
Employee Benefits in 2021: A Data Driven Landscape

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Florida Public Human Resources Association 2021



Agenda

- Claims Experience Tracking
- Pre-Renewal Considerations & Budget Planning
- Health Plan Strategy
 - Funding Arrangements
 - Plan Design Changes
 - RFP Process



Claims Experience Reporting

Topics to Cover:

- Why Track?
- What to Track?
 - Financial Performance
 - Utilization Trends
 - Condition Monitoring
 - High Claims Tracking
 - Risk Scoring

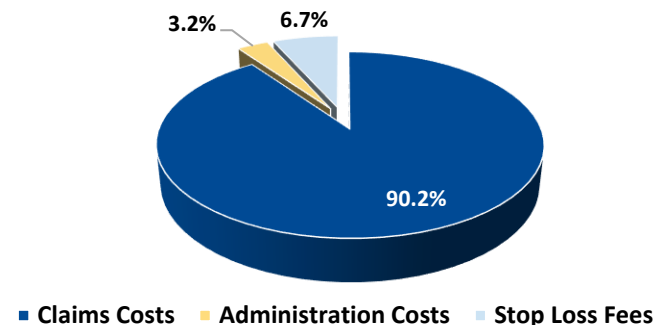


Why Track Claims Experience?

- Main Purposes of Claims Reporting:
 - Monitor Plan Financial Performance
 - Helps gauge upcoming renewal offers/need to increase premiums or funding rates
 - Track and Highlight Key Performance Indicators (KPI)
 - Drives decision support for plan strategy

Medical Insurance	Costs
Claims Costs	\$ 36,076,663
Administration Costs	\$ 1,263,070
Stop Loss Fees	\$ 2,660,267
Total Cost	\$ 40,000,000

Self Funded Medical Insurance Program



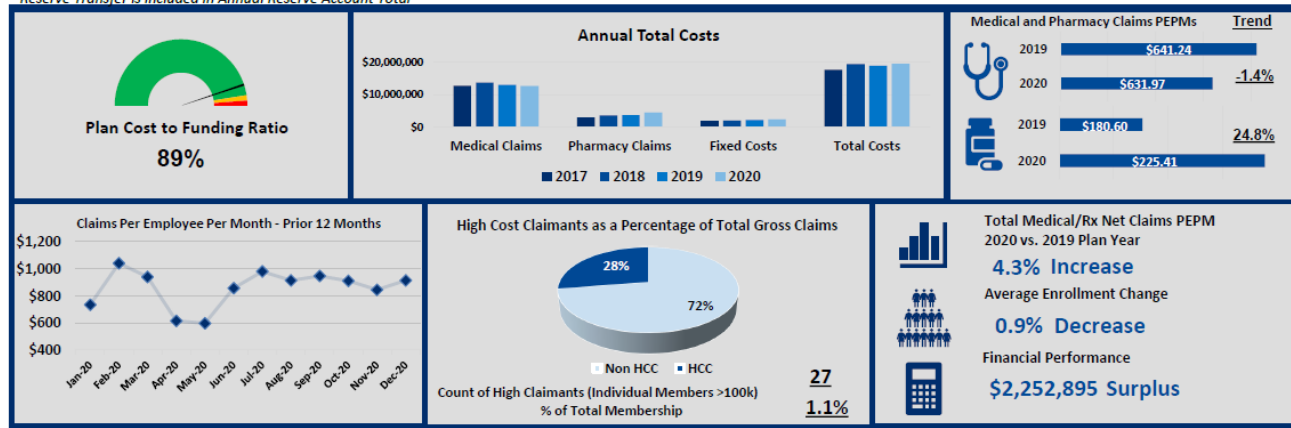
Financial Experience Report

Date	Total Plan Funding	Administration & Network Fees	Stop Loss Fees (\$250k/\$350k)	Medical Claims	Pharmacy Claims	Actual Paid Claims ¹	Total Plan Cost	Reserve Account	Total EEs	Claims/EE/ Month
January-20	\$ 1,760,891	\$ 80,933	\$ 119,788	\$ 902,528	\$ 342,814	\$ 1,245,342	\$ 1,446,063	\$ 314,827	1,696	\$ 734.28
February-20	\$ 1,752,582	\$ 80,599	\$ 119,294	\$ 1,503,195	\$ 253,951	\$ 1,757,146	\$ 1,957,039	\$ (204,458)	1,689	\$ 1,040.35
March-20	\$ 1,751,034	\$ 80,742	\$ 119,506	\$ 1,208,426	\$ 380,649	\$ 1,589,074	\$ 1,789,323	\$ (38,288)	1,692	\$ 939.17
April-20	\$ 1,756,356	\$ 80,838	\$ 119,647	\$ 627,530	\$ 415,574	\$ 1,043,104	\$ 1,243,589	\$ 512,767	1,694	\$ 615.76
May-20	\$ 1,748,844	\$ 80,551	\$ 119,223	\$ 665,959	\$ 342,796	\$ 1,008,755	\$ 1,208,530	\$ 540,314	1,688	\$ 597.60
June-20	\$ 1,736,761	\$ 79,979	\$ 118,376	\$ 1,053,841	\$ 383,094	\$ 1,436,936	\$ 1,635,290	\$ 101,471	1,676	\$ 857.36
July-20	\$ 1,727,307	\$ 79,502	\$ 117,670	\$ 1,260,804	\$ 371,177	\$ 1,631,981	\$ 1,829,152	\$ (101,845)	1,666	\$ 979.58
August-20	\$ 1,721,881	\$ 79,072	\$ 117,034	\$ 1,167,628	\$ 347,532	\$ 1,515,160	\$ 1,711,266	\$ 10,615	1,657	\$ 914.40
September-20	\$ 1,725,403	\$ 79,072	\$ 117,034	\$ 1,158,853	\$ 409,560	\$ 1,568,413	\$ 1,764,519	\$ (39,117)	1,657	\$ 946.54
October-20	\$ 1,731,447	\$ 79,263	\$ 117,316	\$ 1,166,530	\$ 347,207	\$ 1,513,737	\$ 1,710,317	\$ 21,130	1,661	\$ 911.34
November-20	\$ 1,734,534	\$ 79,597	\$ 117,811	\$ 937,681	\$ 470,637	\$ 1,408,318	\$ 1,605,726	\$ 128,808	1,668	\$ 844.32
December-20	\$ 1,735,395	\$ 79,549	\$ 117,740	\$ 1,056,523	\$ 468,142	\$ 1,524,665	\$ 1,721,955	\$ 13,441	1,667	\$ 914.62
							Pharmacy Rebates ²	\$ 900,950		
							Reserve Transfer ³	\$ 92,279		
Annual Total	\$ 20,882,435	\$ 959,697	\$ 1,420,440	\$ 12,709,498	\$ 4,533,134	\$ 17,242,632	\$ 19,622,768	\$ 2,252,895	20,111	\$ 857.37

¹ Actual claims only include claims up to the stop loss limit

² Pharmacy Rebates paid to in 2020. Rebates are included in Annual Reserve Account Total

³ Reserve Transfer is included in Annual Reserve Account Total

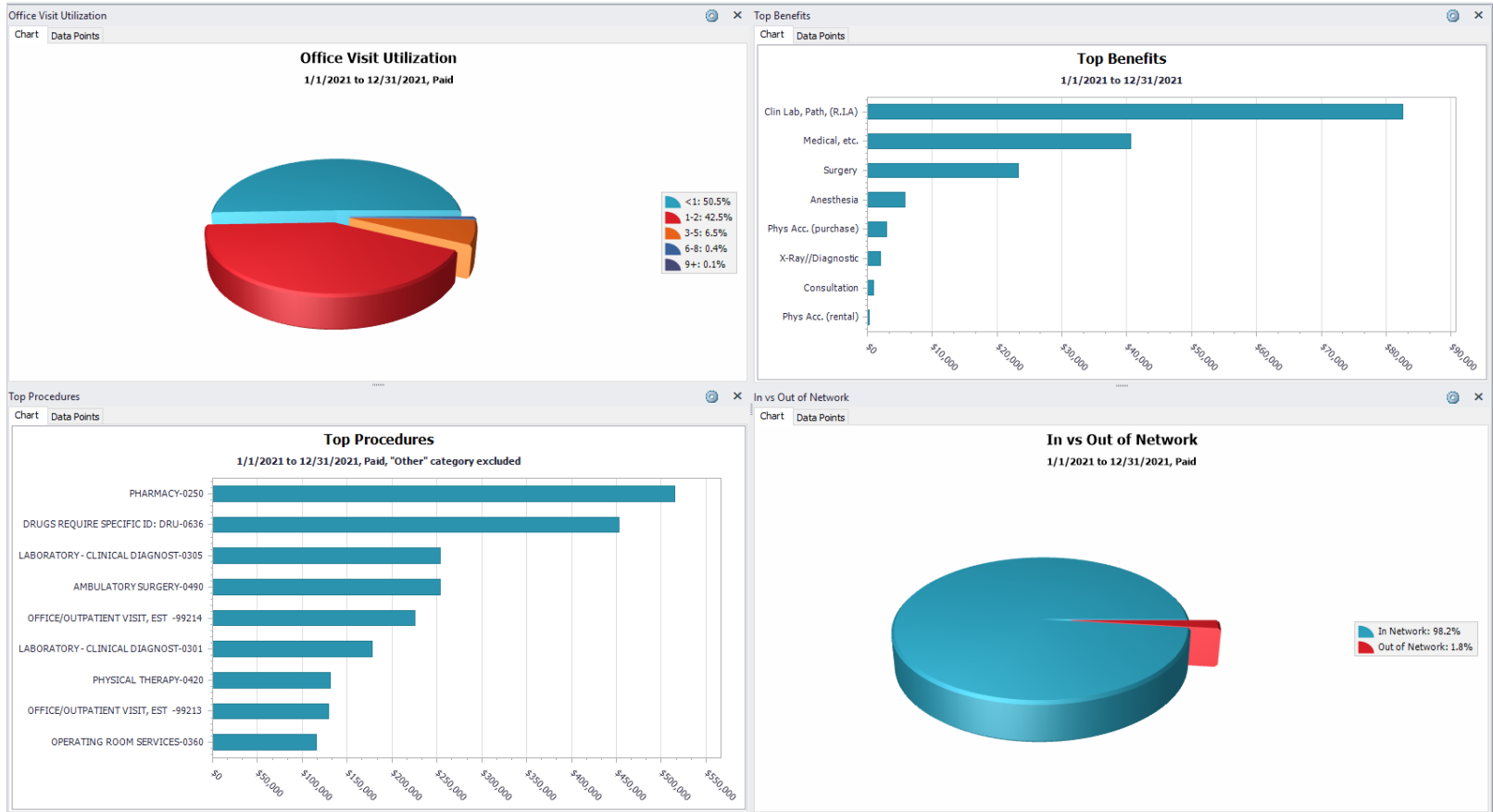


What to Track

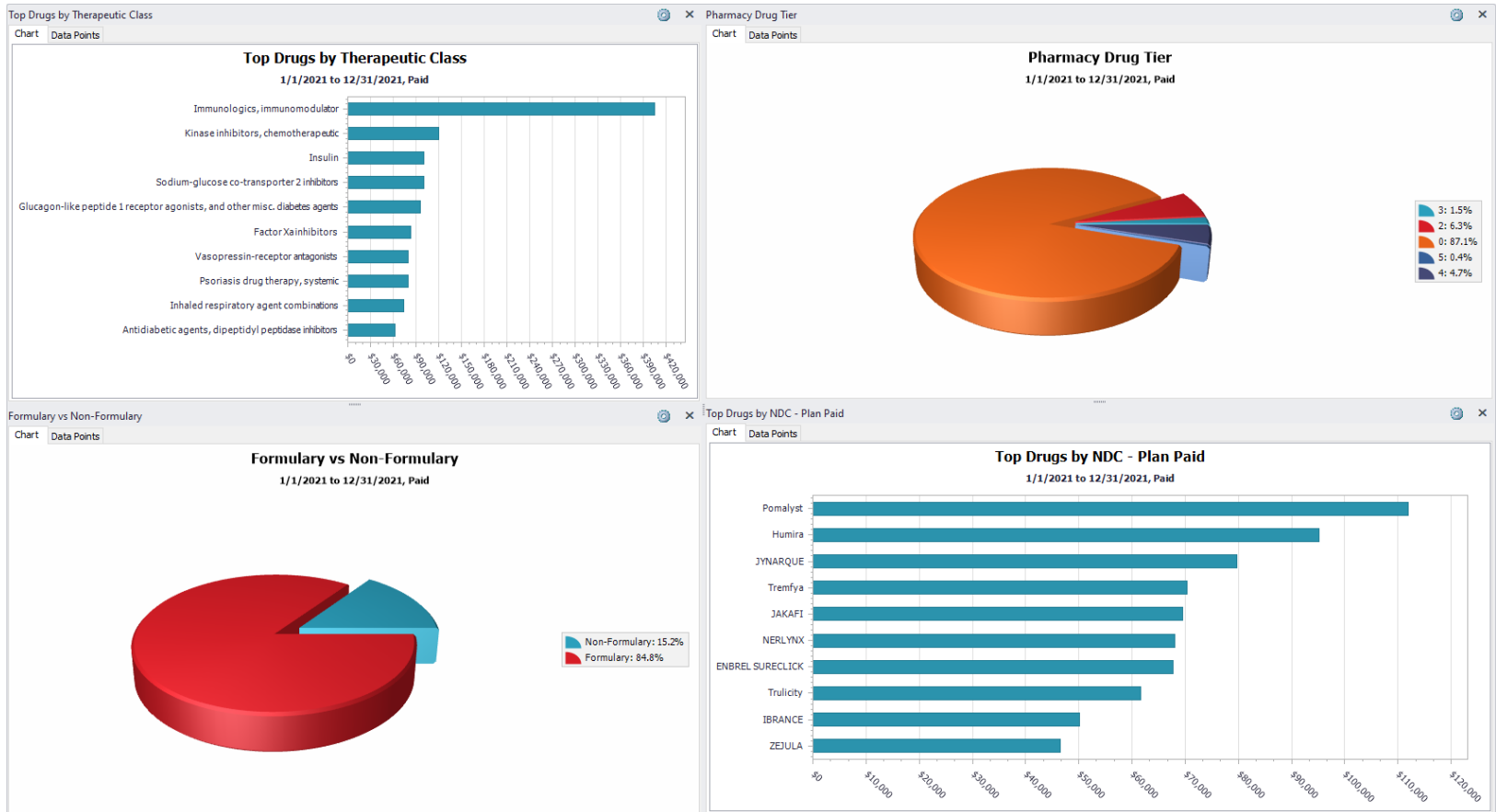
- Key Financial Performance Metrics:
 - Loss Ratio (Ideal for Fully Insured Groups)
 - Claims to Premium Ratio
 - Optimal Range 70% - 80%
 - Administration Costs
 - Pooling Costs
 - Funding vs Cost (Ideal for Self-Funded Groups)
 - Funding – Cost
 - Optimal Range Varies
 - ASO Fees
 - Stop Loss Fees



Medical Utilization Reporting



Pharmacy Utilization Reporting



What to Track

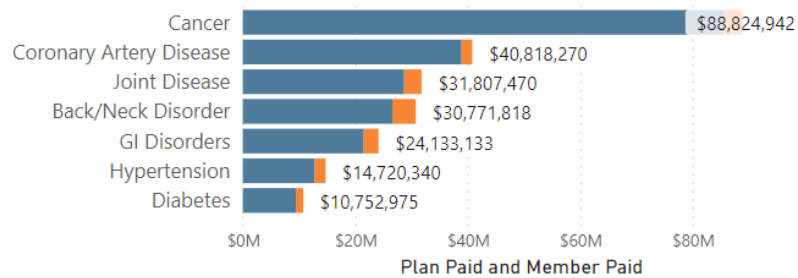
- Plan Utilization to Watch:
 - Medical Utilization
 - Place of Service Tracking
 - In Network vs Out of Network Utilization
 - Pharmacy Utilization
 - Drug Tier Utilization
 - Formulary Utilization



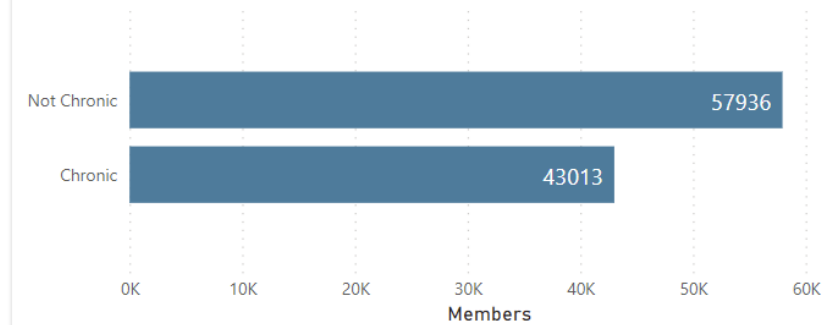
Condition Monitoring

Lifestyle Conditions

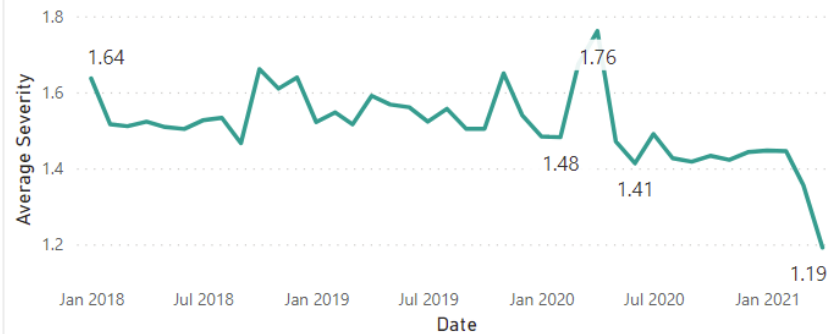
● Plan Paid ● Member Paid



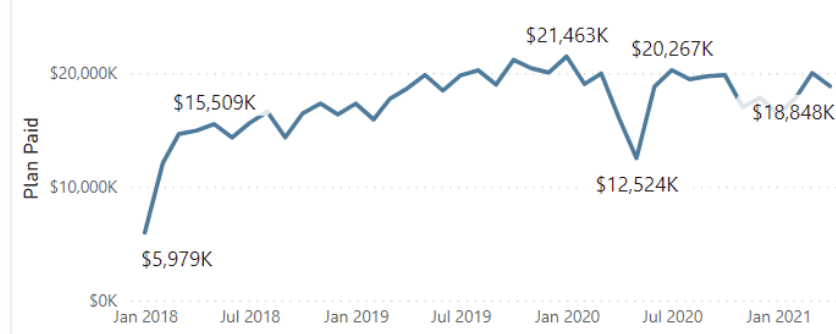
Chronic Members



Severity Trend



Claim Trend

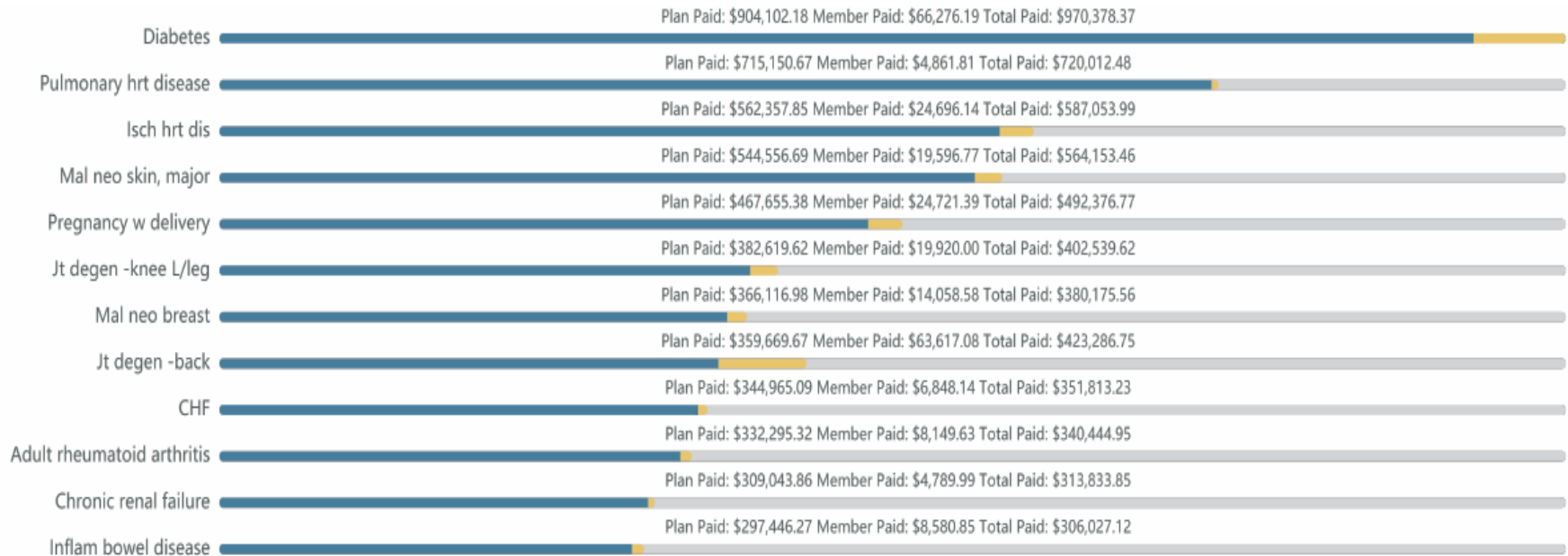


What to Track

- Importance of Condition Monitoring
 - Illustrates Condition Prevalence amongst population
 - Highlight Opportunities for Disease Management programs
 - Track Efficacy of Programs Implemented
 - Are claims cost and prevalence trending downward?
 - Wellness Program Decision Support
 - Lifestyle Condition Reporting to Tailor Wellness Initiatives
 - Measure Return on Investment

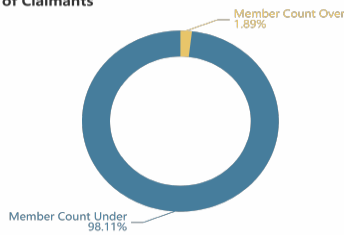


High Claimants Tracking



High Claimants Tracking

Percentage of Claimants



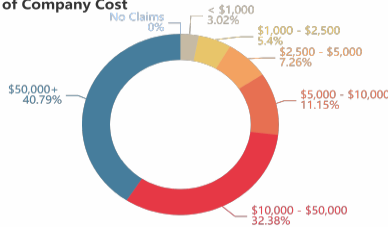
Segment	Value	% of Total
Member Count Over	59	1.89%
Member Count Under	3,068	98.11%

Percentage of Paid Amount



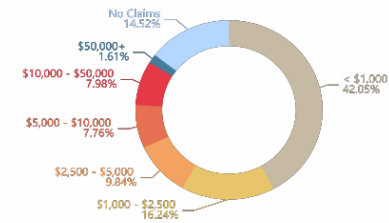
Segment	Value	% of Total
Member Amount Over	\$7,334,489.00	40.80%
Member Amount Under	\$10,644,355.00	59.20%

Percentage of Company Cost



Segment	Value	% of Total
< \$1,000	\$542,569.00	3.02%
\$1,000 - \$2,500	\$970,236.00	5.40%
\$2,500 - \$5,000	\$1,305,575.00	7.26%
\$5,000 - \$10,000	\$2,004,428.00	11.15%
\$10,000 - \$50,000	\$5,821,545.00	32.38%
\$50,000+	\$7,334,489.00	40.80%
No Claims	\$0.00	0.00%

Percentage of Member Count



Segment	Value	% of Total
< \$1,000	1,538	42.04%
\$1,000 - \$2,500	594	16.24%
\$2,500 - \$5,000	360	9.84%
\$5,000 - \$10,000	284	7.76%
\$10,000 - \$50,000	292	7.98%
\$50,000+	59	1.61%
No Claims	531	14.52%



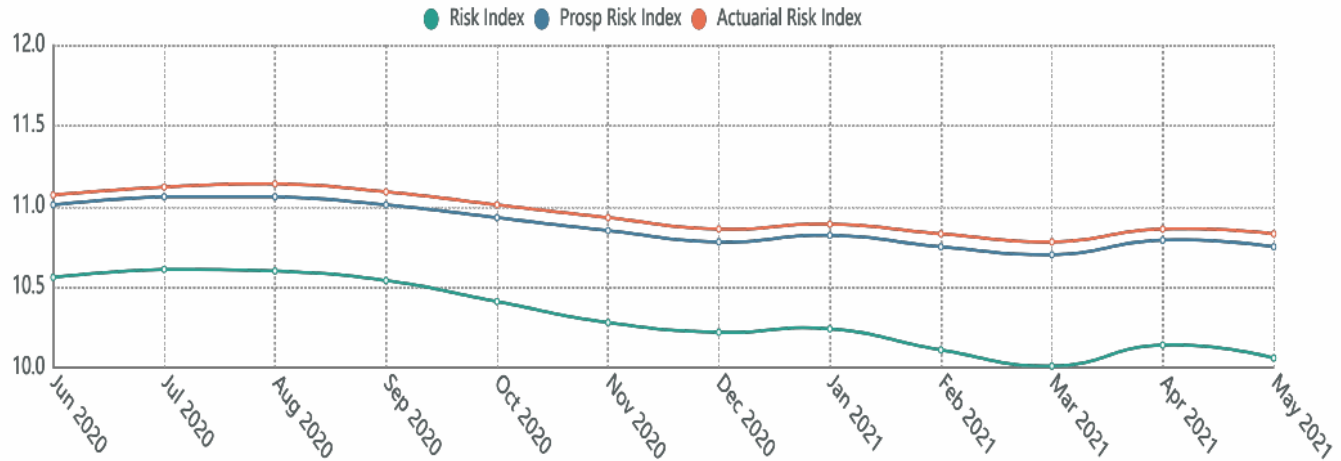
What to Track

- Reasons to Monitor High-Cost Claimants:
 - Anticipate Upcoming Major Financial Impact
 - Ensure Member Outreach
 - Track Stop Loss Protection
 - Stop Loss Renewal Strategy



Risk Scoring

Risk Index Trend



Date	Risk Index	Prosp Risk Index	Actuarial Risk Index
Jun 2020	10.56	11.01	11.07
Jul 2020	10.61	11.06	11.12
Aug 2020	10.60	11.06	11.14
Sep 2020	10.54	11.01	11.09
Oct 2020	10.41	10.93	11.01
Nov 2020	10.28	10.85	10.93
Dec 2020	10.22	10.78	10.86
Jan 2021	10.24	10.82	10.89
Feb 2021	10.11	10.75	10.83
Mar 2021	10.01	10.70	10.78
Apr 2021	10.14	10.79	10.86
May 2021	10.06	10.75	10.83





What to Track...(Risk Scoring)

- What is Risk Scoring?
 - Numerical Measurement
- Reasons to Monitor Risk Scoring:
 - Predicts Future Financial/Clinical Liability
 - Measure efficacy of cost containment programs implemented
 - Useful for Stop Loss Plan Modeling/Budgeting



Polling Question #1

What is the name of the metric that commonly measures the financial performance of a fully insured insurance plan?

-  a Funding Ratio
-  b Loss Ratio
-  c Claims Ratio
-  d Golden Ratio

Pre-Renewal Considerations & Budget Planning

- Topics to Cover:
 - Renewal Planning
 - Establishing a Renewal Timeline
 - Budget Planning
 - Claims/Renewal Projections



Establishing a Timeline

Example – 2022 Timeline for Renewals & Request for Proposal

Insurance Coverage	Insurance Carrier	Renewal Date	Resolutions effective 2019
Stop Loss	Florida Blue	January 1, 2022	1 year w/ (2) 1 year options
Medical ASO	Florida Blue	January 1, 2024	5 years w/ (1) 3 year option
Medicare Advantage	Florida Blue	January 1, 2022	1 year w/ (4) 1 year options
Medicare Supplement	Florida Blue	January 1, 2022	1 year w/ (4) 1 year options
Dental	Florida Combined Life	January 1, 2022	2 years w/ (2) 2 year options
Vision	VSP	January 1, 2023	4 years w/ (2) 2 year options
Basic Life with AD&D	Florida Combined Life	January 1, 2022	3 years w/ (1) 3 year option
Supplemental Life	Florida Combined Life	January 1, 2022	3 years w/ (1) 3 year option
Long Term Disability	Florida Combined Life	January 1, 2022	3 years w/ (1) 3 year option
Employee Assistance Program	New Directions	Embedded in LTD	3 years w/ (1) 3 year option
COBRA Administration	Benefits Workshop	Ongoing	
FSA Administration	Wage Works	Ongoing	
Voluntary Benefits	Aflac	Ongoing	
Group Legal	Legal Shield	Ongoing	

Proposed Schedule of Activities	
Date	Action
04/28/2021	Plan review meeting with Florida Blue and City
Early June 2021	Pre-Renewal Meeting
07/01/2021	Draft Stop Loss Request for Proposal (RFP) provided to City Procurement
07/05/2021	Renewals other than Stop Loss & Medicare received by Gehring Group
07/09/2021	Renewal Discussion
07/12/2021 – 08/18/2021	Renewal Negotiations & Alternatives
07/23/2021	Gehring Group to Provide City Procurement with updated RFP Data
07/30/2021	City Procurement to Release Stop Loss RFP to Market Place
08/19/2021	Final Decisions on renewals other than Stop Loss & Medicare
08/20/2021	Renewal Agenda item submitted for 9/22 Council Meeting
08/27/2021	RFP Proposals due to City Procurement
08/30/2021	City Procurement to Provide Gehring Group with RFP Proposals
08/31/2021 – 09/09/2021	RFP Proposals Evaluated by Gehring Group
09/10/2021	RFP Evaluation Presented to City Staff
09/22/2021	Renewal recommendations presented to Council
09/23/2021 – 10/29/2021	Open Enrollment Preparation & bentek Programming
10/18/2021	Medicare Renewals received & reviewed with City Staff
10/18/2021	Final Firm Stop Loss RFP Offers Received
10/21/2021	Final Decisions on Stop Loss RFP from Staff
10/22/2021	RFP & Medicare Agenda Item submitted for 11/17 Council Meeting
11/01 – 11/12/2021	Open Enrollment Period with Kick-Off Meeting (Day 1)
11/17/2021	Stop Loss RFP Results & Medicare Recommendation presented to Council
11/19/2021	Medicare Meeting with Retirees
11/30/2021	Bentek OE Module Closure Date
January 1, 2022	Plan Effective Date

Establishing a Timeline

- Things to Consider
 - Policy Period
 - Desired Open Enrollment Period
 - Separate Open Enrollment Meetings
 - Commission Approval



Establishing a Timeline

– Other Things to Consider

- Benefit Administration Platforms
- Request for Proposal (Bid Cycle)
- Number of Lines Renewing
- Size of Group/Funding Arrangement



Budget Planning (Renewal Projections)

Medical		Renewal Projection
1	Total Medical and Pharmacy Claims: (3/1/2020 - 2/28/2021)	= \$ 4,798,073
2	Less Capitation	+ \$ (235,787)
3	Less Large Claims (1 claimants exceeding \$250,000)	+ \$ (316,850)
4	Net Medical Claims	= \$ 4,245,436
5	Maturation Factor (18.84%)	x 1.1884
6	Estimated Adjusted Claims	= \$ 5,045,191
7	Trend @ 8.0% / Year Projected for 19 Months	x \$ 1,1296
8	Trended Claims	= \$ 5,698,998
9	Plus Capitation Payments (0% Increase)	+ \$ 235,787
10	Plus Large Claims (1 claimants exceeding \$250,000)	+ \$ 250,000
11	Plus Estimated Pooling Premium	+ \$ 507,771
12	Total Trended & Pooled Claims	= \$ 6,692,555
13	Average Setback Lives	/ 757
14	Average Paid Claims Per Employee Per Year	= \$ 8,841
15	Current In Force (February 2021)	x 759
16	Adjusted Projected Annual Claims	= \$ 6,710,237
17	Credit for Plan Changes	x 1.0000
18	Expected Medical Claims	= \$ 6,710,237
19	Desired Loss Ratio (15% Administration)	/ \$ 0.8500
20	Projected Premium for Claims, Administration & Other Fixed Costs	= \$ 7,894,397
21	PPACA - Estimated PCORI Fee - \$2.66 PMPY ⁽¹⁾	+ \$ 2,697
22	Projected Premium Needed for 2021-2022 Plan Year	= \$ 7,897,094
23	Current Annual Premium (February 2021)	= \$ 7,409,590
24	Estimated Increase/(Decrease) Needed for 2021-2022 Plan Year	= \$ 487,504
25	Estimated Percentage Increase/(Decrease) for 2021-2022 Plan Year	= 6.6%

Renewal Projections

- **Renewal Projections**

- **Methodology:**

- **High Level Overview**

- Isolate portion of claims costs that are likely to increase with medical/Rx inflation (trend).
 - Adjust Non-Trended data for irregularities.
 - Trend Isolated Data
 - Add in Non-Trended Data
 - Add in Fixed Costs

- **Final Step: Compare to Current Program Cost/Funding**



Renewal Projections

- Renewal Projections
 - Things to Consider:
 - Experience Periods
 - Maturity of Data
 - Funding Arrangement
 - Plan Changes
 - Credibility
 - Financial Components of Program
 - Reserve Transfers
 - Measuring the Unexpected



Polling Question #2

Which of the following acronyms describes the event of Claims Lag?

- a PBNR – Paid but not reported
- b RBNI – Reported but not incurred
- c IJCR - I just can't remember
- d IBNR – Incurred but not reported

Health Plan Strategy

- Topics to Cover:
 - Funding Arrangements
 - Different Types of Funding Arrangements
 - Pros/Cons of each Funding Arrangement
 - Plan Design Changes
 - How to determine what plan changes to make
 - Plan Modeling Example
 - RFP Process
 - Renewing vs Bidding
 - Bid Planning
 - Bid Evaluation
 - Managing Disruption



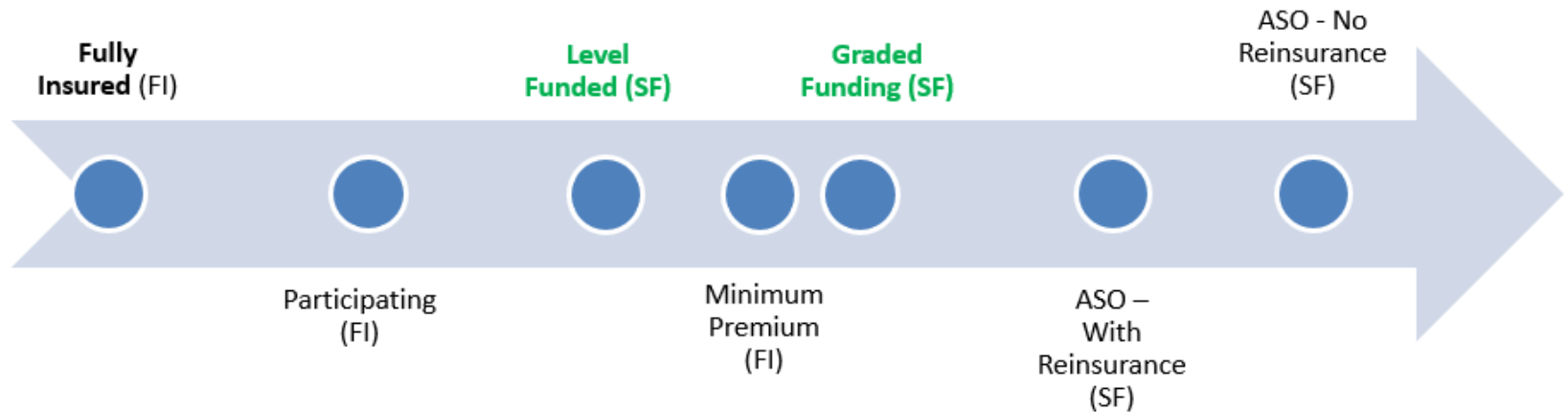
Funding Arrangements

Lowest Risk

Lowest Return Potential

Highest Risk

Highest Return Potential



FI=Fully Insured in terms of ACA compliance. Carrier takes on ACA requirements, as necessary.
SF=Self Funded in terms of ACA Compliance. Plan sponsor takes on ACA requirements. E.g.
PCORI, TRF, etc.

Fully Insured

- How Does It Work?

- Fixed Premium amount paid to Insurance Company
- Claims Cost Fluctuations have no impact on Premium
- Financial Gains or losses only impact Insurance Carrier

Pros	Cons
Capped Liability	No Return Potential
Carrier takes on ACA Compliance	Little Plan Design Flexibility
Manual Claims may help Renewal	Minimal Reporting Access



Fully Insured

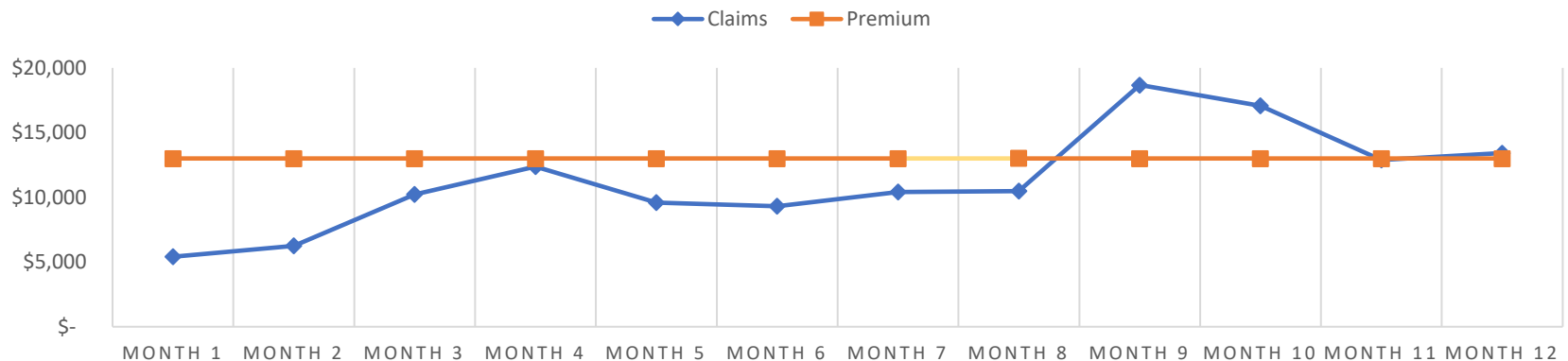
- Financial Components
 - Expected Claims Costs
 - Administration Fees
 - Pooling Fees

Fully Insured Cost Breakdown



■ Expected Claims Cost ■ Administration Fees ■ Pooling Fees

FULLY INSURED ILLUSTRATION



Participating Contracts

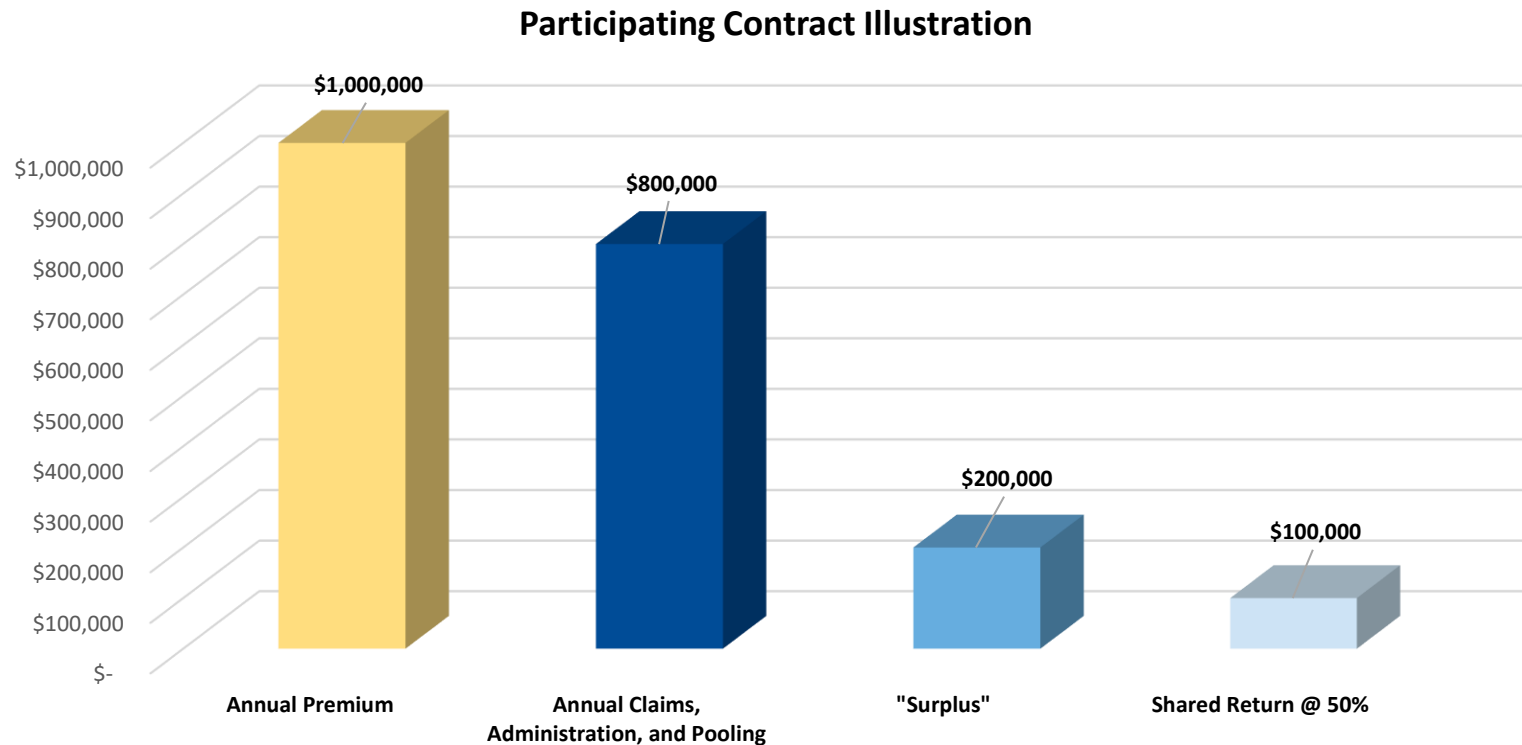
- How Does It Work?

- Fixed Premium amount paid to Insurance Company
- Claims Cost Fluctuations have no impact on Premium
- If a “Surplus” is achieved, a portion is returned to employer

Pros	Cons
Opportunity for Shared Returns	Typically Comes at a Higher Cost
Capped Liability	Little Plan Design Flexibility
Carrier takes on ACA Compliance	Requirement to Renew

Participating Contracts

- Shared Return on Surplus Illustration:



Level Funding

- How Does It Work?

- Level Premiums Paid to Carrier Each Month
- Formula applied at end of year/end of contract period.

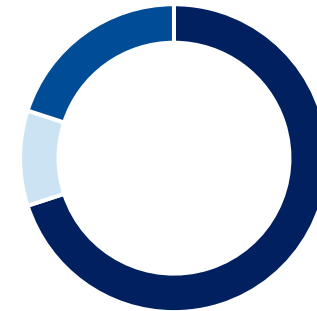
Pros	Cons
Opportunity for Shared Returns	Typically Comes at a Higher Cost
More Plan Design Flexibility	“Bad Year” – High Renewal
More Reporting Access	Runout Claims Liability



Level Funding

- Financial Components
 - Maximum Claims Costs
 - Administration Fees
 - Stop Loss Fees

Level Funding Cost Breakdown



■ Maximum Claims ■ Administration Fees ■ Stop Loss Fees

Item	Scenario 1	Scenario 2
Level Premium Paid	\$1,000,000	\$1,000,000
Total Plan Cost	\$750,000	\$1,200,000
Surplus	\$250,000	\$0
50% Return	\$125,000	\$0

Graded Funding

- How Does It Work?

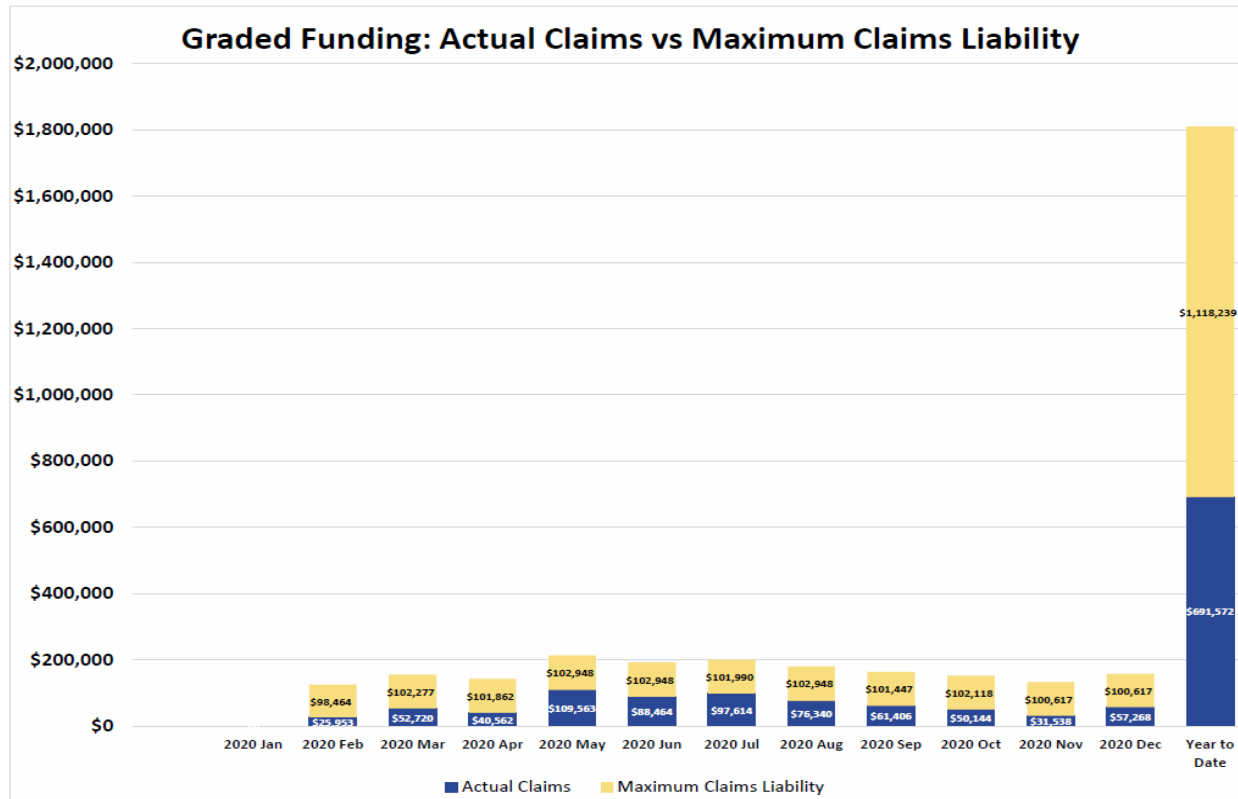
- Fixed Costs paid to insurance company each month
- Actual monthly claims costs paid each month

Pros	Cons
High Return Potential	High Risk
Plan Design Flexibility	Additional Banking Setup
Detailed Reporting Access	Runout Claims Liability



Graded Funding

- Actual Claims vs Max Claims Liability Illustration:



Self Funding

- How does it work?
 - Fixed Costs paid to insurance company each month
 - Actual Claims paid each month up to ISL
 - Total Claims costs paid cannot exceed ASL
 - Funding Rates/Premium Equivalents set each year
 - Self Funded plans must comply with FS 112.08



Self Funding

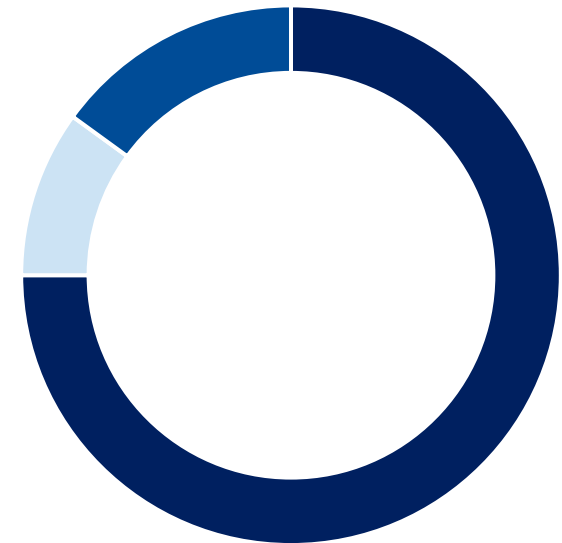
- Financial Components:
 - Administrative Fees (ASO Fees)
 - Access to insurance carrier's network of providers & Administration
 - Stop Loss Fees (ISL/ASL Fees)
 - Individual Stop Loss
 - Aggregate Stop Loss
 - Variable Medical and Prescription drug claims
 - After Member Cost Share



Self Funding

Pros	Cons
High Savings Potential	Highest Claims Risk
Highest Reporting Detail	Actuarial Fees
Least Expensive Fixed Costs	Reserve Requirements
Highest ROI Potential	ACA Responsibilities
Highest Flexibility in Plan (Wellness, Clinic etc.)	Run out Claims
Reserve Accumulation	Increased Administration (Benefits & Finance Staff)
Fiduciary Responsibility	

Self Funded Cost Breakdown







■ Claims Costs ■ Administration Fees ■ Stop Loss Fees



Polling Question #3

Which of the following funding arrangements allows for a portion of surplus funds to be returned to the client at the end of the year?

-  Fully Insured
-  Level Funding
-  Graded Funding
-  Self Insured

Plan Design Changes

- Examples of Plan Changes:
 - Out of Pocket Maximum Change
 - Increase Individual OOP Maximum \$500
 - Deductible Change
 - Increase Individual Deductible \$250
 - Coinsurance Change
 - Increase Member cost share 10%
 - Copayment Change
 - Increase Specialist Copayment \$25
 - **Multipliers may apply to Family, IN/OON**

Highest Impact



Lowest Impact



Plan Design Changes Examples

- Example #1:
 - Increase Deductible and Out of Pocket Maximum
 - Increase Deductible \$250
 - Increase Out of Pocket Maximum \$500
 - **Outcome: \$422,558 in plan savings, 44% of Members negatively affected**

Plan Cost Shift: \$422,557.69 ReInsurance Savings: \$0.00 Members Affected: 1,154 (44%)

Cost Shift			
Plan	New Plan Design	Baseline Design	Cost Shift
Plan Paid	\$12,046,875.67	\$12,469,433.37	\$422,557.69
Plan's HRA Contribution	\$0.00	\$0.00	\$0.00
Plan's HSA Contribution	\$0.00	\$0.00	\$0.00
Plan's Wellness Investment	\$0.00	\$0.00	\$0.00
	\$12,046,875.67	\$12,469,433.37	\$422,557.69

ReInsurance	New Plan Design	Baseline Design	Cost Shift
Reimbursement	\$0.00	\$0.00	\$0.00
Premium	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00

Members Affected						
Members Negatively Affected	1,154	(44% of Membership)				
Members Positively Affected	0	(0%)				
Members Not Affected	1,182	(45%)				
Total Claimants			2,336	(88%)		
Members Without Claims			314	(12%)		
Total Members			2,650			

Member Count (Negatively Affected)						
Name	Co-Pay	Deductible	Separate Deductible	Co-Insur...	Not Covered	Total
Single	0	281	0	71	0	281
Family	0	790	0	202	0	873
	0	1,071	0	273	0	1,154

Plan Design Changes Examples

- Example #2:
 - Increase Coinsurance
 - Increase Coinsurance 10%
 - **Outcome: \$285,980 in plan savings, 52% of Members negatively affected**

Plan Cost Shift: \$285,980.37 ReInsurance Savings: \$0.00 Members Affe

Cost Shift			
Plan	New Plan Design	Baseline Design	Cost Shift
Plan Paid	\$12,183,452.99	\$12,469,433.37	\$285,980.37
Plan's HRA Contribution	\$0.00	\$0.00	\$0.00
Plan's HSA Contribution	\$0.00	\$0.00	\$0.00
Plan's Wellness Investment	\$0.00	\$0.00	\$0.00
	\$12,183,452.99	\$12,469,433.37	\$285,980.37

Members Affected						
Members Negatively Affected	1,379	(52% of Membership)				
Members Positively Affected	161	(6%)				
Members Not Affected	796	(30%)				
<hr/>						
Total Claimants	2,336	(88%)				
Members Without Claims	314	(12%)				
<hr/>						
Total Members	2,650					
<hr/>						
Member Count (Negatively Affected)						
Name	Co-Pay	Deductible	Separate Deductible	Co-Insur...	Not Covered	Total
Single	0	0	0	214	0	214
Family	0	0	0	1,165	0	1,165
	0	0	0	1,379	0	1,379



Plan Design Changes Examples

- Example #3:
 - Increase Copayments
 - Increase Specialist Copay \$30
 - Increase X-Ray \$25
 - **Outcome: \$2,269 in plan savings, 2% of membership negatively affected.**

Plan Cost Shift: \$2,269.30 Reinsurance Savings: \$0.00 Members Affected





Cost Shift			
Plan	New Plan Design	Baseline Design	Cost Shift
Plan Paid	\$12,478,224.45	\$12,480,493.75	\$2,269.30
Plan's HRA Contribution	\$0.00	\$0.00	\$0.00
Plan's HSA Contribution	\$0.00	\$0.00	\$0.00
Plan's Wellness Investment	\$0.00	\$0.00	\$0.00
	\$12,478,224.45	\$12,480,493.75	\$2,269.30

Members Affected						
Members Negatively Affected	50	(2% of Membership)				
Members Positively Affected	1	(0%)				
Members Not Affected	2,285	(86%)				
<hr/>			Total Claimants	2,336	(88%)	
<hr/>			Members Without Claims	314	(12%)	
<hr/>			Total Members	2,650		
Member Count (Negatively Affected)						
Name	Co-Pay	Deductible	Separate Deductible	Co-Insur...	Not Covered	Total
Single	0	10	0	2	0	12
Family	0	33	0	8	0	38
	0	43	0	10	0	50



Polling Question #4

Which of the following plan changes typically results in the least cost savings to the plan?

-  a Deductibles
-  b Copayments
-  c Coinsurance
-  d Out of Pocket Maximums



RFP Process: To Bid or not to Bid

- Reasons to Release an RFP:
 - Due Diligence
 - Budgetary Needs
 - Frustrations with Current Carrier(s)
 - Intent to Transition Funding Arrangement
 - Change in Technology



RFP/Bid Planning

Set Clear Objectives:

- Outline any specific pain points currently experienced.

Plan Accordingly:

- Will purchasing/procurement department be involved in RFP process?
- Is Leadership, Elected Official, Commission approval required?

Timing:

- **Typically, a 1 – 3 month process from start to finish**

RFP Evaluation

Leave No Stone Unturned:

- Proposed Benefits and Premiums do not paint the complete picture!
Consider the following as additional scoring aspects:
 - Benefit Structure and Premiums
 - Network of Providers
 - Prescription Drug Formulary Coverage
 - Medical/Pharmacy Claims Discounts
 - Utilization/Disease Management Programs
 - Discretionary/Investment Funds
 - Technology
 - Customer Service Strength
 - Performance Guarantees



Managing Disruption

So, the results are in and there will be a carrier change...

- Use the disruption data measured in the RFP evaluation process to communicate to employee population. For Example:
 - Provide list of medical providers falling out of network
 - Provide list of medications that will no longer be covered
 - Loss of Rollover Benefits (Dental/Vision)
 - Non-Aligned CYD/OOP accumulators with Policy Year
 - Benefit and cost changes



Polling Question #5

How long does the RFP process for benefits typically take from start to finish?

-  a 1 – 3 Months
-  b 1 – 2 Years
-  c 1 – 3 Weeks
-  d 5 Business Days

Questions & Answers

**Thank you for attending the
2021 Florida Public Human Resources
Association Annual Conference**

