



CT TEACHERS' RETIREMENT BOARD

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"An Affirmative Action/Equal Opportunity Employer"

www.ct.gov/trb

TRB RFP 2015-001
JANUARY 20, 2015

ADDENDUM #2 Questions & Answers

Q: What network is used for services after the limits under the plan?

A: None at this time. Effective January 1, 2015, the prescription plan provider is taking over the vaccine program, so the only program coverage that exceeds Medicare tends to be the hospital coverage. There have been 3 such claims in the last 15 years.

Q: What network and managed care are used for the excess of Medicare coverage?

A: None.

Q: What is the definition of a member?

A: It is described in the RFP. If that is not adequate, potential bidders are pointed to the statute identified in the RFP.

Q: Two sets of service requirements are provided, which is operable?

A: Both.

Q: The term service provider is used in the RFP specifically with regards to phone service, what is the intent?

A: The proposing firm would be considered a service provider to the TRB.

Q: How many years has the incumbent been the benefits administrator?

A: Over twenty years.

Q: Please provide some history on the per member per month (PMPM) administrative charges.

A:

July 2008 – June 2009	\$8.16 PMPM
July 2009 – June 2010	\$8.50 PMPM
July 2010 – Dec. 2011	\$8.84 PMPM
Jan. 2012 – Dec. 2012	\$7.53 PMPM
Jan. 2013 – Dec. 2013	\$7.82 PMPM
Jan. 2014 – Dec. 2014	\$8.11 PMPM
Jan. 2015 – Dec. 2015	\$7.56 PMPM

Q: Please provide us with a list of services that require prior approval, and the current prior approval P&P, including responsible parties.

A: All managed care other than hospitalizations in excess of the Medicare lifetime limit are only managed by Medicare.

Q: Please provide us with the current Utilization Management P&P, including responsible parties.

A: See previous response.

Q: Please confirm that members may obtain services at Medicare Eligible providers, as there is no vendor network, and no published provider directory.

A: Correct.

Q: Please provide the current Appeals and Grievances P&P, including responsible parties.

A: TRB pays all Medicare approved claims and denies those not approved by Medicare. Excess of Medicare subject to prior authorization.

Q: Several TRB covered benefits include day and/or dollar limits. Please confirm that the new vendor will be responsible for tracking only dates of service that begin on or after January 1, 2016 – the effective date of the new vendor contract.

A: Vision and hearing benefits would be reset to zero.

Q: Although we typically provide standard financial, utilization and service reporting for our large ASO business with varying frequency depending upon the purpose of the specific reporting, we would like to review all reports that are currently being delivered by the incumbent TPA with an indication of frequency.

A: Monthly claims by type, hospital claims in detail if in excess of Medicare.

Q: Assuming we are awarded the business, we would be glad to discuss the particulars of any bonding requirement. However, please advise if a bond is required with our RFP response, the requested amount and any other requirements.

A: There is no bond required to respond to the RFP.

Q: How many hospital claims are paid in excess of Medicare per year?

A: Less than one per year. In some instances the dollars have been large.

Q: Section A – Basic Hospital Benefits

The inpatient hospital care benefit available after all Medicare benefits have been exhausted is “up to 60 additional days”. Please confirm the plan limit is 60 days.

A: Yes, it is 60 days under the Basic Hospital Benefits, then the claims fall under Major Medical with a \$1 million dollar lifetime limit, while covered.

Q: Major Medical Benefit Liability

Will Major Medical benefit cover the Part B deductible?

A: No, the member pays the Part B deductible in full.

Q: Will Major Medical benefit cover the member % out of pocket for pharmacy?

A: No, the Major Medical does not pay any pharmacy costs.