

Connecticut Teachers Retirement Board Retiree Health RFP

Bidder Questions and Responses

1. Is it acceptable to only provide a quote for the National Passive PPO plan and the Part D plans (For the MA and Medicare Secondary plan)?

Response: Yes, it is acceptable to only provide a quote for MAPD and PDP however the TRB is also requesting a Medicare Supplement option.

2. Would the Board consider an ASO quote for the Medicare Supplement plan?

Response: No, this is not being considered at this time.

3. Would the Board consider a unique hybrid exchange product that allows members to select a Group MAPD plan or an individual Medicare Supplement Plan (Plan G, for example) with a Group PDP plan?

Response: No, this is not being considered at this time.

4. Will you accept a proposal for one or 2 of the Products requested. For example, Medicare Supplement and Medicare Part D?

Response: 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.

5. 9.8 Performance Guarantee: The question references a "Performance Guarantees - Attachment 6" however Attachment 6 was not provided. Please provide.

Response: This has been provided on the Management Documents page of the RFP. The MAPD Performance Guarantees were labeled 6a the Medicare Supplement and PD Performance Guarantees are labeled 6b.

6. Please confirm that the bid process allows for the MAPD/PDP carrier that is selected to be a different carrier from the Medicare Supplement plan carrier selected.

Response: Confirmed.

7. Please confirm that accuracy of the medical monthly claim data in the file "CT TRB MAPD Financial Summary.xlsx" or provide corrected data. PMPM paid values ranging between \$2700 and \$4800 are abnormally high.

Response: An updated file has been provided.

8. Please provide a census which includes member dates of birth.

Response: The census includes member age.

9. Proposal Submission: It notes that “Any information provided in attachments should also be redacted.” Please clarify if we should only provide redacted versions of additional information/documents or is this in reference to making sure that any information we provide as additional we also include a version of those documents in a redacted format as part of our redacted proposal submission?

Response: In addition to all response attachments bidders should also provide redacted copies of any documents you consider to be confidential and proprietary.

10. Please define what is meant by “non-confinement provisions” in question #4.2.10 that states “Any and all transition-of-care-related issues and non-confinement provisions must be expressly waived...”

Response: Non-confinement provisions ensure that the effective date of coverage is not denied or delayed due to a member’s confinement in the hospital.

11. Do members have open choice to choose between the MAPD and Med Supp/PD plan?

Response: Yes.

12. Will the MAPD plan be the slice default option (members get automatically enrolled into the MAPD plan and have to actively opt out into other plan)?

Response: All members will be defaulted to the plan in which they currently participate (MAPD or Med Supp with PD) unless they elect a different option. All new members have the option to choose MAPD or Med Supp with PDP.

13. Are members in the Med Supp plan required to enroll in the standalone PD plan?

Response: Yes.

14. Are there on-shore service requirements? If so, please advise if it's acceptable to on-shore only member facing services, member and provider facing services, or if there are requirements to on-shore additional (or all) functions.

Response: It is acceptable to on-shore member and provider facing services.

15. Will carriers still be considered if they cannot offer one of the products being requested (Medicare Supplemental plan, MAPD, or PD only products)?

Response: Carriers who offer MAPD must also offer the standalone PDP.

16. General RFP Question: Please confirm the provided census is member based.

Response: Confirmed, each member and spouse are separate participants.

17. Provide the current Medical and Pharmacy rates for each in force plan.

Response: These are not being provided.

18. Attachment 5 is mentioned in the RFP as the file to use for the requested disruption analysis, when will this be released?

Response: This was released, the file name is CT TRB MAPD Medical Providers and Rx Pharmacies.

19. In some instances carriers may waive prior authorization in an effort to simplify the procedure process. Please advise which benefits or procedures, if any, the current carrier is waiving prior authorization for?

Response: This is not currently being done.

20. What medical management programs are available to members today?

Response: These include: preventive in home visits, chronic conditions programs and the “healthy at home” post discharge program

21. MA data Questions: The Medical Plan Paid data provided results in a PMPM (Medical Plan Paid / Enrollment Members) in the range of \$2,669 to \$4,812 PMPM. - This level of medical claims is inconsistent with all other group plan sponsors and inconsistent with the risk score level of the plan participants provided in the Financial Summary and MMR.

Response: The updated file has been provided.

22. MA data Questions: Please describe the additional claim costs included in the Medical Plan Paid data that would result in this level of PMPM.

Response: The updated claims file has been provided.

23. Please provide an updated Medical Plan Paid claim data for the MAPD plan participants only. Claims should exclude under 65 spouses/dependents and non-Medicare eligible retirees.

Response: This has been provided, the TRB does not cover non-Medicare eligible members or dependents.

24. For the updated claim files, please re-confirm if claims are based on paid date or date of service.

Response: Claims are based on date of service.

25. For the updated claim files, what is the paid through date? Has IBNR completion been applied?

Response: yes, IBNR completion has been applied. claims are paid through February 2024.

26. For the updated claim files, please re-confirm if these items are or are not included in the updated medical plan paid data: 1 Capitated provider payments 2 Non-Medicare covered Chiropractic 3 Non-Medicare covered Podiatry 4 Part B Rx Claims 5 Part B Rx Rebates 6 Fitness (SilverSneakers) 7 Post Discharge In-Home Support Personal Care Services 8 Post Discharge Meal Delivery 9 Non-Emergency Transportation 10 Hearing Aid Reimbursement 11 Vision Eyewear Reimbursement 12 Coaching 13 Additional Vendor Fees not already listed 14

Additional Rider Costs 15 Provider Collaboration, Value Based Care, or P4P Bonus Payments
16 Clinical/Quality/Disease Management Program Costs

Response: Medical Claims include: All FFS and capitated provider claims including Part B Rx claims - with IBNR.

27. Were there any benefit changes from the provided claim periods to the current year?

Response: For 2024, the deductible was waived and copays (\$35/\$70/\$105) were implemented for non-preferred insulin.

28. Please indicate if the risk scores include mid-year and final reconciliation adjustments.

Response: These reflect final settlements.

29. Do the risk scores for payment dates in 2022 reflect both the mid-year and final reconciliation adjustments paid at the end of 2023?

Response: These reflect final settlements.

30. Do the risk scores for payment dates in 2023 reflect the mid-year adjustments paid in mid-2023?

Response: These reflect mid-year adjustments as of February 2024.

31. Do the risk scores for payment dates in 2023 reflect any estimates or assumptions for the final reconciliation adjustment expected to be paid in mid-2024?

Response: They do not.

32. Were there Large Cost Claimants? If so, please provide available data on those claims. .

Response: Large cost claimants data is not available.

33. Please provide a file for showing the groups' large cost claimants during the provided claim period. The file should include: • Dollar amount • Diagnosis • Status (enrolled/termed) • Prognosis (ongoing vs. not ongoing)

Response: Large cost claimants data is not available.

34. Please define the "SAD" & "PAPERCLAIM" NPI values shown on the 'CT TRB MAPD Rx File'.

Response: These paper claims records, which total 87 out of the 730K total, reflect 0.01% of all dispensed drugs. They were included for full transparency and no additional information is available.

35. Benefit plan: Do your Part D Drug plans cover extra covered drugs such as prescription DESI drugs, Lifestyle drugs and Prescription and OTC drugs? Contraceptives?

Response: Yes, Bonus drug list is below.



Bonus Drug List.pdf

36. Benefit plan changes: Have there been any benefit changes during the experience period provided? If so, can Segal please outline what benefits have changed?

37. CT TRB MAPD Financial Summary: Please confirm if CMS mid-year and final settlement values are included in the MMR risk score values shown. Please advise for both 2022 and 2023 data.

Response: 2022 reflect final settlements, 2023 reflect mid-year adjustments as of February 2024.

38. Data: Can Segal please provide a census that includes member dates of birth?

Response: Member age has been provided.

39. Is a large claim report available for calendar years 2022 - 2023?

Response: Large cost claimants data is not available

40. Are manufacturer rebate offsets included to the paid pharmacy claims?

Response: Rebates are not included on pharmacy claims.

41. General: If a carrier is not providing a Medicare Supplement quote, will this affect scoring? How should we denote that in ProposalTech?

Response: Scoring will be done based on a number of evaluation factors. You may respond "n/a" in ProposalTech.

42. General: Is it acceptable to provide a full MAPD proposal for the Medicare Supplemental plan for the 4K members, instead of a standalone PDP?

Response: Retirees have the option of MAPD or Medicare Supplement.

43. Price Proposal - Implementation Credit: Does the TRB have a preferred Implementation Allowance amount to be included with the proposal?

Response: No.

44. Questionnaire - Q. 4.1.4: Please confirm the forms below are the only forms that need to be uploaded to CT Source: a) OPM Ethics Form 1 - Campaign Contribution Form b) Contract Compliance Monitoring (also titled Notification to Bidders, Parts I-V)

Response: Confirmed.

45. Questionnaire - Q.4.2.15: Please advise if the penalty payment applies to just the general media advertising portion of this question or the entire question pertaining to prior approval of communications to members.

Response: This applies to the entire question.

46. Questionnaire - Q.4.2.16: Can Segal please provide more context regarding the electronic data feeds? Is this question related to member eligibility and enrollment?

Response: This is member eligibility and enrollment.

47. Questionnaire 7.11.6: Does the TRB have a preferred Audit Allowance amount to be included with the proposal?

Response: No.

48. Is a Large Claims report available for the Medicare Supplement claims provided

Response: Lare cost claimant data is not available.

49. Are the claims in the Medicare Supplement report incurred or paid?

Response: Incurred.

50. Are Hearing and vision included in the Medicare Supplement experience?

Response: No, they are not included

51. Can you confirm the claims do not include admin fees or any additional charges?

Response: Confirmed.

52. How many new lives enroll in the plan each year? What percentage go to the Medicare Supplement plan vs Medicare Advantage plan?

Response: Approximately 1,000 new retirees enroll in the plan each year, most elect MAPD.

53. Please provide a copy of your RFP scoring criteria and/or matrix.

Response: This is not being provided. Evaluation Criteria is outlined in section 3.7 of the RFP.

54. Given the current state of the Part D program and introduction of the IRA and direct negotiation of fair price for 2026, please confirm a Medical-Only multi-year guarantee will be accepted as part of the RFP process along with firm 2025 Rx pricing being submitted in August 2024.

Response: Pricing must be provided by the response due date.

55. Please provide a MOR report for the same period (February 2024) as the MMR report. This additional information will allow for more precise Rx pricing.

Response: MOR will not be provided.

56. Please provide a Part D MMR report for the February 2024 for members electing the Med Supp plan. This additional information will allow for more precise Rx pricing.

Response: MMR will not be provided.

57. Please indicate if the Med Supp medical claims include any costs for each of the following: • Non-Medicare Covered Fee-for-Service Costs (i.e. private duty nursing, routine vision/dental/hearing/OTC, etc.) • IBNR • Part B Rx Claims

Response: Medical is based on service dates. Medical Claims include: All FFS and capitated provider claims including Part B Rx claims - with IBNR.

58. Please confirm the paid through dates for the MA and Med Supp medical claims.

Response: Paid through February 2024.

59 For the monthly risk scores: • Were the actual paid mid-year CMS adjustments/payments removed from the MA or Part D Risk Scores in any way? • Were the actual paid final CMS adjustments/payments included in the MA or Part D Risk Scores provided? • Have any additional adjustments been made to the risk score data provided such that they would not reflect the paid risk scores as of the date the data was provided? If so, please describe and quantify those adjustments in detail

Response : 2022 reflect final settlements, 2023 reflect mid-year adjustments as of February 2024. No additional adjustments have been applied.

60. If included, please list any Non-Part D drugs or lifestyle drugs covered on the current Part D plan (i.e. Fertility, Cough/Colds, Cosmetic, Vitamins, ED, or Weight Loss drugs)?

Response: Bonus drug list is below



Bonus Drug List.pdf

61. The Data Definitions tab states that the pharmacy claims are plan paid after cost sharing. Please indicate whether the claims are net of the following: • Pharmaceutical discount in the coverage gap • Manufacturer Rebates • Catastrophic Reinsurance • If the Rx claims are not net paid, indicate what is included in the claims data. • Indicate if the pharmacy data contains any, or all, of the Part B Rx claims.

Response: The summary Rx claims are net of gap discounts. All other Part D credits/components are not reflected. Pharmacy data in the detailed claim level Rx file does include Part B claims.

62. Please confirm we should combine the two tabs (Jan-Jun Rx Claims and Jul-Dec Rx Claims) on the MAPD Rx file to produce a full year picture for formulary analysis.

Response: Yes, both files will need to be combined.

63. For the file named “CT TRB Med Supp Medical Providers and Rx Pharmacies” since there is no network tied to this product we can not run the requested network disruptions. Was this file intended to be run against an MA network for comparison?

Response: You may ignore this file.

64. For the MA-PD Price Proposal Worksheet); how will the fully insured premiums be scored? For example, will a lower guaranteed one-year rate for 2025 with no or limited caveats receive a greater score than a multi-year rate guarantee that contains caveats due the potential uncertainty with regards to Medicare Advantage funding changes in future years? Or how will a lower one-year rate be scored against an offer that has a higher year one rate but offers not to exceed rates for a future year(s)?

Response: The contract term is three-years and 3-yr costs will be evaluated.

65. Provide a Medical Cost Spend and Utilization by Cost Category file for the corresponding claim data period.

Response: Utilization and spend by cost category will not be provided.

66. How should bidders that are not proposing a Medicare Supplement Plan respond to questions in this section? Should we select “Not Confirmed” for all responses?

Response: You should respond “Not Confirmed” with n/a as explanation

67. Provide the provider utilization details for the corresponding claim data period.

Response: This has been provided.

68. In the table submitted for Performance Guarantees the only options given are to confirm yes or no relating to each Performance Guarantee. If we can offer the Performance Guarantee with modification(s) such as a deviation in the guarantee language or how the guarantee is measured is that acceptable?

Response: Yes this can be reviewed

69. Does the current plan cover ACA drugs?

Response: Bonus drug list is below:



Bonus Drug List.pdf