



Connecticut Teachers' Retirement Board

Retiree Health RFP

Respondent Questions & Answers – April 28, 2025

Question 1: It appears that the data files provided labeled “Part D” contain the data for the current MAPD members rather than the PDP members. Please provide those documents updated with the corresponding PDP data.

Response: The PDP data is contained in the Medicare Supplement file and this has been provided to all

Question 2: Please confirm carriers will be afforded the opportunity to ask follow-up questions on any new data/documents provided.

Response: Confirmed

Question 3: Please provide the most recent available MOR Report. (The MOR Report comes directly from CMS and lists the members' identified conditions which affect CMS reimbursement.)

Response: MOR will not be provided

Question 4: Please confirm the TRB is open to considering an alternate formulary that covers over 99% of all Medicare approved drugs and would provide a significant cost saving over the current customized approach.

Response: This may be considered but is not preferred

Question 5: Would the TRB like to see the MAPD quoted as Integrated MAPD and also Non-Integrated MA + PD quote to take advantage of additional savings afforded in the Final Rate Notice?

Response: Yes

Question 6: In reference to the MAPD financial summary, please indicate if the MA medical claims include any costs for each of the following:

- o Non-Medicare Covered Fee-for-Service Costs (i.e. private duty nursing, routine vision/dental/hearing/OTC, etc.)
- o Clinical/Quality/Disease Management Program Costs
- o Fitness/Travel Programs
- o IBNR
- o Part B Rx Claims

Response: The MA medical claims include All FFS and capitated provider claims including Part B Rx claims - with IBNR . They do not include vendor fees, provider bonuses, additional rider costs, Part B Rx rebates and Quality Costs (QIA)

Question 7: In reference to Question 4.2.2, "Completion of this proposal confirms your ability to mirror requested benefits", please confirm the request to mirror benefits refers to mirroring the current cost shares and does not include an exact match of the current formulary, supplemental wrap list, and utilization management designations.

Response: Confirmed

Question 8: In reference to Question 7.6.8, "Confirm that you will respond to all TRB inquiries within one (1) business day", please confirm acknowledgement of the request within one business day, with regular updates until resolution, is acceptable.

Response: Confirmed

Question 9: In reference to Question 9.1.1, "Confirm you will be able to replicate the current plan design for the national MA-PD PPO plan...", please confirm the request to replicate the current plan design refers to mirroring the cost shares (to be the same for in- and out-of-network) and does not include an exact match of the current formulary, supplemental wrap list, and utilization management designations.

Response: Confirmed

Question 10: In reference to question 9.4.27, "Provide the name of the Specialty Formulary you are proposing. If applicable, provide the number of drug exclusions as well as a list of the excluded drugs and the therapeutic alternatives. Provide Information and Names of Attachments", please clarify if the number of drug exclusions and list of excluded drugs refer to: (A) Only Specialty drugs covered on the current CT TRB formulary that are not covered on the proposed formulary Or (B) a request for a list of all current CT TRB included medications that are excluded on the proposed formulary.

Response: B

Question 11: Given the current state of the Part D program and the IRA and direct negotiation of fair price for 2026, please confirm a Medical-Only multi-year guarantee will be accepted as part of the RFP process along with firm 2026 Rx pricing being submitted in August 2025.

Response: TRB would like firm Rx “not to exceed” pricing with the caveat that this could be reduced in August.

Question 12: What is the total amount of Medicare eligible retirees and dependents that waived coverage?

Response: The plan is voluntary, we do not know the number of retirees who choose not to enroll.

Question 13: Please confirm if bidders will be permitted to ask for additional clarification and/or data based upon the responses received after Q&A.

Response: Confirmed

Question 14: Please provide a scoring matrix to correspond with the evaluation criteria provided.

Response: This will not be provided.

Question 15: Are there on-shore service requirements? If so, please advise if it's acceptable to on-shore only member facing services, member and provider facing services, or if there are requirements to on-shore additional (or all) functions.

Response: It is acceptable to on-shore member and provider facing services. All data must be stored on-shore.

Question 16: Please confirm if TRB currently has no participation requirements as requested in 4.2.3.

Response: There are no participation requirements, however members who terminate coverage must wait two years before re-enrolling.

Question 17: Please confirm if mandated legislative changes and mutually agreed upon financial caveats are exempted from General Conditions, 4: "All proposed costs must be fixed through the entire term of the contract."

Response: Confirmed

Question 18 Please confirm if TRB currently has the right to audit as requested in 5.13 & 5.14.

Response: This is confidential information

Question 19: Please confirm if TRB is receiving all data reporting fields requested in 5.6, 5.14, & section 7.8 currently.

Response: Confirmed

Question 20: 4.2.15 states, "Confirm you will receive prior approval from TRB for all communications to members." Applying this to all member communications on a fully-insured product is very broad and may limit speed of service. Is the intention of this to apply truly to all communications and documents going to members inclusive of claims, ongoing member customer service issues, etc; or is the purpose of this to confirm all Open Enrollment materials will be previously reviewed by TRB before mailing?

Response: This is to confirm that all Open Enrollment materials, Plan documents, special announcements, newsletters etc. will be reviewed by TRB

Question 21: Based upon the request to provide a gain sharing agreement; please confirm if any of the current incumbents have a gain sharing agreement with the Connecticut Teachers' Retirement Board? If yes, please provide the calculation, MLR triggers, payout method and confirm if any payouts have been received historically

Response: This is confidential and will not be provided.

Question 22: Has the group received its 2026 renewal proposal? If available, please provide the 2026 MAPD member contribution to premium.

Response: This would not be provided

Question 23: Please provide the latest 24 months of medical claims, including corresponding member counts by month for the Medicare Supplement Plan's Medicare eligible retirees only (claims should exclude under 65 spouses/dependents and non-Medicare eligible retirees).

Response: This will not be provided, all retirees and spouses/dependents on this plan are Medicare eligible.

Question 24: To ensure a level playing field between all bidders and enable us to provide the most accurate experience rating please provide the monthly risk scores shown to at least 3 decimal places.

- Do the risk scores for payment dates in 2023 reflect both mid-year and final reconciliation adjustments?
- Do the risk scores for payment dates in 2024 reflect the mid-year adjustments?
- Do the risk scores for payment dates in 2024 reflect any estimates or assumptions for the final reconciliation adjustment?

Response: This response will be provided once confirmed.

Question 25: Section 2.3 of the RFP states that the MAPD plan 'must include the enhanced vision and hearing benefits'. Please clarify that means we are matching the current benefits or if additional enhancements are being requested.

Response Current Benefits

Question 26: Please explain any membership changes that occurred between 2024 and 2025.

- o The RFP notes that the Medicare Supplemental Plan has 4,305. The census showed 1,074 membership in the Medicare Supplemental Plan.
- o The Medicare Advantage census shows 28,340, which aligns with the 2024 membership lives.
- o Can you advise why there is a material discrepancy in the expected Medicare Supplemental members from historical enrollment versus the census provided?

Response Medicare Supplement enrollment has not dropped and an updated census has been provided.

Question 27: Please provide monthly CMS Revenue payments that correspond to the claims submitted for the Medicare Advantage plan.

- Please indicate if the CMS Revenue payments include mid-year and final reconciliation adjustments.
- Please indicate if the CMS revenue payments are net of sequestration

Response: Response will be provided once confirmed

Question 28: Please provide emerging experience for January and February 2025

Response: Census for February 2025 was provided. 2025 claims experience is not available.

Question 29: For all of the Medicare Advantage medical claim files, please confirm if the claims include additional costs such as:

- Capitation
- Non-Medicare Covered Fee-for-Service Costs Included but limited to: Private Duty Nursing, Skilled Nursing Facility, Silver Sneakers, Transportation, etc.
- Clinical/Quality/Disease Management Program Costs
- Fitness/Travel Programs
- IBNR
- Part B Rx Claims
- Part B Rebates
- Provider collab/VBC/P4P bonuses

Response: The MA medical claims include All FFS and capitated provider claims including Part B Rx claims - with IBNR . They do not include vendor fees, provider bonuses, additional rider costs, Part B Rx rebates and Quality Costs (QIA)

Question 30: Please provide the benefit designs for any years 2023, 2024, or 2025 that do not match the current proposed 2026 benefits.

Response: All 2023, 2024, and 2025 benefit designs are below

<https://portal.ct.gov/trb/content/health-insurance/health-insurance-menu/plan-providers-and-benefits>

2025- Vision allowance increased from \$240 to \$500, Pharmacy OOP max reduced from \$3,500 to \$2,000

2024- 20% coinsurance removed from the Preferred Insulin benefit: \$25 copay for a 31 day supply or \$50 copay for a 32-90 day supply. For non-preferred insulin, a \$35 copay for a 31-day supply, \$70 copay for a 32-60 day supply and \$105 for a 61-90 day supply

2023- Preferred Insulin 20% up to \$25 for 31-day supply or \$50 up to 90-day supply, not subject to the Part D deductible

Question 31: Does the detailed Rx data include members from both the MAPD & PDP?

- If so, could a plan tag be added.
- If not, please provide the same data fields for the PD only membership?

Response: PDP data has been provided separately with the Medicare Supplement data.

Question 32: Please explain any benefit changes from the provided claim period to the current year

Response: All 2023, 2024, and 2025 benefit designs are below

<https://portal.ct.gov/trb/content/health-insurance/health-insurance-menu/plan-providers-and-benefits>

2025- Vision allowance increased from \$240 to \$500, Pharmacy OOP max reduced from \$3,500 to \$2,000

2024- 20% coinsurance removed from the Preferred Insulin benefit: \$25 copay for a 31 day supply or \$50 copay for a 32-90 day supply. For non-preferred insulin, a \$35 copay for a 31-day supply, \$70 copay for a 32-60 day supply and \$105 for a 61-90 day supply

2023- Preferred Insulin 20% up to \$25 for 31-day supply or \$50 up to 90-day supply, not subject to the Part D deductible

Question 33: If a carrier is not bidding on one of the product lines, please confirm how we should respond to those sections of the RFP.

Response: The RFP has been updated to allow a bidder not to respond to those sections.

Question 34: Please confirm that 7.4.3 refers to hosting live retiree education sessions in every county within the State of Connecticut, versus nationwide. Please confirm what the retiree number threshold is for 'larger populated' counties. Also, is there a need to provide live

meetings in other states, outside of CT, or will the virtual sessions be suitable for these members?

Response: In person sessions are required for every county in Connecticut, in person meetings are not required outside of CT.