Bryan Health DIRECT

RFP Request Sheet

Please complete this form and send it, along with required additional information, to the Bryan Health Direct sales team.

Date: _____

Broker name: _____

Agency name: _____

Broker address: _____

Broker phone number: _____

Group name: _____

Group address: _____

Requested effective date: _____

Nature of business/SIC code: _____

Number of eligible employees: _____

Number of enrolled employees: _____

Current carrier: _____

RFP Submission requirements:

For groups currently self-funded:

Minimum group size: **50 enrolled employees**
(For existing clients, exceptions may be considered on a case-by-case basis.)

Minimum Specific Stop Loss Deductible that can be quoted: **$25,000**

Data requirements:

For any group, please provide an overview of client goals with respect to the plan offering and benefit strategy—including what's working well and where they view opportunities to improve upon incumbent program.

- Electronic census including all employee and all dependent data submitted in Excel
  (gender, ZIP code, date of birth, current plan type, and family status)
- Current plan design(s)
- Claims experience
  - Open plan year-to-date and at a minimum 2 years of previous experience, more if available, to include monthly paid medical and prescription drug claims with subscriber counts
  - Large claims information for same time period as noted above for any claimants at or greater than 50 percent of Stop Loss deductible or with claims higher than $50,000 to include diagnosis and prognosis detail along with clinical notes
- Minimum 3 years of historical stop loss rates to include current, more if available
- Renewal stop loss rates
- Provider network savings reports showing discounts along with in- vs. out-of-network utilization
- Name of pharmacy benefit manager and current financial terms
- Copy of administrative services agreement with outline of current services and corresponding fees

For groups currently insured:

Minimum group size: **50 enrolled employees**

Minimum Specific Stop Loss Deductible that can be quoted: **$25,000**

Data requirements:

- Electronic census including all employee and all dependent data submitted in Excel
  (gender, ZIP code, date of birth, current plan type, and family status)
- Current plan design(s)
- Claims experience
  - Open plan year-to-date and at a minimum 2 years of previous experience, more if available, to include monthly paid medical and prescription drug claims with subscriber counts
  - Large claims information for same time period as noted above for any claimants at or greater than 50 percent of Stop Loss deductible or with claims higher than $50,000 to include diagnosis and prognosis detail along with clinical notes
- Minimum 3 years of historical rates to include current, more if available
- Renewal rate

Repricing Request Requirements

Required Data Elements:

- Provider Tax Identification Number (TIN)
  MUST be 9 digits
- Provider Name
- Provider State
- Provider Zip Code
- Place of Service Indicator
  (i.e. Physician/Other, Inpatient, Outpatient)
- Dates of Service
- Service Units
- CPT-4 Codes
- Revenue codes (inpatient claims only)
- Eligible Charges Before Discount
- Par/non-par indicator is preferable, but not required

Other Requirements:

- If file is greater than 65,500 rows, file should be in a CSV file rather than Excel due to the file limit restrictions of Excel.
- All data should be within the same specified timeframe.
- Only the products being quoted should be included (i.e. dental claims should not be included for a medical request, except oral surgery or other applicable medical expenses).
- Submit current census file

Assumptions:

- Normal turnaround time for these requests is 13 business days depending upon the complexity of the file/data submitted.
- Without specific guidance, negative billed charges will not be included in the analysis as they may distort overall results.
- It is our expectation that all carriers will be handling requests with consistent guidance or assumptions.

Disruption Analysis Requests

Disruptions—Medical

- Tax ID numbers (TIN) MUST be 9 digits
- Hospital/Provider Name
- Complete address, state and zip code

Assumptions:

- Normal turnaround time for these requests is 7 business days depending upon the complexity of the file/data submitted.

Disruptions—Dental

- Tax ID numbers (TIN) MUST be 9 digits
- Provider Name
- Complete address, state and zip code

Assumptions:

- Normal turnaround time for these requests is 7 business days depending upon the complexity of the file/data submitted.

Please send RFP submissions and related files to:

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Bryan Health DIRECT

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