

# Wisconsin Department of Employee Trust Funds RFI-ETC0022

## Supplemental Information Request for Self Insurance

### Question Responses Set 3: May 10, 2013

#	Question	Response
1	Do publishing fees in this RFI constitute a guarantee for the future. In other words, will we be held to these rates should they change for whatever reason between now and any official RFP, or they merely estimates?	No, the fees are merely estimates. However, if they were to change significantly, we would seek a detailed explanation as to why such a variance exists.
2	Are we to look at the RFI from the perspective of our current membership, or a potential, consolidated quote on all 117,000 subs? As you know, there is a great spread in fees dependent on actual opportunity size. Also, we have internal protocol based on size of an opportunity and setting fees as such. Can we provide fees for under 5000, or based on current fully insured block, and leave any other numbers until a formal RFP. Typically we do not see any financial requests along with an RFI.	You should provide the requested information on your own population and then provide the same tables with consolidated data if you chose to provide a much larger group.
3	We have a question on the statement "Prices always become public information when opened, and therefore cannot be kept confidential". Does "prices" refer to the Administration Fee charged and or the provider discount amounts provided?	Prices relate to actual costs to the state such as administrative fees or insured premium bids. As a Request for Information, this RFI does not request prices, actual fees or premium bids. Submitters are instructed to complete Appendix A and submit with it a redacted copy of the RFI response that will be released by the department if requested.
4	For table 1C: If a single zip code represents the county, for the 4,686 members residing within Brown County and if zip code 54115 has 2 PCPs within 10 miles, then all 4,686 members will be reported as having access to 2 PCP's with 10 miles. Is this correct?	Yes
5	Provider disruption data was not supplied- a. Is there a file that we should have received containing (tax-id, charge, treatment location)? b. If not, then The Alliance must use our own claims history to populate the results?	Please specify which question number you are referring to. The RFI does not request a disruption analysis, although there are questions regarding specific providers ETF is interested in better understanding your discount arrangements with.

6	No census/zip code data in RFP but Table 1C requests specific thresholds per zip code (example: 2 PCP within 10 miles, etc....)	Please refer to the "Revision History" section of the RFI website located at: <a href="http://etfextranet.it.state.wi.us/etf/internet/RFP/groupinsadmin/index.html">http://etfextranet.it.state.wi.us/etf/internet/RFP/groupinsadmin/index.html</a>
7	<p>The Excel documents labeled "Overview" list the health care provider name and National Payer Identifier (NPI):</p> <p>a. Only one NPI was listed per facility, but many facilities have multiple NPIs to represent different departments under the same TIN.</p> <p>b. Some of the NPI's listed are actually the providers tax_IDs...was that in error?</p> <p>c. In responding to the request, are we to use the NPI to link back to the provider organization and include all services billed under their TIN, or limit the response to the identified NPI only?</p>	<p>For comparison purposes with other bidders, we prefer you to use the information we provided in the RFP. If you utilize any specific information your organization has regarding ETF, please carefully identify that in your response.</p>
8	<p>Breaking results down to DRG and provider....several of the cells may only contain 1-3 cases....assuming The Alliance must use our own data:</p> <p>a. At the due date of the RFP....we will only be in CY 2013 for approximately 135 days. This will result in a small sample of claims that have been processed under the provider's contract.</p> <p>b. Inpatient Facility claims only occur on 5%~ of the population.</p> <p>c. Often, hospital claims are not received until ~30 days from discharge, further limiting the sample of 2013 claims.</p> <p>d. If The Alliance must supply the claims data, we recommend using CY 2012.</p>	<p>We understand your request about using actual data, however, for comparison purposes, we ask that you provide information regarding the payment schedules that apply to your book of business.</p>
9	Can we deliver our response directly to the State and have them compile our response with the data supplied by UMR to keep our contracted rates private?	All responses must be submitted to Deloitte, per the directions of the RFI.

10	<p>Table 2d: OUTPATIENT FACILITY REIMBURSEMENT BY PROVIDER BY REGION....</p> <p>a. We think that there is a conflict in the written instructions for row A9- it doesn't match the labels in cell A15 can you please provide guidance?</p> <p>b. A15 does not match the "\$" in cells B15-L15</p> <p>c. Can we get clarification on the intended information that's requested for this section? We think that the request may be to provide the average savings per claim, with an overall savings rate expressed as a percentage. However, that's not clear from the instructions. Can you provide an example of the calculation/formula you are looking for and if it should be expressed in dollars or as a percentage?</p>	<p>Correct, the label in A15 should read "AVERAGE NETWORK OUTPATIENT FACILITY REIMBURSEMENT LEVELS ("ALLOWED AMOUNT")". The intended use of the information requested in this section is to understand the feasibility of self-insuring the current insured options.</p>
11	<p>Many of the "facilities" did not have hospitals in those assigned regions:</p> <p>a. UW Hospital MS-DRG...exists in "Madison", but you also requested UW Hospital for "Fox Valley" and "Other South".</p> <p>b. We think it's most appropriate to report results at the provider facility level, without regard to the treatment location.</p> <p>c. Maybe these are referral patterns, so we allowed the provider to qualify and did not use the treatment location for the Outpatient and MS DRG results.</p>	<p>If you don't have a contracted hospital in a specific area, please specify that hospital is not included in your network and report "N/A" in the table.</p>