EVHC

RFP Submission Requirements

As one of the nation's largest independent administrators of self-funded health plans, we bring ease of administration to our advisors and clients, exceptional service and advocacy support for our membership, and innovative, tailored plans designed to provide long-term cost control for employers and improved member health.

Markets served and RFP submission requirements:

For groups currently self-funded:

Minimum group size: 75 enrolled employees

(For existing clients, exceptions may be considered on a case-by-case basis.)

Data requirements:

- Electronic census submitted in Excel (gender, ZIP code, date of birth, current plan type, family status, and number of dependents)

- Plan design(s): current and proposed (if different)

- **Claims experience**

  - Open plan year-to-date and preceding year 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 to include diagnosis and prognosis detail along with clinical notes

- Provider network savings reports showing discounts along with in- vs. out-of-network utilization

- Current and renewal Stop Loss rates

- Copy of administrative services agreement with outline of current services and corresponding fees

- Name of pharmacy benefit manager and current financial terms

For groups currently insured:

Minimum group size: 100 enrolled employees

Data requirements:

- Electronic census submitted in Excel (gender, ZIP code, date of birth, current plan type, family status, and number of dependents)

- Plan design(s) current and proposed (if different)

- **Claims experience**

  - Open plan year-to-date and preceding year 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 with claims higher than $50,000 and include diagnosis and prognosis detail

- Current and renewal rates

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.

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:

Name _____

Title _____

Phone _____

Email _____

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