



**Request for Proposals
Group Medical, Pharmacy, and EAP Plan
Administration and Stop Loss Insurance
#26035P**

Anoka-Hennepin Independent School District

November 17, 2025

Proposal Due

December 18, 2025, by 3:00 pm CST

November 17, 2025

SUBJECT: Request for Proposals – Group Medical and Pharmacy Self-Funded Plan Administration

TO WHOM IT MAY CONCERN:

Enclosed please find the Request for Proposal (RFP) specifications and background information that you will need to prepare a proposal for the self-funded group medical and pharmacy plan administration for eligible employees of Anoka-Hennepin Independent School District ("Anoka-Hennepin"). Approximately 6,000 employees and retirees are eligible to participate in the plans with approximately 3,900 enrolled employees.

Requested Services:

- 1) Medical Plan Administration
 - a. Medical
 - b. Disease Management
 - c. Wellness Program and Incentives
 - d. Employee Assistance Program (EAP)
- 2) Pharmacy Plan Management (PBM)
- 3) Stop Loss Insurance

Anoka-Hennepin prefers that all services above be provided by one vendor but will consider separate carve-out bids for Stop Loss and/or a variable copay medical plan. Anoka-Hennepin will consider offering a variable copay plan through one vendor in combination with our standard medical plan offerings, or on a stand-alone basis with one vendor administering the variable copay plan and another vendor administering the other plans.

Anoka-Hennepin is actively seeking innovative solutions to the challenges created by rapidly increasing health care costs. In addition to requesting proposals that reflect current plan designs, Anoka-Hennepin is requesting that vendors also provide proposals on innovative alternatives.

Anoka-Hennepin reserves the right to select the proposals that best fit its needs and the needs of its eligible employees. The District has retained Aon Consulting to assist in the RFP process. Anoka-Hennepin will not appoint an Agent of Record or pay commissions, finder's fees, or any other type of marketing compensation on this program.

The point of contact for this RFP is listed below. Questions regarding this RFP are due in writing via email to purchquotes@ahschools.us no later than **3:00 p.m. CST December 9, 2025**.

All response exhibits and templates provided to you in Excel format must be completed and submitted in Excel format.

Please submit responses to Anoka-Hennepin School District. Proposals must include one (1) electronic copy on a USB/Flash Drive, one (1) original unbound paper proposal.

Paper copies should exclude the following proposal sections:

- **Medical Provider Disruption and Network Access**

- **Prescription Drug Network and Formulary Disruption**
- **Specialty Drug Listing**

Proposals must be submitted to:

Anoka-Hennepin School District
Tiffany Audette, Purchasing Department
2727 N Ferry Street, Anoka, MN 55303-1650

Proposals are due by 3:00 p.m. CST, December 18, 2025

If delivering in person, please check in with the receptionist at Entrance #1.

Details regarding questions and proposal submission are outlined in the RFP. There will not be a conference for interested proposers.

Proposals will be opened on December 18, 2025, at 3:00 p.m. CST. The opening of proposals will be conducted by electronic means in the form of a virtual opening utilizing the Google meet platform.

Google Meet joining info

Video call link: <https://meet.google.com/oox-xmkd-bpj>

Or dial: (US) +1 318-526-1524 PIN: 113 240 356#

More phone numbers: <https://tel.meet/oox-xmkd-bpj?pin=2118065207400>

Only the names of the proposers submitting proposals to Anoka-Hennepin by the due date and time listed will be read aloud. From the time the response is submitted until a contract is in place, each response is considered a working document.

The Vendor assumes the risk of any delay in the delivery of their proposal. Whether the proposal is sent by mail, or by means of personal delivery, the Vendor assumes responsibility for having their proposal accepted on time at the location specified above. Any proposals received after the proposal opening time may be rejected.

If your company decides not to submit a proposal, please send a written decline email to purchquotes@ahschools.us

Request for Proposals

Group Medical and Pharmacy Plan Administration and Stop Loss Insurance

Anoka-Hennepin Independent School District

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I. Introduction and Background

Description of Anoka-Hennepin

The Anoka-Hennepin School District is one of Minnesota's largest, serving approximately 38,000 students and 248,000 residents. Spread out across 172 square miles, the district is made of 13 suburban communities north of the Twin Cities of Minneapolis and St. Paul. Anoka-Hennepin has 25 elementary schools, six middle schools (grades six through eight), and five traditional high schools, plus alternative middle and high school sites, in addition to an award-winning Community Education program.

Objectives of the RFP

Anoka-Hennepin is seeking proposals to provide third-party administration for its self-funded health insurance program including provision of a provider network. Anoka-Hennepin is interested in maintaining an efficient health benefits program that provides quality and affordable care to its members.

The District intends to contract with a health plan administrator offering bundled provider network, administrative services, stop-loss insurance, utilization management, disease management, wellness, PBM (pharmacy benefit management), EAP, and related services.

Anoka-Hennepin is requesting proposals that meet the following key objectives:

- Competitive and Affordable Overall Cost
- Comprehensive, Broad Provider Network
 - Offer a broad network in terms of the number, breadth, quality and location of network providers in the northwest suburbs
 - Limit provider/patient relationship disruption that employees may experience in the event of a change in provider network
 - Provide access to providers outside the local geographic service area for retirees
- Plan Options and Design
 - Match the existing plan designs and features
 - Match the current network structure
- Plan Administration
 - Provide outstanding administrative services
 - Provide responsive account management
 - Provide a dedicated account manager
 - Ability to receive electronic enrollment file from external vendor each week
- Quality
 - Offer employees meaningful and usable data and information regarding the quality, outcomes, and cost of episodes of care

- Encourage employees to utilize higher quality, more efficient providers
- Health Improvement, Education and Wellness Programs
 - Partner with Anoka-Hennepin to design and offer comprehensive programs
 - Explore innovative, positive incentives for participation in these programs
- Disease and Other Care Management Programs
 - Offer assertive disease management and care management programs
 - Offer employees care support in the form of decision support tools and health care coaches or patient advocates.
- Employee Assistance Program (EAP)
 - Provide 24/7 access to EAP and WorkLife services to employees and dependents regardless of enrollment in the medical plan
 - Provide at least 5 face-to-face counseling sessions per event per year in addition to other WorkLife services including but not limited to: financial coaching, legal counseling, child care and family support, etc.
 - Provide up to 150 hours of CISC and employee training/support per year

Evaluation Criteria

Proposals will be reviewed for completion and compliance with submission requirements. Only compliant proposals will be considered for further evaluation. Anoka-Hennepin evaluates proposals using the criteria specified here:

- Organizational experience and ability to provide and quality of requested services
- Overall cost including medical, prescription drug, EAP, and stop loss
- Ability to administer the plan designs requested
- Medical and pharmacy provider network composition and member access
- Prescription drug formulary composition
- Experience and qualifications of the proposed team members
- Health Improvement, Disease Management, Education, Wellness, and EAP Programs offerings
- Ability to provide data and meaningful management reporting

Anoka-Hennepin may check references, request interviews with and presentations by key personnel, and request proposal pricing improvements. Additional clarifying and refining questions regarding the proposal may be asked to assist in selecting a successful proposal. However, Anoka-Hennepin reserves the right to make an award without further clarification of the proposal received.

Current Benefits Program

Anoka-Hennepin currently offers four health plans to its employees, their dependents, and former employees:

- **Choice 80/20 Deductible Plan** – An open access network deductible/coinsurance plan with an employer HRA contribution.
- **Choice Copay Plan** – An open access network copay plan
- **Elect 80/20 Plan** – A narrow network deductible/coinsurance plan that provides access to the physicians and hospitals from Allina, Riverway, Park Nicollet, MN Healthcare, Children's Health, Partners in Pediatrics, and others.
- **VantagePlus 80/20** – A narrow network copay plan that provides access to the physicians and hospitals from M Health Fairview, North Memorial Health and many independent clinics as part of an ACO network.

A summary of the plans and the benefits is illustrated in the enclosed 'Open Enrollment Benefit Summary' brochure and the Summary of Benefits and Coverage (SBCs). Additional information can be found at <https://www.ahschools.us/domain/12300>. Proposers must be able to administer claims in accordance with exact plan designs. Proposed network arrangements must be clearly described.

Anoka-Hennepin provides medical insurance for its employees who are covered by the Fourteen bargaining unit contracts and four policy groups. In general, employees who work in positions of 30 hours or more a week are eligible for the district health plans. The employee groups and district contribution amounts are listed on the back of the enclosed 'Open Enrollment Benefit Summary' brochure. A current census is provided for reference as well as a monthly summary of enrollment.

Anoka-Hennepin currently contracts with Medica as its third-party administrator, PBM and stop loss provider. The services provided under the administrative services agreement include:

- Managed care services
- Claims, enrollment and billing administration
- Member services
- Account management and support resources

Anoka-Hennepin also provides an employee assistance program, health and wellness coaching, and a health rewards program for its employees. These services are expected to be included in proposals for this RFP. Note that EAP is offered to all employees and dependents whether enrolled in medical or not.

Anoka-Hennepin currently has a 12/24 \$500,000 specific stop loss level with 125% aggregate stop loss coverage. There are two ongoing high-cost claimants that are lasered at a \$3,000,000 specific deductible each. Detail on these claimants has been provided with this RFP. Anoka-Hennepin is requesting bids to match this current contract and two additional specific deductible levels.

Anoka-Hennepin currently utilizes "Worklife" electronic enrollment and benefits management system for employee open enrollment and life event changes. Employees access their account through this system to make benefit elections or updates. The electronic data file of changes is transmitted to the third-party administrator on a weekly basis. The District is in the process of transitioning to a new platform, prior to open enrollment next year.

II. Proposal Submission and Timeline

Composition of Proposal

The following materials shall constitute the Proposer's complete proposal:

- Signed cover letter outlining a summary of the proposal
- Completed Questionnaire(s) including requested information/attachments
- Medical Exhibits
 - Medical Cost Proposal
 - Medical Provider Disruption
 - Medical Provider Access
- Pharmacy Exhibits
 - Pharmacy RFP Template
 - Formulary Disruption
 - Pharmacy Network Disruption
- Sample Contract/Administrative Service Agreement(s)
- Sample Stop-Loss Contract
- A document detailing all deviations or exceptions to this RFP

Anoka-Hennepin reserves the right to reject any proposals not submitted in accordance with the requirements of this RFP.

Timeline

The timeline for submission and review of proposals is as follows:

Activity	Date	Time
RFP Released	November 17, 2025	
Questions Due	December 9, 2025	3:00 pm CST
Response to Questions Released	December 11, 2025	
Proposal Deadline	December 18, 2025	3:00 pm CST
Proposal Analysis; Requests for clarifying information and/or best-and-final offers	December-January	

Finalist Interviews (if required)	Week of January 26, 2026	
Best and Final (BAFO) due	January 29, 2026	
Recommendation to School Board of Third-Party Administrator	February 23, 2026	
Open Enrollment	May 26 – June 10, 2026	
Effective Date	September 1, 2026	

Data Practices Act

The Minnesota Government Data Practices Act provides that the names of proposers are public once the proposals are opened. With the exception of trade secret information as defined in Minnesota Statutes, section 13.37, all other information submitted by a Proposer in response to this RFP becomes public at the times specified in the act and is then available to any person upon request. Trade secret information is defined in section 13.37 as data, including a formula, pattern, compilation, program, device, method, technique, or process, (1) that was supplied by the Proposer; (2) that is the subject of efforts by the Proposer that are reasonable under the circumstances to maintain its secrecy; and (3) that derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.

Any information in its response to this RFP for which the Proposer claims protection as trade secret information in accordance with the above provisions must be limited and set apart in the RFP response on separate pages, with a heading that identifies the information as trade secret information. Anoka-Hennepin will make the ultimate determination whether the information meets the applicable definition. Any information submitted in response to this RFP which does not meet the legal definition will be considered public information, regardless of the Proposer's identification of it as trade secret information. Proposers are advised that blanket-type identification by designating whole pages or sections as containing trade secret information will not assure protection --- the specific information for which the Proposer claims trade secret protection must be clearly identified as such.

Submitted proposals shall not be copyrighted. A statement by the Proposer that submitted information is copyrighted or otherwise protected does not prevent public access to the information contained in the RFP response.

III. Mandatory Implementation Timeline Requirements

Plans must mirror Anoka-Hennepin's current plan designs in terms of coverage, deductibles, and copays/co-insurance; plans must closely match the current networks, doctor, and hospital accessibility, although alternatives will be considered. Funding rates will be determined and preliminary open enrollment preparation will be based on 2024-2025 plan designs, networks, and claims costs.

1. Implementation Tasks that must be completed before the Open Enrollment Period begins on May 26th.

- Summary of Benefits and Coverage (SBC) for each plan made available for distribution.
- Summary Plan Descriptions (SPD) for each plan made available.
- Provider Directories / Provider Care Clinic (PCC) lists for each plan made available.
- TPA Customer Service representatives must be prepared to handle questions and concerns from Anoka-Hennepin Insurance Staff and Employees
- User friendly summary of any potential provider disruptions made available for distribution. Summary should provide information to employees on any disruption that may occur due to unavoidable changes in plan design or networks and proactive steps they can take to minimize impacts.
- TPA must work with Anoka-Hennepin insurance staff and printing department to ensure that open enrollment materials (see 2025-2026 Open Enrollment Benefit Options document) are accurate, complete, and available for final printing such that distribution to all eligible employees and retirees occurs on Tuesday, **May 26th**.
- TPA must work with Anoka-Hennepin insurance staff to ensure that its online insurance enrollment system, can be updated with names, plan overviews, and links to important documents for each plan by **May 19th** to accommodate a week of testing prior to open enrollment.
- TPA must work with Anoka-Hennepin insurance staff to prepare presentations for up to 6 informational meetings during the open-enrollment period. A representative of the TPA must attend each meeting to assist with answering questions.

2. Implementation Tasks that must be completed prior to the beginning of the new plan year:

- TPA must work with the selected electronic enrollment system to ensure accurate, complete, and secure enrollment data transfer processes including the initial OE change file the first week in August and updates prior to the commencement of the plan year, and weekly updated data files thereafter.
- All other tasks necessary for a minimally disruptive implementation must be completed prior to the beginning of the plan year.

Implementation Timeline Acknowledgment and Performance Guarantee

Because of the tight timeline for many of the above implementation tasks, Anoka-Hennepin is requiring that bidders confirm their organization will meet the required deadlines and provide a significant implementation performance guarantee of **at least 25% of year one administration fees**. This is in addition to annual performance guarantees quoted in your proposal. Because missing any of the implementation deadlines will cause significant disruption to Anoka-Hennepin and its employees, this confirmation will likely be considered a minimum requirement of this procurement.

Define your performance guarantee in the medical and pharmacy proposal templates in the RFP. The performance guarantee also must be confirmed in the signed cover letter.

VI. RFP Document Directory & Submission Requirements

#	RFP Document	Requirement
RFP files included		
1	RFP Instructions	Reference only
2	General Questionnaire	Required submission document
3	Medical Questionnaire	Required submission document
4	Medical Cost Proposal	Required submission document
5	Medical NAPD Overview and Password	Reference only
6	Medical Network Access Instructions	Reference only
7	Medical Message to Incumbent	Reference only
8	NAPD Census	Reference only
9	Medical Provider Disruption	Required submission document
10	Mental Provider Disruption	Required submission document
11	Pharmacy Questionnaire	Required submission document*
12	Pharmacy Claims File	Required submission document*
13	Census	Reference only
14	Open Enrollment Guide 25-26	Reference only
15	25-26 Plan year SBCs (multiple)	Reference only
16	25-26 Plan year SPDs (multiple)	Reference only
17	Current Contracts (multiple)	Reference only
18	Enrollment Reports (multiple)	Reference only
19	Claim Lag Reports (multiple)	Reference only
20	Large Claim Reports (multiple)	Reference only
21	Top 100 Provider Report	Reference only
Additional submission requirements to be included with RFP response		
22	Attachments requested in questionnaires or templates	Required submission document
23	Sample Contract/Administrative Service Agreement	Required submission document
24	Sample Stop Loss Contract	Required submission document
25	Deviations or exceptions to the terms of the RFP	Required submission document

* Data files relevant to this solicitation are available upon request. Vendors seeking access must submit an email request to purchquotes@ahschools.us. Please include the solicitation number and company name in the subject line and body of the message. Upon receipt, the District will provide a secure Google Drive link granting access to all supplemental files.



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General Questionnaire

IV. General Questionnaire

The information contained in this and attached questionnaires is important and will be used in evaluating proposals. Please be certain that questions are answered completely and accurately. Include both the question and the answer in your proposal. Failure to include responses to each item on the questionnaire in your proposal could eliminate it from consideration. The questionnaire has been provided electronically to facilitate their restatement in your response. If you are selected to administer Anoka-Hennepin's benefit program, your responses will be considered part of your contractual responsibilities.

1. Provide a brief summary of your organization, including:
 - Company history
 - Organizational structure
 - Ownership
 - Significant organizational and operational developments within the past two years
 - Future merger/acquisition plans
2. Please describe any qualifications or clarifications you would like to make regarding your company's ability to meet the requirements stated in the RFP.
3. Clearly identify any restrictions and/or limitations on coverage or eligibility for current and future participants.
4. Include a specimen copy of the contract that you propose to use (for medical, pharmacy, and stop loss).
5. Please describe the scope and type of strategic alliances your organization currently has in place. Include information on any subcontracted relationships and how you will be responsible for their performance.
6. Provide your organization's most recent ratings by the following organizations:

Agency	Rating	Last Rating Date
AM Best		
Moody's		
Standard & Poor's		
Other (define)		

7. Please provide the average number of covered group commercial members your organization serviced in 2025.

	# of Members Covered in 2025		
	Self-Insured	Fully-Insured	Total
Medical Only			
Medical & Pharmacy			

Account Management

8. Provide the name, title, address, telephone and fax numbers and email address of the person(s) who will be responsible for managing Anoka-Hennepin's account. Where is that person located? Provide a brief biography, including a description of related qualifications and experience, length of service with your organization, certifications or accreditations, and current account responsibilities. The list should include the requested information for all primary team members that will be assigned to the account.
9. Please provide the following information on the specific areas listed below that will be servicing Anoka-Hennepin.

	Geographical Location(s)	Hours of Operation (CST)	Is this service Outsourced? Yes or No? <i>If Yes, provide name of company to which the function is outsourced</i>
Member Service Center			☐ Yes <i>Specify Company Name:</i> _____ ☐ No
Claims Administration Office			☐ Yes <i>Specify Company Name:</i> _____ ☐ No
Account Management Office			☐ Yes <i>Specify Company Name:</i> _____ ☐ No
Utilization Management			☐ Yes <i>Specify Company Name:</i> _____ ☐ No
Pharmacy Benefit Management			☐ Yes <i>Specify Company Name:</i> _____ ☐ No
Wellness Program			☐ Yes <i>Specify Company Name:</i> _____ ☐ No
Other (Specify functional area)			☐ Yes <i>Specify Company Name:</i> _____ ☐ No

10. Current Clients – Include a list of three (3) accounts with enrollment of at least 3,000 covered employees for whom your organization and the selected account service team provides similar services. Public sector references are preferred and at least one reference must be from a public sector client. Include the following information:

- Organization name
- Number of covered employees
- Plan(s)/services offered through your organization
- Name, title, telephone number, and e-mail of individual who can be contacted
- Years as a client

11. Former (Terminated) Clients – List two (2) accounts with enrollment of at least 3,000 employees for whom your organization provides similar services that has terminated coverage within the last year. Include the following information:

- Organization name
- Number of covered employees
- Plan(s)/services offered through your organization
- Name, title, telephone number, and e-mail of individual who can be contacted
- Years as a client

12. Describe any proposed performance guarantees included with your proposal. Include details regarding definition, timing, and measurement of results as well as the amount of fees proposed at risk.

Criteria	Value of Incentive	Value of Forfeiture	Target Corridor – All targets are specific to Anoka-Hennepin unless noted otherwise below
Cost Management:			
Health Outcomes:			
Provider Network Management:			
Operational Performance:			
Implementation Timeline Guarantee:			

13. Anoka-Hennepin will expect the following reporting formats at a minimum. Please provide a listing of your standard report templates including timing and frequency.

- a. Summary of claims experience (by-, plan, active/retired/COBRA/pre-65 retirees/post-65 retirees, medical, pharmacy, etc.) including incurred/paid lag triangles
- b. Claims by provider type (hospital, clinic/physician) by plan and group
- c. Claims by coverage (for example, inpatient room and board, prescription drugs, outpatient surgery, chemical dependency, etc.)

- d. Detailed large claim reports coinciding with the quoted stop loss contract
- e. Results of disease management and case management efforts including frequency of various diseases and comparison to normative/book of business data.
- f. Provide a description of online reporting capabilities available to Anoka-Hennepin

14. Please indicate which features are available on your website.

Member Can:	Yes	No
Personal account information		
Personal claim (medical/Rx) information and status		
EOB		
Check for a provider (Name, address and location)		
Verify eligibility		
E-mail a question		
Review covered items under the plan on-line (i.e., On-line SPD or certificate)		
Print out (or request) an ID card		
Cost/quality for medical services by provider/facility		
Cost for prescription drugs		
General medical or condition information/database		
Health risk assessments		
Online drug formulary		
Online billing		
Employer Can:	Yes	No
Print, create, retrieve all reports electronically		
Marketing materials - download PDF documents/applications		
Order supplies		
View eligibility information		
Check payment of fees		
Other?		
Provider Can:	Yes	No
Check eligibility of member		
Submit a claim electronically		
Search for a specialist		
Check status of claim payment		
Check to see if an item is covered		
Review plan requirements (for Pre-Cert)		

Accept adds, deletes, changes from Anoka-Hennepin's electronic enrollment system on a weekly basis		
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15. Please confirm your ability to coordinate weekly electronic enrollment data from Anoka-Hennepin's benefit administration provider.
16. How will you keep Anoka-Hennepin informed of program changes required by legislative or regulatory mandates?



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Medical Questionnaire

Request for Proposals

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Anoka-Hennepin School District

Medical Questionnaire

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I. Medical Strategy

1. Describe how your organization differentiates itself from your competitors. Specifically, what makes your organization the best partner for Anoka-Hennepin?
2. Include a description of your organization's major short-term strategic initiatives and your long-term strategic business plan. Specifically address cost containment efforts.

II. Medical Network and Alternative Health Plan Offerings

3. Identify and describe your local and national preferred provider organization(s).
4. Confirm that you can accommodate open access plans with no gatekeeper requirement.
5. Describe your history, experience, and results with establishing and maintaining a tiered provider network. What data and information or methodology is used to place provider groups into cost and quality tiers?
6. Provide the number of in-network providers by each provider network/product proposed. Include providers in the following 3-digit zip codes only: 550, 551, 553 and 554. Responses should include only providers in your owned network(s).

PROVIDER TYPE	2024	2025
Primary Care Providers		
Specialists		
Hospitals		

7. Please identify any major provider groups or care systems which are not included in your proposed networks. Describe your proposed approach to contracting with providers that are not currently in the network to ensure they will be available to members effective September 1, 2026.
8. Do you anticipate making significant changes to your network during the next 3 years? If so, explain.
9. Is any part of your network leased or will you rely on partnerships with other carriers in order to fill in gaps in your national network? If so, identify the primary owner of the leased/filler networks and the geographic service area.
10. How do you select participating providers? What are your minimum requirements? Briefly describe your credentialing and re-contracting process.

11. Describe how an employee or dependent that requires care while outside of Minnesota will be provided services. Example: a dependent who requires care over an extended period while away from home (e.g. student attending college). Do you have "guest" or "visitor" status programs for people who are temporarily domiciled outside of the service area (including while out of the country)? What are the terms and conditions of such programs?
12. What is the current percentage of primary care physicians that are accepting new patients for POS/PPO plans?
13. What is your standard process and advance notification timeframe to notify Anoka-Hennepin and its members of network changes?
14. How often are your online provider directories updated?
15. Describe fully any specialized networks available (e.g., incentive-based, Centers of Excellence, narrow, etc.)?
16. Describe how your plan provides coverage for and handles the following coverage issues in your various product types.
 - a. Chiropractic care (both inside and outside the network)
 - b. Optometrists/ophthalmologists
 - c. Urgent care centers
 - d. Mental health/substance abuse
 - e. Convenience clinics (e.g., "Minute Clinic")
 - f. Other specialty networks
17. Describe the programs and methodologies currently in place to gather and measure meaningful provider quality and efficiency data that can be shared with members.
18. Describe in detail the performance standards you currently have in place with your contracted physicians, provider groups, hospitals, and other providers. Outline the types of measures utilized, how you monitor and track these measures, how providers are held accountable, and how frequently the data is compiled and shared with the physicians and provider groups.

What have you done to align your pay for performance programs with other pay for performance programs and initiatives in Minnesota?

Discuss your urgent care network. How do you communicate to members which stand-alone urgent care providers truly bill as urgent care facilities versus billing as an emergency room?

21. Do you offer a copay-only (variable copay) plan?
 - a. When was/will this product launch(ed)?
 - b. How many covered lives does this plan serve today?
 - c. What savings does this plan generate for your clients?

- d. How do you ensure the providers are high quality?
 - e. Describe the member experience
22. Do you offer a reference-based pricing plan (e.g. provider and/or facility reimbursement rates indexed to a multiple of Medicare)?
- a. When was this product launched?
 - b. How many covered lives does this plan serve today?
 - c. What savings does this plan generate for your clients?
 - d. How do you ensure the providers are high quality?
 - e. Describe the member experience
23. Do you offer a “virtual-first” plan that encourages the use of lower cost, virtual services (including primary care) prior to seeking brick-and-mortar or specialty care?
- a. When was this product launched?
 - b. How many covered lives does this plan serve today?
 - c. What savings does this plan generate for your clients?
 - d. How do you ensure the providers are high quality?
 - e. Describe the member experience
24. For your PPO plan, do you have mechanisms to steer members to the highest value providers?
- a. What % of your members engage in these mechanisms?
 - b. Describe how you define “value”
 - c. Describe the member experience

III. Clinical, UM, Wellness & Disease Management

25. Anoka-Hennepin is requesting proposals that reflect the current plan design. In addition, Anoka-Hennepin is requesting innovative proposals that are expected to have a positive effect on the rapidly increasing cost for medical insurance. Describe the expected impact of these innovative proposals on both cost and usage of the plan by members and any suggestions you have.
26. Describe your ability to offer incentives for the prescription drug program to drive employees to lower cost pharmacies.
27. Please provide a list of clinical programs, UM programs, Wellness, and Disease Management programs that are included in your base administration fee as well as buy-up options.

28. Describe your utilization management and large case management programs. What types of UM are included in your administrative fees?
- Preadmission review
 - Concurrent review
 - Ambulatory review
 - Large case management
 - Referral management
 - Chronic care management
 - Demand management
 - Nurse hotline
 - Out-of-state case management
29. Describe your organization's quality initiatives. How do you define and measure quality of care? Do members have access to provider quality information?
30. Describe your physician engagement. Are reports provided to individual physicians, offices, or contracted groups? How frequently is information provided to physicians? Are results used during the re-credentialing process?
31. Please provide a list of clinical programs, UM programs, Wellness, and Disease Management programs that are included in your base administration fee as well as buy-up options.
32. How do you evaluate provider practice patterns and identify actions to take to improve outcomes?
33. What is the process for identifying patients for utilization management (UM)?
- What are the automatic and manual triggers to identify cases for UM?
 - How do you ensure that cases are appropriately managed?
 - How do you calculate UM savings?
 - How do you interface with medical group and hospital staff in the UM function?
34. What is the process for identifying members for large case management and how are claims transferred to case managers?
- What are the automatic and manual triggers to identify cases for large case management?
 - How do you ensure that large cases are appropriately managed?
 - How do you calculate case management savings?
 - How do you interface with medical group and hospital staff in the case management function?
35. What programs or processes do you have to help control emergency room utilization? Will you be able to identify "frequent flyers" and take proactive steps to manage that member either through physician engagement, disease management, or other methods?
36. Please provide a brief summary of your capabilities related to Telemedicine/Virtual Care.

- a. Describe the member's experience when accessing your Telemedicine/VC service.
 - b. What would be the expected cost impact to AHSD if offering this service?
 - c. Can fees for telemedicine/VC be billed as a PEPM or as a claims charge (i.e. can AHSD decide?)
37. Are patients stratified by risk? If yes, please describe:
 - a. For which conditions/diseases?
 - b. Methodology used (e.g., predictive modeling)?
 - c. How strata are defined?
 - d. How interventions are adjusted to the respective risk strata?
38. Do interventions vary by status of disease? Please describe your process and intervention approach.
39. How do your care management / DM programs address mental health issues like depression?
40. Describe how you coordinate members involved in more than one program, for example members with diabetes and CHF.
41. Do you provide health coaching (apart from 24 x 7 nurse line and telephonic coaching for care management/DM programs)? If yes, is it outsourced to a third party vendor? If yes, please provide the name of the vendor. What hours are these resources available? Is there an additional fee for these services?
42. Do your health coaches assist members with non-chronic significant medical events (e.g. maternity, knee surgery)? Describe the outreach program to identify and follow-up with these individuals.
43. Describe your approach to member engagement as it relates to DM/health coaching.
 - a. Provide the average number of telephonic outreach attempts made by your health coaches to engage individuals in programs.
 - b. What is the average percentage of members who are actively engaged in health risk management programs after receiving an invitation through an outbound call?
 - c. Besides telephonic outreach, describe any additional methods that you are using to encourage engagement (e.g. texts, physician engagement, family engagement, etc.)
44. What clinical assessment tools/clinical content do your nurses/health coaches have access to in order to assist members?
45. Does your organization offer the opportunity for members to work with the same health coach/nurse?
46. Describe your programs that are designed to encourage/support members in their efforts towards improving their health. Include details of how these member engagement methods are integrated into the delivery of services.
47. Provide examples of incentive programs you have developed and implemented for employer clients to promote completion of a health assessment tool, engage in care and

disease management programs, or initiate other behavioral changes. How can you support AHSD on similar initiatives?

48. Describe your proposed Health Risk Assessment tool for members. Will Anoka-Hennepin be able to alter the questions included in the tool? Confirm that health assessment fees are included in your overall administrative fees.
49. Are health and wellness information, health risk assessments, and patient decision support information available on your member website or via customer service? Please indicate any partnerships with outside vendors to provide this information.
50. Do you send reminder notices for wellness screenings? If yes, please indicate which screenings and who receives the notice (member or provider).

IV. GLP-1 Management

51. What is your approach to covering GLP-1 medications for weight management and/or diabetes? Do you differentiate coverage for obesity versus diabetes indications?
52. What prior authorization criteria do you use for GLP-1 medications? Please provide details on clinical guidelines, duration limits, and renewal requirements.
53. Are step therapy protocols in place for GLP-1 drugs? If so, please describe the steps and alternative therapies considered.
54. What cost containment strategies do you offer for GLP-1 medications (e.g., formulary management, negotiated rebates, manufacturer copay assistance)?
55. Do you have partnerships or programs with pharmaceutical manufacturers to reduce net cost for plan sponsors?
56. How do you monitor and manage off-label use of GLP-1 medications for weight loss?
57. Are members provided with education or counseling regarding GLP-1 therapy, including lifestyle modification programs to support weight management?
58. Do you offer medication adherence programs or case management specifically for members prescribed GLP-1 drugs?
59. Can you provide regular reporting on GLP-1 utilization, spend, and outcomes? What metrics are included?
60. How do you evaluate the clinical effectiveness and ROI of GLP-1 weight management interventions for your clients?
61. Do you offer or recommend alternative weight management programs (e.g., digital therapeutics, behavioral health coaching, nutrition counseling) that may offset GLP-1 utilization or cost?
62. Why is your organization the right choice for a potential client implementing a weight management strategy for its employees?

V. Claims Administration

63. Confirm that you can administer all current plan designs as provided in the Summary Plan Descriptions attached to this RFP.

64. Confirm there will be no limitations or financial implications due to modifications to plan designs.
65. Are there any benefits in Anoka-Hennepin's plan designs that would require manual intervention? If yes, please describe.
66. Do you expect to make any major system changes (i.e., move locations, upgrades, etc.) in the next 24 months? If yes, what are they and how will this impact Anoka-Hennepin? Have you made any major system changes (i.e., move locations, upgrades, etc.) in the last 12 months?
67. Describe the claims payment process for participant claims. Describe your claims turnaround times and processes for plan administration.
68. What percentage of claims are submitted electronically? What percentage of claims are auto adjudicated?
69. Explain your process for Coordination of Benefits ("COB"). Describe how COB accumulators function. Are all services subject to COB, or only those above a certain dollar level?
70. How does your system calculate claims, apply and maintain COB credits and COB savings?
71. For out-of-network professional services, how is the maximum allowable charge/ reasonable and customary allowance determined? How often are these allowances updated?
72. Describe your standard procedure for an out-of-network "RAP" (radiology, anesthesiology, pathology) claim that is associated with an in-network surgery/ facility charge. Please describe your standard process when the RAP claim is received before associated hospital or surgery claim. AHSD would like the RAP claim to be paid as in-network if the facility is in-network. Please confirm you can accommodate this request and discuss how this process has been modified to comply with the No Surprises Act?
73. Describe what discounts a Client can expect to get on out-of-network claims? How does this vary by facility (inpatient and outpatient) vs. professional?
74. What are the discounts that you negotiated for OON providers based on?
75. Describe how you handle out-of-network claims for emergency and non-emergency services from the member and plan sponsor perspective. Describe your process for complying with the No Surprises Act and any associated fees.
76. Describe the assistance you provide to patients to prevent balance billing when shared savings is not opted into.
77. What percentile of reasonable and customary (R&C) charges or Medicare schedule do you use for out-of-network services?
78. Can you administer different out of network reimbursement fees that are not based on R&C or Medicare (i.e. either a custom rate or an "average" in network rate)?
79. Do you use a wrap or leased network for out-of-network services?
80. Do you perform hospital bill audits? If so, describe the process. Are audits performed by you or by an outside firm? If so, by what firm?

81. Please describe how you handle high-dollar patient medical transportation claims, typically via airplane or helicopter. Please differentiate between emergency and non-emergency use of medical transportation. For example, do you have "in-network" air transport providers? Do you apply a maximum allowable charge/ reasonable and customary allowance to out-of-network air transport claims? If yes, what is the source of the charge/ allowance? Discuss how this has been modified to comply with the No Surprises Act.
82. Describe your standard banking arrangement for self-insured clients. Please include: How and when is the account funded; Wire transfer capability; Options you have available for reimbursement frequency and method; is there a minimum funding balance requirement and any initial deposit requirements

VI. Implementation and Communication Materials

83. Provide a copy of your Transition of Care protocols for ongoing medical services. How will you handle transition of care for members with ongoing treatment at the time of transition? Be specific with respect to pregnancy, hospitalization, chronic/terminal illness, and mental health
84. Describe the implementation process and provide a detailed timeline and the specific tasks involved given selection in February 2026, open enrollment beginning May 2026 and an effective date of September 1, 2026. Be specific regarding the following:
 - a. Timing of significant tasks
 - b. Anoka-Hennepin responsibilities
 - c. Transition with incumbent health plan
 - d. Availability of staff to attend open enrollment/educational sessions
 - e. Open enrollment services, including deadline for submitting enrollment data
85. What kind of employee communication materials do you provide to support clients in educating their employees about their benefits? Can these be customized for Anoka-Hennepin? Please provide samples of these materials, including:
 - a. Educational/promotional materials
 - b. Sample new member packet
86. What is your deadline for receiving eligibility information to guarantee member ID cards are received by September 1, 2026? How much time will you require to issue:
 - a. Member ID cards
 - b. Administrative materials
 - c. Booklets/certificates/SPD's
 - d. Master policy/contract
87. Detail any implementation credits you are providing as part of your proposal. If you are not willing to fund an implementation credit, are you willing to consider any other alternatives to support the transition of the plan?

VII. Customer Service

88. Describe the range of services provided by your customer service representatives and the qualifications of your staff. Are care advisors and/or care coordinators or services included in your customer service model?
89. Describe your customer service triage approach (e.g. live or phone tree) and your call tracking abilities. How many menu options does a member have to go through to get a live operator? What is the procedure when members call after business hours?
90. Describe the performance of the customer service resources that would be available for Anoka-Hennepin members, including your organization's goals and performance (over the last 12 months) for the following statistics:

	CY 2025
Total number of daily incoming calls	
Number of representatives available to take calls	
Average customer wait time	
Number of calls unanswered	
Number of calls abandoned	
Percentage of member services inquiries resolved on the first call	

91. Describe how you measure and track customer satisfaction. Describe the grievance and/or appeals protocols in place for plan participants.
92. Please outline the process and corresponding workflow responsible for monitoring and responding to member inquiries/problems.

VIII. Regulatory/Legislative Compliance

93. Indicate whether your company is currently a party to litigation regarding a medical plan contract or agreement. If so, provide details of the litigation or action. Failure to disclose this may constitute grounds for rejection of any proposal or termination of any contract.
94. What support will your organization provide Anoka-Hennepin to comply with the obligations of the CAA, Transparency in Coverage rules, and Mental Health Parity rules? Provide responses to the following questions and include information regarding additional compliance items required by these rules and regulations not specifically listed.
- Are your claim systems and operational processes prepared to comply with the No Surprises Act? Please describe how your organization will prevent Surprise Balance Billing.
 - Are you prepared to comply with provider directory accuracy requirements (if there is a network directory error and a plan participant uses an out-of-network provider they believe to be in-network, the cost-share cannot be more than in-network amount)?

- c. Are you able to comply with member ID card requirements that include deductibles and out-of-pocket maximums for in-network and out-of-network coverage?
 - d. Will your organization, on behalf of Anoka-Hennepin, create and provide machine readable files of in-network reimbursement rates and out-of-network allowed amounts and billed charges?
 - e. Will your organization have the ability to host the machine readable files on a public website?
 - f. Does your organization have an internet-based price comparison tool for plan participants? Please describe.
 - g. Are you able to comply with the annual reporting requirements about health care and prescription drug spending?
 - h. Mental Health Parity: Will your organization provide a full non-quantitative treatment limitations (NQTL) analysis and document a comparative analysis of the design and application of NQTLs for AHSD's plans?
 - i. If there are additional costs for any of the services your organization will provide to assist AHSD in complying with these regulations they must be listed as "other" fees in the cost template submitted with your proposal. Confirm your understanding of this requirement.
95. Medicare Part D disclosure: Does your organization test plans to determine if Rx coverage is creditable or non-creditable for Medicare Part D purposes? Will you disclose to CMS whether Anoka-Hennepin's pharmacy benefits are creditable or non-creditable by the required due date?
96. Prescription Drug Data Collection (RxDC): Will your organization submit medical, prescription drug, premium/premium-equivalent, and other data to CMS by the required date on behalf of Anoka-Hennepin?
97. Non-Discrimination Testing: Confirm that your organization will perform testing on an annual basis.
98. Gag Clause Attestation: Please confirm that your organization will submit the required compliance attestation on behalf of Anoka-Hennepin annually.
99. State whether you, your officers, agents or employees who are expected to perform services under the Anoka-Hennepin contract have been disciplined, admonished, warned, or had a license, registration, charter, certification, or any similar authorization to do business suspended or revoked for any reason.

IV. EAP

100. Confirm you are proposing a 5 visit EAP model and up to 150 critical incident/training hours for all employees of Anoka- Hennepin and all members of the employee's household.
101. Provide a concise overview of the services proposed including EAP, CISD/training, and other work/life resources and referral services. Clearly identify if any services are not included under the core PEPM fee included in your cost proposal.

102. Confirm all calls or outreach to the program have access to clinical intake via telephone 24/7/365 by a masters level clinician.
 103. Confirm access to care and services through member preferred channels, including in-person, digital, telephonic, virtual, (other?). Briefly describe.
 104. Please describe the network available for counseling services including number of access points in the Twin Cities metropolitan area.
 105. How do you ensure timely access to appointments within your network?
 106. Would you be willing to expand your network to include additional providers frequently used by the client's participants?
 107. Do you identify high quality providers in your network? If so, what is the criteria in place?
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