RFP ADDENDUM I: QUESTIONS AND ANSWERS

Date: November 26, 2019
Reference: RFP GMU-1600-20
Title: Student Health Insurance
RFP Issued: November 4, 2019
RFP Due Date: January 6, 2020 @ 2:00 PM EST

The following changes are hereby incorporated into the aforementioned RFP:

1. **Page 31, Second Table Titled “International – International Subsidy” is a duplicate and can be ignored.**
2. **Reminder: Mason is closed for Winter Break December 23, 2019 through January 5, 2020.**
3. **Two additional attachments are available upon written request. Please email erauch@gmu.edu.**
   a. 17-18 Additional Reporting
   b. 2018 – 2019 top 100 RXs

Responses are in RED.

1. Do you need a vision quote? I only see medical and dental requested, yet the summary does mention vision. We recently placed student vision insurance for JHU, and it was very well-received by the students.
   a. GMU is not looking for stand-alone vision proposals at this time.

2. How many eligible students do you have?
   a. We have 36,000 students at GMU all of which would be eligible.

3. How many eligible employees do you have at GMU?
   a. We believe you mean students and not employees. See #2.

4. Do you have breakouts for the current dental enrollment?
   a. Dental enrollment by dependent tier:
      Student: 164
      Spouse: 6
      One Child: 2
      Two or More Children: 2

5. GMU asks for a PPO Medical and dental policy with a voluntary open enrollment. The request is to provide insurance for specific student populations. This includes students on medical leave. Does this pertain to only students who go out on medical leave during the school year – or also students who are currently on LOA?
   a. Students that are enrolled in our plan but go on medical leave and are not enrolled in classes are allowed to continue our plan up to one year. We switch them over to medical leave from the regular domestic plan.
6. For the dental plan please provide:
   - 17/18, 18/19, and 19/20 plan year: premium, claims data, rates, and carrier history.
   - Copy of full dental certificate.
   - Current Census with enrolled lives, tier, zip, gender and DOB.
     a. Dental plan began August 16, 2019, see #4 for enrollment. Current rates can be found at https://shs.gmu.edu/insurance/.

7. Please confirm no vision plan is currently offered. If not, would you be interested in a vision quote? If so, what benefits would you be interested in seeing in our quote.
   a. A stand-alone vision proposal is not being requested.

8. For the medical plan please provide:
   - 17/18, 18/19, and 19/20 plan year premium. In the RFP various rate cohorts have been requested. We would like to see the data broken out for these cohorts.
   - 17/18, 18/19, and 19/20 plan year claims and large claims data. In the RFP various rate cohorts have been requested. We would like to see the data broken out for these cohorts. Please also split the data by medical and pharmacy.
   - 17/18, 18/19, and 19/20 plan year gross and net rates. In the RFP various rate cohorts have been requested. We would like to see the data broken out for these cohorts.
   - 17/18, 18/19, and 19/20 plan year broker/consultant commissions included in the gross rates.
   - 17/18, 18/19, and 19/20 plan year school administrative fees included in the gross rates.
   - 17/18, 18/19, and 19/20 plan year enrollment data. In the RFP various rate cohorts have been requested. We would like to see the data broken out for these cohorts.
   - 17/18, 18/19, and 19/20 plan year brochures and certificates. Please note any plan changes.
   - School enrollment by cohort.
     a. No commission should be included in the proposed rates. Enrollment is broken out by category in attachment M. There have not been any plan changes over the last three years. We do not have historical claims data broken out by all the rate cohorts. No premium rate history will be provided. Current rates are noted at https://shs.gmu.edu/insurance/.

9. Please provide the full Aetna reporting package for 17/18.
   a. See two additional data files provided:
      i. 17-18 Additional Reporting
      ii. 2018 – 2019 top rxs

10. How many students are roster enrolled versus monthly for the 18/19 plan year?
    a. All international students are roster enrolled. All other students enroll directly with UHC.

11. How many waivers were processed for the 18/19 plan year?
    a. Only International students are required to go through waiver process.

12. What is your current waiver criteria?
    a. See #11.

13. Does the chosen carrier have to provide a 24 hour nurse line to all students including those not on the health plan? (pg 5 text indicates Student Health provides this, but page 6 seems to require it be provided by the carrier—or funded by the carrier; if the latter, is there an expected cost to be funded?)
    a. Yes.

14. Is the Dental plan a separate program/benefit from the health plan?
a. Yes.

15. If yes, can we propose jointly with a Dental carrier? If yes, would there be a separate contract between GMU and the chosen Dental carrier? Or would the Dental carrier be a sub-contractor, under the health plan contract?
   a. The Healthcare provider can include a dental option in their proposal. The intent is for the dental carrier to act as a subcontractor to the Healthcare provider.

16. If a student enrolls for a semester (ie enrolls for an option other than the annual plan), what are the time periods of coverage? If they subsequently enroll for the next consecutive term--which is still in the same “policy year”--is there a carryover of accumulations toward the Deductible and Max out of Pocket (MOOP)? For example, they first enroll for the Fall semester only, then later enroll for the Spring semester, do credits toward the deductible and MOOP accumulated in the Fall term count toward the Ded/MOOP for the Spring term?
   a. In the fall, domestic students can only enroll for the annual plan. The next open enrollment is for coverage 01/01 – 08/15. The final open enrollment is for 05/16 – 08/15. Since these are all in the same contract year, the deductibles and out of pocket accumulations carry over. All the numbers reset to zero on 08/16, the beginning of the academic/contract year.

17. For visiting faculty/scholars, are there any enrollment rules requiring continuity under the “Monthly” and “Daily” arrangements? For example, we presume you cannot enroll one day, dis-enroll the next, and then re-enroll for the next day.
   a. They are required to enroll on a monthly, not daily, basis.

18. For add-ons and dis-enrollments outside of the standard coverage periods/terms, is there a requirement that 1) coverage is effective on the specific day of addition, and/or 2) termination is effective on the day of disenrollment? Or would either enrollment or termination be effective on the first of the next month? Are there specific rules for each type of Life event?
   a. QLE’s start the day after their previous coverage terminates or on the date of marriage or date of entry into the country and continues through the end of the contract year.

19. Similarly, for premium-billing purposes, is there a requirement that premiums are pro-rated based on the exact effective dates of coverage, or are premiums due for the entire month in which the member is covered?
   a. QLE’s are prorated from the start of coverage date. Visiting Scholars pay per month date. Always the 16th of one month through the 15th of the next month.

20. Does the carrier bill the students directly? (pg 5 Section XI) if yes, how often?
   a. Yes. The school direct enrolls international and subsidy students.

21. What “administrative fees” would the carrier pay to Mason (pg 5 Section X1)—does that refer to the surcharges noted on the rate tables?
   a. Administrative fees are referred to as surcharges in the rate exhibits.

22. What are the benefit periods for the Visiting Scholars under the Monthly and Daily rates, in terms of deductibles and MOOPs? (pg 27) Are there surcharges for those periods?
   a. The first month a visiting scholar enrolls has a $60 admin fee on it. The remaining months are just the monthly premium.

23. Are performance guarantees currently in place?
   a. Yes.
24. What languages will be required for translation of materials?  
   a. Usually Chinese, Arabic, Hindi, Basically what INTO asks for.

25. Is there a retro agreement or premium stabilization fund in place today? If yes, how does it work?  
   a. Yes. It is an agreement that will reimburse the University or create a premium stabilization fund if the ratio of claims to premium falls below a targeted percentage.

26. Does “Student Verification” on page 37 apply to students who are already enrolled in the plan? Is the requirement to send a verification form to every student enrollee who reaches $1000 in claims?  
   a. Yes.

27. On the Data Set provided: Can we get a full census file for the entire student population, including age, gender, zip code, coverage tier or waiver status, & category.  
   a. Only have census for current enrolled population.

28. Can we see High Claims by member by year that are based on combined Medical + Rx dollars?  
   a. Only have these list by medical and rx not combined.

29. On the “InsuredCategory_Type_Gender” tab - What is the distinction for/meaning of “Domestic” without a graduate or undergraduate specification?  
   a. These are the Domestic students that have their rates subsidized.

30. On the “Paid claims and enrollment” tab - Can we see month-by-month medical and Rx paid amounts for the 2017-2019 plan years?  
   a. Not available.

31. For the dental plan please provide:  
   • 17/18, 18/19, and 19/20 plan year: premium, claims data, rates, and carrier history.  
   • Copy of full dental certificate.  
   • Current Census with enrolled lives, tier, zip, gender and DOB.  
   a. See #6.

32. Please confirm no vision plan is currently offered. If not, would you be interested in a vision quote? If so, what benefits would you be interested in seeing in our quote.  
   a. See #7.

33. For the medical plan please provide:  
   • 17/18, 18/19, and 19/20 plan year premium. In the RFP various rate cohorts have been requested. We would like to see the data broken out for these cohorts.  
   • 17/18, 18/19, and 19/20 plan year claims and large claims data. In the RFP various rate cohorts have been requested. We would like to see the data broken out for these cohorts. Please also split the data by medical and pharmacy.  
   • 17/18, 18/19, and 19/20 plan year gross and net rates. In the RFP various rate cohorts have been requested. We would like to see the data broken out for these cohorts.  
   • 17/18, 18/19, and 19/20 plan year broker/consultant commissions included in the gross rates.  
   • 17/18, 18/19, and 19/20 plan year school administrative fees included in the gross rates.  
   • 17/18, 18/19, and 19/20 plan year enrollment data. In the RFP various rate cohorts have been requested. We would like to see the data broken out for these cohorts.  
   • 17/18, 18/19, and 19/20 plan year brochures and certificates. Please note any plan changes.  
   • School enrollment by cohort.  
   a. See #8 and #9.
34. Please provide the full Aetna reporting package for 17/18.
   a. See #9.

35. How many students are roster enrolled versus monthly for the 18/19 plan year?
   a. See #10.

36. How many waivers were processed for the 18/19 plan year?
   a. See #11.

37. What is your current waiver criteria?
   a. See #11.

38. Please provide the prognosis/diagnosis for large claims in the 18/19 plan year as well as the age,
   gender, and expected graduation date of the member with the large claim.
   a. Not available

39. There appears to be an enrollment drop in the 18/19 policy year. Can this 8.5% enrollment drop be
   explained? Is there an initial indication of the 19/20 enrollment outlook?
   a. See census for 19/20 enrollment

40. Will eligibility requirements remain the same for the 20/21 policy year as they were for 19/20?
   a. Yes.

41. Please provide a summary policy brochure for the 2016/17, 2018/19 and 2017/18 policy year.
   a. See #8.

42. Please confirm that the published rates include any administrative fees and/or broker commissions,
   and if yes, what are they?
   a. Yes, see Attachment E.

43. Can you please clarify what is meant by the class of students labeled as “Domestic Subsidy” and
   “International Subsidy”?
   a. This distinction is for billing purposes from the insurance company to GMU.

44. Regarding section XI.B.6, can you please confirm if a carrier will be considered if prior authorization
   is a requirement. Our plan requires prior authorization for services to ensure appropriate medical care
   is provided and needed to our members.
   a. Yes

45. Please provide detailed paid claim reports for the current YTD policy as well as updated run out
   reports from the three prior policy years (addendums have some reports)
   a. Claims run out is included in the claims report provided. See #9.

46. Please provide a large loss claimant report for each of the policy years, indicating diagnosis. We
   recognize names are not available and thus the University cannot determine if the insured person is set
   to graduate or not returning.
   a. Diagnosis information is not available.

47. Please provide a top provider list of commonly used providers by the University’s student health plan
   as well as a known top provider list that the University’s on campus services will be familiar with for
   disruption analysis.
a. See facility and professional disruption tabs in Attachment M.

48. Please provide the list of behavioral health providers used by the University’s counseling center staff and whether or not those providers participate with the current health plan’s PPO Network.
   a. No list is available.

49. Attachment N is the health center fee schedule.
   • Has this schedule changed over the prior policy years (increased or decreased)?
     a. Confidential
   • Will the claims experience reports illustrate a breakdown of that utilization?
     a. No
   • Is the method of billing electronic or excel spreadsheet format?
     a. Excel spreadsheet billing.
   • Are there cost sharing costs to the student for this?
     a. The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: any services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.
   • Does the student get a walk out statement?
     a. If they pay money, they get a walk out statement. It is not set up for billing purposes.

50. On Page 6, can you explain what is meant by the pharmacy formulary needing to be a ‘high option plan’? Is the intent lower copayments or less restrictions on day limits or pre-authorizations?
   a. GMU looking for as little disruption as possible, please complete pbm formulary disruption tab in Attachment M.

51. Does the current health plan provide the 24 hour nurse line for ALL students on campus?
   • If yes, are there any statistics on usage, type of inquiries and how many successful outcomes were managed through this service?
     a. Yes, it is for the whole student population
   • The RFP indicates that the health services has its own 24 hour nurse line for all students. Is this going away for 2020?
     a. No.

52. Attachment E in the RFP asks for pricing breakdowns for various student categories.
   • ‘No Hard Waiver’--- we interpret this as a pure voluntary enrollment method. Does the University share this interpretation?
     a. All students meeting eligibility guidelines can enroll.
   • Domestic Subsidy—we interpret this as the University funding the full premium. Is this correct?
     a. Subsidy students premiums are fully funded by the university
   • Visiting Faculty/Scholars—the University asks for pricing for ‘No Hard Waiver’ and then again under ‘Hard Waiver’--- please confirm what the University currently does for this category.
     a. The Visiting Scholars have to prove adequate coverage to the international office.
• Page 30—international OPT and Subsidy--- is this current category mandatory, hard waiver, or voluntary?
  a. Hard waiver

• Page 31 –international INTO and Subsidy—please confirm how many INTO students are in this program and what the University does to automatically enroll them on the SHIP for it.
  a. An EXCEL spreadsheet is uploaded via a secure portal for INTO and international enrollment.

• Page 5 indicates that the University allows internationals to waive the student insurance.
  o Is there set criteria or any audit feature used to manage this?
    a. International student waiver process is noted in attached link, https://shs.gmu.edu/insurance/international/

  o Does the University disallow non-USA, non-ACA compliant plans?
    a. GMU is not looking to offer a non-ACA compliant plan

53. Does the current provide have a SOC II report requirement and if yes, has it been met to satisfy the University’s needs and requirements?
  a. Yes.

54. Can you provide a copy of the Leave of Absence policy to highlight the eligibility rule for a student to maintain access to the student health insurance plan?
  a. GMU insures students that are on medical leave for the remainder of their academic year. The Insurance Office at Student Health Services verifies this information with the registrar before giving the student the medical leave form.

55. It appears that there performance guarantees in place with the current vendor. Have they been met to the University’s satisfaction?
  a. Confidential