your organization experienced recent merger or acquisition activity? If so, please describe. Has your organization recently undergone any workforce realignments? If so, please describe. Are there any anticipated changes in ownership or business developments, including, but not limited to, mergers, stock issues, and the acquisition of new venture capital? If so, please explain.

*Single, Radio group.*

1: Yes, explain: [ 1000 words ] ,

2: No

7.2.6 Does your company have any current or pending litigation? If yes, please explain.

*Single, Radio group.*

1: Yes, explain: [ 1000 words ] ,

2: No

7.2.7 Has your company been sanctioned by CMS, for the contract upon which you are bidding, in the past 5 years? If so, please explain and include in your response detail regarding the level of sanction (e.g., creating a corrective action plan, paying civil monetary penalties, suspension of marketing and enrollment, etc.)

*Single, Radio group.*

1: es, explain: [ 1000 words ] ,

2: No

7.2.8 Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months.

1000 words.

7.2.9 What are the most recent ratings for your company by the following?

	Rating	Date
A.M. Best	10 words.	To the day.
Fitch	10 words.	To the day.
Moody's	10 words.	To the day.
Standard and Poor's	10 words.	To the day.

7.2.10 If your rating has changed within the past 12 months for any of the rating agencies, please explain.

1000 words.

7.2.11 Is your organization:

*Single, Radio group.*

1: Privately held,

2: Publicly traded,

3: A Mutual Holding Company,

4: Other. Please describe: [ 1000 words ]

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7.2.12 What fidelity and surety insurance or bond coverage do you carry or would you recommend to protect the TRB? Specifically, describe the type and amount of the fidelity bond insuring your employees, which would protect the TRB in the event of a loss.

1000 words.

7.2.13 Confirm that you will provide the most recent 2 years of your firm's audited financial statements. Provide the requested financial statements as an attachment to your proposal.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

## 7.3 EXPERIENCE

7.3.1 Describe your organization's experience participating in Medicare with a PDP option for both Part C and Part D benefits as well as Medicare Supplement Plans, based upon the plans you are quoting. Include the number of years that your organization has participated in Medicare and a brief history of key developments over this time, such as when your first group Medicare plan was offered. Please also include insight on the direction of your program over the next five years.

1000 words.

7.3.2 Provide statistics regarding your MA-PD, PDP and Medicare Supplement business for your entire book of business.

MA-PD	Individual Members	Total Group Members	Total Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Public Sector Groups with 25,000+ lives
2020	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2021	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2022	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2023	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2024	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

7.3.3

MEDICARE SUPPLEMENT	Individual Members	Total Group Members	Total Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Public Sector Groups with 5,000+ lives
2020	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2021	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2022	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2023	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2024	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

7.3.4 a. How many new group members did your organization add effective January 1, 2023 and January 1, 2024? b. How many new groups did your organization add effective January 1, 2023 and January 1, 2024?

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MA-PD	New Group MA Members	New MA Groups
2023	<i>Integer.</i>	<i>Integer.</i>
2024	<i>Integer.</i>	<i>Integer.</i>

7.3.5

MEDICARE SUPPLEMENT	New Group Members	New Groups
2023	<i>Integer.</i>	<i>Integer.</i>
2024	<i>Integer.</i>	<i>Integer.</i>

7.3.6 What percentage of your 2023 total group membership renewed for the 2024 plan year?  
1000 words.

7.3.7 Please complete the following table.

	Percent of Total Group MA-PD Membership Renewed	Percent of Total Group Medicare Supplement Membership Renewed
2024	<i>Percent.</i>	<i>Percent.</i>

## 7.4 STAFFING

7.4.1 Confirm that all clinical staff and other applicable team members are appropriately licensed or certified in the state in which they are employed. Describe the licensing requirements for your staff.

*Single, Radio group.*

- 1: Confirmed: [ 1000 words ] ,
- 2: Not confirmed: [ 1000 words ]

7.4.2 Confirm that you will be available and participate in the TRB's Open Enrollment communications campaign. Describe your involvement in Open Enrollment, how you will assist members in learning about their benefit options and how you will coordinate this process with TRB.

*Single, Radio group.*

- 1: Confirmed: [ 1000 words ] ,
- 2: Not confirmed: [ 1000 words ]

7.4.3 Confirm that your organization will conduct on-site, statewide educational sessions for the TRB's Medicare-eligible retirees. Confirm that you will conduct at least one meeting in each county plus two or more meetings in the larger populated counties.

*Single, Radio group.*

- 1: Confirmed: [ 1000 words ] ,
- 2: Not confirmed: [ 1000 words ]

7.4.4 Confirm that, if necessary or preferable, your organization will conduct virtual educational sessions for the TRB's retirees.

*Single, Radio group.*

- 1: Confirmed: [ 1000 words ] ,
- 2: Not confirmed: [ 1000 words ]

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7.4.5 The TRB would like for your organization to provide staff to assist the TRB during open enrollment, implementation and post enrollment. Two full-time employees will be needed to work as Member Service representative for medical and pharmacy issues. They will also need to be available to the TRB management staff for the purpose of resolving claim and member issues. Describe how your organization would train these staff members to support the members and TRB staff. Note that the TRB has not yet determined if these employees will work on-site at the TRB offices.

1000 words.

7.4.6 Confirm these employees are available to work onsite or have calls appropriately routed to their home office.

*Single, Radio group.*

1: Confirmed: [ 1000 words ] ,

2: Not confirmed: [ 1000 words ]

## 7.5 MEMBER SERVICES

7.5.1 Please describe the hours and days the Members Services unit will have live representatives available to the TRB members.

1000 words.

7.5.2 Is there a Pre-Enrollment information line available during Open Enrollment as well as an Information line available throughout the year?

*Single, Radio group.*

1: Yes, explain: [ 1000 words ] ,

2: No

7.5.3 How are calls "after hours" of operation handled?

*Single, Radio group.*

1: Voice mail,

2: No service,

3: Full service – 24/7,

4: Some extended hours for calls,

5: Other, please specify: [ 50 words ]

7.5.4 Confirm each of the following:

Member Services	Response
a. Contractor will operate a dedicated member services unit with a toll-free dedicated member services telephone line to answer questions from solely the TRB's members.	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
b. Contractor will have special telephone features for the hearing impaired.	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]

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<p>c. Resources will be available to assist non-English speaking callers through a translation service.</p>	<p><i>Compound, Pull-down list.</i>            1: Confirmed: [ 1000 words ],            2: Not confirmed: [ 1000 words ]</p>
<p>d. All calls will be recorded and kept for 24 months and made available for the TRB's review upon request.</p>	<p><i>Compound, Pull-down list.</i>            1: Confirmed: [ 1000 words ],            2: Not confirmed: [ 1000 words ]</p>
<p>e. MSR will warm or soft transfer members to other service areas or Vendors including the TRB, if necessary.</p>	<p><i>Compound, Pull-down list.</i>            1: Confirmed: [ 1000 words ],            2: Not confirmed: [ 1000 words ]</p>
<p>f. Members will be able to opt out of the Interactive Voice Response (IVR) to speak with a live MSR.</p>	<p><i>Compound, Pull-down list.</i>            1: Confirmed: [ 1000 words ],            2: Not confirmed: [ 1000 words ]</p>

7.5.5 Please provide the geographic location of the Member Service unit(s) that will be servicing the TRB's members. Will this service be outsourced? If so, provide the name of the outsourcer.

*1000 words.*

7.5.6 How large is your MA-PD, Part D EGWP PDP and Medicare Supplement Member Service Department(s)? How many employees work exclusively in these departments? Please specify for each service line on which you are quoting.

*1000 words.*

7.5.7 Describe your firm's process for providing training to MSRs to serve a senior membership.

*1000 words.*

7.5.8 Describe the escalation process for urgent drug claim issues where claims are rejecting at the pharmacy and members need immediate assistance and resolution.

*1000 words.*

7.5.9 Confirm that you will mail, via surface mail, a member ID card to all members at least 10 business days before the beginning of each plan year. Confirm that you will mail ID cards to newly enrolled members within 10 business days of receiving confirmation from CMS. Confirm that you will re-issue the member ID card within 5 business days of notice if a member reports a lost card or for any reason that results in a change to the information disclosed on the member ID card.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

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7.5.10 Will you issue a combined ID card for medical and pharmacy services, if applicable? Provide a sample of the ID card.

*Single, Radio group.*

1: Yes. Sample is attached,

2: Yes. Sample is not attached, explain: [ 1000 words ] ,

3: No, explain: [ 1000 words ]

7.5.11 Please complete the following table:

<b>Provider Directories</b>	<b>Response</b>
How often are they provided?	1000 words.
Do you issue hard copies?	1000 words.
Can the directories be accessed online? If so, how often are they updated?	1000 words.

7.5.12 Indicate whether your member website captures the following:

<b>Member Website Capabilities</b>	<b>Response</b>
Provider directory and provider search (physician, hospital, pharmacy, and ancillary providers) for Providers that accept Medicare assignment)	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Ability to review claims payment status online	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Ability to review a history of claims payments (medical and pharmacy), including deductible status, and out-of-pocket maximum status	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Ability to see a summary of the TRB's plan design and review the EOC	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Ability to print ID cards and request replacement cards	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Ability to contact Member Services online	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ],

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	2: Not confirmed: [ 1000 words ]
Star Ratings	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Information about diseases and conditions	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Contact information for the TRB, its other vendors, and links to their websites	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Online access to forms	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Up to date the TRB -specific formularies with tier rankings	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Drug Look Up Pricing Tool	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]
Ability to review/select incentives (i.e., gift cards) when they are available to the member.	<i>Compound, Pull-down list.</i> 1: Confirmed: [ 1000 words ], 2: Not confirmed: [ 1000 words ]

7.5.13 Confirm your member website is maintained for HIPAA and CMS compliance.

*Single, Radio group.*

1: Confirmed: [ 1000 words ],

2: Not confirmed: [ 1000 words ]

7.5.14 Describe your mobile application and how it is designed to serve a senior membership.

*1000 words.*



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7.5.15 Confirm that you will provide all correspondence to members required by CMS.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.5.16 Confirm that you will provide all CMS required filings related to certification of compliance to all fraud and abuse requirements.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.5.17 Describe your organization's Member Satisfaction Surveys and provide the most recent results.

*1000 words.*

## 7.6 ACCOUNT MANAGEMENT/ CLIENT SERVICES

7.6.1 Please provide contact information for the Account Executive that will be assigned to this engagement.

<b>MA-PD</b>	<b>Response</b>
Company Name	20 words.
Contact Name	20 words.
Contact Title	20 words.
Address	50 words.
Office Number	20 words.
Mobile Number	20 words.
e-Mail Address	20 words.
Company URL (web address)	50 words.

7.6.2 Please complete the following table.

<b>MEDICARE SUPPLEMENT</b>	<b>Response</b>
Company Name	20 words.
Contact Name	20 words.
Contact Title	20 words.
Address	50 words.
Office Number	20 words.
Mobile Number	20 words.
e-Mail Address	20 words.
Company URL (web address)	50 words.

7.6.3 What is the MA-PD PPO group contract number on which the TRB's account will reside? Will the TRB members be on more than one contract?

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1000 words.

7.6.4 Identify the key Account Management team you propose to work on this account and provide an organization chart, including names and titles, of management and key personnel that will be responsible for account management. Some positions may be dedicated and others may be designated. Please describe your definitions for "Dedicated" and "Designated" and indicate which positions are Dedicated vs. Designated.

1000 words.

7.6.5 Indicate whether the person who will fill each position is already employed by your firm or whether he/she will be recruited upon Contract Award. If the person(s) are already employed, provide resumes, length of time with your firm and length of time in their current position. At a minimum, the positions below should be included.

1. Account Director - Responsible for overall account relationship including strategic planning in relation to plan performance, consultative services, recommendations for benefit design and cost containment opportunities, overseeing contractual services under the contract with the TRB, and managing all other Bidder's staff working on this account. The Account Director shall have at least 3 years of experience with your firm as an Account Director in similar engagements.
2. Actuary - Responsible for developing the TRB's premiums for MA-PD, Part D EGWP, and Medicare Supplement plan options and/or the Medicare Supplement option and projecting future claims costs and CMS reimbursements. Will assist the TRB in determining the projected short- and long-term financial impact(s) of prospective programs. The Actuary shall be a Fellow of the Society of Actuaries and have experience in rating MA-PD, Part D EGWP and/or Medicare Supplement plans for groups similar to the TRB.
3. Medical Director - Responsible for design and clinical effectiveness of medical management and wellness programs to manage the risk of the TRB's membership and therefore control future cost/premium increases. Will work pro-actively and collaboratively with the TRB to identify health risks in the TRB's membership that are behaviorally caused and, as necessary, develop modified or additional programs to target these risks. Will assist the TRB in determining the projected short- and long-term clinical and health impact(s) of current and prospective programs.
4. Medicare Director - Responsible for coordinating with CMS to ensure that all MA-PD, Part D and Medicare Supplement filings are structured to properly and fully support the TRB's requirements. Also develops processes and strategies to maximize CMS funding to minimize premiums. Proactively assists the TRB in developing strategic considerations to maximize operational and cost efficiencies. Responsible for communicating CMS and MA-PD, Part D and Medicare Supplement program updates and the resulting impact on the TRB's program. Must have at least 3 years of experience as a Medicare Director in similar engagements.
5. Pharmacy Director - Responsible for managing the overall pharmacy operation, including all account services directly related to clinical pharmacy including formulary management, clinical plan rules and programs, medication therapy management, and specialty pharmacy. Will provide information and recommendations with respect to new drug/therapy introductions and clinical pharmacy best practices.
6. Clinical Account Director - Responsible for overall account relationship including strategic planning in relation to plan performance, consultative services, recommendations for benefit design, improving clinical outcomes and cost containment opportunities, overseeing clinical services under the contract with the TRB, and managing all other Bidder's clinical staff working on this account.
7. Privacy Officer/Attorney - Responsible for ensuring compliance with all applicable laws and regulations, including HIPAA, and ACA. Responsible for maintaining internal controls to protect PHI and adequate and timely steps are taken in the event of a breach of confidentiality. Responsible for

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communicating program and policy updates to the TRB and coordinating as necessary with the TRB's internal counsel and staff.

8. Operations Director - Responsible for overseeing the file transfer process of eligibility data, interfaces between vendors, reporting, and data sharing. Responsible for all Member Services and communications. The Operations Director shall have at least 3 years of experience as an Operations Director in similar engagements.
9. Implementation Manager - Responsible for development and execution of implementation plan. Coordinates with the TRB's internal and external resources. The Implementation Manager shall have at least three (3) years of experience as an Implementation Manager covering at least 50,000 group health members and larger for MA-PD and Part D EGWP plans and 5,000 group health members and larger for Medicare Supplement plans.

1000 words.

7.6.6 What was the turnover rate for your group Account Management staff?=-

	Response
MA-PD Account Management Staff Turnover	
2021	100 words.
2022	100 words.
2023	100 words.
2024 YTD	100 words.

7.6.7 Please complete the following table.

	Response
Medicare Supplement Account Management Staff Turnover	
2021	100 words.
2022	100 words.
2023	100 words.
2024 YTD	100 words.

7.6.8 Confirm that you will respond to all TRB inquiries within one (1) business day.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.6.9 Confirm that you will provide a mutually agreed upon annual score card to the TRB so that the TRB can assess your performance. Please upload a sample of your annual scorecard.

*Single, Radio group.*

- 1: Confirmed, sample attached,
- 2: Confirmed, sample not attached explain: [ 1000 words ],
- 3: Not confirmed, explain: [ 1000 words ]

7.6.10 Confirm that your team will attend quarterly meetings with the TRB to present current plan and service performance, address any recent issues/challenges encountered, suggest potential savings opportunities, and discuss other pertinent topics to be identified prior to each meeting.

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*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.6.11 Confirm that your team will attend the TRB's Board meetings (as necessary) at no additional cost to the TRB.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.6.12 Do your services include legislative updates to plan sponsors?

*Single, Pull-down list.*

- 1: Yes – included in Standard Fees,
- 2: Yes – for Additional Charge,
- 3: No

7.6.13 Describe your client web portal. What tools and capabilities are available to the TRB staff?

*1000 words.*

## 7.7 CLAIMS PROCESSING

7.7.1 Using most recent year-end data, complete the table below for the claim office that will have payment responsibility for this account:

	Target	Actual 2023 year end results
Total annual claim volume per year (in total number of claims)	<i>Integer.</i>	<i>1000 words.</i>
Average claims processed per processor per day	<i>Integer.</i>	<i>1000 words.</i>
Claims turnaround time (percent of clean claim transactions processed within 14 calendar days following receipt of claim)	<i>Percent.</i>	<i>1000 words.</i>
Average number of business days to process a clean claim from date received to date check/EOB issued	<i>Decimal.</i>	<i>Decimal.</i>
Financial accuracy (percentage of claim dollars paid without error, relative to total claim dollars paid)	<i>Percent.</i>	<i>1000 words.</i>
Processing accuracy (percentage of claims processed without error, relative to the total number of claims processed)	<i>Percent.</i>	<i>1000 words.</i>
What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 10 business days?	<i>Percent.</i>	<i>Percent.</i>
What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 30 business days?	<i>Percent.</i>	<i>Percent.</i>

7.7.2 Confirm that the claims processing system is integrated with the eligibility and Member Services system.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.7.3 Describe how claims are reviewed for medical necessity including for post-acute care. What type of algorithms, technology, and tools are used to assist in determinations for post-acute care?

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1000 words.

7.7.4 Provide the following information regarding internal claims audit(s):

	Response
What are the current standards for internal claim audits?	1000 words.
How often are claim processors audited?	1000 words.
When an error is found, what is the time period for correction of the claim?	1000 words.
Are reports monthly, quarterly, semi-annual, etc.?	1000 words.
What claims do you consider for high dollar audits?	1000 words.
Are high dollar audit claims handled internally?	1000 words.
How are criteria determined for internal audits? What triggers do you utilize?	1000 words.
What percent of claims are audited internally?	1000 words.
What is the ratio of quality reviewers to claim processors?	1000 words.

7.7.5 Confirm that benefits or program changes, including mandated CMS updates of service codes, fee schedules, etc., will be made timely and accurately.

*Single, Radio group.*

1: Confirmed: [ 1000 words ] ,

2: Not confirmed: [ 1000 words ]

7.7.6 Describe protocol and use of proper quality control testing for any benefit or program changes (e.g. codes or fee schedule updates) prior to live release.

1000 words.

7.7.7 Will you share the results of the medical and prescription drug internal audit testing with the TRB and its designee? Describe your process to address errors and adjustments found from the internal audit and quality assurance review. How are adjustments issued and what impact does it have, if any, on the implementation timing?

1000 words.

7.7.8 Describe your medical Prior Authorization (PA) and medical pre-certification process. Describe your appeal process for denied PAs and medical pre-certifications. Describe how you report PAs, pre-certifications and appeals to reflect end result and value of these Utilization Management tools. Please indicate if you use a third party vendor.

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*1000 words.*

7.7.9 Describe your process to honor existing medical PAs and pre-certifications. Describe how you will use information from the existing MA-PD carrier and Medical PPO carrier to obtain new medical PAs and pre-certifications so the members' care is not disrupted.

*1000 words.*

7.7.10 Describe how you monitor denied claims for trends and patterns to timely determine if outreach is needed to a provider's office for educating/training on proper filing, codes, etc. so the provider may submit a clean and accurate claim.

*1000 words.*

7.7.11 Describe how you monitor pharmacy claims for trends and patterns to timely determine if outreach is needed to a provider's office for educating/training on dispensing guidelines and protocols.

*1000 words.*

7.7.12 How do you intend to amend your policies as a result of the 2024 Medicare Advantage and Part D Final Rule regarding Utilization Management Programs?

*1000 words.*

7.7.13 Describe how you monitor denied claims for trends and patterns to timely determine if outreach is needed to a provider's office for educating/training on proper filing, codes, etc. so the provider may submit a clean and accurate claim.

*1000 words.*

## **7.8 REPORTING TO THE TRB**

7.8.1 Vendors shall create and generate standard utilization and cost reports. Provide a list of your standard reports. In addition, include a description of each report, a sample, and the frequency of the report.

*1000 words.*

7.8.2 Are these reports available online currently? If not, how will they be provided to the TRB?

*Single, Radio group.*

- 1: Yes, explain: [ 1000 words ] ,
- 2: No

7.8.3 Confirm that you are able to customize reports and this is included in your quoted premium(s).

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.8.4 Confirm that your organization will provide claim line detail for ALL claims on a monthly basis—medical, wellness, and pharmacy—including, but not limited to, financial and diagnoses information to Segal. All required fields can be found in Attachment 4.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

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Attached Document(s): [Attachment 4 - MAPD Monthly Data Request.xlsx](#)

7.8.5 Confirm that your organization will provide this data to Segal in a mutually agreed upon format by the 15th day of the month following the subject month.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.8.6 Describe your process of transferring data to Segal and ensuring the data will be HIPAA-compliant and subject to confidentiality and data security policies of the TRB. Describe whether software used is capable of analyzing and producing reports for the physician and hospital profiling. In addition, describe whether your data warehouse is capable of producing utilization and pricing information in various categories.

*1000 words.*

7.8.7 Confirm that you will submit the Part C and Part D Medicare Membership Reports (MMR) monthly, including all fields as received from CMS. The monthly MMR will be submitted by the end of the corresponding month.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.8.8 Confirm that you will submit the Part C and Part D Model Output Reports (MOR) upon request, including all fields as received from CMS. The latest MOR will be submitted within 30 days of request.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.8.9 Describe your standard web portal and Member Services utilization reports (i.e., number of hits and calls and the nature of the members' inquiries) and provide examples.

*1000 words.*

7.8.10 Confirm that you will provide monthly, quarterly, and annual appeals reports to the TRB.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.8.11 Confirm you will provide a denied claims report, including number of denials by reason, to the TRB. What is the frequency of this reporting? Provide a sample denied claims report.

*1000 words.*

7.8.12 Confirm that you will provide and present quarterly reports to the TRB.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.8.13 Complete the table below on your 2023 MA-PD PPO group book of business statistics on appeals and grievances. If the question does not apply, please respond with N/A.

	Response
<b>Total 2023 Member Medical Appeals</b>	

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Total Dismissed	<i>Integer.</i>
Total Overturned	<i>Integer.</i>
Total Upheld	<i>Integer.</i>
<b>Total 2023 Member Pharmacy Appeals</b>	
Total Dismissed	<i>Integer.</i>
Total Overturned	<i>Integer.</i>
Total Upheld	<i>Integer.</i>
<b>Total 2023 Provider Medical Appeals</b>	
Total Dismissed	<i>Integer.</i>
Total Overturned	<i>Integer.</i>
Total Upheld	<i>Integer.</i>
<b>Total 2023 Member Grievances</b>	<i>Integer.</i>

7.8.14 Describe how your organization monitors and provides reporting on contractual Performance Guarantees. Provide a sample Performance Guarantee report.

*1000 words.*

7.8.15 Confirm that the vendor generated reports listed above and any others that may develop throughout the contract term will be reviewed and verified for accuracy prior to distribution.

*1000 words.*

7.8.16 Is there an additional charge for ad hoc reporting? If so, please provide the average cost per report and the average preparation time.

*Single, Radio group.*

1: Yes, explain: [ 1000 words ] ,

2: No, explain: [ 1000 words ]

## 7.9 ELIGIBILITY

7.9.1 Confirm that you will update eligibility data within 24 hours from receipt of data.

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed

7.9.2 Confirm that you will provide direct same day email confirmation that the eligibility file was received, properly loaded, processed, and that this confirmation will include the date of receipt, for the TRB.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, please explain: [ 1000 words ]

7.9.3 Confirm you will post data, not identified as errant, within 24 hours, for the TRB.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed



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7.9.4 Confirm that your organization will not enroll or cancel the TRB members on its own unless there is a conflict from CMS.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

7.9.5 If a conflict from CMS is found, confirm that the conflict information will be reported back to the TRB within one business day so the TRB can correct and retransmit their records.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

7.9.6 Explain your process of working error reports generated from the file loads.

*1000 words.*

7.9.7 Confirm that you will stop an eligibility upload in the event that established error thresholds are exceeded.

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed

7.9.8 Describe how you propose to notify the TRB in the event an eligibility upload is aborted and whether the previous file will be reinstated.

*1000 words.*

7.9.9 Confirm you will provide the TRB with online access to their enrollment information, in real time.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

7.9.10 Confirm you will provide a weekly report capturing plan participants' additions, changes, terminations, and deaths.

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed

7.9.11 Confirm you will provide a monthly enrollment reconciliation report.

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed

7.9.12 Describe your ability to manage CMS eligibility issues and how you propose to work with the TRB staff on these issues.

*1000 words.*

7.9.13 Confirm that your organization will store member-level detail TRB-assigned Individual IDs and will include it on any member-level reporting back to the TRB.

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*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

7.9.14 Confirm that your organization will generate a reconciliation file monthly or on demand and that this file will contain, at a minimum, demographics, enrollment date, and cancel date.

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed

7.9.15 Describe the processing procedures to ensure files are received and processed timely. What safeguards are in place to detect missing files?

*1000 words.*

7.9.16 Describe the process regarding CMS eligibility issues for members that only have a P.O. Box address.

*1000 words.*

7.9.17 Describe the procedures in place to accommodate a confidential mailing address as required by Title II of HIPAA.

*1000 words.*

7.9.18 How much historical eligibility information is maintained on an individual's file? How much is accessible online, real time versus archived?

*1000 words.*

## **7.10 MEDICAL AND DISEASE MANAGEMENT**

7.10.1 Describe in detail all programs and services, such as wellness programs, disease management programs, case management programs, pharmacy utilization management programs, etc. you will offer with this plan that may control costs. Describe how these programs and services have been designed for a senior population.

*1000 words.*

7.10.2 Describe how enrollees are identified for a disease management program, how frequently the process occurs and stratification processes. What data sources are utilized? How are comorbidities handled?

*1000 words.*

7.10.3 Once identified for the program, is enrollment into the program automatic or must action be taken to enroll (i.e., is the program opt-in or opt-out)?

*1000 words.*

7.10.4 Provide a timeline from identification of the enrollee to point of contact. Do all identified members receive a telephone call? Describe your engagement efforts.

*1000 words.*

7.10.5 Describe any value-based contracting practices you have in place both nationally and in Connecticut (to the extent permitted by CMS)

*1000 words.*

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7.10.6 Describe any current or planned “bundled payment/episodes of care” arrangements with Providers.  
1000 words.

7.10.7 Describe any other “total cost of care” reduction programs.  
1000 words.

7.10.8 Describe how your program design enhances quality of care, including improvements in health status and clinical outcomes. How does your approach differ between your Medicare products and your commercial plans?  
1000 words.

7.10.9 Describe how enrollees are identified for chronic condition management. Describe your outreach efforts to this membership.  
1000 words.

7.10.10 Describe your process for identifying and collaboratively managing members with both medical and behavioral health issues.  
1000 words.

7.10.11 Describe any efforts used to educate members of available behavioral health services. Also describe education efforts to medical providers and facilities of your behavioral health services so that members who could benefit from those services can be referred if presenting at a medical provider.  
1000 words.

7.10.12 Indicate which of the following Case Management components are offered by your organization:

<b>Case Management</b>	<b>Offered (Yes/No)</b>
a. Pre-admission review/Pre-determination	<i>Single, Pull-down list.</i> 1: Yes, 2: No
b. In-patient admission/concurrent review	<i>Single, Pull-down list.</i> 1: Yes, 2: No
c. Discharge planning	<i>Single, Pull-down list.</i> 1: Yes, 2: No
d. High-risk post-discharge outreach	<i>Single, Pull-down list.</i> 1: Yes, 2: No
e. Retrospective review	<i>Single, Pull-down list.</i> 1: Yes, 2: No
f. Outpatient review	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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g. Catastrophic/long-term Case Management	<i>Single, Pull-down list.</i> 1: Yes, 2: No
h. Episodic/short-term Case Management	<i>Single, Pull-down list.</i> 1: Yes, 2: No
i. End-of-life program identification and transition	<i>Single, Pull-down list.</i> 1: Yes, 2: No

7.10.13 What percentage of medical management and utilization management cases are reviewed? How often are cases reviewed?

*1000 words.*

7.10.14 How are requests for care after-hours handled? By whom?

*1000 words.*

7.10.15 Are there restrictions in physician contracts regarding discussion of medically effective procedures? Could a network physician be penalized for discussing a non-standard treatment modality with his/her patient?

*1000 words.*

7.10.16 What process is used to provide training for providers regarding utilization management issues? How are non-compliant providers identified and educated and/or sanctioned?

*1000 words.*

7.10.17 Describe in detail your capabilities and processes regarding discharge planning. Please include how many on-site (in facility) and remote case managers you propose at the various facilities statewide to serve the TRB membership to minimize as much as possible any disruption during the discharge or transition of care process.

*1000 words.*

7.10.18 How many provider advocates do you have working in the State of Connecticut? Please provide a number of the employees and their positions for those physically working in Connecticut and those working telephonically in Connecticut.

*1000 words.*

7.10.19 How does your organization use pharmacy data to identify high risk, high need populations?

*1000 words.*

7.10.20 Describe your Rx utilization management programs (Prior Authorizations, Quantity Level Limits, Step Therapy, Medication Therapy Management, high-risk drug programs for the elderly, and an innovative program to manage utilization and maximize quality of care). In your response, include the process for enrollment, targeting, reporting, and outcomes reporting.

*1000 words.*

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7.10.21 Describe the transition process you will utilize for members who are currently using non-formulary prescription drugs, drugs requiring PA or quantity level limits and how this process minimizes member disruption and maintains continuity of care?

*1000 words.*

7.10.22 Describe the support you provide to members that reside in lower income zip codes to access/link to community-based services including any tools to help members access and use virtual health care services.

*1000 words.*

## 7.11 IMPLEMENTATION

7.11.1 Provide an Implementation Project Plan for the national MA-PD PPO, Part D plan, and/or Medicare Supplement. Include a detailed timetable assuming a Notice of Contract Award by July 1 for a January 1, 2025 Program 'go-live' date. Development of communications is expected to commence immediately to assist the TRB with any communications necessary prior to Open Enrollment. At a minimum, the Implementation Project Plan must provide specific details on the following:

- a. Identification and timing of significant responsibilities and tasks
- b. Names, titles, and implementation experience of key implementation staff and time dedicated to the TRB during implementation
- c. Identification and timing of the TRB's responsibilities
- d. Transition requirements with the incumbent vendors
- e. Staff assigned to attend and present (if required) at Open Enrollment/educational sessions
- f. Member communication plan - including development and assistance to the TRB, prior to Open Enrollment, and on-site Open Enrollment meetings
- g. Data and timing requirements from current vendors to ensure transition of care, prior-authorization and other pertinent data is appropriately transferred and loaded onto your system prior to the plan's effective date.

*Single, Radio group.*

1: Attached,

2: Not attached, explain: [ 1000 words ]

7.11.2 Demonstrate how your organization will test the program to ensure claims will process correctly on the Program 'go-live' date of January 1, 2025. Confirm you will conduct testing with an actual retail pharmacy from the Point-of-Sale transaction to a completed transaction where the pharmacy successfully processes the prescription drug claim for a successful fill of the medication, if applicable.

*1000 words.*

7.11.3 Identify the Implementation Team you propose to assign to this account and provide an organization chart defining the Implementation Team roles. Include names and titles for the entire proposed Implementation Team including key positions and support staff.

*1000 words.*

7.11.4 Provide resumes and MA-PD and/or PDP and/or Medicare Supplement experience and qualifications for each individual, listed in the organization chart provided to respond to the above question.

*1000 words.*

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7.11.5 Confirm that all TRB members will have a valid ID card in hand prior to January 1, 2025.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

7.11.6 Describe the process and timing if the TRB elects to perform a third party pre-implementation audit. Please include in your response the development of testing scenarios, the duration of the audit and any blackout audit dates, the format of the audit and whether there will be a "live" webinar where the TRB and third party auditor can see claims being adjudicated on the Offeror's system). Please also include any dollar amount you will provide to the TRB to cover the costs of such a one-time audit, above what you have already provided for Implementation Allowance in the Cost Proposal.

*1000 words.*

7.11.7 Confirm your organization will provide a status report on the Implementation Project Plan detailing current activities, closed tasks, problems, and any recommendations.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

7.11.8 How long will the Implementation Team stay involved after the Program 'go-live' date for troubleshooting before a handoff to the Account Management team?

*1000 words.*

## **7.12 COMMUNICATION AND EDUCATION**

7.12.1 Describe how your organization can effectively communicate with and educate the TRB's retirees about your programs and services available to them.

*1000 words.*

7.12.2 What will be your communication and education strategy, and why do you think this strategy is the right one?

*1000 words.*

7.12.3 Please list all communication and educational materials CMS requires you to provide to members.

*1000 words.*

7.12.4 What do you provide beyond what CMS requires?

*1000 words.*

7.12.5 Provide samples of communications and educational materials.

*Single, Radio group.*

1: Attached,

2: Not attached, explain: [ 1000 words ]

7.12.6 Confirm that letters are able to be customized with the TRB's logo as requested by the TRB.

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*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

7.12.7 Identify your standard communication materials and indicate those that can be customized at no additional charge and those that require an additional charge. If there is an additional fee, please indicate this is the Price Proposal.

Attached Document(s): [Attachment 3a- Price Proposal for National Passive MA-PD PPO\(9913363.1\).xlsx](#), [Attachment 3b - Price Proposal for Part D EGWP\(9913366.1\).xlsx](#), [Attachment 3c - Price Proposal for Medicare Supplement\(9913359.1\).xlsx](#)

	Response
Member ID Cards	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee
Claim Forms	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee
Summary Plan Description	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee
Summary of Material Modifications	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee
Toll-Free Telephone Access	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee
Internet Access	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee
General Letters and Correspondence sent to Participants	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee
Annual Benefit Statements	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee
HIPAA Privacy Notices	<i>Single, Radio group.</i> 1: Standard,

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	2: Custom, 3: Additional Fee
HIPAA Proof of Coverage document	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee
Other	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee

7.12.8 Do you publish a member newsletter for MA members? If so, provide a copy of the most recent member newsletter.

*Single, Radio group.*

- 1: Yes. Copy is attached,
- 2: Yes. Copy is not attached, explain: [ 1000 words ] ,
- 3: No

## 7.13 PROVIDER AUDITS

7.13.1 Confirm your agreement to retain network contract records for 10 years for the purpose of auditing.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed, explain: [ 1000 words ]

7.13.2 Describe your provider audits. Include in your response the areas that are evaluated and how often they are performed.

*1000 words.*

7.13.3 Complete the following table for the last calendar year.

<b>2023 (or most recent 12-month period available)</b>	<b>% of Network Pharmacies Audited Annually</b>
Percent of Pharmacies Audited Annually: Desktop	<i>Percent.</i>
On-Site	<i>Percent.</i>
At Random	<i>Percent.</i>
By Independent Agent	<i>Percent.</i>
Percent of Pharmacies Needing Corrective Action	<i>Percent.</i>
Percent of Contracts Terminated due to Result of Audit	<i>Percent.</i>
Most Prevalent Reason for Termination	<i>Percent.</i>

7.13.4 Confirm the right to audit is included in all standard provider contracts,

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed, explain: [ 1000 words ]

7.13.5 What percentage of total ingredient costs do annual recoveries generally represent?

*1000 words.*



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7.13.6 Confirm that 100% of all recoveries will be returned to the TRB.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

7.13.7 Describe how a full pass-through network pricing arrangement is managed and auditable by a client.

*1000 words.*

7.13.8 If mail order benefits are provided through a third party, explain any audit procedures in place to ensure proper dispensing and pricing practice adherence.

*1000 words.*

## **7.14 FINANCE AND BANKING**

7.14.1 What data/electronic information is needed to coordinate billing between you and the TRB for services provided?

*1000 words.*

7.14.2 What payment options are available to the TRB?

*Single, Radio group.*

1: ACH,

2: Wire transfer,

3: Other, please explain: [ 1000 words ]

7.14.3 Provide a sample detailed invoice.

*Single, Radio group.*

1: Attached,

2: Not attached, please explain: [ 1000 words ]

7.14.4 Confirm you will provide invoices/billing on a monthly basis. 1: Confirmed, 2: Not confirmed, explain: [ 1000 words ]

*Unlimited.*

7.14.5 Do you require an initial deposit and/or imprest amount?

*Single, Radio group.*

1: Yes, explain: [ 1000 words ],

2: No

## **8 INFLATION REDUCTION ACT (IRA)**

8.1 Describe the projected financial impact of the IRA for each of the plan options you are proposing.

*1000 words.*

8.2 Describe the assumptions you use to determine pricing for the prescription drug component of the MA and/or Medicare Supplement plan, as applicable.

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*1000 words.*

8.3 Given there are changes regarding the IRA which are yet unknown, are you willing to re-negotiate your price quote in a given year if details related to IRA become known after final quote is provided that would place premium equal to or lower than 5% of the originally provided final quote?

*1000 words.*

8.4 Describe how the requirements of the IRA may impact the implementation process.

*1000 words.*

## 9 NATIONAL MA-PD PPO

### 9.1 PLAN DESIGN

The TRB wishes to procure a fully-insured, national MA-PD PPO plan with the same benefits for services rendered in-network and out-of-network, with a single vendor. A summary of the current retiree benefits plan you are requested to provide a quote are described in <https://portal.ct.gov/trb>.

The MA-PD PPO should function as a passive PPO that provides the same level of benefits for retirees when they see a provider outside the network that accepts Medicare. The national MA-PD PPO plan you propose must meet all CMS requirements, and any benefits not delineated in the plan design must be covered at least at the minimum requirement set by CMS. **Vendors may not deviate downward from these plan designs in any manner other than to meet CMS requirements, and the plan design proposed must be at least equal to the current plan.** You may offer supplemental benefits and/or enhanced benefits as long as they are at no cost to the TRB and its membership.

9.1.1 Confirm you will be able to replicate the current plan design for the national MA-PD PPO plan, with the same benefits for services rendered in-network and out-of-network for medical and Part D prescription drug services, if applicable. If not, indicate any deviations. 1: Confirmed, 2: Not confirmed, explain: [ 1000 words ]

*Unlimited.*

9.1.2 Confirm the Part D EGWP component of your quote can stand alone as the PDP to be paired with the Medical Supplement offering, regardless of which carrier is selected to administer the Medicare Supplement plan.

*1000 words.*

9.1.3 If you are offering additional supplemental benefits and/or enhanced benefits, please describe.

*1000 words.*

9.1.4 Describe your process to load the current MA-PD vendor's historical medical and prescription drug claim data into your system and how you utilize this data to ensure the member's continuity of care (i.e., honoring existing pre-certifications for planned procedures, honoring existing PAs for medications).

*1000 words.*

9.1.5 Please describe the acupuncture benefit you are proposing for this plan in addition to Medicare covered acupuncture benefits.

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1000 words.

9.1.6 The TRB is interested in exploring an allowance for over the counter (OTC) medications. What allowance do you propose for this plan and what OTC medications would this cover?

1000 words.

9.1.7 Please describe your gym/fitness benefit. What programs and services are covered under this benefit? How many locations nationwide are available to the TRB participants?

1000 words.

9.1.8 Please describe your rewards program for participants achieving wellness screenings and health milestones. Please provide a specific list of reward program activities and the accompanying rewards you are proposing for this plan.

1000 words.

9.1.9 Please describe how your plan covers emergency services incurred outside of the U. S.

1000 words.

9.1.10 The TRB plan offers certain benefits that are required by the plan. Such benefits include:

- Hearing aids
- Routine vision exams including refraction

Describe how you administer each of these benefits:

<b>Benefits</b>	<b>Benefit Administration</b>
Hearing aids	1000 words.
Routine vision exams including refraction	1000 words.

9.1.11 Please note: The current eyewear reimbursement for both Plans is \$240 every 24-months. The TRB would like to increase this to \$500. Your pricing should reflect this change.

1000 words.

9.1.12 What hearing providers are included in your hearing network?

1000 words.

9.1.13 Do you offer a discounted hearing aid network or any other cost savings program? Please describe.

1000 words.

9.1.14 Describe any member rewards or incentive programs you offer to promote wellness.

1000 words.

## 9.2 PLAN ADMINISTRATION

9.2.1 Explain how the following processes will be managed by your organization. Describe any typical issues and your approach for resolution.

1. Initial enrollment process for January 1, 2015
2. Opt in and Opt out processes

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3. Age in process
4. The 21-day rule and retro enrollments/ cancellations
5. A member who has Medicare Part A but not Medicare Part B
6. A member who drops Medicare Part B after enrollment in the MA-PD plan
7. A member who enrolls in Medicare (Part B or D) late and fail to enroll when that member turns 65.  
Who is responsible for paying any associated late penalties?

1000 words.

9.2.2 Explain Medicare Part D low-income subsidies and how they impact copayments, deductibles and premiums. How will this process be managed by your organization? How do you calculate the amounts owed to TRB and how is this reimbursement provided?

1000 words.

## 9.3 NETWORK ACCESS AND MANAGEMENT

9.3.1 Confirm your organization is licensed to offer employer-sponsored, network-based MA-PD solutions in all 50 states and U.S. territories, where the TRB members reside.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

9.3.2 Perform and provide a GeoAccess analysis based on your contracted MA PPO provider network and the census file provided with the data. Do this by both specific access standards as well as using compound access. Use the access standards in the table below for your analysis. Only providers under contract with the plan should be included. In other words, do not count all providers that accept Medicare if you meet the 51% Rule.

<b>Provider Type</b>	<b>Urban Enrollees</b>	<b>Rural Enrollees</b>
Hospital	1 in 20 miles	1 in 35 miles
Primary care physician	2 in 20 miles	2 in 35 miles
Cardiologist	2 in 20 miles	1 in 35 miles
Gastroenterologist	2 in 20 miles	1 in 35 miles
Orthopedist	2 in 20 miles	1 in 35 miles
Rheumatologist	2 in 20 miles	1 in 35 miles
Other specialist	2 in 20 miles	2 in 35 miles

*Single, Radio group.*

1: Attached,

2: Not attached, explain: [ 1000 words ]

9.3.3 What is your percentage of network adequacy with regard to the 51% rule based on the TRB's membership?

1000 words.

9.3.4 Describe in detail your organization's approach to contract with providers currently utilized by the TRB members. Include in your response how you outreach to providers, build, and maintain relationships, work through contractual issues, etc. to bring them into your network.

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*1000 words.*

9.3.5 Are members restricted in using physicians and hospitals of their choice?

*1000 words.*

9.3.6 Describe how your organization will target and educate providers that are considered out-of-network in the analysis above.

*1000 words.*

9.3.7 For out of network providers, how are provider prices determined? Generally, how do these prices compare to your in-network pricing?

*1000 words.*

9.3.8 What PBM do you currently use? How long have they been in place? When does your current contract with your PBM expire?

*1000 words.*

9.3.9 Provide the name of your proposed pharmacy retail network.

*1000 words.*

9.3.10 Are all major pharmacy chains in-network for the proposed retail Part D benefit? Provide the number of participating pharmacies in the network. List any major pharmacy chains excluded from your proposed network.

*1000 words.*

9.3.11 Confirm any retail pharmacy in your proposed pharmacy retail network will dispense a covered script regardless of days' supply (e.g., 0-90 days' supply).

*Single, Radio group.*

1: Confirm, explain: [ 1000 words ] ,

2: Not confirmed, explain: [ 1000 words ]

9.3.12 Confirm that network, mail, specialty, long-term care, home infusion and Indian and Tribal pharmacy provider agreements are compliant with CMS Part D requirements including access. Please provide a copy of the Part D provider agreement in place.

*Single, Radio group.*

1: Confirmed, Attached,

2: Not confirmed, explain: [ 1000 words ]

9.3.13 Should the TRB wish to add a retail pharmacy to the network, confirm you will contact the pharmacy and offer the contract for network inclusion within 2 business days following the request.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

9.3.14 Indicate whether your firm can support a retail pharmacy network that would include preferred pharmacies in addition to other participating pharmacies. Describe how such a network would work, the advantages and disadvantages, and any experience you have with such pharmacy network arrangements.

*1000 words.*

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9.3.15 How do you monitor network pharmacies for proper handling of all claims submitted for payment but not picked up by the covered member?

1000 words.

9.3.16 In addition to standard retail pharmacy contracts, do you have any affiliations or alliances with retail pharmacy providers? If yes, with which provider(s) and in what ways will the relationship affect the TRB?

1000 words.

9.3.17 Do you produce network pharmacy report cards? If yes, explain the nature and uses of the report and include a sample.

1000 words.

9.3.18 How are individual physician prescribing patterns monitored?

1000 words.

9.3.19 What action is taken with physicians who have a high degree of non-compliance to improve their compliance?

1000 words.

9.3.20 Perform and provide a GeoAccess analysis based on your contracted pharmacy network and the census file provided with the data. Use the access standards in the table below for your analysis.

Provider Type	Urban Enrollees	Rural Enrollees
Pharmacy	1 in 2 miles	1 in 15 miles

Single, Radio group.

1: Attached,

2: Not attached, explain: [ 1000 words ]

9.3.21 Please complete the following:

	Response
a. Based upon the TRB's retiree census data, identify any areas in which you are filed to operate where your provider network and network pharmacies may not have adequate capacity to meet the potential demand.	1000 words.
b. How is adequacy determined by your organization?	1000 words.
c. What are your plans for expansion in these areas?	1000 words.
d. What is your solution to meet the pharmaceutical needs of members who live in areas where pharmacy access is inadequate?	1000 words.
e. Indicate any areas where your network access does not meet the CMS-standard access requirements.	1000 words.

9.3.22 Describe in detail your organization's approach to contract with providers currently utilized by the TRB's members. Include in your response how you outreach to providers, build and maintain relationships, work through contractual issues, etc. to bring them into your network.

1000 words.

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9.3.23 Please provide a summary of the network disruption analysis using your proposed Broad Retail Network using the table below:

Type of Change	Broad Retail (1-90 days’ supply) Network
Number of Currently Utilized Retail Pharmacies that are Not Part of Proposed Network and are Eligible to Solicit	<i>Integer.</i>
Number of Members that are Using Those Retail Pharmacies that are Not Part of Proposed Network and are Eligible to Solicit	<i>Integer.</i>
Number of Prescriptions that Adjudicated via Those Retail Pharmacies that are Not Part of Proposed Network and are Eligible to Solicit	<i>Integer.</i>
Number of Currently Utilized Retail Pharmacies that are Part of Proposed Network	<i>Integer.</i>
Number of Members that are Using Those Retail Pharmacies that are Part of Proposed Network	<i>Integer.</i>
Number of Prescriptions that Adjudicated via Those Retail Pharmacies that are Part of Proposed Network	<i>Integer.</i>

9.3.24 With regard to the mail order dispensing facility to be used for this account, provide the following:

	<b>Primary Mail Order Pharmacy</b>
Years in Operation	<i>Integer.</i>
Location	<i>50 words.</i>
Claims Volume (2023)	<i>50 words.</i>
Annual Claim Volume Capacity	<i>50 words.</i>
Number of pharmacists	<i>Integer.</i>

9.3.25 Describe your proposed specialty pharmacy network and services.

*1000 words.*

9.3.26 Confirm that you can provide Specialty Pharmacy Services as part of the provider network arrangement.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

9.3.27 How do you manage your specialty drug program? Provide a description of the specialty drug program, including coordination with medical providers and the medical claims administrator.

*1000 words.*

9.3.28 Provide details on the plan for transition of members engaged in treatment and how continuity of care can be assured when a member changes carriers. Discuss in detail how cases are transmitted if a provider terminates the contractual relationship with Vendor during the plan year.

*1000 words.*

9.3.29 Indicate what percent of your Medicare Part D prescriptions (retail and mail separately) processed in 2023 were received via E-prescription.

*1000 words.*

## Connecticut State Teachers' Retirement Board Retiree Health RFP

9.3.30 Confirm your Pharmacy and Therapeutics (P&T) Committee meets CMS requirements, as outlined in Medicare Prescription Drug Benefit Manual, Chapter 6.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [200 words]

9.3.31 An Excel file labeled Medical Providers and Rx Pharmacies - Attachment 5 - is a provider utilization file representative of the medical and Rx utilization experience for the TRB's Medicare-eligible retirees and their Medicare-eligible dependents for this plan. For each provider listed, please indicate if the medical provider or pharmacy is in the network (i.e., a participating provider) for the plan(s) you are proposing.

*Single, Radio group.*

1: Attached,

2: Not attached, explain: [ 1000 words ]

9.3.32 Describe any provider advocacy services or programs you offer between your organization and providers including education, communication and support for providers including items such as:

- claim payment issues
- payment services and policies
- coding, clinical criteria and code editors
- coverage determinations
- prior authorizations
- medical necessity denials verses admin denials
- provider relations and outreach strategies
- types of providers included
- topic specific education
- changes such as new products or policies
- practice-based support
- alignment with local and statewide provider societies continuous improvement

*1000 words.*

9.3.33 Does your organization provide satisfaction surveys to providers? If so, describe the survey and uses of results.

*1000 words.*

## 9.4 FORMULARY AND CLINICAL PROGRAM MANAGEMENT

9.4.1 Provide the name of the broadest, lowest net cost formulary program you are proposing for the TRB. Please indicate the name of the proposed formulary.

*1000 words.*

9.4.2 Confirm all pharmacy-related pricing guarantees in this RFP are based upon your proposed lowest net cost formulary.

*Single, Radio group.*

1: Confirmed, [ 1000 words ] ,

2: Not confirmed, [ 1000 words ]

9.4.3 Describe your formulary management support services.



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*1000 words.*

9.4.4 Describe whether your proposal includes an optional supplemental coverage that wraps around the basic Medicare Part D benefits (i.e., bonus drug list) and what this supplemental coverage looks like.

*1000 words.*

9.4.5 Provide a formulary listing of the non-Part D covered drugs under the supplemental coverage.

*1000 words.*

9.4.6 How does your organization manage the non-Part D covered drugs?

*1000 words.*

9.4.7 Confirm your changes to your formulary, from one year to another, will not impact more than two percent (2%) of members.

*Single, Radio group.*

1: Confirmed, [ 1000 words ],

2: Not confirmed, [ 1000 words ]

9.4.8 Describe how you will work closely with the TRB on the drug formulary to ensure the least amount of member disruption as members transition from the active/non-Medicare plan to the MA-PD plan.

*1000 words.*

9.4.9 Describe how a member will be able to obtain an excluded prescription through a Prior Authorization for medical necessity.

*1000 words.*

9.4.10 Describe your Prior Authorization process. Describe your appeal process of denied Prior Authorizations. Describe how you report Prior Authorizations and appeals to reflect end result and value of Prior Authorizations. Please indicate if you use a third party vendor.

*1000 words.*

9.4.11 Describe your transition fill process.

*1000 words.*

9.4.12 Describe your Rx utilization management programs (Prior Authorizations, Quantity Level Limitations, age and gender restrictions, Medication Therapy Management program, high-risk drug programs for the elderly, etc.). In your response, include the process for enrollment, targeting, reporting, and outcomes reporting.

*1000 words.*

9.4.13 Confirm the above programs be customized for the TRB's membership?

*Single, Radio group.*

1: Confirmed, [ 1000 words ],

2: Not confirmed, [ 1000 words ]

9.4.14 In full detail, describe your process to work with the existing MA-PD carrier and the TRB's current commercial PBM to ensure such Rx utilization management (UM) criteria are transferred properly to your system and mitigate member disruption. Include in your response, how you mine data from the incumbent

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vendor(s) for either existing UM rules or new UM rules to identify members that will need UM criteria under the proposed MA-PD plan.

*1000 words.*

9.4.15 Describe the transition process you will utilize to limit member disruption for those members currently using prescription drugs requiring Rx utilization management criteria. If the process differs for formulary versus non-formulary drugs, please elaborate.

*1000 words.*

9.4.16 Confirm members' existing Prior Authorization or quantity level limits be transitioned and/or re-issued to be accessible for use by the go-live date? If not, please explain.

*Single, Radio group.*

1: Confirmed, [ 1000 words ] ,

2: Not confirmed, [ 1000 words ]

9.4.17 Confirm you will provide a detailed disruption report with proposed formulary exclusions.

*Single, Radio group.*

1: Confirmed, [ 1000 words ] ,

2: Not confirmed, [ 1000 words ]

9.4.18 Confirm you will not charge a fee for the customization of the formulary.

*Single, Radio group.*

1: Confirmed, [ 1000 words ] ,

2: Not confirmed, [ 1000 words ]

9.4.19 With the exception of FDA recalls or other safety issues, confirm you agree not to remove any drug products, brand or generic, from the proposed formulary without notification and prior approval from the TRB.

*Single, Radio group.*

1: Confirmed, [ 1000 words ] ,

2: Not confirmed, [ 1000 words ]

9.4.20 How are new drug therapies added to the formulary?

*1000 words.*

9.4.21 How do you manage the non-essential drugs such as "high-cost - low value" products/kits, DESI drugs, 510k products, etc.?

*1000 words.*

9.4.22 Confirm that you will provide written advance notification, 60-days in advance, to physicians of affected members for negative formulary changes (drug moving to non-preferred or non-covered) or when new prior authorization or step therapy rules are implemented.

*Single, Radio group.*

1: Confirmed, [ 1000 words ] ,

2: Not confirmed, [ 1000 words ]

9.4.23 Confirm that you will provide written notification, 60-days in advance, to affected members for negative formulary changes (drug moving to non-preferred or non-covered) or when new prior authorization rules are implemented.

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*Single, Radio group.*

1: Confirmed, [ 1000 words ] ,

2: Not confirmed, [ 1000 words ]

9.4.24 Complete and submit the formulary disruptions based on your proposed formulary with drug exclusions and on the most recent four months in the claims data that is provided. Results to be included are the number of members that will require a change as well as the number of prescriptions associated with the formulary change. Also, provide an Excel file that lists the specific drugs that will be negatively impacted (excluded or higher-cost tier) along with the total number of scripts and members impacted for each of these drugs.

*Single, Radio group.*

1: Attached,

2: Not attached, explain: [ 1000 words ]

9.4.25 Please provide a summary of your formulary disruption based on the most recent four months in the claims data provided and on your proposed formulary with exclusions using the table below:

Type of Change	Member Impact	% of Total Members	Number of Scripts Impacted	% of Total Scripts (including all brands and generics)
No Change	<i>Integer.</i>	<i>Percent.</i>	<i>Integer.</i>	<i>Percent.</i>
Positive (higher-cost tier to lower tier)	<i>Integer.</i>	<i>Percent.</i>	<i>Integer.</i>	<i>Percent.</i>
Negative (lower tier to higher-cost tier)	<i>Integer.</i>	<i>Percent.</i>	<i>Integer.</i>	<i>Percent.</i>
Moving from covered to not covered/Excluded	<i>Integer.</i>	<i>Percent.</i>	<i>Integer.</i>	<i>Percent.</i>
Total	<i>Integer.</i>	<i>Percent.</i>	<i>Integer.</i>	<i>Percent.</i>

9.4.26 Provide the name of the Formulary you are proposing. The number of drug exclusions as well as a list of the excluded drugs and the therapeutic alternatives should also be provided as an attachment. Provide Information and Names of Attachments.

*1000 words.*

9.4.27 Provide the name of the Specialty Formulary you are proposing. If applicable, provide the number of drug exclusions as well as a list of the excluded drugs and the therapeutic alternatives. Provide Information and Names of Attachments.

*1000 words.*

9.4.28 Complete and provide the following table:

	#1 Drug that is Moving from Covered to Not Covered/Excluded based on impacted Members: [Indicate Member and Script Impact.]	#2 Drug that is Moving from Covered to Not Covered/Excluded based on impacted Members: [Indicate Member and Script Impact.]	#3 Drug that is Moving from Covered to Not Covered/Excluded based on impacted Members: [Indicate Member and Script Impact.]
Name of Drug	<i>1000 words.</i>	<i>1000 words.</i>	<i>1000 words.</i>
Member Impact	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

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% of Total Members	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Number of Scripts Impacted	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
% of Total Scripts (including all brands and generics)	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Name of Preferred Alternative	<i>1000 words.</i>	<i>1000 words.</i>	<i>1000 words.</i>

9.4.29 Provide a complete list of your additional clinical programs not included in your base offering with pricing associated with each program and highlight those programs recommended for the TRB. Describe the type of impact members will face for each of these programs. Indicate the name of the attachment containing this list and respective pricing.

*1000 words.*

9.4.30 How does your organization use pharmacy data to identify high risk, high need populations?

*1000 words.*

9.4.31 Describe how members receive reminders regarding refills and medication adherence.

*1000 words.*

9.4.32 Provide your book-of-business prescription drug event (PDE) error rate for 2022 and 2023.

*1000 words.*

9.4.33 Describe the transition process you will utilize for members who are currently using non-formulary prescription drugs, drugs requiring prior authorization, step therapy, and quantity level limits.

*1000 words.*

9.4.34 Confirm that your organization will provide monthly eligibility, detailed and summary claim reports, disclosure of subsidies, reinsurance, CGDP reimbursements, and rebates (even if only estimated pending approval), and utilization by category (mail, retail, brand, generic, etc.).

*Single Radio Group*

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed, explain:

9.4.35 Confirm your capabilities surrounding e-Prescribing. Would the member's physician be able to see the formulary status of a drug and enter the prior authorization criteria into the e-Prescribing tool?

*Single, Radio group.*

1: Confirmed, [ 1000 words ],

2: Not confirmed, [ 1000 words ]

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9.4.36 How are individual physician prescribing patterns monitored?

1000 words.

9.4.37 What action is taken with physicians who have a high degree of non-compliance to improve their compliance?

1000 words.

9.4.38 Confirm you can administer a Medicare B vs. D program at point of sale, at no additional cost to the TRB.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

9.4.39 Confirm that you will report to the TRB and the TRB's designated health care consultant rebates received associated with the reimbursement of Medicare Part B drugs at least quarterly.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

## 9.5 STAR RATING MAXIMIZATION AND RISK SCORE STRATEGIES

9.5.1 In the table below, provide your CMS Five-Star Quality Rating used for pricing the national MA-PD PPO plan you will be offering, and comment on the ratings (or lack of ratings, if applicable).

<b>CMS Five-Star Quality Rating</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>Comments</b>
Staying Healthy: Screenings, Tests and Vaccines	50 words.	50 words.	50 words.	1000 words.
Managing Chronic (Long-Term) Conditions	50 words.	50 words.	50 words.	1000 words.
Member Experience with Health Plan	50 words.	50 words.	50 words.	1000 words.
Member Complaints, Problems Getting Services, and Improvement in the Health Plan's Performance	50 words.	50 words.	50 words.	1000 words.
Health Plan Customer Service	50 words.	50 words.	50 words.	1000 words.
Drug Plan Customer Service	50 words.	50 words.	50 words.	1000 words.
Member Complaints, Problems Getting Services, and Improvement in the Drug Plan’s Performance	50 words.	50 words.	50 words.	1000 words.
Member Experience with the Drug Plan	50 words.	50 words.	50 words.	1000 words.
Patient Safety and Accuracy of Drug Pricing	50 words.	50 words.	50 words.	1000 words.

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Total Five-Star Quality Rating	50 words.	50 words.	50 words.	1000 words.
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9.5.2 Describe your plans for CMS Star Rating maximization.

*1000 words.*

9.5.3 Describe your approaches to risk adjustment. Include in your response any innovative programs you use to improve the accuracy of the risk scores and any increase in scores you have been able to achieve.

*1000 words.*

9.5.4 Describe your process for reconciling member risk scores with risk scores on file with CMS, tracking member risk scores, and tracking the financial impact of risk-adjusted scores.

*1000 words.*

9.5.5 How do your risk adjustment strategies impact the pharmacy risk score?

*1000 words.*

9.5.6 What are your risk score strategies for individuals aging into Medicare?

*1000 words.*

9.5.7 What does your organization do to educate providers on the importance of complete medical record documentation to support the data used for risk adjustment?

*1000 words.*

9.5.8 Describe how long you will continue your risk score and risk adjustment strategies once the contract with the TRB has terminated?

*1000 words.*

## 9.6 DATA REPORTING TO CMS

9.6.1 What controls does your organization have in place to ensure all required data is sent to CMS for each data collection period?

*1000 words.*

9.6.2 What does your organization do to audit the quality and completeness of provider claims data?

*1000 words.*

9.6.3 What controls are in place to ensure that claims data that is submitted to CMS includes only valid risk adjustment codes?

*1000 words.*

9.6.4 What controls are in place to identify duplicate transactions that are ineligible from a CMS perspective?

*1000 words.*

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## 9.7 MEDICARE SUPPLEMENT

### 9.7.1 PLAN DESIGN

The TRB wishes to procure a fully-insured Medicare Supplement Plan. A summary of the current retiree benefits plan you are requested to provide a quote on is described in <https://portal.ct.gov/trb>. **Bidders may not deviate downward from these plan designs in any manner other than to meet Medicare Coverage Requirements and the plan design proposed must be at least equal to the current plan.**

9.7.1.1 Confirm you will be able to replicate the current plan design for the Medicare Supplement Plan. If not, indicate any deviations.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

9.7.1.2 If you are offering additional supplemental benefits and/or enhanced benefits, at no additional cost, please describe.

*1000 words.*

9.7.1.3 Do you offer a wig benefit? If yes, please describe the benefit.

*1000 words.*

9.7.1.4 Please describe the acupuncture benefit you are proposing for this plan in addition to Medicare covered acupuncture benefits.

*1000 words.*

9.7.1.5 What hearing providers are included in your hearing network?

*1000 words.*

9.7.1.6 Do you offer out of network hearing benefits?

*100 words.*

9.7.1.7 Please describe your gym/fitness benefit. What programs and services are covered under this benefit? How many locations nationwide are available to the TRB participants?

*1000 words.*

9.7.1.8 Describe your rewards program for participants achieving wellness screenings and health milestones. Please provide a specific list of reward program activities and the accompanying rewards you are proposing for this plan.

*1000 words.*

9.7.1.9 Describe how your plan covers emergency services incurred outside of the U. S.

*1000 words.*

9.7.1.10 There has been some discussion regarding replacement of the current group Medicare Supplement plan with a standard Group Plan G. Please also provide a quote for a standard Plan G and note the differences vs. the current plan. This should also include the requested hearing and vision benefits and coverage for one wig per year due to hair loss from chemotherapy

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1000 words.

## 9.7.2 PLAN ADMINISTRATION

9.7.2.1 Explain how long your firm has maintained the ability to receive the electronic transmission of claims data from the Medicare Part A and B administrators.

1000 words.

9.7.2.2 Describe what portion of overall claims is provided by the Part A and B administrators (separately).

1000 words.

9.7.2.3 Describe the method utilized if your firm provides the Medicare Administrator with an eligibility file (electronic crossover) which is used to identify and transfer all medical claims for all eligible members.

1000 words.

9.7.2.4 Describe the rating methodology used to develop the proposed and future rates and fees (assumed claims, trend and target loss ratio).

1000 words.

9.7.2.5 Confirm the TRB plan will be rated on its own merit.

*Single Radio Group*

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

9.7.2.6 Indicate whether the risk is held entirely by your organization or shared with a reinsurer or other risk bearing entity.

1000 words.

9.7.2.7 Describe your policy regarding retroactive enrollments and cancellations.

1000 words.

9.7.2.8 What percentage of your Medicare claims is processed manually?

1000 words.

9.7.2.9 Confirm that your contracts with suppliers purchased on behalf of TRB are available for review and consistent with State of Connecticut regulations.

1000 words.

9.7.2.10 Has your firm ever been suspended by CMS from either offering or selling Medicare plans of any type?

1000 words.

9.7.2.11 Confirm that you will provide separate reporting and billing for the Medicare Supplement group if you are providing a proposal for both MA and Med Supp.



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*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

## **9.8 PERFORMANCE GUARANTEES**

The TRB is interested in negotiating performance standards on financial performance results with the selected Vendor to encourage superior performance. Vendor's failure to meet the performance guarantee(s) would result in financial penalties. Please review and complete Performance Guarantees – Attachment 6 . Higher assessments than required are encouraged.

9.8.1 Confirm your agreement with the proposed service level targets and associated guarantees.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

## **10 BID EXCEPTIONS AND DEVIATIONS**

10.1 If your bid does not fully comply with the specifications in this RFP, please upload and complete the Bid Exceptions and Deviations Document.

*Single, Radio group.*

1: Bid does not fully comply - Document Attached,

2: Bid does fully comply - Document Not Attached

Attached Document(s): [Attachment 2\\_Bid Exceptions & Deviations Document.doc](#)