

Wisconsin Department of Employee Trust Funds (RFI - ETC0022)
Supplemental Information Request
Question Responses

#	Question	Response
1	In Section C 5.2, it talks about administrative fees. Is the request for what the administrative fee would be to ETF for this self-funded arrangement, or is the carrier being asked to provide information on the administrative fees paid to other vendors, such as The Alliance?	The administrative fees are the fees you would charge ETF if they were self insured with your organization. These fees typically include such things as claim processing, customer service, etc. In addition, network fees, such as for The Alliance, should be included in the claims cost exercise and should be noted.
2	In Section C 5.3, is the request asking for discount information by individual provider by categories such as hospital inpatient (X% DRG, X% per diem, X% discount), professional (X% fee schedule, X% discount), etc.?	Yes, please provide discounts as requested for each provider listed.
3	For all of the questions related to provider counts, what is the preferred method to handle practitioners practicing in multiple locations? For example, when stating total counts, we wouldn't want to double count practitioners, but when the request asks for breakdowns of practitioners by county, should we count all of the practitioners that actually practice in that county (like a provider who has offices in Outagamie, Shawano, and Waupaca counties).	Preferred method is to count a physician only once based on an FTE basis (i.e., 0.5 in one county and 0.5 in another county). If you would also like to provide "access points" you can provide that additional piece of information as well.
4	Are the ASO services limited to specifically those referenced in the RFI? Will eligibility, enrollment, legal, appeals/grievances, administration of COBRA, etc., be managed by ETF or some other source?	The ASO fee would include the traditional services listed, including eligibility, enrollment. Please provide a summary of all ASO services and fees that represents what you would charge ETF if they were self - insured.
5	Is it acceptable to use analytic software other than GeoAccess, as long as the information is reported in the prescribed Excel format?	If information is provided via some other mechanism, as long as it can be compared to GeoAccess results, that should suffice.
6	How should the dental component be incorporated into our response? For example in Exhibit 2E you are looking for ASO fees. Should we be including this under "ASO fees" or "Other".	Please include the dental component under "Other" section. Please specify the item and the fee for fees included in the "Other" section.

7	<p>Is ETF considering moving to a self funded model for the 2014 plan year? With open enrollment in October we assume there isn't time for the 2014 plan year, but we would appreciate clarity on what the timing may be.</p>	<p>ETF does not rule out recommending self-funding for the 2014 plan year in any given geographic area if the data indicates it is clearly in the best interest of the program. We agree that it could be an aggressive timeframe to make such a conversion for 2014, but feasible for any number of plans to be operational for 2014.</p>
8	<p>Regarding Part 5.0 Account Administration, 5.2: Can you handle the transfer for eligibility data to Wisconsin's PBM and the resolution of any errors or discrepancies? What is the turnaround time? Are you able to elaborate on what type of eligibility data transfer this would be? It is just providing ANSI enrollment feed or does it involve more?</p>	<p>Eligibility transfer process should be consistent with current approach.</p>
9	<p>We have not been able to locate the definition you are using for 'narrow network' – can you please elaborate?</p>	<p>Narrow network is defined as any network offered that offers the chance to substantially increase the discount. Often these networks are smaller versions of the current network.</p>
10	<p>Under Section C. Administrative Capabilities, 1.2 – can you please clarify/expand on the intent of this entire section? What specifically are you looking for with regard to access?</p>	<p>We are trying to understand your organization's ability to administer self-insured business.</p>
11	<p>Section C, 5.0 (as well as other sections that pertain to UCR structure) that relate to UCR - Please advise as to how we should complete the RFI when we do not operate on a UCR basis (reimbursement is based off billed charges).</p>	<p>If UCR is not used for determining prevailing rates, the basis actually used by the organization should be substituted and explained.</p>
12	<p>Section D, 1.0 Provider Networks – can you please clarify whether this should be provided at the Physician or Provider level? Additionally, we already provide a similar report to ETF on an annual basis, which reflects our provider count by county. Would you consider accepting that report in lieu of Table A, Exhibit 2? Also, can you please provide the definition you are referring to in this section for 'stacked networks'?</p>	<p>Physician level. Addendum 2 does not provide the level of detail needed for this analysis. Please complete the table included in the Supplemental Information Request. A "stacked" network is one in which within a given network, there is a more tightly defined network of preferred providers.</p>
13	<p>Lastly, do you anticipate hosting a conference call with all of the plans to walk through questions/concerns that may be coming up with respect to the RFI?</p>	<p>We will not be hosting a conference call to walk through questions/concerns. We are taking questions via email submissions only. This will allow us to aggregate responses and share them with all participants. There is no deadline for submissions, so plans can send questions at any time.</p>

14	The RFI instructs us to perform the geo-access based on member zip code (Table 1C) but the census file in the supplemental data does not include zip code level data (census file). Can you please clarify?	The census file includes county level data. Please perform the geo-access analysis based on member county, not member zip code.
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