

**Missouri Consolidated Health Care Plan
Responses to Vendor Questions
2025 Third Party Administrator (TPA) RFP
February 20, 2024**

These responses are provided by MCHCP to questions received from potential bidders for the 2025 Third Party Administrator RFP.

| Question | Response |
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| 1 Please provide the employee and member counts for the populations covered in this solicitation. | Subscribers - approximately 38,250 Members - approximately 72,600 |
| 3 Do you currently cover GLP-1 drugs (Ozempic, Wegovy, Zepbound) for weight loss? | MCHCP currently covers GLP 1 drugs for diabetes and weight loss as appropriate. |
| 4 What is the strategy around GLP-1 drugs (Ozempic, Wegovy, Zepbound) for weight loss? | The Board has approved coverage and is monitoring utilization and cost impacts. Coverage is approved through the Pharmacy program administered by the PBM and not through the benefits administered by the TPA. |
| 5 Are there any prior authorization requirements around GLP-1 drugs? If so, please describe for both Type 2 diabetes and for weight loss. | Refer to 22 CSR 10-2.045, Plan Utilization Review Policy for pharmacy services for which preauthorization is required which would include GLP-1 drugs. MCHCP has designated Express Scripts to make the preauthorization determinations and utilize their protocols for both Type 2 diabetes and Weight loss. |
| 6 Are there any combination therapy requirements around GLP-1 drugs. If so, please describe for both Type 2 diabetes and for weight loss. | Those requirements are determined by Express Scripts as referenced in question 5. |
| 7 Please provide GLP-1 spend over the past three years for Type 2 diabetes and for weight loss. | Pharmacy spend is not included in this procurement. |
| 8 Are there any specific outside vendors that you would like us to coordinate with? | Please refer to the RFP requirements for the services that will be required. We will look to the bidder to identify outside vendors that may be needed to fulfill those requirements and has not specified any particular outside vendors to coordinate with a few exceptions. A few examples of outside vendors are UnitedHealthcare, Express Scripts, and Merative. |
| 9 Is there a file size limit for documents loaded to the Optavise site? | Please contact Optavise support at systemsupport@optavise.com or 800-979-9351 for technical questions related to the use of the Optavise system. |
| 10 Will MCHCP allow for additional questions/clarifications if the answers to those questions submitted on Feb. 13 require additional information? | Questions received after Feb. 13 will be answered and posted as time permits, but there is no guarantee of a response to these questions. |
| 11 Why is the group out to bid? | The current contract with Anthem expires December 31, 2024, necessitating the need for this bid. |
| 12 Are there any service issues with the incumbent? Is the incumbent meeting expectations? | The incumbent is meeting expectations. |
| 13 Is Hinge Health offered through Anthem, or is it contracted with the group separately? | Hinge Health is offered through Anthem. |
| 14 Please provide more detail on "medically supervised weight loss program". Does a program overseen by a nurse practitioner meet that qualifier? | Generally, medically supervised weight loss programs include a team approach that can be led by registered dietitians, advanced practice providers with physician oversight. MCHCP is looking for programs that are classified as preventive care under the Affordable Care Act. |

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| 15 Are there any other conditions that are high priority other than weight loss and MSK? | The programs mentioned in your question are ones that MCHCP will evaluate whether or not to include in its offerings. In the RFP, we have identified high cost claimants, those with complex medical conditions such as cancer, and those with diabetes of concern. |
| 16 How much does the employer contribute to the HSA? | MCHCP contributes \$500 for individual coverage and \$1,000 for family coverage annually for active employees. |
| 18 How will Segal reflect custom or non-standard networks that may not have credible claims experience? | As part of the claims repricing exercise, vendors are asked and expected to provide repricing for each network being proposed/offered. When evaluating the various network offerings, Segal will consider variables such as contracted discount differentials, network access, provider disruption, impact on utilization, mix of services, and enrollment, etc. |
| 19 Does Segal want an actuarial attestation to the claim repricing to ensure it matches Segal's preferred approach and industry standard methodology? | Yes, please include an actuarial attestation of the claim repricing to ensure the data has been reviewed and matches Segal's preferred approach and industry standard methodology, as noted in the instructions. |
| 20 Confirm you don't want carriers repricing using redirection assumptions for care (i.e. if a claim is out of network or at a lower discount facility, carriers should not redirect that claim to a higher discount facility). | Please reprice based on the actual claim, place of service, and provider/facility presented in the data. Do not make any re-direction assumptions. |
| 21 Does Segal have any specific instructions with respect to a carrier's out of network programs being used to secure discounts for claims? | It is likely that any programs used to secure discounts for out-of-network claims have an associated cost – e.g., percent of savings, etc. – that would be passed through the claims wire. If you assume employment of such programs in the claims repricing exercise, please also provide the corresponding cost that would pass through the claims wire. |
| 22 Related to performance guarantee 21.5, would you be willing to accept response to email inquiries rather than written? | Bidders may suggest modifications to the stated performance guarantee in the box labeled "Will you guarantee this standard (Yes or No)." |