Manatee County Government - Questionnaire - Attachment _____

Please provide your response to questions in Column D. Please note drop down boxes are provided for questions with limited responses, otherwise please type your response directly into this spreadsheet, Column D.

		ı	
	Loss RFP Questionnaire	Answer Formats	Vendor Response:
	on A: Market Type and Financial Ratings		
	Is your organization a Managing General Underwriter (MGU) or a direct underwriter?	Dropdown list	
	What duties does the MGU perform on behalf of the carrier (e.g., claims payments, premium collection, underwriting, etc.)?	General	
	What duties does the carrier/reinsurer reserve for itself?	General	
	MGU stop loss history:		
	When did you first begin business?	General-mm/dd/yyyy	
	How many stop loss carriers do you represent? 2010 Annual Stop Loss Premium (please enter your response as \$x.xx)	Dropdown list General	
	on B: Underwriting	General	
	What is proposal turnaround time on a clean submission, new or renewal?	Dropdown list	
	How many days prior to effective date will a firm proposals be issued for:		
	New Business	Dropdown list	
9	Renewals	Dropdown list	
	Indicate below your current trend assumptions (independent of changes related to HC Reform)		
10	Medical trend assumption (percentage)	General- percentage	
	Prescription Drug trend assumption (percentage)	General- percentage	
40	How do you handle conditions that occur after final disclosure has been made, but prior		
	to the policy effective date? Is the aggregating specific a dollar for dollar reduction in premium?	General Dropdown list	
	Is the signed disclosure required on new business?	Dropdown list	
15	Is a signed disclosure required at renewal?	Dropdown list	
	What is your target loss ratio (net of commission)?	General	
	Centers of Excellence	General Ves /Ne	
	Do you require use of your Centers of Excellence? What is your renewal philosophy for specific stop loss (e.g. do you consider group-	Yes/No	
	specific experience or is coverage pooled?)	General	
	For CDHP do you count employer HRA contributions as claims for both aggregate and		
20	specific?	Dropdown list	
21	The Actively-at-Work requirement and non-confinement rules are waived for actives, disableds and COBRA participants (employees and dependents).	Yes/No	
	Will you comply with PPACA regarding the elimination of pre-existing condition	163/110	
22	limitations in your contract?	Yes/No	
	If no, please explain.	General	
Section	on C: Claim Processing and Reimbursement		
24	Indicate below your TARGET claim turnaround time: (# of days) Specific Claim	General	
	Aggregate Claim	General	
	Who do you reimburse?	Goriolai	
	Client	Dropdown list	
27	TPA	Dropdown list	
28	Indicate below your AVERAGE claim turnaround time: (# of days) Specific Claim	General	
	Aggregate Claim	General	
Section	on D: Contract Provisions, Limitations and Exclusions		
	What is the turnaround time for issuance of contracts? (# of days)	Dropdown list	
	If a plan change is implemented during the policy year, how much advance notice do you	0	
	require? Will you mirror the exclusions and limitations in the current plan document?	General Dropdown list	
02	If not, will you amend your contract to mirror the exclusions and limitations in the current	Dropuowii iist	
33	plan document?	Dropdown list	
	Exclusions and Limitations		
	Identify exclusions and limitations of your contract. Not Actively At Work-if not previously disclosed	Dropdown list	
	COBRA, if not offered according to regulations	Dropdown list	
	Cloning	Dropdown list	
	Cosmetic surgery and treatment	Dropdown list	
	Employees not underwritten Experimental linuortigational if different from Plan's definition	Dropdown list	
	Experimental/investigational if different from Plan's definition Gene therapy	Dropdown list Dropdown list	
	HIPAA pre-existing claims	Dropdown list	
	While incarcerated or in legal custody	Dropdown list	
	International armed conflict	Dropdown list	
	Not medically necessary - only if defined in the policy Non-human transplants	Dropdown list Dropdown list	
	Services outside US, non-emergency	Dropdown list	
	Sex change/sexual disorders	Dropdown list	
	Suicide/self-inflicted	Dropdown list	
	Excess over usual and customary	Dropdown list	
	While working for wage or profit War	Dropdown list Dropdown list	
	Workers compensation/occupational disease (only if covered persons are eligible for or		
	entitled to WC/OD, and not covered by same)	Dropdown list	
	Xenographs Custodial ages	Dropdown list	
	Custodial care Hearing aids	Dropdown list Dropdown list	
	llegal acts	Dropdown list	
	Invitro fertilization (need to add 2 subs-testing and treatment)	Dropdown list	
	Obesity/eating disorders	Dropdown list	
	Any provider discount lost Radial keratotomy	Dropdown list Dropdown list	
	Radial Relationship Reversal of voluntary sterilization	Dropdown list	
	Expenses not covered by the Plan	Dropdown list	_
	Expenses while the plan was not in effect	Dropdown list	<u> </u>
	,		

Expenses outside the incurred paid periods	Dropdown list	
Legal fees, fines, extra-contractual damages	Dropdown list	
Administrative expenses	Dropdown list	