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Beaumont ISD RFP Q&A

1. Provide a disruption document with 9-digit tax ID numbers, provider names (facility and practitioner indicator if available), and billed charges preferred.

    a. The top providers and top hospitals have been provided in the RFP workbook; no further information is available.

2. If a repricing is desired, please provide a document containing the following data points: Provider Tax ID; Provider NPI; Billing Name; Facility Name; Group Name; Provider First Name; Provider Last Name; Provider Suffix; Service Address; Service City; Service State; Service Zip; Billing Address; Billing City; Billing State; Billing Zip; Claim Type (HCFA / UB); Claim Number; Line Number; Service From Date; Service To Date; Patient Gender; Patient Date of Birth; Diagnosis Codes; Inpatient / Outpatient Indicator; Place of Service Code; Discharge Status; Discharge Date; Procedure Code; Proc code Modifier; UB Rev Code; UB Bill Type; Number of Units; Anesthesia Minutes; Anesthesia Units; DRG Code; Line Charges.

    a. Unfortunately, this information is not available at this time.

3. Provide top 25 providers for IP, OP, and Hospital.

    a. The top providers and top hospitals have been provided in the RFP workbook.

4. Which PPO network would you like quoted?

    a. We would prefer your national PPO network, if possible

5. What is the Contract type requested?

    a. 24/12 or 12/12

6. What is the Spec Deductible amount you would like quoted?

    a. We would like to see ISL levels of $250K, $300K, and $350K. As this is a new group, we may tweak those numbers as we get closer to official renewal but those are the apples to apples figures we are looking for at this time

7. There are 1025 subscribers that are waiving coverage. Could you please provide a general reason for these waives (Spousal/Parental coverage, etc.)? Carriers may subsequently ask.

    a. The majority of employees that opt out is due to spousal coverage.

8. COBRA status – I am assuming there are no COBRAs. If this is not correct, please advise.

    a. The COBRA participants are listed in the census.

9. Requested group quote parameters for Stop Loss

    a. Requested administrator – Please advise. Requested Network – Please advise. Requested PBM – Please advise.

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i. Please quote for all major medical carriers, on the national PPO network. We will not know what carrier/network until the RFP concludes.

10. Is there any way that we can get an extension to the bid deadline?

    a. The bid deadline has been extended to June 11th at 2pm CST.

11. I understand that the experience is limited, but would we be able to obtain a report showing the claims broken out by plan?

    a. We have shared every piece of information available, and no further data will be released.

12. The RFP requests a Disruption, however we do not have the minimum necessary information to provide. We need to obtain tax ID numbers in order to run the disruption.

    a. Please provide what you are able to in terms of a quote.

13. Is the health pool that they're coming out of fully insured?

    a. They were in a self-funded arrangement within a health pool. However, they didn't have a direct Stop Loss contract.

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