

How your institution can obtain a quote for the Coalition for College Cost Savings/UnitedHealthcare Group Medical Program

We prefer to receive all or as much information of the below information. Please submit your information in the requested electronic format.

1. Name of Institution requesting quotation
 - a. Name and title of individual submitting request for proposal.
 - b. Name of current carrier or administrator, has the institution changed carrier/administrators in the last 5 years? If yes, please provide details.
 - c. Name of institution's broker/consultant. Please provide requested level of broker/consultant compensation if applicable.
 - d. Requested plan effective date.
2. Census in excel format to include
 - a. Subscriber (employee) date of birth
 - b. Subscriber gender
 - c. Enrollment Type - based on current plan tiering (ie single, single plus 1, family)
 - d. Home Zip Code
3. Two years of monthly paid medical claims, documented on current plan administrator letterhead or reports (the closer the cut off month for the claim exhibit to the month a proposal is requested the better).
4. Two years of employee enrollment data by month that corresponds exactly with the monthly time frames the claims exhibit provides.
5. Two years of monthly paid prescription drug claim data with monthly enrollment. We require the following additional data elements to provide you with a guaranteed rebate or ASO fee reduction.
 - (a) Date of service, NCD-11, Drug Name, Drug Indicator-Brand or Generic, Indicator that drug was filled by either Mail Order or Retail pharmacy, Number of prescriptions and Quantity dispensed.
6. Rx claim spend split by generic and brand name medications can be used to maximize rebate or ASO fee reduction.
7. Large claimant information – diagnosis, status of claimant, and total amount paid in current policy year. Large claimant information should match both of the 12 month periods of submitted claim experience to be used for pricing analysis. Please provide current individual or specific stop loss deductible level and contract accumulation period (i.e.12/12, 18/12 or Paid). Does the institution purchase aggregate stop loss as well? What is the current corridor, i.e. 125%? This is required for all individual stop loss proposals.

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8. Current and proposed plan designs (including any recent changes during claim period provided). Full Summary Plan Description or Certificate of Coverage is requested to assure plan benefits can be matched.
9. Please provide ASO Fee/Stop Loss premium history for last two years.
10. Network Disruption Analysis¹ (if requested) – In order to perform an accurate disruption analysis we must receive the following data in electronic format (access or excel)
 - a. Provider First and Last Name
 - b. Facility Name
 - c. Provider address, city, state, zip
 - d. Provider Tax Identification Number (TIN)
 - e. Provider Specialty (if available)
11. Network Claims Repricing¹ (if requested) – The repricing unit needs the results of the disruption analysis as well as the following data in electronic format (access or excel)
 - a. Billed or eligible charges
 - b. Service Type (inpatient facility, outpatient facility, etc)
 - c. If service type is not available we can usually obtain the service type from Place of Services codes (ie HCFAs) or procedure codes.



Please submit a copy of your proposal request and all necessary data to **R. Christopher Costin** at robert_c_costin@uhc.com or call **(502) 318-1861**.



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¹ Network disruption and claim repricing available only for institutions with 500 or more covered faculty and staff.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. This program is available only for self-funded plans.