Jefferson
HEALTH PLAN

Request for Proposal (RFP) Checklist

Background:

- ☐ Group name and contact information
- ☐ Requested proposal due date
- ☐ Proposal effective date
- ☐ Recent census (to include: gender, age or DOB, coverage type by plan, and zip code)
- ☐ Commission requested (PEPM, Monthly Fixed Fee, or % of LCRP only, for example)
- ☐ Current network and TPA and Requested network and TPA
- ☐ Large Claim Reimbursement Plan specifications (needed contract type and LCRP deductible level)
- ☐ Aggregate protection Requested Y/N

Reporting: (please be sure that reporting includes both incurred and paid date parameters)

- ☐ 24-36 months of paid claims data by line of service by month
- ☐ 24-36 months of enrollment/contracts by line of service by month
- ☐ 24-36 months of large claim data/Stop Loss (50%) reporting
- ☐ Large claim case notes/detail, if available
- ☐ Pended/payable reporting and trigger diagnosis reporting, if available
- ☐ Any/all available group reporting

Documents:

- ☐ Summaries of benefits (current & prior, if changes were made; include future benefit changes)
- ☐ 3 most recent renewal rates and rate developments (from the FI Carrier or TPA and Stop Loss Carrier)
- ☐ 3 most recent Stop Loss Contracts, if applicable

Please include all of the preceding information with your RFP submission and any other information that may be relevant to the Underwriting Team during the review process. This checklist is not all inclusive and additional data may be requested. Complete RFP submissions should be sent encrypted to: quotes@thejeffersonhealthplan.org.

Thank you for considering The Jefferson Health Plan for your self-insurance needs!

Updated: 2/13/2020

Location 2023 Sunset Boulevard, Steubenville, OH 43952 Phone 740.792.4010 Fax 740.283.2709 Web thejeffersonhealthplan.org