

Earl Ray Tomblin
Governor



Ted Cheatham
Director

WV Toll-free: 1-888-680-7342 • Phone: 1-304-558-7850 • Fax: 1-304-558-2470 • Internet: www.wvpeia.com

DATE: October 1, 2015

RE: Request for Solicitation for Managed Care Health Insurance

Dear Sir/Madam:

West Virginia Public Employees Insurance Agency (PEIA) is soliciting interest in increasing the availability of managed care options for PEIA policyholders.

This Request for Solicitation for Managed Care Health Insurance has been designed to assist you in determining your interest in proposing a health insurance plan/s which are HMO plan model specific. PEIA will also accept interest in proposals based upon a PPO or POS model.

Vendors proposing such alternative models should still respond to each section of this solicitation. If portions of the attached requests are not applicable to the plan model being offered, the vendor should still respond to each section of the solicitation.

Your questions should be submitted on or before October 14, 2015 by 4:00 p.m. (EST) to thomas.j.marchio@wv.gov.

Should your organization have an interest in this opportunity please complete the attached documents and return them on or before November 15, 2015 by 4:00 p.m. (EST) to:

Thomas J. Marchio
Policy Specialist
601 57th Street, SE, Suite 2
Charleston, WV 25304-2345

Enclosed Exhibits

- A. Program Background**
- B. Census**
- C. Capitations based on current plan**
- D. Request for Solicitation for Managed Care Health Insurance**
- E. Reference Information**

Available on PEIA's Website

(www.wvpeia.com)

- 1. PEIA's Shopper's Guide Plan Year 2016**
- 2. PEIA's Summary Plan Description Plan Year 2016**
- 3. PEIA's Current Fee Schedule**
- 4. Current Schedule of Benefits
(Refer to the Plan Year 2016 PEIA Shopper's Guide beginning on page 12)**

Exhibit A: Program Background

The Public Employees Insurance Agency (PEIA) is responsible for administering health care benefits on behalf of approximately 233,951 West Virginians, including 75,943 active State and local public employees, 41,717 retirees, and 116,291 dependents and COBRA participants. The PEIA manages three Preferred Provider Plans for its covered eligible and also contracts with licensed health maintenance organizations (HMO's or "health plans") to furnish health benefits through managed care.

The PEIA first offered a managed care option to its policyholders in 1995; since that time, approximately ten (10%) percent of the eligible population has elected to join an HMO.

The following employers are eligible to participate in the PEIA plan:

- State of West Virginia
- West Virginia Legislature
- West Virginia State colleges and universities
- County boards of education to include elected members of the boards of education
- Counties, cities, or towns
- Comprehensive community mental health centers and mental retardation centers authorized pursuant to section one, article two-a, chapter twenty-seven (27-2-1) of the West Virginia Code and which is supported in part by state, county or municipal funds, and
- Other individuals and government bodies specified in the West Virginia Code Chapter 5, Article 16.

Exhibit B: - Census July 2015

Active Employees - State

Active Employees - Non-State

Retirees

PEIA PPB Plan

HI01 (Plan A)	50905	HI01 (Plan A)	8877	HI01 (Plan A)	41291
HI02 (Plan B)	6838	HI02 (Plan B)	2533	HI02 (Plan B)	<u>91</u>
HI03 (plan C)	241	HI03 (plan C)	288		
HI04 (Plan D)	<u>316</u>	HI04 (Plan D)	<u>26</u>		
Total	58300		11724		41382

Health Plan Upper Ohio Valley

HP (Plan A)	3061	HP (Plan A)	224	HP (Plan A)	263
HP (Plan B)	2088	HP (Plan B)	444	HP (Plan B)	63
HP (Plan C)	<u>97</u>	HP (Plan C)	<u>5</u>	HP (Plan C)	<u>9</u>
Total	<u>5246</u>		<u>673</u>		<u>335</u>

Grand Total	63546		12397		41717
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Exhibit C:

Capitations Based On Current Plan

Plan Year 2016 Capitations (7/1/2015 - 6/30/2016)

Plan A Enhanced Plan

State

Employee	\$	355.02
Employee with Children	\$	512.17
Family	\$	800.42
Retiree	\$	759.08
Retiree and Family	\$	1,417.87

Local (Non-State)

Employee	\$	452.12
Employee with Children	\$	624.18
Family	\$	1,055.40
Retiree	\$	861.18
Retiree and Family	\$	1,665.58

Plan B Basic Plan

State

Employee	\$	186.36
Employee with Children	\$	333.58
Family	\$	540.44
Retiree	\$	574.26
Retiree and Family	\$	1,066.60

Local (Non-State)

Employee	\$	276.05
Employee with Children	\$	399.45
Family	\$	687.28
Retiree	\$	610.67
Retiree and Family	\$	1,133.66

Plan C PPO

State

Employee	\$	276.42
Employee with Children	\$	399.15
Family	\$	677.64
Retiree	\$	703.09
Retiree and Family	\$	1,311.33

Local (Non-State)

Employee	\$	348.43
Employee with Children	\$	482.62
Family	\$	892.93
Retiree	\$	800.64
Retiree and Family	\$	1,544.35

Exhibit D:

PUBLIC EMPLOYEES INSURANCE AGENCY
For the
State of West Virginia

Request for Solicitation
for
Managed Care Health Insurance

In an effort to allow for an efficient negotiation and selection process, PEIA is requiring all insuring entities wishing to offer Managed Care health insurance plans for the 2017 Plan Year, beginning July 1, 2016, and ending June 30, 2017, to complete this form.

All requested information must be submitted for your proposal to be considered.

Please denote any information you deem as proprietary.

Any questions about the form shall be addressed to Thomas J. Marchio, Policy Specialist, at 601 57th Street, SE, Suite 2, Charleston, WV 25304-2345. Email: Thomas.J.Marchio@wv.gov

The completed form must be submitted to PEIA on or before
November 15, 2015 by 4:00 p.m. (EST).

Name of Insurer: _____

Contact Person: _____

Fax Number: _____

E-mail address: _____

Physical address: _____

Plan Accreditation Information:

Is your plan currently accredited by any organization? yes no

If yes, please complete the following:

Name of the accrediting organization	
Specific type of accreditation you achieved	
Date of your last site visit by that organization	
Expiration date of your current accreditation	

Current PEIA Health Plan Product:

Does your plan currently provide coverage for PEIA?

yes no

****If the answer is yes, please complete the Plan Benefit Information Section Below, the Claim and Plan Administration Expense Information, the Rate Information and the Benefit Table.**

****If the answer is no, please complete the Rate Information on page 7, and the Benefit Table beginning on page 8.**

Plan Benefit Information:

Please list any and/or all benefit changes for Plan Year 2016 being offered for Plans A, B, and C (PPO).

**** Only benefit changes detailed here will be permitted.**

After thorough review, if any of the proposed benefits or benefit changes are viewed as not fair and equitable to the member and PEIA, PEIA will not consider or renew your participation for Plan Year 2017.

Please complete the attached benefit table beginning on page 8 as it will be proposed to members for Plan Year 2017. Provide details of any exclusions and limitations related to these benefits.

Claim and Plan Administration Expense Information:

Complete the following table regarding your proposed PEIA plans.

****All claim data should be provided on an incurred basis.****

Plan 1	6 Months Ending 6/30/2015	6 Months Ending 12/31/2015	Calendar Year 2015
Plan Medical Loss Ratio			
PMPM Claims (aggregate):			
Single			
Policyholder and Child(ren)			
Family			
PMPM Claims Medical:			
Single			
Policyholder and Child(ren)			
Family			
PMPM Claims Pharmacy:			
Single			
Policyholder and Child(ren)			
Family			
Claims Experience:			
Aggregate			
Pharmacy			
Medical Inpatient			
Medical Outpatient			
Medical Physician Services			
Other			
Plan Administrative Costs*			
Incurred But Not Reported Reserve			

***Please identify the components of your administrative costs.**

Plan 2	6 Months Ending 6/30/2015	6 Months Ending 12/31/2015	Calendar Year 2015
Plan Medical Loss Ratio			
PMPM Claims (aggregate):			
Single			
Policyholder and Child(ren)			
Family			
PMPM Claims Medical:			
Single			
Policyholder and Child(ren)			
Family			
PMPM Claims Pharmacy:			
Single			
Policyholder and Child(ren)			
Family			
Claims Experience:			
Aggregate			
Pharmacy			
Medical Inpatient			
Medical Outpatient			
Medical Physician Services			
Other			
Plan Administrative Costs*			
Incurred But Not Reported Reserve			

***Please identify the components of your administrative costs.**

Plan 3	6 Months Ending 6/30/2015	6 Months Ending 12/31/2015	Calendar Year 2015
Plan Medical Loss Ratio			
PMPM Claims (aggregate):			
Single			
Policyholder and Child(ren)			
Family			
PMPM Claims Medical:			
Single			
Policyholder and Child(ren)			
Family			
PMPM Claims Pharmacy:			
Single			
Policyholder and Child(ren)			
Family			
Claims Experience:			
Aggregate			
Pharmacy			
Medical Inpatient			
Medical Outpatient			
Medical Physician Services			
Other			
Plan Administrative Costs*			
Incurred But Not Reported Reserve			

***Please identify the components of your administrative costs.**

Plans Combined 1, 2, and 3	6 Months Ending 6/30/2015	6 Months Ending 12/31/2015	Calendar Year 2015
Plan Medical Loss Ratio			
PMPM Claims (aggregate):			
Single			
Policyholder and Child(ren)			
Family			
PMPM Claims Medical:			
Single			
Policyholder and Child(ren)			
Family			
PMPM Claims Pharmacy:			
Single			
Policyholder and Child(ren)			
Family			
Claims Experience:			
Aggregate			
Pharmacy			
Medical Inpatient			
Medical Outpatient			
Medical Physician Services			
Other			
Plan Administrative Costs*			
Incurred But Not Reported Reserve			

***Please identify the components of your administrative costs.**

Plan Year 2017 Rate Information - Active Employees:

Proposed Plan 1	Employee	Employee & Children	Family
Capitation (State)			
Capitation (Non-State)			
Proposed Plan 2	Employee	Employee & Children	Family
Capitation (State)			
Capitation (Non-State)			
Proposed Plan 3	Employee	Employee & Children	Family
Capitation (State)			
Capitation (Non-State)			

Plan Year 2017 Rate Information - Retired Employees:

Proposed Plan 1	Retiree	Family
Capitation (State)		
Capitation (Non-State)		
Proposed Plan 2	Retiree	Family
Capitation (State)		
Capitation (Non-State)		
Proposed Plan 3	Retiree	Family
Capitation (State)		
Capitation (Non-State)		

Benefit Table

HMO Name: _____

Completed by: _____

Please complete the following chart providing details of the benefits to be offered and any limitations or exclusions that relate to these benefits. Benefits that do not fit into one of the categories here may be added at the end of the chart.

Benefit Description	Proposed Plan 1	Proposed Plan 2	Proposed Plan 3
Annual deductible			
Annual out-of-pocket maximum			
Physician Services			
Adult routine physical examinations (including prostate and gynecological, with pap smear)			
Diagnostic x-ray, lab and testing			
Mammograms			
Physician inpatient visits			
Physician office visits – primary care			
Physician office visits – specialty care			
Prenatal care			
Second surgical opinions			

Voluntary sterilization			
Well child exams			
Well child immunizations (birth through 16)			

Inpatient Services

Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care			
Inpatient occupational, physical, or speech therapy			
Maternity care (delivery)			
Rehabilitation			
Skilled nursing			

Hospital Outpatient Services

Ambulatory/outpatient surgery			
Preadmission testing, diagnostic x-ray and lab			

Mental Health & Chemical Dependency Benefits

Outpatient chemical dependency			
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Outpatient mental health			
Inpatient chemical dependency (including partial hospitalization)			
Inpatient detoxification			
Inpatient mental health (including partial hospitalization)			

Outpatient Therapies

Acupuncture			
Chiropractic			
Occupational therapy			
Physical therapy			
Speech therapy			

All Other Medical Services

Allergy testing and treatment			
Cardiac rehabilitation			
Dental services – accident related			

Dental services - other			
Diabetic supplies			
Durable Medical Equipment (DME)			
Emergency ambulance (medically necessary)			
Emergency Room Treatment (Non-emergency)			
Emergency services (including supplies)			
Growth hormone			
Hearing exam			
Home health services			
Home health supplies			
Hospice			
Infertility services			
Medical supplies			

Podiatry			
Prosthetics			
Pulmonary rehabilitation			
Radiation and chemotherapy			
TMJ			
Transplants (non-experimental)			
Urgent Care			
Vision services			

Prescription Drug Benefits			
Deductible			
Generic copayment			
Formulary brand			
Non-Formulary Brand			
Maintenance Medication discount program details			
Annual benefit maximum (per member/year)			
Other details			
Family Planning			
Hearing Aids			
Lifetime maximum			

When services are limited to a maximum number of days, treatments, visits, etc., each visit, treatment, etc. must be medically necessary and appropriate to be covered.
 This grid is meant to be an overview and is not all-inclusive, covered services must meet Plan guidelines.

Exhibit E: Reference Information

1. Describe the history, organization, and ownership of your company.
2. Provide the name, address, phone number, e-mail address for the person to contact with questions regarding this proposal.
3. Provide the following information regarding the account service team that would be assigned to the Public Employees Insurance Agency:

Position	Name, Location, Phone No., Email	Years of Industry Experience	Years with Organization	Years in Current Position
Account Executive				
Customer Service Manager				
Claims Manager				
Implementation Coordinator				
Other (specify)				

4. Provide the following client references for the three (3) largest group Managed Care contracts currently insured by your organization. At least one of these three references should have a minimum of 7,500 participants and at least one should generate an annual premium in excess of \$8,000,000:

Employer Name:	
Number of employees/group size	
Contact name and title	
Contact telephone number	
Program implementation date	
Product	
Estimated annual premium	