

Bethel Public Schools Medical/Rx RFP

To participate in this RFP and submit a response, follow the process below: Go to <http://www.proposaltech.com/home/app.php/register>.

Enter vendor’s email address into the field provided. No registration code is necessary. Click “Begin Registration.” If Vendor has already had an account with Proposal Tech, it will be listed on the registration page, if Vendor does not, it will be asked to provide company information. Once Vendor’s account has been confirmed, check the appropriate box for the RFP Vendor is registering for and click the “Register” button. An invitation will be emailed to Vendor within fifteen minutes. If Vendor has any questions regarding the registration process, contact Proposal Tech Support at 877-211-8316 x84.

1 INTRODUCTION

1.1 Background

On behalf of Bethel Public Schools (BPS) Segal is requesting Fully Insured proposals for integrated Medical and Prescription Drug Benefits (administered by a single carrier), **effective July 1, 2025. All proposed rates should be net of commissions.**

BPS provides health care for approximately 340 employees and non-Medicare retirees. Retirees pay 100% of premium. Of the 340 subscribers, 5 are non-Medicare retirees.

Subscribers	
Employee Only	99
Two-Party	56
Family	183
TOTAL	338

Premium cost shares vary by union and range from 20%-23%

Food Services pays 100% of premium however there are currently no Food Services members enrolled.

There are 150 waivers (includes Food Services)

Please note that this RFP is for the Bethel Public Schools does not include the Town of Bethel.

BPS has been with United HealthCare on a fully insured basis since July 1, 2023.

The current plan descriptions (SBC's) are attached below.

Certificates of Coverage:

Please note that the HRA plan is in place for those active employees who are on Medicare (currently 8 subscribers).

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Attached Document(s): [931293 Bethel Public Schools FI 07.01.2024 CT Choice Plus CYVP MOD.pdf](#), [931293 Bethel Public Schools FI 07.01.2024 CT Choice Plus DFYU MOD.pdf](#), [Choice Plus HRA Plan CYVP.pdf](#), [Choice Plus HSA Plan DFYU.pdf](#)

1.2 Objective

The objective of this RFP is to obtain bids for the medical/pharmacy that duplicate the current benefits in a cost-effective manner, and provide high quality service to covered employees, retirees, and their dependents through a robust national network of providers in order to efficiently and effectively administer existing and planned programs and design elements in order to improve the quality of care provided to plan participants and reduce total plan costs. It is essential that the proposed network of providers assures minimal member disruption.

1.3 Planned Schedule of RFP Activities

It is the intention of BPS to comply with the following schedule:

Date	Activity
December 12 2024	Release RFP
December 17, 2024	Intent to Bid Form and NDA Deadline by 2:00 PM EST
January 3, 2025	Vendor Question Deadline by 2:00 PM EST
January 9, 2025	Vendor Questions Answered
January 16, 2025	Electronic Proposals Posted to Proposal Tech by 2:00 PM EST
Week of February 10, 2025	Finalist Interviews (if Necessary)
Week of February 10, 2025	Best and Final Offers
February 18, 2025	Contract Awarded
April through June	Implementation if necessary
July 1, 2025	Effective Date for Contract

1. These dates represent a tentative schedule of events. Bethel Public Schools reserves the right to modify these dates at any time, with appropriate notice to prospective bidders.
2. This RFP does not commit Bethel Public Schools to award a contract. BPS reserves the right to reject all proposals, and at its discretion, may withdraw or amend this RFP at any time.
3. BPS may revise and amend the RFP prior to the due date for the proposal. If, in the opinion of BPS, revisions or amendments will require substantive changes in proposals, the due date may be extended.
4. BPS reserves the right to reject any and all proposals received, for specific reasons or in its sole discretion, which include, but are not limited to, non-compliance with RFP requirements.
5. Responses to this RFP will be the primary source of information used in the evaluation process. Each Vendor is requested and advised to be as complete as possible in its response. BPS reserves the right to contact any bidder to clarify any response or make a presentation.

1.4 Instructions for Submitting Offers

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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 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 www.proposaltech.com before 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 once the bid closes. Late proposals shall not be considered.

BPS reserves the right to ask Vendors follow-up questions through ProposalTech as may be necessary to fully evaluate bidder capabilities.

1.5 Intent to Bid and NDA

By December 17, 2024, please send the Intent to Bid form to the solicitation contact, Terry DeMattie, via the instructions provided below and state whether you intend to bid. If your organization currently has a global NDA in place with Segal a new NDA is not required. This should be confirmed with Ms. DeMattie prior to due date for the NDA. If your organization does not currently have a global NDA in place with Segal, please contact Tdemattie@segalco.com to initiate the creation of the agreement. Segal will use its "Ironclad" system to have a specific agreement prepared with your organization. The following information will need to be provided:

- Counterparty Full Legal Name
- Counterparty Address
- Counterparty Notices Email (This is the email address where Segal may send notices related to the NDA)
- Counterparty Signer Name
- Counterparty Signer Email

The Intent to Bid form is posted to ProposalTech. Upon receipt of the Intent to Bid and fully executed NDA, BPS's healthcare consultant, Segal, will provide vendors with claims data and other information to be used in responding to the RFP.

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" (Terry DeMattie) 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."

Single, Radio group.

1: Completed and sent,

2: Not provided

Attached Document(s): [Bethel Intent to Bid 2025\(10065178.1\).docx](#)

1.6 Vendor Questions

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Any questions regarding content should be submitted directly to Segal using the “Ask Question” feature on the main RFP page by the deadline of **2:00 P.M. (EST) on January 3, 2025**. Questions from any Vendor that is considering a response to this RFP will be answered. Questions via email or telephone will not be accepted. BPS reserves the right to provide a combined answer to similar questions. Any and all questions and answers to this RFP will be posted by January 9, 2025 on ProposalTech.

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

1.7 Proposal Submission

All electronic proposals must be uploaded to ProposalTech by 2:00 P.M. (EST), January 16, 2025 in order to be considered. Proposals posted later than the time and date specified will not be considered. If you choose not to offer a proposal, please confirm this in writing with the specific reasons for your declination.

Freedom of Information

All materials submitted in connection with this RFP are subject to the terms of the State of Connecticut Freedom of Information Act (FOIA), Conn.Gen.Stat. §§1-201 et seq. and all rules, regulations and interpretations resulting therefrom. Due regard will be given for the protection of proprietary information contained in a vendor's proposal. Each vendor should identify particular sentences, paragraphs, pages or sections in its response which it in good faith believes to be exempt from disclosure under FOIA by marking each as “CONFIDENTIAL”. It will not be sufficient for vendors to state in general terms that the entire proposal is proprietary in nature and therefore not subject to release to third parties.

Within Proposal Tech 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 that should be redacted in the event of a FOIA request.

Please also provide redacted copies of any attachments as necessary.

1.8 Evaluation of Proposals

Note: These are not listed in order of importance.

1. Vendor's experience with and ability to provide required services.
2. Conformity with specifications.
3. Proposed costs and guarantees, demonstration of robust approach to control costs.
4. Effectiveness of care: carrier's commitment to improving quality of care and patient outcomes as development of infrastructure sufficient to support these initiatives, ability to demonstrate results, ability to provide continuity of care during contract period.
5. Availability and competence of personnel and evidence of appropriate staffing and training.
6. Robust basic member support services that demonstrate superior member experience via call center, member portal and mobile application, as well as additional member support services including health concierge, navigation services and HSA support.

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7. Adequacy of vendor's network with comprehensive access to healthcare providers (sufficient coverage by general, specialist and pediatric physicians and facilities, average wait times for appointments, number of physicians accepting new patients, willingness to expand network, as needed).
8. Demonstration of a robust provider panel for mental and behavioral health, and treatment for substance abuse (and willingness to expand network as needed), including telemedicine.
9. Sufficiency of Eligibility Management, Payment and Billing Systems, Customer Service, Flexibility, References, Reporting Capability, Member Services, and Quality Assurance Programs.
10. Implementation and Communications Plan (workability of transition and implementation schedule; efficiency and fairness of appeals process, sufficiency of member communication programs and systems, assistance with distribution of benefit descriptions, educational materials, notices required by ACA and other federal laws).
11. Ability to administer BPS's specific benefits design.
12. At the option of the review committee, Vendor's oral interview

1.9 Contract Period

BPS is seeking a contract effective date commencing July 1, 2025. Multi-year guarantees will be viewed as a positive.

1.10 Restriction on Contact with BPS 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 BPS, and RFP committee members about the RFP until selection of the successor bidders are prohibited. As Segal is managing this RFP process, all communications regarding this RFP must be directed to Terry DeMattie at tdemattie@segalco.com and not Bethel Public Schools. For violation of this provision, BPS reserves the right to reject the proposal of the violator.

1.11 Verification of Accuracy

1. Your response must designate the individual responsible for coordinating proposal responses and for binding the company to the responses to this RFP.
2. Your response must designate the chief actuary or independent actuary retained by the Proposer who certifies the method used to determine and report requested discount information.
3. Your response must designate proposer's Medical Director or Chief Medical Officer.

	Proposal Response Coordinator	Chief Actuary/Independent Actuary	Medical Director/Chief Medical Officer
Name	20 words.	20 words.	20 words.
Phone #	20 words.	20 words.	20 words.
Company	20 words.	N/A	N/A
Title	20 words.	20 words.	20 words.

1.12 General Requirements

Bidders shall agree to the general requirements noted below:

1. Proposals will remain confidential until the evaluation process is complete and a contract has been awarded to a successful bidder. All materials submitted by bidders become the property of Bethel

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- Public Schools. BPS is under no obligation to return any of the materials submitted by a bidder in response to this RFP.
2. Questions of a substantive nature should be addressed solely to Terry DeMattie using the "Ask Question" link in the left-hand menu. **Under no circumstances are you, or any other representative of a bidder, to contact Bethel Public Schools directly.**
 3. Any bidder who receives a copy of the specifications and intends to submit a proposal is required to return the "Intent to Bid" form and signed NDA (attachment A and B) **no later than December 17, 2024**. The form must be submitted in order to receive data outlined in the appendix of this document.
 4. This RFP does not commit Bethel Public Schools to award a contract to any bidder or to pay any costs incurred in the preparation of a proposal submitted in response to this RFP. BPS reserves the right to waive any defects or informalities, to accept or reject any and all proposals, or any part or parts thereof, to negotiate with any qualified bidder, or to cancel in part, or in its entirety, this RFP if it is deemed to be in the best interests of BPS to do so. BPS reserves the right not to award a contract solely on the basis of this RFP.
 5. Any contract awarded to a successful bidder shall incorporate therein this RFP and the proposal selected in response to this RFP.
 6. By submitting a response to this RFP, the bidder represents that no person or persons, other than bona fide employees working solely for the bidder, have been employed or retained to solicit or secure the award of a contract upon an arrangement or understanding for a commission, percentage, brokerage fee, gift, or any other consideration contingent upon the award or mailing of this contract. For breach or violation of the representation, BPS shall have the right to annul the contract without liability or, in its discretion, to deduct from the contract price or consideration, or otherwise recover the full amount of such commission, percentage, brokerage fee, or other consideration.
 7. Any proposal made will be accepted on the basis that the bidder, by submitting its proposal, represents that it is made in good faith without fraud, collusion or connect of any kind with any other bidder for the same work; that the bidder is competing solely on its own behalf without connection with, or obligation to, any undisclosed person, firm or corporation; that no other person, firm or corporation will have any interest in the contract and that the proposer is fully informed in regard to all provisions of this RFP.
 8. Upon the acceptance of a proposal, BPS shall negotiate a mutually satisfactory contract with the successful bidder. In the event the successful bidder fails, neglects or refuses to execute said contract within thirty (30) days after the mailing of said contract, BPS may, at its option, terminate and cancel its action in awarding said contract, and the contract shall become null and void and of no effect, and BPS may reconsider other proposals or solicit new proposals. The contract may be cancelled in the event of the successful bidder's nonperformance or improper performance as may be determined by BPS, as applicable, from time to time and at any time during the relevant contract period.
 9. The successful bidder shall comply with all applicable federal, state and local laws, ordinances and regulations. The awarded contract shall be governed by and construed in accordance with the laws of the State of Connecticut, to the extent not preempted by federal law.
 10. The bidder shall agree to accept any of the eligibility rules established by BPS. Any proposed modifications to the eligibility rules must be clearly pointed out.
 11. No amendment to any contract shall be effective unless it is in writing and signed by authorized representatives of the applicable parties to the contract.
 12. In order that all proposals can be evaluated on a uniform basis, you are requested to conform to the RFP specifications. If your proposal does not so conform, clearly indicate where differences exist. In the absence of any statement regarding deviations from these specifications, it will be assumed that your proposal does conform in every respect to the portions to which you have chosen to respond.

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13. If this proposal is not properly signed, it will be considered non-responsive. Properly signed: Only the actual signature of an officer or designated representative of your company will be accepted as valid. The signature must be done in ink. **A second party initialed signature will not be valid.**

Failure to meet any of the conditions listed above may result in disqualification of bids. This RFP and your response, including all subsequent documents provided during this RFP process, will become the terms of the applicable contract between the parties until replaced by a signed written contract.

2 PLAN CONFIRMATIONS

Below are the specific confirmations for submitting a proposal. By checking “Confirmed”, Bidder 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 Bidder takes exception to any of these confirmations, it must be so noted in the Bid Exceptions and Deviations Document (Attachment 3) of their proposal response. These confirmations will also explicitly apply to any subcontractors used by the Vendor to deliver services to BPS.

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

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

2.2 Completion of this proposal confirms your ability to duplicate 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.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

2.3 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: [500 words]

3 ADDITIONAL REQUIREMENTS

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

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3.1 General

3.1.1 Vendor will provide all labor, equipment, facilities, supplies, and services as needed/specified.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.2 Administration of benefit plans for active and retired BPS employees and dependents participating in the program described in Section 1.1: Vendor must agree to administration of the plan as mutually agreed to by the vendor and BPS, with final determination to be made by BPS. All operational aspects of the plan must be clearly described and BPS must reserve the right to review the operations of the plan.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.3 Develop and maintain an employee benefit plan providing benefits as specified by BPS. The benefit plans to be offered as specified in the **“Requested Plan Design” tabs in Bethel Public Schools 2025 Medical_Rx RFP Exhibits.xls**. Any deviations must be specified within the “Requested Plan Design” tabs as well as in attachment 4: Bid Exceptions and Deviations.docx.

Attached Document(s): [Bethel Attachment 3 - Bid Exceptions & Deviations 2025\(10066153.1\).docx](#)

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.4 Vendor must provide a copy of their emergency operations/disaster recovery/business continuity/pandemic flu plan as part of their response to this RFP.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.1.5 Vendor must provide 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,

2: Not Confirmed, please explain: [500 words]

3.1.6 Vendor must disclose offshore relationships, if any.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.2 On-line services/Functions

3.2.1 What on-line services/functions will be made available to BPS?

	Response
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I. Claims Summary	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain: [500 words]
II. Billing History	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain: [500 words]
III. Provider Directory	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain: [500 words]
IV. Enrollment Summary	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain: [500 words]
V. Ability to Order New Member Materials	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain: [500 words]
VI. Ability to Print Temporary ID Cards	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain: [500 words]
VII. Health Topics/Medical Information	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain: [500 words]
VIII. COBRA Enrollment	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain: [500 words]
IX. Medical Coverage Stance (ex. Cochlear Implants)	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed, please explain: [500 words]

3.3 Eligibility

3.3.1 Vendor must agree to accept the eligibility structure as defined by BPS.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

3.3.2 Vendor must agree to BPS-defined Eligibility Periods; award of this contract means that any eligible employee and their dependents will be eligible for coverage.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

3.3.3 HIPAA Events: 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: [500 words]

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3.3.4 The vendor must agree to process active and retiree enrollment additions, changes and deletions correctly within two (2) days of BPS's submission of the request.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.3.5 The vendor will provide BPS with online access to their enrollment information in real time.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.3.6 The vendor will agree to certify disability status of dependents turning age 26 and then on an annual basis thereafter through requested medical documentation.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.4 Network Development, Rental and Management

3.4.1 Vendor 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: [500 words]

3.4.2 Vendor will handle all provider quality issues.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.5 Administrative or Executive Support

3.5.1 Vendor must verify and commit that during the length of the contract, it shall not undertake a major conversion for, or related to, the system used to deliver services to the plan without specific written notice to BPS. This does not apply to any program fixes, modifications and enhancements.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.5.2 Vendor must notify BPS prior to any changes in vendor's representatives.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.5.3 Vendor must agree to change the assigned vendor's representatives at Bethel Public Schools's request.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

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3.6 Data and Reporting Requirements

3.6.1 Vendors must agree to provide requested claims summary reports, enrollment, and related data to BPS and its consultant.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.6.2 Vendor must provide some form of on-line ad hoc reporting capability with full description of the tools available.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.6.3 Vendor must provide reporting based on the divisions defined by BPS.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.7 Privacy and Security

3.7.1 Vendor must comply with HIPAA, PPACA and other federal and/or state mandates to include privacy, security and electronic data transfer requirements.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

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

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.7.3 Vendor must disclose any event where its employees have willfully committed acts that compromise member information, regardless of whether it is PHI or not, and how the event was remedied.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

3.7.4 Vendor must describe its HIPAA policies, procedures and training related to quality and provider data.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

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4 GENERAL QUESTIONNAIRE

4.1 COMPANY OVERVIEW

4.1.1 Provide contact information for the individual authorized to answer questions regarding your response to the RFP.

Contact Name	500 words.
Contact Title	500 words.
Address	500 words.
Telephone Number	500 words.
e-Mail Address	500 words.
Company URL (web address)	500 words.

4.1.2 Please complete the following table:

	Response
Year Organization Established	5 words.
Total Lives Covered	Integer.
Total Number of Your Organization's Employees (2023)	Integer.
Describe any parent/subsidiary relationship.	1000 words.

4.1.3 Provide the most recent ratings and date of rating for your company by the major rating organizations.

Rating Agency	Rating	Date of Rating
Standard & Poors	10 words.	To the day. N/A OK.
Fitch	10 words.	To the day. N/A OK.
A.M. Best	10 words.	To the day. N/A OK.
Moody's	10 words.	To the day. N/A OK.

4.1.4 Has there been a downgrade in your ratings in the last 2 years?

Single, Radio group.

1: Yes,

2: No: [500 words]

4.1.5 Has your organization recently undergone any workforce realignments and/or experienced recent merger or acquisition activity? 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? Please explain.

500 words.

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4.1.6 Describe any changes in the organizational structure (including, but not limited to demutualization, addition/deletion of claim offices, addition/removal of product lines, and staff reductions) that have occurred in your organization over the last twelve (12) months or are anticipated to occur in the next 24 months.

500 words.

4.1.7 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.

500 words.

4.1.8 How do you assure BPS that any operational changes will not impair service levels?

500 words.

4.1.9 Indicate how many years your organization has been in the business of providing the coverage for which you are submitting a proposal.

Single, Pull-down list.

- 1: More than 10 years,
- 2: 5-10 years,
- 3: 1-4 years

4.1.10 Does your company have any administrative, regulatory, judicial actions or investigations regarding past or current activities? If yes, please explain the nature and current status of the action(s) to the extent possible.

Single, Radio group.

- 1: Yes: [500 words] ,
- 2: No

4.1.11 Please complete the following table:

	Response
Have you ever failed to complete any work awarded to you? If so, where and why?	Compound, Pull-down list. 1: Yes, please explain: [500 words], 2: No
Have you ever defaulted on a contract? If so, where and why?	Compound, Pull-down list. 1: Yes, please explain: [500 words], 2: No
Has your firm ever had a contract terminated for cause within the past five years? If yes, provide details.	Compound, Pull-down list. 1: Yes, please explain: [500 words], 2: No
Has your firm been named in a lawsuit related to errors and omissions within the past five years? If yes, provide details.	Compound, Pull-down list. 1: Yes, please explain: [500 words], 2: No

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During the past seven years, has your firm filed for protection under the Federal bankruptcy laws? If yes, provide details.	<i>Compound, Pull-down list.</i> 1: Yes, please explain: [500 words], 2: No
Have you ever been fined for a HIPAA violation?	<i>Compound, Pull-down list.</i> 1: Yes, please explain: [500 words], 2: No
Are there any other factors or information that could affect your firm's ability to provide the services being sought about which BPS should be aware?	<i>Compound, Pull-down list.</i> 1: Yes, please explain: [500 words], 2: No

4.1.12 What fidelity and surety insurance or bond coverage do you carry or would you recommend to protect BPS? Specifically, describe the type and amount of the fidelity bond, which would protect BPS in the event of a loss. Please provide copies of such policies.

1000 words.

4.1.13 What cyber security insurance do you carry or would you recommend to protect BPS? If named a finalist, BPS will require that you provide copies of all privacy policies, terms of use protections and any other terms related to cyber security protection. Please note that this applies not only for how you will use and transfer data but also as it relates to employee sites or portal access.

1000 words.

4.1.14 Provide names of all subcontractors along with 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.

	Name and Address	Type of Service(s)	Years Utilizing this Contractor	Contractual Relationship
1.	<i>100 words.</i> Nothing required	<i>100 words.</i> Nothing required	<i>Decimal.</i> Nothing required	<i>100 words.</i> Nothing required
2.	<i>100 words.</i> Nothing required	<i>100 words.</i> Nothing required	<i>Decimal.</i> Nothing required	<i>100 words.</i> Nothing required
3.	<i>100 words.</i> Nothing required	<i>100 words.</i> Nothing required	<i>Decimal.</i> Nothing required	<i>100 words.</i> Nothing required
4.	<i>100 words.</i> Nothing required	<i>100 words.</i> Nothing required	<i>Decimal.</i> Nothing required	<i>100 words.</i> Nothing required
5.	<i>100 words.</i> Nothing required	<i>100 words.</i> Nothing required	<i>Decimal.</i> Nothing required	<i>100 words.</i> Nothing required

4.1.15 Confirm that all of your subcontractors are authorized/licensed to do business in Connecticut.

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Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

4.1.16 Indicate your firm's liability insurance limit with regard to errors, omission, negligence, and malpractice. Include in your response the annual dollar limit per occurrence:

1000 words.

4.1.17 Confirm you will provide the last 2 years of your firm's unaudited financial statements.

Single, Pull-down list.

- 1: Confirmed and unaudited financial statements attached,
- 2: Not Confirmed

4.1.18 Do you meet all NAIC, minimum state insurance and managed care organization net worth and reserve requirements?

Single, Radio group.

- 1: Yes,
- 2: No: [500 words] .

4.2 EXPERIENCE

4.2.1 Provide statistics regarding membership that receives medical services from your firm. Provide statistics further split as requested in the grid, below.

	Total Group Covered Lives	Group Covered Lives in Connecticut	Total Number of Employer Groups	Public Sector Covered Lives	Number of Public Sector Groups	Number of Clients with 1,000+ Covered Lives
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>

4.3 BASIC MEMBER SERVICES

4.3.1 Confirm that a specific toll-free number will be made available to members at no additional charge to handle claims or other service issues.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

4.3.2 Confirm that this toll-free number will be answered by a staff member and not a voice recording.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.3.3 Confirm that this toll-free number will be offered in languages other than English.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

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4.3.4 Confirm that at a minimum, all Vendor staff servicing BPS will be available from 9:00 a.m. to 5:00 p.m., Eastern Time, Monday through Friday.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.3.5 Do members reach a live member service representative (MSR) or an interactive voice response unit (IVR) when calling Member Services?

500 words.

4.3.6 Do members have access to the claims/Member Service group via e-mail or internet? If yes, please specify features available (e-mail, web chat, etc.).

Single, Radio group.

- 1: Yes [500 words] ,
- 2: No

4.3.7 How are calls "after hours" of operation handled? Is there a voicemail system or capability for caller to leave messages after normal business hours?

Single, Radio group.

- 1: Voice Mail,
- 2: No Service,
- 3: Full Service (24/7),
- 4: Some Extended hours for calls,
- 5: Other, please specify: [500 words]

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

500 words.

4.3.9 Using most recent year-end data complete the table below for the office that would be handling BPS calls:

	Target	Actual 2023 year end results
Call Volume (calls/day)	N/A	50 words.
Call Abandon Rate (%)	Percent.	Percent.
Average Speed of Answer (in seconds)	Decimal.	Decimal.
Average wait time (in seconds)	Decimal.	Decimal.

4.3.10 Check all items below, which pertain to calls handled by the MSR:

Multi, Checkboxes.

- 1: All calls are recorded,
- 2: MSRs document all calls,
- 3: MSRs can make adjustments to claims during a call,
- 4: Calls are documented verbatim,

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5: Calls are documented in summarization,

6: Other, please explain [500 words]

4.3.11 Can the MSRs access claims status online real-time?

Single, Radio group.

1: Yes,

2: No: [500 words]

4.3.12 Can MSRs make adjustments to claims during a call in real-time?

Single, Pull-down list.

1: Yes,

2: No

4.3.13 Describe the escalation process for Member Service satisfaction and complaints.

1000 words.

4.3.14 What are the education and experience qualifications your organization requires of the MSR staff that will serve BPS's members?

1000 words.

4.3.15 Describe the process in which staff supporting BPS will be trained on their account and benefits.

1000 words.

4.3.16 Do your web-based and app-based products comply with all current and known future security and HIPAA requirements for both aggregate and individual transactions?

Single, Pull-down list.

1: Yes,

2: No

4.3.17 Describe your member website and member smartphone app (if applicable) capabilities including whether your member website and smartphone app include the following:

	Response
a. Accurate provider directory and provider search (physician, hospital, pharmacy, and ancillary providers)	<i>Single, Pull-down list.</i> 1: Yes, 2: No
b. Ability to make a doctor's appointment online	<i>Single, Pull-down list.</i> 1: Yes, 2: No
c. Physician and hospital quality and outcomes data	<i>Single, Pull-down list.</i> 1: Yes, 2: No
d. Physician and hospital pricing data by procedure by provider	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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e. Physician and hospital reviews from other members	<i>Single, Pull-down list.</i> 1: Yes, 2: No
f. Treatment cost estimator	<i>Single, Pull-down list.</i> 1: Yes, 2: No
g. Information about diseases and conditions	<i>Single, Pull-down list.</i> 1: Yes, 2: No
h. Ability to view a summary of BPS's plan design and review BPS's SPD	<i>Single, Pull-down list.</i> 1: Yes, 2: No
i. Ability to review the appeals process and file an appeal online	<i>Single, Pull-down list.</i> 1: Yes, 2: No
j. Ability to review the waste, fraud and abuse notification process	<i>Single, Pull-down list.</i> 1: Yes, 2: No
k. On-line access to forms	<i>Single, Pull-down list.</i> 1: Yes, 2: No
l. Ability to review claims payment status online	<i>Single, Pull-down list.</i> 1: Yes, 2: No
m. Ability to review a history of claims payments including deductible status, out-of-pocket maximum status	<i>Single, Pull-down list.</i> 1: Yes, 2: No
n. Ability to view Health Savings Account balance and transactions	<i>Single, Pull-down list.</i> 1: Yes, 2: No
o. Ability to review or print out EOBs and a history of claims payments	<i>Single, Pull-down list.</i> 1: Yes, 2: No
p. Ability to print ID cards and request replacement cards	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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q. Dependent information	<i>Single, Pull-down list.</i> 1: Yes, 2: No
r. Ability to contact member services online	<i>Single, Pull-down list.</i> 1: Yes, 2: No
s. Ability to access telemedicine services	<i>Single, Pull-down list.</i> 1: Yes, 2: No
t. Other	<i>500 words.</i>

4.3.18 Describe the web and smartphone apps planned for deployment in future years.

1000 words.

4.3.19 Complete the table below regarding ID Cards:

	Response	Comments
a. Confirm that you will issue a member ID card and mail, via surface mail, to covered Members within ten (10) business days following the enrollment period.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
b. Confirm that all covered members will have a valid ID card in hand prior to July 1, 2025.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
c. Confirm that you will re-issue the member ID card within five (5) business days of notification that a member has lost a card, or for any reason that results in a change to the information disclosed on the member ID card at no additional cost.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
d. Confirm extra ID cards will be available for a dependent child away from home attending school or residing out of area.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed,	<i>500 words.</i>

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	explain in comments	
e. Indicate how many ID cards you will mail to subscribers who have family coverage, at no additional charge.	500 words.	
f. Confirm members may request new ID cards and print temporary ID cards from your website.	Single, Pull-down list. 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	500 words.

4.3.20 Provide the most recent results of your annual Medical Plan survey.

Single, Radio group.

1: Attached,

2: Not attached/Not applicable: [500 words]

4.3.21 Confirm you are compliant with the Internal Claims and Appeals and External Review requirements under the Affordable Care Act (ACA).

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

4.3.22 What provider or member services have you established to address the unique new challenges that the pandemic has put on either your providers or members?

1000 words.

4.3.23 Access of network providers in underserved zip codes: Provide the current count of network providers in your network for each lower income zip codes that have enrolled members for BPS. (provide by zip code)

	06810	06708
Zip Code	10 words.	10 words.
Primary Care Providers/Internists	Integer.	Integer.
Pediatricians	Integer.	Integer.
OB/GYNs	Integer.	Integer.
Endocrinologists	Integer.	Integer.
Psychiatry/Psychology	Integer.	Integer.
Immunologists/Allergists	Integer.	Integer.
Cardiologists	Integer.	Integer.
Gastroenterologists	Integer.	Integer.
Dentists	Integer.	Integer.
Physical Therapists	Integer.	Integer.
Substance Use Disorder Specialists	Integer.	Integer.

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4.3.24 Describe the support provided to members that reside in lower income zip codes to access community-based services and member education to virtual services, specifically related to disadvantaged minority communities.

1000 words.

4.3.25 How diverse is the physician/health professional provider network panel? Describe efforts to recruit minority providers.

1000 words.

4.3.26 Do you track member satisfaction by gender and race (if permissible)?

Single, Radio group.

1: Yes: [500 words],

2: No: [500 words]

4.3.27 Can you track and report clinical outcomes results by zip code, gender and race?

Single, Radio group.

1: Yes,

2: No

4.3.28 Detail any investments/charitable contributions (lend expertise, etc.) you make in underserved and minority communities to improve health literacy, access and outcomes, with a focus on contributions local to the Bethel area and/or the State of Connecticut.

1000 words.

4.3.29 How do you address local community issues when applying care management strategies to plan participants?

1000 words.

4.4 MEMBER COMMUNICATION

4.4.1 Vendor will prepare benefit booklets/summaries, ID cards, and other plan descriptive material. Materials will be mailed directly to the home residence of the participant prior to the contract effective date.

Single, Radio group.

1: Agree,

2: Disagree

4.4.2 Identify your standard communication materials and indicate those that can be customized at no additional charge and those that require an additional charge. Indicate fee if there is an additional charge.

	Response	Amount of Fee
Member ID Cards	Single, Radio group. 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required

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Claim Forms	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
Explanation of Benefits (EOBs)	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
Internet Access	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
General Letters and Correspondence sent to Participants	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required
HIPAA Privacy Notices	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	500 words. Nothing required

4.4.3 Confirm that staff will be available and participate in BPS's Open Enrollment communications campaign. Describe your involvement and how you will assist members in learning about their benefit options.

Single, Radio group.

- 1: Confirmed, Explain: [Unlimited],
2: Not confirmed, Explain: [Unlimited]

4.4.4 Confirm that your organization will conduct on-site educational sessions for BPS's eligible members and dependents of eligible members beginning no later than the start of the Open Enrollment period. The number of sessions will be determined by BPS.

Single, Radio group.

- 1: Confirmed: [500 words],
2: Not confirmed: [500 words]

4.5 ACCOUNT MANAGEMENT/ CLIENT SERVICES

4.5.1 Provide contact information for the Account Executive that will be assigned to this engagement.

Company Name	100 words.
Contact Name	100 words.
Contact Title	100 words.
Address	100 words.
Office Number	50 words.
Mobile Number	50 words.
e-Mail Address	100 words.
Company URL (web address)	100 words.

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4.5.2 Identify the key account management team you propose to work on this account. At a minimum, your team should include an Account Executive, Account Manager, Clinician, Underwriter, Member Service Manager, Implementation Coordinator, and Claims Manager, HSA banking Coordinator.

1000 words.

4.5.3 Provide an organization chart, including names and titles, of management and key personnel that will be responsible for the management of the BPS account.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

4.5.4 Provide the following information regarding the account service team that would be assigned to this account.

	Name	Location	Years of Industry Experience	Years in Current Position	Relevant Qualifications	Number of Accounts Currently Assigned	Brief Description of Staff Member's Job Functions
Account Executive	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Account Manager	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Clinician	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Underwriter	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Member Service Manager	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Implementation Coordinator	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
Claims Manager	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.
HSA Banking	50 words.	50 words.	Integer.	Integer.	500 words.	Integer.	500 words.

4.5.5 Confirm the Account Executive and other account management personnel, as needed, will be available for direct outreach to members.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.5.6 Confirm that you will respond to all inquiries from BPS's staff within one (1) business day.

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Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

4.6 REFERENCES

4.6.1 Please provide references of three (3) current clients of similar size and industry for which you provide similar services.

	Company Name	Contact Name	Contact Title	Telephone	Email Address	Contract Start Date	Products/Services Offered	Number of Lives Covered
Reference 1	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.
Reference 2	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.
Reference 3	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.

4.6.2 Please provide references of three (3) former clients of similar size and industry for which you provided similar services and the reason for termination.

	Company Name	Contact Name	Contact Title	Telephone	Email Address	Contract Termination Date	Products/Services Offered	Number of Lives Covered	Reason for Termination
Reference 1	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.
Reference 2	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.
Reference 3	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.

4.7 CLAIMS PROCESSING

4.7.1 What safeguards are in place to monitor quality (including retrospective claims reviews) and HIPAA compliance for staff that work from home?

200 words.

4.7.2 How are claims, customer service, utilization review and case management systems linked?

Single, Radio group.

- 1: Same system,
- 2: Integrated, but different systems,
- 3: Different systems, but accessible to all,
- 4: Not linked,

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5: Some linked,

6: Other, please specify: [500 words]

4.7.3 Does your claims system have the capability to automatically match claims with utilization management information both in- and out-of-network?

Single, Pull-down list.

1: Yes,

2: No

4.7.4 Please complete the following table regarding auto-adjudicated claims:

What percentage of total claims are auto-adjudicated for your national Book of Business?	<i>Percent.</i>
What percentage of total claims are auto-adjudicated for your State of Connecticut Book of Business?	<i>Percent.</i>

4.7.5 Does your claims system have the capability to process network, non-network, out of State or regional claims on the same system?

Single, Pull-down list.

1: Yes,

2: No

4.7.6 Describe your adjudication process and capabilities with regard to non-standard benefits.

500 words.

4.7.7 Describe your process to review claims for billing irregularities by provider (such as regular overcharging, unbundling of procedures, upcoding or billing for inappropriate care for stated diagnosis, etc.)?

500 words.

4.7.8 How are claims selected for internal audit? What triggers do you utilize?

Multi, Checkboxes.

1: Random by system,

2: Set percent per day,

3: Set number per approver per day/week,

4: Diagnosis,

5: Dollar amount,

6: Other, please specify: [500 words]

4.7.9 On average, what percentage of all claims are audited by an internal audit group?

Percent.

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

	Target	Actual year end results
Total annual claim volume per year (in total number of claims)	<i>Integer.</i>	<i>Integer.</i>
Average claims processed per processor per day	<i>Decimal.</i>	<i>Decimal.</i>

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Claims turnaround time (percent of clean claim transactions processed within 14 calendar days following receipt of claim)	<i>Percent.</i>	<i>Percent.</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 total claim dollars paid without error, relative to total claim dollars paid)	<i>50 words.</i>	<i>50 words.</i>
Processing accuracy (percentage of claims processed without error, relative to the total number of claims processed)	<i>50 words.</i>	<i>50 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>

4.7.11 Are your eligibility and claim systems compliant with current HIPAA regulations?

Single, Pull-down list.

- 1: Yes,
- 2: No

4.8 COORDINATION OF BENEFITS (COB)

4.8.1 Explain how your system: a. Identifies existence of other insurance (e.g., from your book of business, another employer, workers compensation or motor vehicle insurance); b. Questions/tracks COB; c. Handles COB conflicts; d. Communicates with members and providers; e. Interfaces with other group carriers regarding COB; f. Monitors Medicare eligibility and enrollment.

1000 words.

4.9 COBRA

4.9.1 Does your firm offer COBRA services?

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, explain: [500 words]

4.9.2 Can COBRA eligibility be provided through an on-line data entry system? Describe your system and the process for submitting COBRA eligibility.

1000 words.

4.9.3 How will you communicate and house enrollment eligibility for COBRA participants? Are you equipped to maintain member and dependent enrollment data for all plans?

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1000 words.

4.9.4 Confirm you will also provide COBRA premium billing and collection for dental and vision benefits not administered by your firm

Single, Radio group.

1: Confirmed,

2: Not Confirmed, explain: [500 words]

4.9.5 Describe how you will track those that elect COBRA, when they are no longer eligible, when they are delinquent in premium payments, when they must be terminated and how you will communicate this information to BPS, members, and/or additional vendors.

1000 words.

4.9.6 Will terminations of members auto-generate COBRA letters?

Single, Radio group.

1: Yes, explain: [500 words],

2: No, explain: [500 words]

4.10 FRAUD, WASTE AND ABUSE

4.10.1 Describe your existing programs for detecting fraud, waste and abuse in connection with self-insured medical benefit plans.

1000 words.

4.10.2 How do you monitor fraud, waste and abuse relative to out-of-network claims?

1000 words.

4.10.3 How do you measure success for your organization's fraud, waste and abuse prevention programs?

1000 words.

4.11 DATA AND REPORTING

4.11.1 Describe capabilities are that are available to BPS staff through your employer portal (i.e., view eligibility changes and validate eligibility data, view claims, pull standard reports, create customized ad hoc reports, etc.)?

1000 words.

4.11.2 Confirm if you are able to deliver the following reports (included in your fees). Provide a sample of each report.

Report	Response
a. Monthly paid claims and enrollment	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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b. Monthly large claims (including case management notes if requested)	<i>Single, Pull-down list.</i> 1: Yes, 2: No
c. Monthly pharmacy claims and utilization summary reports	<i>Single, Pull-down list.</i> 1: Yes, 2: No
d. Annual Utilization Review highlighting such things as urgent care use, emergency room use, place of service summary, inpatient hospital admissions, outpatient hospital vs ambulatory surgery use, hospital used, dominant episode summary, etc.	<i>500 words.</i>
e. Other reports related to the HDHP and Health Savings Account:	<i>500 words.</i>

4.11.3 Do you charge for ad hoc or customized reports? If so, please explain.

Single, Radio group.

1: Yes, provide fees: [500 words] ,

2: No

4.11.4 With regard to your computer systems, please describe your record retention and destruction policy, including how long records are retained.

1000 words.

4.11.5 What types of security do you have with regard to your website and the transfer of data?

1000 words.

4.12 FINANCE AND BANKING

4.12.1 What data/electronic information is needed to coordinate billing between you and BPS for services provided?

500 words.

4.12.2 What payment options are available to BPS?

Multi, Checkboxes.

1: ACH,

2: Wire transfer,

3: Check,

4: Other: [500 words]

4.13 IMPLEMENTATION SUPPORT

4.13.1 Provide a detailed implementation plan assuming an implementation date of July 1, 2025. At a minimum, the implementation plan must provide specific details on the following:

- a. Identification and timing of significant responsibilities and tasks for BPS and Vendor
- b. Names, titles, and implementation experience of key implementation staff and time dedicated to BPS during implementation
- c. Eligibility Data Interfaces

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- d. Transition requirements with the incumbent vendor(s), including data needs and timing for transition of care (PA, current maternity cases, transplant patients, etc.)
- e. Member communication plan
- f. Issuance of I.D. Cards
- g. Set up of Health Savings Accounts
- h. Completion of Vendor Contract

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

4.13.2 Confirm that, if awarded the business, you will be prepared to start implementation work as of the contract award date due to the lead-time needed for open enrollment.

Single, Radio group.

1: Confirmed,

2: Not Confirmed

4.13.3 Confirm your organization will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

4.13.4 Are you willing to provide a one-time implementation allowance to fund implementation support, communication plans, outside printing costs, etc., for the plan? If so, what dollar amount are you willing to provide?

Single, Radio group.

1: Confirmed, please specify amount: [Dollars] ,

2: Not Confirmed

4.13.5 Identify the implementation team you propose to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience and qualifications for the entire proposed implementation team including key positions and support staff.

1000 words.

4.13.6 Does your Implementation Team conduct pre-implementation and post-implementation testing?

Single, Radio group.

1: Yes,

2: No, explain [500 words]

5 MEDICAL QUESTIONNAIRE

5.1 ADDITIONAL MEMBER SERVICES

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5.1.1 Gaps in Care

5.1.1.1 What are your organization's categories of gaps in care and how do you quantify them?

1000 words.

5.1.1.2 Describe how your organization identifies and monitors patient gaps in care.

1000 words.

5.1.1.3 Describe how you outreach to the identified member and their physicians to close these gaps.

1000 words.

5.1.2 24-hour Nurse Line

5.1.2.1 Confirm you offer a 24-hour nurse line with staff available 24-hours a day, 365 days a year.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

5.1.2.2 Is your 24-hour nurse line service in-house or subcontracted?

Single, Radio group.

- 1: Yes,
- 2: No

5.1.2.3 Confirm that the 24-hour nurse line is available in languages other than English.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

5.1.2.4 Confirm that a member's PCP may be contacted when they engage with the 24-hour nurse provider. If a member does not have a PCP, confirm that the nurse line will follow up with patient.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

5.2 MEDICAL NETWORK MANAGEMENT

5.2.1 What is your firm's current book-of-business in-network utilization percentage?

Percent.

5.2.2 Please provide your network provider turnover rate.

	Current Year	Prior Year
Provider Turnover Rate	<i>Percent.</i>	<i>Percent.</i>

5.2.3 Describe separately the out-of-service area, regional, out-of-state, and out-of-country coverage for your PPO products for routine, urgent and emergency care.

500 words.

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5.2.4 What criteria are used to identify the situations where there is no access to in-network providers?

Single, Radio group.

- 1: Mileage,
- 2: Travel Time,
- 3: Other (explain): [500 words]

5.2.5 Are there any services or specialists that are not available in your provider networks in the service areas where there are plan participants? If yes, please identify them and explain what provisions are made for patients requiring these services.

1000 words.

5.2.6 If the Vendor or BPS identifies a network gap or deficiency, how do you address the need for additional providers?

1000 words.

5.2.7 Confirm that you will maintain an accurate online directory of in-network providers to which BPS's members may refer and that this directory is updated at least weekly.

Single, Radio group.

- 1: Confirmed, please indicate how often your directory is updated: [1000 words] ,
- 2: Not Confirmed

5.2.8 Please provide a general description on how you establish your organization's networks and the corresponding financial arrangements.

500 words.

5.2.9 Do you wholly own, partially own or lease your network?

Single, Radio group.

- 1: Wholly own,
- 2: Partially own,
- 3: Lease,
- 4: Other, please specify: [500 words]

5.2.10 If you lease (or have a reciprocal agreement with) any portion of your network, describe how you will ensure continuity of care for BPS's members receiving care from a provider that is part of the leased network.

1000 words.

5.2.11 Describe the claims payment process for out of network claims processed by the leased or reciprocal network. How are the out of network providers identified and communicated to BPS?

1000 words.

5.2.12 Describe the medical management process for out of network claims processed by the leased or reciprocal network. How are the out of network providers identified and communicated to BPS?

1000 words.

5.2.13 Do you use a secondary (wrap) network for providers not in your primary provider network? If so, please describe the network used.

1000 words.

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5.2.14 How much notice is a provider contractually required to give if they elect to terminate a contract with your network(s)?

1000 words.

5.2.15 Explain how BPS will be informed of major contract disputes or potential network disruption to its members.

1000 words.

5.2.16 How do you monitor non-network utilization and what steps do you take to contract with these providers?

1000 words.

5.2.17 If certain hospital-based physicians (radiology, anesthesiology, ER, etc.) or services (ambulance, etc.) are not represented in your network of providers, can you administer these claims at the in-network benefit level when network hospitals are used?

Single, Pull-down list.

1: Yes,

2: No

5.2.18 Are any of your health care management programs accredited? If so, list which programs (e.g., utilization review, case management), by what organization (NCQA, URAC) and the current accreditation status?

1000 words.

5.2.19 Check off those elements that are included in the provider selection process and provide the estimated percentage of network providers that satisfy the following selection criteria elements:

	In Selection Process	% of Providers
Require unrestricted state licensure	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Review malpractice coverage and history	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Require full disclosure of current litigation	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Require current DEA registration	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Review adherence to state and community practice standards	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Onsite review of office location	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>

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Review hours of operation and capacity	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Board eligibility	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Review practice patterns and utilization results	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>

5.2.20 How do you assess physician performance? Include in your response the programs in place, the quality metrics used, and how you monitor and measure performance results.

1000 words.

5.2.21 How many provider advocates do you have working in the State of Connecticut? Please list those employees physically working in Connecticut and those working telephonically in Connecticut.

1000 words.

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

1000 words.

5.2.23 What are your capabilities to provide actual physician outcome quality data to members so that they can make wiser choices regarding where they seek care and in turn realize better and lower cost outcomes for the Plan?

1000 words.

5.2.24 Describe your Transplant network.

1000 words.

5.3 TIERED NETWORKS AND HIGH PERFORMANCE NETWORKS

5.3.1 Describe your current tiered-network and high quality/high performance network capabilities.

1000 words.

5.3.2 What impact do you expect these will have on trend? Please provide results for each year of the contract.

1000 words.

5.3.3 Provide a listing of the markets where these networks are currently available, including plans for future expansion.

1000 words.

5.3.4 What types of medical providers/facilities are in these networks?

1000 words.

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5.3.5 Describe your programs to evaluate physicians and facilities for your high quality/performance network, specifically addressing the following: a. Criteria (e.g., quality, cost, efficiency) b. How is quality information conveyed to plan enrollees? c. What are your sources of quality and performance information on physicians and facilities?

1000 words.

5.3.6 Do you currently rank providers based on quality and/or cost? If “yes,” how do you determine the specific quality ranking of each provider and facility? How often is each provider's quality ranking revisited?

1000 words.

5.3.7 Confirm that information regarding Connecticut providers and their designated tier category is made available to the members so they can make informed decisions about the cost and quality of the provider they choose.

Single, Radio group.

1: Confirmed,

2: Not confirmed

5.3.8 Is your Tiered network associated with an ACO arrangement, where Tier 1 physicians are ACO network providers?

1000 words.

5.3.9 How do you engage and drive consumers to use high quality, high performance medical providers in your high performance network?

1000 words.

5.3.10 What type of reporting will you provide regarding your high quality, high performance medical providers?

1000 words.

5.4 MEDICAL MANAGEMENT

5.4.1 Describe your Utilization Management programs including your pre-service review process (i.e., precertification, prior authorization).

1000 words.

5.4.2 Describe your methods for internally monitoring and evaluating the performance of utilization management activities.

1000 words.

5.4.3 Describe your approach to large case management and complex care, including any specialty programs that are included in your proposal.

1000 words.

5.4.4 Describe the system access case managers have to medical and behavioral health records and imaged documents when handling telephonic and online inquiries.

1000 words.

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5.4.5 Describe your procedures to successfully contact members selected for case management. What are all the methods in which you attempt to reach a member? How many attempts are made? What services or efforts are used to obtain updated contact information?

1000 words.

5.4.6 Please explain how you will handle transition of care whether to other facilities or to a patient's home.

Hospitalized members	500 words.
Members in treatment	500 words.
Maternity members	500 words.

5.4.7 How many hospital-based case managers assisting with transition of care and discharge planning do you have in Connecticut? Describe the typical procedures of these case managers in terms of transition of care.

1000 words.

5.4.8 Will your firm provide case management for out-of-network cases? For what percentage of your clients do you routinely provide case management for out-of-network cases?

1000 words.

5.4.9 Describe your programs related to chronic condition management and how they will impact members with asthma, COPD, coronary artery disease, diabetes, heart failure, high blood pressure, and obesity.

1000 words.

5.4.10 Provide outcomes you have experienced with your chronic condition management programs.

1000 words.

5.4.11 Describe monitoring activities to identify gaps in care related to chronic condition management and opportunities for improvement.

1000 words.

5.4.12 Explain any financial or other incentives established for providers to comply with utilization management protocols, treatment standards or other aspects related to health care management and chronic condition management.

1000 words.

5.4.13 Do you offer obesity screening programs or nutrition-related programs? If so, a. What types of programs do you offer? b. How have members responded to these programs? c. What are the results of these programs (e.g. successful long-term weight loss, reduced claim costs, etc.)?

Single, Radio group.

1: Yes, explain: [1000 words] ,

2: No

5.4.14 Do you have a network of Registered Dietitians in Connecticut? How are Registered Dietitian visits covered (i.e. must be billed as part of physician visit, must have physician referral, etc.)?

1000 words.

5.4.15 Do you offer an on-site wellness coach? How frequently is the coach on-site?

1000 words.

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5.4.16 Provide some examples of programs, training, initiative etc. that would be accessed through the coach
1000 words.

5.5 BEHAVIORAL HEALTH

5.5.1 Provide a brief overview of your program and address how your behavioral health interventions are integrated with your medical interventions. Do you have a clinically integrated delivery system that coordinates behavioral health services with medical services to improve the quality of care?

1000 words.

5.5.2 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.

5.5.3 Are specialty case managers used to manage Mental Health/Substance Use Disorder cases? What are their credentials?

Single, Radio group.

1: Yes, explain: [500 words] ,

2: No

5.5.4 Do Mental Health, Substance Use Disorder case managers routinely co-manage cases with medical and/or disease management case managers?

Single, Radio group.

1: Yes, explain: [500 words] ,

2: No

5.5.5 Does the same case manager handle the member's care through all levels of care? For example, inpatient, intermediate, and outpatient?

Single, Radio group.

1: Yes, explain: [500 words] ,

2: No

5.5.6 How long is a patient monitored after discharge?

1000 words.

5.5.7 What guidelines do you use to ensure appropriateness of treatment (utilization and duration for relevant medications and services)?

1000 words.

5.5.8 Depression is often diagnosed as a comorbidity with certain chronic conditions such as diabetes, heart disease etc. Please describe how you manage these situations.

1000 words.

5.5.9 Do any primary care practices in your network have a mental health professional on site that can perform depression screenings and evaluate whether a patient is in need of behavioral health services? If so,
a. Describe the behavioral health and/or depression screening programs.

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b. How are claims coded for these services?

c. Are these services typically covered as part of preventive services, treatment of an illness, or not covered?

d. Are services covered separately as part of a single visit?

Single, Radio group.

1: Confirmed, please explain: [500 words] ,

2: Not confirmed

5.5.10 Confirm you offer a comprehensive behavioral health network that includes a variation of providers such as Psychiatrists (MDs), Psychologists, therapists, Counselors, Social Workers, DEA waiver providers, ABA Paraprofessionals, etc.

Single, Radio group.

1: Confirmed, please explain: [500 words] ,

2: Not confirmed

5.5.11 What percentage of your behavioral health providers are accepting new patients?

Percent.

5.5.12 Across your book of business, for 2023, on average, how many days did it take for a first-time patient to get an appointment with a behavioral health provider?

Decimal.

5.5.13 Describe your substance use disorder program.

1000 words.

5.5.14 Describe your (or your behavioral health subcontractor's) philosophy for best practice treatment for members with opioid addiction needing inpatient substance use services.

1000 words.

5.5.15 Describe any program you have to provide behavioral health services online or by telephone and specify the credentials held by those performing such services.

1000 words.

5.6 SPECIALIZED PROGRAMS AND NETWORKS

5.6.1 Do you currently have contracted rates with network providers for drugs administered through the medical benefit? Do they include rebates?

1000 words.

5.6.2 Describe your reporting and monitoring of prescription drugs administered through the medical benefit. What information is tracked? What patterns and trends do you monitor?

1000 words.

5.6.3 How will you prevent price increases for medications (such as oncology drugs or other infusions) that are administered through the medical benefit plan?

1000 words.

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5.6.4 Describe your approach to providing telemedicine services (e.g., immediate service, care coordination with PCP providers, etc.), and the advantages/disadvantages of this approach.

1000 words.

5.6.5 Describe any drill down reporting to evaluate the effectiveness of telemedicine (i.e. subsequent office visits with same presenting diagnosis).

1000 words.

5.6.6 What adjustments, if any, have you made to your telemedicine benefit since inception and since COVID-19 to make it more successful in truly redirecting utilization by treating members effectively and to their satisfaction?

1000 words.

5.6.7 Describe how using telemedicine is consistent with and/or preferable to the current standard of care.

1000 words.

5.6.8 Describe your arrangement with the medical professional(s) providing telemedicine services by specialty type (employees, ownership, contract workers, etc.)

1000 words.

5.6.9 Complete the following chart for telemedicine providers. If services for a particular provider specialty are not provided, please indicate N/A:

Provider Type	Average Length of Employment	Number of Fulltime Employees	Number of Part-time Employees	Number of Contract Workers	Total Consults provided in 2021	Total Consults provided in 2020
Family/General Practice	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Nurse Practitioners	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Dermatology	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Mental Health Providers	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Internal Medicine	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Pediatrics	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Registered Dietician	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.

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Other:	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
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5.6.10 How do you differentiate and support low-risk versus high-risk pregnancies?
1000 words.

5.6.11 For each of the specialty programs listed below, provide a brief description of:

- i. your program
- ii. services
- iii. coverage available throughout the State of Connecticut
- iv. number of providers in Connecticut
- v. precertification requirements
- vi. how members are directed
- vii. how quality and cost efficiency are improved
- viii. how outcomes are tracked and measured
- ix. outcomes for 2023

	Response
a. Opioid Management	<i>1000 words.</i>
b. Dialysis Management and Clinic Support	<i>1000 words.</i>
c. Oncology Management	<i>1000 words.</i>
d. Applied Behavioral Analysis (ABA) Management	<i>1000 words.</i>
e. Integrative Medicine	<i>1000 words.</i>
f. Other	<i>1000 words.</i>

5.7 MEDICAL FINANCIAL SECTION AND NETWORK ACCESS

All responses are due in the electronic Excel format provided.

5.7.1 In the attached spreadsheet **Bethel Public Schools 2025 Medical_Rx RFP Exhibits.xls**, please complete the table on tab titled “Medical/Rx Rates” assuming a July 1, 2025 effective date. Rates should be quoted on a per employee per month (PEPM) basis.

Single, Radio group.

- 1: Completed and attached,
- 2: Not provided, explain: [500 words]

5.7.2 Will rates be guaranteed for 24 months?

Single, Radio group.

- 1: Yes,
- 2: No

5.7.3 Will you provide performance guarantees? If so, please include with your proposal.

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Single, Radio group.

- 1: Yes, attached,
- 2: No

5.7.4 Confirm completion of network disruption analysis. Indicate with a “Y” for Yes and “N” for No whether the Providers (physicians and hospitals) are in your proposed medical network [See the “Medical Disruption” tab in Bethel Public Schools 2053 Medical_Rx RFP Exhibits.xls]

NOTE: If the same provider is listed multiple times, you must provide a “Y” or “N” response for each individual record on each of the tabs. You cannot make any assumptions, the “Y” or “N” response needs to be specific to that provider, not to a category of providers. Tax ID is included in the Provider Disruption Reports.

Single, Radio group.

- 1: Attached,
- 2: Not provided

5.7.5 Confirm completion of geographic access analysis. Summarize your network access reports for your proposed medical network for BPS. [See “Network Access” tab in Bethel Public Schools - July 1, 2025 Medical_Rx RFP Exhibits.xlsx]

Single, Radio group.

- 1: Attached,
- 2: Not provided

6 PRESCRIPTION DRUG QUESTIONNAIRE

6.1 FORMULARY MANAGEMENT

6.1.1 Provide a copy of your proposed formulary.

Single, Radio group.

- 1: Attached,
- 2: Not provided

6.1.2 Are any generic drugs considered “non-preferred” on your proposed formulary (i.e., subject to the “non-preferred” copay)? If yes, please describe in detail and provide examples.

Single, Radio group.

- 1: Yes, explain: [500 words] ,
- 2: No

6.1.3 Does your formulary currently exclude any prescription drugs from coverage? If so, please provide a list of excluded coverage.

Single, Radio group.

- 1: Yes, explain: [500 words] ,
- 2: No

6.1.4 If your formulary excludes prescription drugs from coverage, please indicate the notification process for any future changes to the exclusion list, including the amount of advanced notification you will provide to BPS and its members and the form the notification will take.

1000 words.

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6.1.5 Do you have a formulary appeal process in place to address member concerns regarding formulary alternatives or provider indications of medical necessity? If yes, explain this process.

Single, Radio group.

1: Yes, explain: [500 words],

2: No

6.1.6 We ask that you complete the tab titled "Formulary Disruption" in the attached spreadsheet **Bethel Public Schools 2025 Medical_Rx RFP Exhibits.xls** that contains recently utilized prescription drugs. Please use this information to conduct a Disruption Analysis. Indicate whether each of the listed drugs is included in your proposed formulary and the corresponding formulary drug tier if applicable. Re-submit the completed document as part of your response.

Single, Radio group.

1: Completed and attached,

2: Not Completed

6.1.7 Attach a copy of your most expansive preventive drug list. These would be drugs covered in full and not subject to the HDHP deductible.

Single, Radio group.

1: Attached,

2: Not Attached

6.1.8 Describe your standard PBM GLP-1 edit. Does your standard PBM GLP-1 edit have any negative rebate impact?

500 words.

6.1.9 What other GLP-1 UM programs do you offer for your fully insured products?

500 words.

6.2 ADMINISTRATIVE, MEMBER, AND CLAIM PAYING SERVICES

6.2.1 Will a separate toll-free number be required to access your Pharmacy Member Services Area?

Single, Radio group.

1: Yes,

2: No

6.2.2 Will separate toll-free numbers be required for the mail order program or specialty pharmacy?

Single, Radio group.

1: Yes,

2: No

6.2.3 Are members able to look up the cost of drugs on your member website?

Single, Radio group.

1: Yes,

2: No

6.2.4 Are members able to compare the cost of drugs between pharmacies on the website and does the cost include U&C by pharmacy?

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Single, Radio group.

1: Yes, explain: [500 words] ,

2: No, explain: [500 words]

6.2.5 Describe security systems and protocols in place to protect confidential patient records in storage and in transit. Is the site VIPPS certified?

1000 words.

6.2.6 How are out-of-network “paper” claims processed?

500 words.

6.2.7 Please complete the following table indicating the provider of each PBM service:

PBM functions	Is service provided directly by employees of your organization? If no, what is the name and address of the service provider?
Formulary Management (appeals, utilization management)	<i>Compound, Pull-down list.</i> 1: Yes, 2: No: [100 words]
Formulary Pharmacy and Therapeutics Committee	<i>Compound, Pull-down list.</i> 1: Yes, 2: No: [100 words]
Drug Manufacturer rebate contracting and invoicing / accounting	<i>Compound, Pull-down list.</i> 1: Yes, 2: No: [100 words]
Retail Pharmacy Network contracting	<i>Compound, Pull-down list.</i> 1: Yes, 2: No: [100 words]
Member Service functions (800 lines, internet, etc.)	<i>Compound, Pull-down list.</i> 1: Yes, 2: No: [100 words]
Mail Order drug purchasing and distribution	<i>Compound, Pull-down list.</i> 1: Yes, 2: No: [100 words]
Ownership of Electronic Claim Payment System	<i>Compound, Pull-down list.</i> 1: Yes, 2: No: [100 words]
Client Management reporting tools and standard report production	<i>Compound, Pull-down list.</i> 1: Yes, 2: No: [100 words]
Specialty Pharmacy purchasing and distribution	<i>Compound, Pull-down list.</i> 1: Yes, 2: No: [100 words]

6.3 NETWORK MANAGEMENT AND QUALITY ASSESSMENT

6.3.1 List any pharmacy chains excluded from your proposed retail pharmacy network.

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500 words.

6.3.2 Provide the total number of pharmacies included in your proposed pharmacy network.

Integer.

6.3.3 What is the name of your specialty pharmacy? Indicate the name, location and business hours of your specialty drug pharmacy.

	Response
Name	50 words.
Location	50 words.
Business Hours	50 words.

6.3.4 Provide complete the tab labeled “Pharmacy Network Disruption” in the attached spreadsheet **Bethel Public Schools 2025 Medical_Rx RFP Exhibits.xls** based on the provided BPS's prescription claims. For your proposed retail 30 and/or optional retail 90 network, indicate the number and percent of currently utilized pharmacies that are not in your network, the number and percent of **unique** members using those pharmacies, and the corresponding number and percent of scripts. Provide a list of these non-network pharmacies. **Exclude all mail order claims from your analysis.**

Single, Radio group.

- 1: Provided,
- 2: Not Provided

6.4 BENEFIT AND CLINICAL MANAGEMENT

6.4.1 Provide a sample client management / performance report (quarterly or annual).

Single, Radio group.

- 1: Attached,
- 2: Not provided

6.4.2 Provide a sample of DUR reports you produce and make available to clients.

Single, Radio group.

- 1: Attached,
- 2: Not provided

6.4.3 Please describe the “look-back” period utilized for the refill-too-soon edit and indicate whether it includes only the previous claim or cumulative historical claims.

500 words.

6.4.4 Please describe the edits and programs available to detect fraud and/or abuse.

1000 words.

6.4.5 Do you require a DEA or other identifier to be indicated to fill a controlled substance drug? If so, how is the requirement enforced?

500 words.

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7 HSA QUESTIONNAIRE

7.1 Confirm that the HSA custodial institution is FDIC insured.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

7.2 How soon, after enrolling, will employees receive their Welcome/Account Set-Up Packet, debit card and/or checkbook?

500 words.

7.3 Can employees elect to receive more than one card for their account?

Single, Radio group.

- 1: Yes, explain: [500 words] ,
- 2: No, explain: [500 words]

7.4 Is there a charge for more than one card?

Single, Radio group.

- 1: Yes, explain: [500 words] ,
- 2: No

7.5 Do you standardly offer checkbooks? Is there an additional charge?

500 words.

7.6 Do you receive a revenue stream from any vendor connected with the card?

Single, Radio group.

- 1: Yes, explain: [500 words] ,
- 2: No

7.7 Do you have the ability to credit contributions earned through completion of wellness/disease management/health risk assessments, etc., that are part of an incentive/ reward program?

Single, Radio group.

- 1: Yes, explain: [500 words] ,
- 2: No, explain: [500 words]

7.8 Do you require a minimum payroll deduction for the HSA Plan?

Single, Radio group.

- 1: Yes, explain: [500 words] ,
- 2: No

7.9 Does your member app integrate medical and account information? Please describe the member experience.

1000 words.

7.10 Does the employer (HR designee) have access to online reporting - e.g., check register, deposit register, etc.?

Single, Radio group.

- 1: Yes, explain: [500 words] ,
- 2: No, explain: [500 words]

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7.11 Please describe your online banking features.

1000 words.

7.12 Do you have a reconciliation process in place to assist participants in identifying when excessive contributions may have been made? When and how, will employees be notified about the excess contributions?

1000 words.

7.13 How is the refund of excessive contributions handled when there are employer contributions involved?

1000 words.

7.14 Describe how the HSA Administrator will handle post-tax contributions to HSAs.

1000 words.

7.15 What investment options will be offered to participants: money market funds, mutual funds, multiple mutual funds from one or more sources, or others? Describe any minimum funding requirements.

1000 words.

7.16 Will all applicable tax-reporting forms be issued at no additional cost? If not, detail cost structure.

Single, Radio group.

1: Yes,

2: No, explain: [500 words]

7.17 Will all allowed expenses (213(d) eligible expenses) and premiums be recognized by your administration processes?

Single, Radio group.

1: Yes, explain: [500 words],

2: No, explain: [500 words]

7.18 Is there a minimum balance required to maintain an account after the participant is no longer enrolled in the HDHP/HSA?

Single, Radio group.

1: Yes, explain: [500 words],

2: No

8 LIST OF ATTACHMENTS

Attachments are housed on the Manage Documents page. A link has been provided in the left-hand side menu.

8.1 Information or Data Provided to be Used to Develop Proposal

***RFP Attachments 1 and 2 files will be provided to you after receipt of the Fully Executed NDA. This file must be included with your proposal submission.**

Attachment 1 - Bethel Public Schools 2025 Medical_Rx RFP Exhibits.xls - includes the Medical census data

Attachment 2 - Bethel Public Schools - Historical Experience

Attachment 3 - Bid Exceptions and Deviations.docx