



---

February 7, 2018

To: Invited Vendors

From: Judith Muck, Executive Director

Regarding: Medicare Advantage Request for Information (RFI)

The Missouri Consolidated Health Care Plan (MCHCP) is soliciting information from vendors providing fully-insured group Medicare Advantage Plans to employer clients. Information gathered from this request for information (RFI) will be used in the development of a Request for Proposal (RFP) for MCHCP to contract for a group Medicare Advantage Plan.

In addition, MCHCP is requesting information about any programs or plans in place for non-Medicare retirees.

MCHCP has provided an overview of claims experience for both Medicare retiree members and non-Medicare retiree members for your information as you respond to this RFI. In addition, MCHCP is providing a census of enrollment by state, and age groupings.

For 2018, MCHCP offers a PPO 300 and PPO 600 plan to all retirees and, in addition, a high deductible health plan with Health Savings Account (HSA) to non-Medicare retirees. A description of the Plan can be found at MCHCP's website: <http://www.mchcp.org/stateMembers/medicalPlans.asp>. The network for Medicare retirees allows members to use any provider that accepts Medicare assignment.

The actuarial value of each plan is as follows: PPO 300 90.4%; PPO 600 89.2%; and HSA Plan 83.9%. MCHCP is considering changing plan options for all members in 2019 but does not expect the actuarial value of any new option to be, at a minimum, lower than 80% with a preference for any PPO offering to be no lower than 85%.

MCHCP offers an Employer Group Waiver Plan Medicare Part D Prescription Drug Plan for pharmacy coverage through Express Scripts.

Please respond to the following questions and submit it to [rfi@mchcp.org](mailto:rfi@mchcp.org) no later than 2:00 PM (CST), Wednesday, February 21, 2018.

1. Provide the full legal name of your company and where it is headquartered.
2. What group Medicare Advantage plan products do you offer to employers of MCHCP's size?
3. What is your CMS star rating for each Medicare Advantage Plan product you offer?
4. Provide information regarding current employer clients using your group Medicare Advantage services. Who are the five largest employer clients? How many employees are covered by each of these group plans?
5. How many total employer clients do you have? Do these employers provide group Medicare Advantage as a complete replacement or as an option to their Medicare retirees?

6. Do you have state employee health plans that contract for your group Medicare Advantage Plan solution? If so, please provide a list of those state employee health plans.
7. Describe your Medicare Advantage service area. Are you able to provide coverage nationally? If you have coverage gaps, how could they be addressed?
8. What type of network access do you offer to those in your group Medicare Advantage Plan, i.e. HMO, Regional PPO or National PPO network access?
9. Are you able to offer custom options such as extra benefits like hearing aids and chiropractic coverage?
10. Provide information on a timeline that would meet your needs for implementing a Medicare Advantage plan for MCHCP along with steps required of MCHCP.
11. For a group of MCHCP's size what is the optimal plan design(s) for a group Medicare Advantage Plan? Provide a summary of each design recommended and explain in detail why the recommended plan design(s) is/are optimal for MCHCP.
12. What are standard performance/discount guarantees offered to your group Medicare Advantage clients?
13. What protections do you put in place to minimize trend over time? Do you offer not-to-exceed rate(s) for each year of a contract? (MCHCP typically contracts for 1 year with 4 additional renewal year options.)
14. How are your contracts with employer clients generally structured for payment?
15. What are the benefits you include in your group Medicare Advantage Plan?
16. What do you recommend for members that become eligible during the plan year?
17. What do you recommend for subscribers who have mixed family coverage between Medicare and non-Medicare?
18. Are there special issues to be considered for disabled pre-65 Medicare primary members?
19. What solutions do you have or have you considered for non-Medicare retirees? Please describe in detail along with any concerns or barriers identified.

## MCHCP Claims Experience

Time Period: Incurred Plan Year Subsets	Jan 2016 - Dec 2016		Jan 2017 - Sep 2017	
	Medicare Retiree Member	Non Medicare Retiree Member	Medicare Retiree Member	Non Medicare Retiree Member
Allowed Amount Med	\$135,364,051.18	\$61,206,415.65	\$103,320,788.67	\$42,746,439.83
Net Pay Med	\$22,764,611.82	\$55,275,121.77	\$16,608,635.66	\$37,845,119.78
Third Party Amt Med	\$101,086,654.05	\$671,373.94	\$76,357,664.84	\$588,445.73
Out of Pocket Med	\$11,560,990.64	\$5,142,511.04	\$10,347,129.41	\$4,293,589.13
Allowed Amount IP Acute	\$42,164,094.20	\$19,268,987.79	\$32,417,396.26	\$11,730,815.46
Allowed Amount IP Acute Fac	\$36,177,807.78	\$17,164,767.36	\$27,732,869.43	\$10,283,379.48
Allowed Amount IP Acute Prof	\$5,986,286.42	\$2,104,220.43	\$4,684,526.83	\$1,447,435.98
Allowed Amount IP Non Acute	\$59,476.46	\$85,556.98	\$46,778.03	\$25,660.48
Allowed Amount IP Non Acute Fac	\$21,144.02	\$77,905.72	\$7,386.11	\$14,838.81
Allowed Amount IP Non Acute Prof	\$38,332.44	\$7,651.26	\$39,391.92	\$10,821.67
Allowed Amount IP LTC	\$11,190,345.27	\$399,627.60	\$7,670,793.34	\$246,390.67
Allowed Amount IP LTC Fac	\$10,418,131.19	\$369,339.90	\$7,098,186.62	\$232,680.31
Allowed Amount IP LTC Prof	\$772,214.08	\$30,287.70	\$572,606.72	\$13,710.36
Allowed Amount OP Med	\$81,947,946.67	\$41,447,074.70	\$63,185,544.21	\$30,743,573.22
Allowed Amount OP Fac Med	\$38,818,757.51	\$23,623,755.07	\$30,097,580.00	\$17,675,504.95
Allowed Amount OP Prof Med	\$43,129,189.16	\$17,823,319.63	\$33,087,964.21	\$13,068,068.27
Net Pay IP Acute	\$5,268,309.61	\$18,823,001.86	\$3,817,130.42	\$11,122,978.84
Net Pay IP Acute Fac	\$4,301,948.05	\$16,861,257.65	\$3,052,018.12	\$9,831,455.40
Net Pay IP Acute Prof	\$966,361.56	\$1,961,744.21	\$765,112.30	\$1,291,523.44
Net Pay IP Non Acute	\$18,030.51	\$67,589.94	\$19,219.78	\$24,067.97
Net Pay IP Non Acute Fac	\$9,517.31	\$61,846.43	\$7,386.11	\$14,414.00
Net Pay IP Non Acute Prof	\$8,513.20	\$5,743.51	\$11,833.67	\$9,653.97
Net Pay IP LTC	\$1,862,984.00	\$384,642.05	\$1,329,350.32	\$214,880.98
Net Pay IP LTC Fac	\$1,726,996.82	\$361,075.86	\$1,244,372.08	\$205,483.27
Net Pay IP LTC Prof	\$135,987.18	\$23,566.19	\$84,978.24	\$9,397.71
Net Pay OP Med	\$15,614,175.67	\$35,996,689.89	\$11,442,922.75	\$26,483,191.99
Net Pay OP Fac Med	\$6,008,081.81	\$21,638,065.87	\$4,395,016.08	\$16,273,249.06
Net Pay OP Prof Med	\$9,606,093.86	\$14,358,624.02	\$7,047,906.67	\$10,209,942.93

## Definitions

Allowed Amount Med	Allowed Amount Med is the amount of submitted charges eligible for payment for facility and professional services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.
Net Pay Med	Net Pay Med is the net amount paid for facility and professional services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Third Party Amt Med	Third Party Amt Med is the amount paid by all third party payers for facility and professional services provided under medical coverage.
Out of Pocket Med	Out of Pocket Med is the amount paid out-of-pocket by the member for facility and professional services provided under medical coverage. This generally includes coinsurance, copayment, and deductible amounts.
Allowed Amount IP Acute	Allowed Amount IP Acute is the amount of submitted charges eligible for payment for inpatient acute facility and professional services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.
Allowed Amount IP Acute Fac	Allowed Amount IP Acute Fac is the amount of submitted charges eligible for payment for inpatient acute facility services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.
Allowed Amount IP Acute Prof	Allowed Amount IP Acute Prof is the amount of submitted charges eligible for payment for inpatient acute professional services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.
Allowed Amount IP Non Acute	Allowed Amount IP Non Acute is the amount of submitted charges eligible for payment for inpatient non-acute care facility and professional services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts. Inpatient non-acute care settings include hospices and inpatient rehabilitation facilities.
Allowed Amount IP Non Acute Fac	Allowed Amount IP Non Acute Fac is the amount of submitted charges eligible for payment for inpatient non-acute care facility services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts. Inpatient non-acute care settings include hospices and inpatient rehabilitation facilities.
Allowed Amount IP Non Acute Prof	Allowed Amount IP Non Acute Prof is the amount of submitted charges eligible for payment for inpatient non-acute care professional services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts. Inpatient non-acute care settings include hospices and inpatient rehabilitation facilities.
Allowed Amount IP LTC	Allowed Amount IP LTC is the amount of submitted charges eligible for payment for inpatient long term care facility and professional services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.
Allowed Amount IP LTC Fac	Allowed Amount IP LTC Fac is the amount of submitted charges eligible for payment for inpatient long term care facility services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.
Allowed Amount IP LTC Prof	Allowed Amount IP LTC Prof is the amount of submitted charges eligible for payment for inpatient long term care professional services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.
Allowed Amount OP Med	Allowed Amount OP Med is the amount of submitted charges eligible for payment for outpatient facility and professional services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.

Allowed Amount OP Fac Med	Allowed Amount OP Fac Med is the amount of submitted charges eligible for payment for outpatient facility services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.
Allowed Amount OP Prof Med	Allowed Amount OP Prof Med is the amount of submitted charges eligible for payment for outpatient professional services provided under medical coverage. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.
Net Pay IP Acute	Net Pay IP Acute is the net amount paid for inpatient acute facility and professional services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Net Pay IP Acute Fac	Net Pay IP Acute Fac is the net amount paid for inpatient acute facility services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Net Pay IP Acute Prof	Net Pay IP Acute Prof is the net amount paid for inpatient acute professional services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Net Pay IP Non Acute	Net Pay IP Non Acute is the net amount paid for inpatient non-acute care facility and professional services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted. Inpatient non-acute care settings include hospices and inpatient rehabilitation facilities.
Net Pay IP Non Acute Fac	Net Pay IP Non Acute Fac is the net amount paid for inpatient non-acute care facility services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted. Inpatient non-acute care settings include hospices and inpatient rehabilitation facilities.
Net Pay IP Non Acute Prof	Net Pay IP Non Acute Prof is the net amount paid for inpatient non-acute care professional services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted. Inpatient non-acute care settings include hospices and inpatient rehabilitation facilities.
Net Pay IP LTC	Net Pay IP LTC is the net amount paid for inpatient long term care facility and professional services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Net Pay IP LTC Fac	Net Pay IP LTC Fac is the net amount paid for inpatient long term care facility services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Net Pay IP LTC Prof	Net Pay IP LTC Prof is the net amount paid for inpatient long term care professional services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Net Pay OP Med	Net Pay OP Med is the net amount paid for outpatient facility and professional services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Net Pay OP Fac Med	Net Pay OP Fac Med is the net amount paid for outpatient facility services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Net Pay OP Prof Med	Net Pay OP Prof Med is the net amount paid for outpatient professional services provided under medical coverage. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

## Count of members by state

Time Period	Dec 2017	
	Members Med	
	Medicare Retiree Member	Non Medicare Retiree Member
<b>State Code</b>		
AK	5	
AL	12	5
AR	67	15
AZ	56	13
CA	23	3
CO	19	6
CT	1	
DE		1
FL	124	39
GA	14	2
HI	6	1
IA	15	4
ID	4	
IL	132	52
IN	6	3
KS	159	47
KY	17	6
LA	7	3
MA	2	
MD	7	1
ME	2	
MI	7	
MN	6	2
MO	14,867	6,226
MS	7	8
MT	3	2
NC	27	3
ND		1
NE	10	7
NH	1	
NJ	2	
NM	7	
NV	9	1
NY	17	16
OH	9	5
OK	37	9
OR	5	1
PA	7	
PR		2
SC	19	2
SD	12	10
TN	36	6
TX	89	22
UT	3	2
VA	10	4
VI	3	
WA	17	
WI	16	1
WV	2	
WY		1
~		1
<b>Total</b>	<b>15906</b>	<b>6,533</b>

## Members by age groupings

Time Period	Dec 2017							
	Members Med							
	Medicare Retiree Member				Non Medicare Retiree Member			
Relationship	Subscriber	Spouse	Child	Total	Subscriber	Spouse	Child	Total
Age In Years								
Age 0-19			296	296	7		296	303
Age 20-29			573	573	7		573	580
Age 30-39	3		27	30	4	1	27	32
Age 40-49	15	1	11	27	33	28	11	72
Age 50-54	43	7	3	53	341	103	3	447
Age 55-59	115	31		146	1,399	341		1,740
Age 60-64	332	135		467	2,571	785		3,356
Age 65-69	3,650	1,185	1	4,836				
Age 70-74	2,915	947	1	3,863				
Age 75-79	1,996	609		2,605				
Age 80-84	1,303	348		1,651				
Age >= 85	1,237	126		1,363				
<b>Total</b>	11,609	3,389	912	15,910	4,362	1,258	910	6,530

**Missouri Consolidated Health Care Plan  
 Responses to Vendor Questions  
 Medicare Advantage Plan Request for Information (RFI)  
 February 9, 2018**

**These responses are provided by MCHCP to questions received from vendors responding to the Medicare Advantage Plan RFI.**

<b>General</b>	<b>Response</b>
1 Can you please detail who is included in the non-Medicare eligible retirees i.e. are they spouse, pre-65 retirees not on the active plan, etc.?	Non-Medicare Retirees include retirees that are not yet eligible for Medicare as well as non-Medicare eligible spouses and children of retirees with Medicare.
2 It appears that the non-Medicare eligible retirees are on a a high deductible health plan with Health Savings Account (HSA). Is it your intent for the non-Medicare retirees to be on a similar type plan moving forward or another type of plan?	Non-Medicare Retirees have the option of enrolling in the High Deductible Health Plan with Health Savings Account (HSA) or two PPO plans, the PPO 300 Plan and the PPO 600 Plan. Decisions regarding 2019 plan options have not been made.