

Review of prospective vendor bids

August 2013

- Per the City's requirements for Public Act 106 we produced a public bid for benefit services in the Spring / Summer of 2013
- RFP was posted to BidNet website; phone calls placed to prospective bidders
- Eight prospective vendors produced bids for various lines of and Medicare retirees), dental, and vision business including medical / rx (for active, non-Medicare retirees
- The instructions in the P.A. 106 the bids were submitted with conducted with no rate information financial information provided separately – this initial review was
- Vendors identified to move onto the financial review stage were facts, and circumstances selected based on a variety of objective and subjective criteria,



- We did not require incumbent vendors to bid on existing lines of currently the incumbent vendor. For example: existing lines (i.e. a new product offering) or on lines they were not business. They were allowed the opportunity to bid on changes to
- BCBSM bidding on Rx program
- ESI/KPPC bidding on EGWP (through submission of renewal offer)
- In the below slides, each vendor's response will be reviewed in high level summary.
- We have compiled a list of qualifications for vendors to move onto with that of the City; finalists will be identified accordingly the financial review stage. We will compare our recommendations
- After the financial review, vendors will be contacted in the event the finalist interviews are necessary



- The subjective MW qualifiers in this non-financial review used to select the best partner for the City of Ann Arbor will be
- Protect the City from undo financial and administrative risks
- Reflect values in line with the City of Ann Arbor's culture
- Professionalism in presentation of abilities and opportunities
- Ability to reduce the current administrative burden on the City
- McGraw Wentworth's first-hand experience with a vendor and their successful administration of other MW plans
- Preference for a minimum number of carriers to provide all services
- Innovation and relevant experience
- Quality of client experiences references
- Local/regional/MI based operations



- The objective criteria in this non-financial review used to select the best partner for the City of Ann Arbor will be:
- Fully or substantively satisfied bid requirements as specified in the proposal request cover letter and RFP Questionnaire sections
- Adequate Geo-Access reporting for proposed network(s)
- Performance commitments
- Expressed willingness to enable the City to exercise greatest flexibility in determining services/vendors/funding by population segment to maximize cost reduction or trend impact opportunity
- Stability of eligibility and claims systems environments
- Ability to independently provide and support member services
- Able to accommodate the City of Ann Arbor's current group structure
- Ability to accommodate all current and prospective union scenarios and retiree commitments (design, access, cost, overall 'mirroring')



Approach Current Offerings and Prospective

- Currently, the benefit plan vendors are:
- BCBSM Self-funded medical administration for active, non-Medicare and Medicare groups
- Express Scripts / Keenan Coalition Self-funded prescription administration for active, non-Medicare and Medicare groups
- Delta Dental fully-insured dental for active group
- EyeMed fully-insured vision for active group
- Unum Life and disability, although life and disability was not included in the public bid under P.A. 106 (renewal effective 1/1/14 is forthcoming, with anticipated bid activity, if necessary completed in August/September)
- Approach: limit evaluation at City's discretion to no more than two of any/all similarly situated prospective vendors or products (e.g. only two financially evaluated Medicare Advantage, or only two EGWPs, etc.)



Summary of Bids

The following were the responses to the RFP:

•		NVA	Humana	×	BCBSM	***************************************				Medical / Rx Medic	
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	×		×			×	X	Population	Medicare	Medical / Rx	
		×			X			Dental Vision		in the second se	



- Aetha responded to all lines of coverage: medical, dental and
- For the medical plan they have proposed the following:
- Active self-funded with Aetna stop-loss
- Medicare Retirees- fully insured Medicare Advantage program

Non-Medicare Retirees – self-funded with Aetna stop-loss

- For the dental plan they have proposed the following:
- Active Combination of fully-insured Dental PPO and Dental Managed Care Organization (DMO)
- For the vision plan they have proposed the following:
- Active –Fully-insured Aetna PPO



Aeina

- A review of the medical questionnaire and supporting documents generated the following commentary:
- Aetna is a large, national carrier with a proprietary Aetna Open Cofinity which many of the other vendors use as a network Choice PPO network in Michigan. Aetna is the parent company of
- They have been particularly aggressive in marketing efforts aimed at taking over existing BCBSM business
- They claim they have matched or beaten the discounts levels rates (M-DIP). provided by BCBSM while generally offering lower administration
- They have an impressive suite of employee / retiree targeted programs to manage and improve the health status
- The bid references discount guarantee targets with administrative tee at risk, as well as performance quality targets / commitments



Aetna

- Based on the pricing, a combination dental DPPO and DMO could be an advantageous proposal for the City of Ann Arbor.
- This combination allows for employees to pick the most appropriate avenue of dental care
- The DPPO offers a wider access network with a more traditional pricing arrangement
- The DMO offers a more narrow network selection, but with a higher level of benefit and, typically, fixed pricing for services
- The Aetna vision plan is a PPO option with the Aetna PPO
- The rates are guaranteed for 48 months.
- Note: Delta Dental as incumbent also provides a managed dental plan which historically has not been considered by the City



AmWins

- AmWins Group Benefits is a TPA that would administer the the Medicare retiree group program in conjunction with a fully insured Medicare program for
- The active and non-Medicare population would be self-funded through AmWins using the Cofinity network
- The Medicare retiree population would be insured through individual experience of the group would not impact the rates Monumental Insurance. This product is pooled, meaning the
- Due to lack of diagnosis info from BCBSM they were unable to day turnaround on the report can be revisited as the delay was due to the BCBSM 10 business secure firm stop-loss pricing for the self-funded proposals. This



AmWins

- There are references to a 'wrapped' fully insured medical plan for as it is a pooled product, the plan often "wins" in terms of revenue Medicare plan and self-funded a large portion of the deductible the retiree group. The idea would be to obtain a fully insured paid for claims vs. the savings in plan design change
- We will need to review the financial proposal to understand how this is structured and the underlying cost and assumptions of the program
- applied correctly, the offset is a somewhat more complicated structure This approach has been shown to save significant premium wher and potential for employee / retiree issues with the wrap
- A self-insured employer group waiver plan has been proposed for RDS process), strong consideration should be given to this option area of focus upon launch of the RFP (as an alternative to the current Medicare-eligible retirees. As such an arrangement was an anticipated



BCBSM

- Currently the medical administrator, BCBSM responded with bids for dental, vision and prescription services
- BCBSM has recently been making a marketing push for dental and vision services with existing clients
- Historically, they have been uncompetitive in rates versus the to become more competitive stand-alone carriers, but have made headway in the last few years
- There has been significant documented issues on the medical potential issues as many of the same staff members would be administration with BCBSM and the City of Ann Arbor. This poses responsible for duties related to the other lines of business



BCBSM

- At 1/1/2015, the HCR transitional rule for carved-out prescription a single medical and prescription out of pocket maximum. services will expire and all copays will have to accumulate toward
- If the prescription were to remain carved-out with ESI, BCBSM claims to ensure members did not exceed the out of pocket would have to accept and send a presumably real-time file feed of maximum
- Recently, BCBSM has stated they will not allow carve outs past through the various issues 1/1/2015 – but that approach is not yet set in stone as they work
- BCBSM does not have as much prescription plan design flexibility as ESI in a general sense
- Stoploss insurance could be obtained for pharmacy coverage



BeneSys

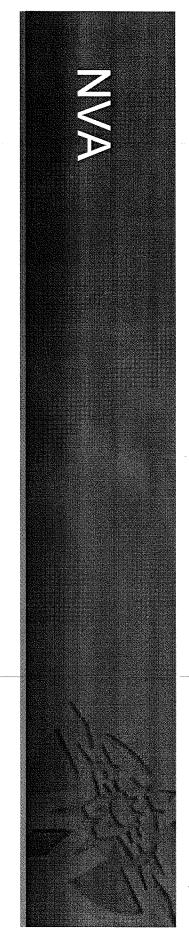
- BeneSys is a third party administrator (claims processor) that works with several outside vendors to provide additional services.
- BeneSys bid on administration of the City active and pre-65 retirees in a self-funded plan
- They would contract with the Cofinity network, owned by Aetna, to provide PPO services
- They would partner with Envision Rx for prescription drugs services
- Additionally, they would contract with Hines and Associates to provide utilization and case management services
- The reference Humana as the vendor for the Medicare retirees Humana submitted a proposal separately.
- Finally, they would recommend Ardellis for stop-loss coverage



lumene

- Humana has proposed a fully insured Medicare Advantage PPO plan for the Medicare retirees
- Humana also references BeneSys as a potential ASO vendor, but mention neither vendor is dependent on a paired selection
- Humana has proposed a passive Medicare Advantage PPO which mirrors benefit for in and out of network providers
- The Medicare Advantage PPO program allows for national coverage for retiree members
- The also propose a focused review on the risk scores of the members to visit their primary care physicians retirees followed by a communication campaign to encourage
- Pharmacy coverage would be through an EGWP (fully insured, alternative to the current RDS process but possibly self-insured as well, as a potentially appealing





- National Vision Administrators (NVA) has proposed a replacement to the existing EyeMed program for active employees
- The program is provided on a fully-insured basis with a 24 or 36 month rate guarantee
- The network is a mix of individual practices (42%) and chain locations (58%).
- They outline online tools that are part of the proposal that simplifies the process of purchasing eye glasses
- Additionally they have included performance guarantees for implementation of the program



U U S

- Professional Benefit Services has proposed a bid encompassing the active, non-Medicare and Medicare groups.
- 4D and administered by PBS The active population would be self-funded via the Cofinity network (owned by Aetna), prescription would be through EHIM or
- The non-Medicare population would be self-funded via the Cofinity 4D and administered by PBS network (owned by Aetna), prescription would be through EHIM or
- Stop-loss coverage for the above groups would be carved out to an outside vendor – recommended
- The Medicare population would be fully insured through a United insured EGWP through United American Insurance Company. American Medicare Supplement product, prescription would be a



- Professional Benefit Services can provide a la carte services (similar to AmWins) as an 'aggregator'
- Bid for product and services is separable
- PBS can provide access to markets for post-65 retirees, as a specialist in this
- PBS can provide customer service, fully supporting retiree members, regardless of product/vendor/funding mix for pre- and post-65 retirees
- As with all pre-65 bids, securing stoploss will be challenging on a 3rd PBS has proposed discussion (longer term proposition) of a unique party carved-out basis

'captive' arrangement for pre-65 risk



Standard

- The Standard has proposed a full replacement dental product.
- The did not meet the requirements of the RFP and left out many sections such as the completed questionnaire
- Without this information and the fee proposal we are unable to adequately review the option.



Recommendations

- Based on the review of all proposals and consideration of the documentation and potential finalist meetings would include aforementioned subjective and objective qualifiers, the McGraw Wentworth recommendations for review of the financia
- Aetna Medical and Rx (active, non-Medicare, Medicare), dental, and vision
- Humana Medical and Rx (Medicare only)
- Professional Benefit Services Medical and Rx (active, non-Medicare, Medicare)
- AmWins self-insured PDP EGWP (Medicare only)
- We would give full consideration to ESI/KPPC as an incumbent given submission separately of their EGWP proposal as a component of their normal renewal process/offer

