



Better Health Collective Health Insurance Request for Proposal Checklist

✓	Requirement	Explanation
	Time	<ul style="list-style-type: none"> 10 business day minimum between our receipt of all needed data and our delivery of proposal
	Reason	<ul style="list-style-type: none"> A brief explanation of the group's reason for the request and readiness for the requested change
	Proposal Request Form	<ul style="list-style-type: none"> The HealthPartners proposal request form is optional If you've completed such and provided with all requirements directly to HP, please submit a copy to Sourcewell staff to receive a proposal from the Better Health Collective
	Claims Data	<ul style="list-style-type: none"> Carrier reports by month of recent 24 months (or more), without gaps, including member counts
	High Claims Data	<ul style="list-style-type: none"> Carrier reports if available, and if not, provide enrollment status and claims prognosis for high claimants to extent known using HP questionnaire (form optional)
	Census	<ul style="list-style-type: none"> Most recent participant list, in CSV or Excel format, including: <ul style="list-style-type: none"> Employee ID; date of birth; gender; zip code; dependent code (Ee, Sp, Ch, etc.) Class code (FT, PT, Union, Retiree, etc.); for each eligible class receiving different contributions Benefit plan enrolled in, as well rate tier enrolled in (Single, EE+1, Family, etc.) Legend if needed to define any cell entries
	Eligibility and Participation	<ul style="list-style-type: none"> Total number of employees/retirees currently eligible vs number participating, in total and for each eligible class (including part-time) receiving different contributions
	Rates and Contributions	<ul style="list-style-type: none"> Current (and renewal rates if available), by tier, within each plan Current and renewal contributions (by employer towards premiums and to medical accounts), by tier, within each plan and for each class receiving different contributions Contributions if any for those waiving medical coverage Desired tier structure if different than current (i.e. EE/FA, EE/E1/FA, or EE/ES/EC/FA) Desired tier slope if different than current (i.e. family = 2.9 x single, rather than 2.5 x single)
	Benefit Summaries	<ul style="list-style-type: none"> SBCs (and SPDs if available), for each plan offered during the experience period provided Clearly indicate the group's openness to adopting plans that do not mirror their current plans
	Provider Networks	<ul style="list-style-type: none"> Explain desires or constraints the group has regarding options aside from an open access network
	Programs	<ul style="list-style-type: none"> Describe current or desired programs (wellness, population health mgmt, fertility, EAP, etc.)
	Broker Fees	<ul style="list-style-type: none"> We develop and pay broker fees on a PEPM basis, based on the amount requested in the RFP. We also pay the carrier for our share of any broker bonus for their collaboration with us.
	Disruption Reports (if desired)	<ul style="list-style-type: none"> Rx: requires we receive Rx utilization report listing top Rx by name along with NDC code Provider: requires we receive provider utilization report, listing top providers with Tax ID #
	If 25-50 Participating Employees/Retirees	<ul style="list-style-type: none"> Group size verification form for all groups with <50 participating employees/retirees If monthly claims data as listed above is unavailable, we also require: <ul style="list-style-type: none"> Complete copy of recent bill (so we can underwrite using Curv) If all else fails, we need HealthPartners health history applications for each participant, dated no more than 4 months prior to the proposal effective date
	If 500+ Participating Employees/Retirees	<ul style="list-style-type: none"> Contact us for discussion about whether we can make a proposal for access to our stop loss, PBM, network, wellness, and administrative contracts, but without sharing risk/reserves with our pool