

NIS Self-Funded Advantage RFP Checklist

Information Required

Group Details:

Group Name: _____

Address: _____

Nature of Business - SIC Code: _____

Effective Date: _____

Commission Level Off Stop Loss %: _____

Producer Name: _____

RFP Due Date: _____

Census Requirements (to Include):

Gender	Plan Type	Zip Code
Age/DOB	Coverage Type	EE Status (Active, Retired, COBRA, Waived)

Stop Loss Contract:

Specific Deductible (Current and Requested) _____

Coverages (Med - RX ??) _____

Contract Terms (15/12, 12/12, etc.) _____

Current Premium Rates _____

Current Aggregate Factors _____

Current PPO Network _____

Requested PPO Network _____

Transplant Policy? _____

Retiree Coverage? _____

Claims Experience (to Include):

Monthly Paid Claims with Enrollment for Most Current 36 Months
Monthly Enrollment for Most Current 36 Months
Specific Claims for Most Current 36 Months

Claims Experience (to Include):

Shock Loss Claimants for Most Recent 36 Months*	Trigger Diagnosis Report (current period)
Potential Disclosable Conditions	Pre-Certification Report (current period)
Details: Diagnosis, Prognosis, Predicted Cost	Pending / Denied Claims Report (current period)

**Exceeding 50% of spec. deductible; to include diagnosis description and claimant name*

The Data File and Information Sheet Should Be Transmitted To:

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