

Alameda County Employees' Retirement Association (ACERA)
Private Exchange Request for Proposal
Response to Questions
March 7, 2014

1. RFP document, p.8: Want to confirm that \$40K "annual salary" really means "total household income." Also, please explain what, if any, relevance you envision this income amount having other than eligibility for a subsidy.

ANSWER: Yes, total household income. Relevance would be eligibility for a government provided subsidy, which could possibly offset the subsidy currently being provided to our members by ACERA.

2. RFP document, Section F (Plan Pricing), p.14: you ask respondents to identify deviations from plan designs that "we require." Since the defined contribution solution will be based on individual plans, the design details of which are defined by the carriers, what type of deviations would you envision?

ANSWER: Please reference page 8, Section C, Item II. Cover Letter of the RFP for data requirements in plan designs. In essence we want each proposer to utilize our Kaiser HMO Benefit Summaries to create a side by side comparison document containing our benefits vs. the top 4-5 benefit plans, which most closely resemble our current benefit structure. In this example, the proposers would highlight benefit structure differences. ACERA is quite familiar (in the Medicare Exchange arena) with the multitude of individual plans offered with unique benefit designs as well as numerous offered carriers. Our intent is to find the closest plan/carrier who can match our current benefit design but at a reduced price.

3. Section G (Questionnaire), Part A.4.1, p.15: would failure to list 5 public sector clients be a disqualifier?

ANSWER: No, ACERA understands the uniqueness as well as the newness of the industry.

4. Section G (Questionnaire), Parts A.5.1 and A.5.2 (Financial History), p.16: our firm is privately held; want to confirm these questions are "N/A"

ANSWER: If a responder is privately held, please indicate this in one's response and then use N/A where appropriate.

5. Section G (Questionnaire), Part B.I.4, p.18: What eligibility feeds would ACERA expect from the exchange vendor?

ANSWER: This can be discussed further in the Interview phase. However, ACERA would expect to receive a weekly file providing which members have been contacted but not enrolled, which members have not been contacted and which members' application has been dispatched/enrolled. Included on this file would be Health Reimbursement Account (HRA) eligibility and amounts as well as division identifiers.

6. Section G (Questionnaire), Part B.I.6, p.18: Question is not clear; please provide more detail.

ANSWER: ACERA has experienced cases where corrections to an enrollment effective date with the carrier were needed as well as a termination member's enrollment in a plan. It would be favorable if the Private Exchange Enrollment Specialists have access to be able to coordinate additions, corrections and terminations.

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7. Section G (Questionnaire), Part B.I.7, p.18: Question implies that the exchange would be the database of record for retiree addresses. Is this what ACERA intends? (If so, this is surprising since it is assumed that ACERA would have various other reasons (e.g., mailing pension checks) to remain in contact with retirees and, therefore, would want to retain status as database of record for mailing address.)

ANSWER: Currently, both ACERA and the Medicare Exchange have databases housing address information for our members. On a monthly basis, ACERA provides a “change” data file through a secure portal to our Medicare Exchange vendor. We agreed to have any change to our member’s address suppressed so as not to override an address change communicated by our member directly to our Medicare Exchange. We would want to discuss this item with the Private Exchange vendor.

8. What is the status of the Medicare-eligible retirees? Will there be an opportunity to bid on these as well?

ANSWER: Currently, our Medicare-eligible members have the choice of a Medigap, PDP or Medicare Advantage plan through a Medicare Exchange, which was selected through a formal RFP process in 2012. Since Kaiser Permanente has not joined Medicare Exchanges, our members continue to have the option to enroll in the group contracted Kaiser Senior Advantage Plan (KPSA). This will not be the appropriate venue to bid. ACERA attempts to review all contracts every five years through a formal RFP process.