



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

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Request for Proposal - Health Care Program Evaluation, Consulting, and Procurement Questions Submitted to SERS

Submissions have been combined into composite questions in cases where multiple potential bidders submitted similar questions. Some questions have been edited for clarity.

Question 1: **Are the Wraparound HRA benefits for Pre-Medicare retirees currently offered as a plan choice alongside the group options, or are they provided as a full replacement to a small subset of the population only?**

Answer: The Wraparound HRA is currently offered as a plan choice alongside the group options.

Question 2: **Is the reference to non-Medicare population (approximately 2,500) referring to a pre-65 retiree population? Is this an open group? Approximately how many age in and out of this group per year?**

Answer: In publications and presentations Plan staff occasionally uses the terms non-Medicare and pre-65 interchangeably, although we prefer the term non-Medicare. The overwhelming majority of enrollees in these plans are under age 65 and awaiting Medicare eligibility either through age-in or Early Medicare determination. There are a small number of enrollees over age 65 who are grandfathered into the plan (less than 10).

SERS does not offer a true annual Open Enrollment for the health care plans. Members may only enroll in the plan when their SERS benefit begins, or when they have certain qualifying events. Members may switch between plans during annual Open Enrollment. Approximately 650 new enrollees join the non-Medicare plans annually. Approximately 600 enrollees age-out annually. Since 2018 more enrollees have left the group plans than joined, while more enrollees joined the Wraparound HRA than left. Total non-Medicare enrollment has declined from over 5,000 members to approximately 2,500 members since 2018.

Question 3: **Provide more information on the AultCare PPO plan.**

Answer: This is a fully-insured plan offered to non-Medicare enrollees in Northeast Ohio. The plan is open to those who qualify for SERS health care under age 65 in this region. The plan also includes a fully-insured pharmacy benefit.

Question 4: Clarify the Medicare eligibility rules of the self-funded indemnity plan.

Answer: This plan is a fallback option for members who have a disruption in Medicare Part B enrollment. The most common situation is that the member has lost their Part B and needs to enroll at the next opportunity. They must have Part A to be in the plan. We do not anticipate this plan to be a substantive concern for the selected consultant.

Question 5: Provide more details on the SERS Disability benefit and clarify the relevance for this RFP.

Answer: The SERS Pension Trust Fund provides disability benefits pursuant to statute. Disability recipients are eligible to enroll in the SERS health care plan, if eligible Management of this arrangement is not relevant for this RFP. and the Plan does not expect the consultant to be knowledgeable on the details of the SERS disability benefit.

Question 6: Is Ohio SERS Part D EGWP program affiliated with the RX Ohio Collaborative (ROC)? If yes, describe the affiliation.

Answer: The SERS Part D EGWP is not currently affiliated with the ROC. The current contract with Express Scripts has an initial term beginning after the Plan ended affiliation with the ROC.

Question 7: Are there particular areas of strength that the Plan would like to maintain in the consulting relationship?

Answer: The services we specifically hope to maintain are described in the RFP. We intend to continue a collaborative relationship with the selected consultant. Plan staff are determined to understand details of our business rather than delegate authority to a consultant.

Question 8: Please share descriptions or examples of any routine reporting that the existing consultant provides under the “General Consulting” scope, and that you want to ensure are provided going forward.

Answer: The “General Consulting” scope is a new addition to this line of business with the Plan. A potential deliverable under this scope would be a short document evaluating a new strategy proposed by one of our vendors along with an evaluation of related contract terms. This scope could be considered ongoing maintenance of the vendor contract(s) that the selected consultant creates in collaboration with the Plan. The Plan has a legal team and outside counsel for legal services, and the selected consultant would keep

the Plan informed on the material significance and impact of specific contract terms and potential alternatives to negotiate with our vendors. We would consider this more ad hoc than routine. However, respondents are encouraged to propose general consulting services that we may consider valuable.

Question 9: What are the current fees and fee structure for similar services today? Are you happy with how this arrangement/structure is working today?

Answer: The Plan has engaged our current consultant on individual statements of work using a flat fee structure. There is no indirect compensation. In the past, the Plan has engaged a consultant for program evaluation and resulting RFPs and then created statements of work with the consultant as needed for services going forward. We now have a better understanding of the services we routinely need and designed the current RFP to include all these services.

Question 10: Is there a template or preferred format we should use to summarize our cost proposal?

Answer: The Plan does not have a template or preferred format for this RFP. As outlined in the Request, the Plan should be able to determine the total cost of any combination of proposed services. We also request hourly rates for ad hoc services.

Question 11: What open enrollment software is currently used by enrollees to make benefit elections?

Answer: SERS uses pension administration software that includes plan enrollment functionality. This is not within the scope of the RFP.

Question 12: Is the primary objective of this RFP focused on cost reduction, service improvements, improved clinical outcomes, or a combination of these goals?

Answer: The primary objective is to select a qualified consultant that can perform a program review with the Plan to determine if the current service delivery model is the most efficient option, and then to assist the Plan with major RFPs that would follow the recommendations of the program review.

Question 13: What cost management and clinical programs are currently in place with the incumbent pharmacy benefit manager?

Answer: Beyond network and formulary management, SERS has the following programs in place: Safeguard Rx, Patient Assurance Program, Enguide Pharmacy, EncircleRx, SaveOnSP, Accredo Specialty Pharmacy, and certain coverage rules for some medications (e.g., prior authorization, step therapy, and quantity limits).

Question 14: What is the current pharmacy plan design, including copays, deductibles, and out-of-pocket maximums?

Answer: This information is available in the Health Care Guide and the Express Scripts Prescription Drug Coverage Guide on ohsers.org.

Question 15: Is a mandatory mail-order program currently in place for the pharmacy benefit?

Answer: Yes for maintenance medications on the commercial pharmacy benefit. More information is available in the Health Care Guide and the Express Scripts Prescription Drug Coverage Guide on ohsers.org.

Question 16: Is pharmacy consulting provided by a separate consultant from medical consulting, or are both lines of coverage supported by the same consultant?

Answer: The same consultant.

Question 17: Are there any areas of focus or priorities related to member experience, including benefit advocacy, medical coordination, or healthcare navigation, that the selected consultant should be aware of for the benefits included in the RFP?

Answer: The Plan evaluates cost savings from a member perspective first (i.e., how can it reduce or flatten premiums without increasing out-of-pocket costs?). The Plan also traditionally favors benefits that are easy to understand whenever possible. For example, the pharmacy benefit uses a two-tier design instead of a three-tier design with separate preferred and non-preferred brand drugs. In the past we have declined to use third-party solutions that may be ineffective or confusing for members.

Question 18: Does SERS want the Proposer to agree or disagree with each term and condition in the Terms and Conditions appendix? By submitting a proposal, is it the intent of SERS that the Proposer will follow all Terms and Conditions stated in Appendix B? Will these terms and conditions become a part of the resulting contract without exception?

Answer: This is the Plan's strongly preferred language, but responses can include alternative language or a red-lined version of the Terms and Conditions. The selected consultant must enter into a signed agreement with the Plan to be awarded the business and responding entities should be willing to negotiate the Terms and Conditions in good faith if they intend to submit a proposal.

Question 19: Does SERS require the vendor to sign the Confidentiality and Nondisclosure Agreement prior to sharing benefit information associated with this RFP? Is agreement and signing of this document a requirement of this RFP?

Answer: The selected consultant must sign the Confidentiality and Nondisclosure Agreement as presented or be willing to negotiate alternative language in good faith. The selected consultant will not be awarded the business unless such an agreement is signed. Entities are not required to sign this agreement during the proposal stage. At this time the Plan does not anticipate disclosing sensitive information prior to awarding the business to the selected consultant.

Question 20: For the BAA is SERS asking for a signature and/or agreement with the BAA document prior to award? Is agreement and signing of this document a requirement of this RFP?

Answer: The selected consultant must enter into a signed agreement with the Plan including a BAA to be awarded the business. This is the Plan's strongly preferred BAA language, but responses can include alternative language or a red-lined version. Responding entities should be willing to negotiate contract language in good faith if they intend to submit a proposal.