# **Revised** Questions as of October 5, 2015

## Insurance, Medical, Dental, Vision, Cobra Administration, FSA Administration, and Retiree Health

## RFP 2015-299

32. How long has the County been with UHC for dental?
    UHC has administered our dental plan for over 14 years.

33. Can you please provide the full dental SPD so we can reference full plan limitations and exclusions?
    See the Attachment AA - Dental Benefit Summary

34. For the dental claims report provided (36 months), can you please provide the number of claims paid and corresponding enrollment for each of those 36 months?
    This information is not readily available for that time period. We have provided the information for 2015. See the Attachment Z - Collin County membership report.

35. For the dental claims report provided, were there any plan changes? If so, please explain the changes and the effective date of each change?

    Information is under review.

36. What is the current ASC fee for the dental program?

    The ASC fee is $3.50 PEPM.

37. Is the current ASC fee a mature fee?

    The ASC is a mature fee.

38. What is the current network penetration in-network?

    Out-of-network services are not covered for most health benefits. The information will have to be requested.

39. Is the current carrier retaining any portion of savings from the use of network providers, own network or from a network they lease to provide access to Collin County members? If so, what percentage of savings is the current carrier retaining?

    The current carrier is not retaining any portion of savings from the use network providers.

40. For the dental portion of this RFP, is Collin County looking for both self-insured and fully-insured quotes?

    Dental benefits are self-insured. We are not seeking fully-insured quotes.

41. Is it possible to obtain an extension for the due date of this RFP?

    No there will not be an extension on the RFP due date.

42. Please confirm that dental provider utilization is not required.

    Individuals may use a dental provider of their choice.

43. In attachment P, in addition to the number of claims paid and corresponding enrollment requested in our previous question, can you also provide the Premium/Administration for those 36 months as well?

    Information is under review for release.

44. Regarding question 6.2.10 - Would you please expand on your expectations/definition of an "on-site nurse liaison"? Does the County want a full time nurse on location? If so, what specific services would they be providing? Is this something our nurses and healthcare professionals can collectively provide telephonically through our medical management/wellness programs?
    Collin County is not looking at a nurse to provide medical care to employees. Collin County already has a health clinic which can provide that type of service. The nurse liaison should be a full time on-site resource to pro-actively identify and establish professional relationships with individuals who have, or are likely to develop, high cost conditions or claims in an attempt to help those employees seek and obtain effective and/or more cost effective treatment options. Ultimately we are looking to reduce our medical costs while helping our employees receive appropriate medical care. For example, we have a large diabetic population many of which are older males who are “tough” and not always willing to actively manage their conditions. Many of these employees ignore their condition causing their health to worsen. We specifically want someone on-site who can interact with and establish trust with these types of employees who are might be hesitant to consult with a stranger or an employee of the County so that they are more likely to manage their condition. Although I used diabetes as an example, we are not interested in limiting the services to diabetes. We are looking for a nurse who will be able to utilize medical information and resources not available to the county to identify areas of risk and to help manage that risk by helping employees seek necessary treatment earlier; or by helping employees identify qualified facilities that will better meet their needs while providing more cost effective care. The nurse liaison’s role goes beyond the traditional telephonic follow up calls that many health organizations provide.

45. Regarding question 6.2.13 - Please provide information regarding the wellness programs currently in place for the County? What are the current and future objectives of the Counties wellness programs?

In addition to our current plan design which provides financial incentives to employees to promote individuals to establish a solid medical relationship with a general practitioner who is aware of their medical circumstances and can help guide the individual to appropriate care levels; we are interested in establishing processes and programs that identify expensive health risks and help to better manage those conditions. For example we currently offer enhanced benefits (coverage for diabetic related dr. visits and diabetic supplies covered at 100%) to encourage diabetics to receive appropriate care. Our current administrator provides a number of wellness programs including health risk assessments, a nurse liaison, educational and communication pieces (many of which are available on line at the employee's convenience), specific disease related resources and the on-site nurse liaison. Future wellness programs will in part be determined by the resources the administrator brings to the table.