

Request for Information

Medicare Enrollment Support

January 2026



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO
HEALTH CARE PLAN AND TRUST

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I. INTRODUCTION

The purpose of this RFI is to gather information; no purchase will be made based upon this request. Any actual purchase will be determined through a separate evaluation and selection process. Qualifying vendors will be notified.

The School Employees Retirement System of Ohio Health Care Plan and Trust (the Plan) is seeking information regarding vendors available to perform enrollment maintenance for its Medicare Advantage (MA) and Prescription Drug Plans (PDP) to maximize voluntary Medicare enrollment for eligible retirees. At this time, the Plan intends to maintain primary enrollment processing responsibilities. This Request for Information is limited to support with Medicare enrollment and reconciliation and related services.

II. BACKGROUND

The School Employees Retirement System of Ohio (SERS) is a statewide defined benefit retirement system for non-certificated persons employed by the public schools within the state's cities, villages and counties, as well as local districts, vocational and technical schools, community colleges, and The University of Akron. SERS provides service retirement, disability and survivor benefits, and access to health care coverage for benefit recipients and their dependents. General administration and management of the plan is vested in the Board of Trustees established under Chapter 3309 of the Ohio Revised Code.

Approximately 40,000 retirees, spouses and dependents are enrolled in the Plan. Currently, Aetna administers a self-insured plan for the non-Medicare population (approximately 2,500), and AultCare provides a local PPO plan for about 125 individuals. The Plan also offers an excepted benefits health reimbursement arrangement (HRA) for about 625 individuals enrolled in ACA marketplace plans. The majority (approximately 36,000) of the Plan's Medicare participants are enrolled in a MA plan for medical care offered by Aetna. Approximately 100 Medicare participants are enrolled in a self-funded indemnity plan administered by Aetna because of geographic and other eligibility restrictions of Medicare Advantage offerings. Medicare participants are enrolled in a self-insured Express Scripts EGWP PDP.

III. SCOPE OF SERVICES

Please describe how your organization would perform the following processes to optimize Medicare enrollment for the Plan. In your response indicate if you have provided similar services for one to three years, three or more years, or this would be a new service. Please limit the response for each process to one page.

1. Receipt and management of Plan's MA and PDP and pre-Medicare enrollment file(s).

2. Receipt and management of MA TRR/discrepancy reporting from both MA and PDP vendors for the Plan. Since the Plan maintains separate contracts, the Plan must reconcile enrollment across vendors. Medicare participants must be enrolled in both plans to participate.
3. Notification to SERS of enrollment changes based on member and CMS enrollment record changes and consistent with the Plan's enrollment rules.
4. Enhanced customer service to support enrollees in need of assistance working with Medicare and the SSA, achieving timely and successful enrollment.
5. Outbound contact with enrollees who are approaching Medicare eligibility to achieve the earliest possible IEP or SEP effective date. For reference, the Plan experiences approximately 100 delayed Medicare IEP and SEP annually.
6. Outbound contact with enrollees who have been termed for enrollment in another MA plan or PDP, including support to confirm enrollee plan choice, and upon request, assist enrollees to cancel other plan and re-enroll in the SERS plan. For reference, the Plan experiences 4-500 of these events annually.
7. Outbound contact with enrollees who have been termed for loss of Medicare Part D or B, including education and support for reinstatement, as well as maintenance of enrollment for up to 90 days while CMS updates records and re-application during GEP. For reference, the Plan typically experiences 250 Med B terms annually; about 70 will be required to enroll during 2026 GEP or lose eligibility for coverage.
8. Administer a comprehensive SSDI application process for mandatory applicants and other clinically eligible Medicare Qualified Government Employees (MQGEs).
9. Provide regular Medicare eligibility update records for the entire enrolled population.
10. Outbound contact and enrollment for eligible individuals for Medicaid/Medicare Premium Assistance and Low-Income Subsidy/Extra Help.
11. Identify and assist to enroll those potentially eligible for premium-free Part A.

12. Provide contact information for up to three customers or clients that have similar MA and/or PDP arrangements and for whom your organization provides similar services.

IV. RESPONSE SUBMISSIONS

Responses must be received at SERS by February 6, 2026 by 5:00 p.m. Eastern Standard Time by email or mail to:

cpepe@ohsers.org

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