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October 26, 2020

ADDENDUM NO. 1

TO

REQUEST FOR PROPOSALS

NO. 21-001

BENEFIT CONSULTING SERVICES
(for all health benefit plans)

AND

PHARMACY BENEFIT CONSULTING AND AUDIT SERVICES
(for standalone self-insure prescription drug plans only)

The following are responses to written questions that were submitted:

	Question	Answer
1	RFP Section 1.11 Submission of Proposals, bullet 3 (page 7) Will EUTF permit bidders to submit their electronic copies of the proposal in Adobe PDF format (other than Section IV Questionnaire, which would be submitted as a separate file in Word)? Using a PDF format for the full proposal will enable the bidder to cleanly insert the various required forms and attachments into the response document at the appropriate places. If no, will EUTF please provide bidders with a Word version of the RFP or at least the forms, attachments, and agreement/BAA?	Yes. Section VII Questionnaire for Pharmacy Benefit Consulting Services must be submitted in Word format while the other documents can be submitted in Adobe PDF format.

2	• RFP Section 1.11 Submission of Proposals (page 7) • RFP Section VI Proposal Documents, 6.1-6.11 (pages 43-45) Does EUTF want each of the attachments listed in Section 2.1 and the schedules listed in RFP Sections 6.1-6.11 to be submitted as separate files in the electronic version (CD or Flash Drive)?	The attachments do not have to be submitted in separate files in the electronic version. They may be combined into one Adobe PDF document.
3	• RFP Section 2.1 Content of Proposal, bullets 5 and 6 (page 18) • RFP Section 6.1 Offeror Information Sheet and References (page 43) • RFP Section 6.11 Fee Proposal (page 45) Section 2.1 states to include the Offeror Information Sheet as Attachment 5 and the Fee Proposal as Attachment 6; however, Section 6.1 says to attach as Offeror Information Sheet as Schedule 1 and the Fee Proposal as Schedule 10. Will EUTF please clarify which section takes precedence in determining placement of required documents in response?	The reference to attachments in Section 2.1 is to the placement in the RFP. The notations in Section VI (Schedules) refer to labeling and placement in the Offeror's proposal.
4	RFP Section 6.1, Paragraph 1 (page 43) The RFP requests three references for the Pharmacy Benefit Consulting and three for Pharmacy Benefit Audit Services. May bidders use the same client reference for both the consulting and auditing references if both services are provided to that client?	Yes.
5	RFP Section 6.9, Health Care Providers (page 45) This section asks for "major providers of employee benefits." Will EUTF clarify how	Major providers refer to insurance carriers (e.g., Blue Cross Blue Shield, Kaiser and Humana), pharmacy benefit managers (e.g., CVS, Express Scripts and Optum) and administrative service organizations.

	that relates to pharmacy benefit consulting or pharmacy auditing?	
6	RFP Section 6.10, Annual Premium (page 45) This section asks for "annual premium volume." Will EUTF clarify how that relates to pharmacy benefit consulting or pharmacy auditing?	Annual premium or claims volume will assist the EUTF in understanding the size of your book of business and experience in the State of Hawaii and nationally.
7	RFP Section V, 5.2, Item 9 (page 35) Will EUTF please provide additional detail on what is expected from the pharmacy benefit consultant related to analysis and evaluation of plan compliance with applicable federal and state laws, including HIPAA, COBRA, FMLA, ACA, USERRA, Medicare, and tax and insurance laws?	The following are two examples: 1. U.S. Preventive Services Task Force recommendations are implemented in the EUTF plans in accordance with federal laws. 2. Utilization management programs for the EGWP conform to Centers for Medicare and Medicaid Services rules. 3. Prescription drug plan design is compliant with Act 226, Session Laws of Hawaii 2013. RFP Section V, 5.2, 9 is amended to read: • Plan compliance with applicable federal and state laws, including but not limited to ACA and Medicare.
8	RFP Section V, 5.3, Item 4 (page 36) By what date does EUTF expect the "mid-contract term market check" to be performed?	New terms agreed to by the pharmacy benefit manager, for plan years beginning January 1, 2023 for retirees and July 1, 2023 for active employees must be in place by September 1, 2022 and March 1, 2023, respectively.
9	RFP Section V, 5.3, Item 3 (page 36) Will EUTF please provide additional detail on what is expected from the pharmacy benefit consultant in providing related to rate recommendations?	The pharmacy benefit consultant is required to provide recommendations to the Board for the premiums to charge (self, two-party, and family) for the active employee, non-Medicare retiree and Medicare retiree (EGWP) self-funded prescription drug plans based on

		utilization, trend, plan design and utilization management programs.
10	RFP Section V, 5.4, Items 2 and 3 (page 37) For coordination of benefits (COB) and subrogation, who has the data and in what format?	The EUTF's pharmacy benefit manager has the data.
11	RFP Section V, 5.6, Item 14, Plan Management (page 40) The referenced Plan Management requirements states: "Assist EUTF staff in tracking and reviewing service warranties to ensure that all amounts due to the EUTF and members are reasonable and paid." Relating to the audit component of work, does EUTF expect the Consultant to validate past plan year service warranties?	The pharmacy benefit consultant/auditor will be responsible for service warranties impacting the contracted audit periods.
12	It is our understanding that Offerors may identify exceptions and submit alternative language to terms contained in Exhibit B, Contract Form and General Conditions as part of its bid. In addition to other specific exceptions that Offerors may submit, is the EUTF willing to add a limitation of liability provision to the Contract Form and General Conditions that would limit the financial liability of the Contractor in its performance of the Services (which would also exclude liability for special and indirect damages)?	Such an exception will be reviewed by legal counsel and the State's Risk Manager.
13	Section 4,2, Question 8 – Please clarify "Sufficiency of funding and reserves" including required reporting, scope (i.e. plans included) and frequency.	For example, if the EUTF had a self-funded medical plan, the benefits consultant would assist in determining the proper amount of reserves to be held for claims fluctuations.
14	Section 6.6 – Do the examples have to be from the reference clients provided?	No.

15	Who is the Hawaii EUTF's current Pharmacy Consultant?	There is none.
16	How long has the Current Benefits Consultant been working with the Hawaii EUTF?	Since 12/16/10.
17	How long has the Segal been working with the Hawaii EUTF as benefits consultant?	Since 12/16/10.
18	Is the Hawaii EUTF currently satisfied with the services provided by the current consultants?	This information will not be disclosed.
19	How are the current consultants compensated? (Ex: Annual Consulting fee, hourly rate, commissions, etc.) If commission based fees, please confirm commission by carrier/line of coverage	Annual consulting fee and hourly with caps for work on scope items not included in the base contract.
20	What was the total compensation paid to the Benefit Consultant in 2018? What about in 2019?	This information will not be disclosed.
21	What was the total compensation paid to the Pharmacy Consultant in 2018? What about in 2019?	NA
22	Would the Hawaii EUTF consider a combined bid for Benefits and Pharmacy Consulting, exclusive only of the requested pharmacy audit?	No. If proposing on the pharmacy benefit consulting and audit services, the audit services must be included.
23	Would the Hawaii EUTF consider a combined bid for Benefits and Pharmacy Consulting if the requested pharmacy audit services are subcontracted out to partner?	Yes. Please note the instructions in the RFP on the use of subcontractors.
24	Are you satisfied with your current carrier and vendor partners?	This information will not be disclosed.
25	What were your Medical Renewal Increases for last 3 years?	The EUTF plans excluding ACA insurer fees Actives: ranged from (0.89%) to 10.5% Retirees: ranged from (6.9%) to 6.5%
26	How long have you been with your current Medical Carriers?	HMSA and Kaiser since inception of the EUTF in 2003. The HMA supplemental plan began on 7/1/18 and the Humana Medicare Advantage plan will begin on 1/1/21.

27	When was the last Marketing/RFP issued for the plan?	Question is not clear.
28	What were your Aggregate Pharmacy Cost Increases/Decreases for the last 3 years?	EUTF PMPM trend prior to rebates and CMS subsidies: **Active**: 7/1/19-6/30/20 (0.2%) 7/1/18-6/30/19 2.2% 7/1/17-6/30/18 7.8% **Non-Medicare Retirees**: 1/1/19-12/31/19 9.9% 1/1/18-12/31/18 (1.1%) 1/1/17-12/31/17 9.9% **Medicare Retirees**: 1/1/19-12/31/19 4.1% 1/1/18-12/31/18 8.7% 1/1/17-12/31/17 6.5%
29	How long have you been with your current PBM?	Since 2012.
30	When was the last PBM Marketing/RFP issued for the plan?	The RFP for Medical Benefits and Pharmacy Benefit Management Services was issued on 1/2/20.
31	What were your Dental Renewal increases for last 3 years?	EUTF plans and excluding ACA insurer fees **Actives**: 7/1/20-6/30/21 4.5% 7/1/19-6/30/20 2.7% 7/1/18-6/30/19 4.0% **Retirees**: 1/1/21-12/31/21 5.0% 1/1/20-12/31/20 4.0% 1/1/19-12/31/19 2.4% HSTA VB premium changes are similar.
32	How long have you been with your current Dental Carrier?	Since inception of the EUTF in 2003.
33	When was the last Dental Marketing/RFP issued for the plan?	The RFP for Dental Benefits was issued on 12/27/17.
34	What were your Vision Renewal increases for the last 3 years?	EUTF plans and excluding ACA insurer fees **Actives**: 7/1/20-6/30/21 5.9% 7/1/19-6/30/20 (4.0%) 7/1/18-6/30/19 (4.8%)

		Retirees: 1/1/21-12/31/21 5.7% 1/1/20-12/31/20 0.0% 1/1/19-12/31/19 (5.8%) HSTA VB premium changes are similar.
35	How long have you been with your current Vision carrier?	Since inception of the EUTF in 2003.
36	When was the last Vision Marketing/RFP issued for the plan?	The RFP for Vision Benefits was issued on 12/27/17.
37	How long have you been with (or Inception date) your current Life Insurance Carrier?	1/1/19 for retirees 7/1/19 for active employees
38	When was the last Marketing/RFP issued for Life Insurance?	The RFP for Life Insurance Benefits was issued on 12/27/17.
39	Please describe the Hawaii EUTF's procurement policies and requirements for the benefit program by line of coverage. (Example: Are you required to market Dental every 3 years, Life every 5 years, etc.)	The EUTF follows HRS 103D. Contract periods and extensions are at the EUTF Board's discretion.
40	Does the current consultant assist with the Wellness Programs or Initiatives? Please describe.	Scope of work under the contract is included in Sections IV and V.
41	Does the current consultant help with communication, education and open enrollment? Please describe the consultant's role.	Scope of work under the contract is included in Sections IV and V.
42	What are the top 3 objectives/initiatives for the EUTF Program in 2021 and 2022?	From HRS 87A-15, "Health and other benefit plans shall be provided at a cost affordable to both the public employers and public employee." We are starting to work on a strategic plan for the period 7/1/21 – 6/30/25
43	What does the Hawaii EUTF value most in working with a Benefits Consultant?	Items of importance to the EUTF are included in the RFP evaluation criteria.
44	Does the Hawaii EUTF currently utilize any of the following clinical programs on the Rx benefits?	a. Yes. b. No. EUTF plans are ineligible for the CVS true accumulator programs.

	a. Utilization management (Step, Quantity Limits, Prior Auth)? b. True Accumulator programs c. Variable copay/Manufacturer Assistance d. High Cost Generics – Redirect to lower cost generic manufacturers	c. Yes. Commercial members can utilize manufacturer assistance programs and coupons if eligible. d. No.
45	Does the Hawaii EUTF currently limit RX network options to enhance savings? a. Retail 90 Network to CVS/Walgreens/Big chain b. Exclusive specialty or Open to retail? c. Do members with Chronic conditions need to utilize Mail Order after a certain number of fills (Incentivized/Mandatory Mail Order) or are they open to remain at Retail	See legislative restrictions in Act 226, Session Laws of Hawaii 2013 and maintenance medication requirements in the active employee and retiree reference guides on the EUTF website.
46	Does the Hawaii EUTF currently utilize a commercially available formulary or is it customized? a. Are there excluded drugs/therapeutic classes as part of the formulary coverage	The EUTF has a custom open formulary for the CVS commercial plans and uses the SSI bronze formulary with a wrap that results in prescription drug coverage similar to that of the EUTF CVS commercial plans.
47	In attachment 5, “geographic dispersion of participant population” is mentioned. Can you please provide estimated enrollment participation by Hawaii EUTF?	See attached EUTF enrollment for August 2020.
48	Please describe the utilization data and reporting that the Hawaii EUTF/EGI is receiving today from: a. Medical Vendors – Please describe the types of report you receive and the frequency of reporting for each b. CVS – Please describe the types of report you receive and the frequency of reporting	See attached Report Calendars.

49	Performance Guarantee – Has EUTF ever been paid out on performance guarantee from your consultant and/or current carrier and vendor partners?	Yes.
50	Does the EUTF currently deploy a consolidated claim data warehouse where all medical and Rx claim data is consolidated for all the plans with a risk sharing or self-funded financing platform?	No.
51	Please describe/elaborate more on the "fully insured with risk sharing" plans and, in particular, describe the risk sharing arrangement mechanism as it works now and what the expectations are for the consultant as it relates to that.	If premiums > claims and expenses, the carrier refunds the surplus. If there is a deficit, claims and expenses > premiums, the carrier is responsible. HDS and VSP refunds are settled each year. HMSA refunds and deficits will be settled over the entire contract period. The benefits consultant is responsible for reviewing the reasonableness of the amounts on the initial and final reconciliation. See previously issued RFPs for description of initial and final reconciliations.

Enrollment Counts - Actives (Summary)

The table below shows Active enrollments for period ending 08-31-2020

Total Number of Active = 66,482

Count by Subscribers and Dependents

Benefit Plan	Type Subscribers	Dependents	Total	Waived Plans
Medical Plans				
EUTF				
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	3,443	2,061	5,504	
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	13,219	10,885	24,104	
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	16,393	17,654	34,047	
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	939	545	1,484	
HMO Comprehensive Kaiser Medical, Drug and Chiro	4,994	3,971	8,965	
HMO Standard Kaiser Medical, Drug and Chiro	8,369	7,840	16,209	
HMA Supplemental Medical and Drug	714	1,318	2,032	
EUTF Total	**48,071**	**44,274**	**92,345**	
HSTA VB				
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,074	1,110	2,184	
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	2,170	3,391	5,561	
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	820	1,056	1,876	
HSTA VB Total	**4,064**	**5,557**	**9,621**	
Medical Plans Total	**52,135**	**49,831**	**101,966**	**14,347**
Drug Plans				
EUTF				
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	3,443	2,061	5,504	
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	13,219	10,885	24,104	
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	16,393	17,654	34,047	
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	939	545	1,484	
EUTF Total	**33,994**	**31,145**	**65,139**	
HSTA VB				
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,074	1,110	2,184	
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	2,170	3,391	5,561	
HSTA VB Total	**3,244**	**4,501**	**7,745**	
Drug Plans Total	**37,238**	**35,646**	**72,884**	**29,244**
Dental Plans				
EUTF				
Dental (HDS)	50,959	46,782	97,741	
EUTF Total	**50,959**	**46,782**	**97,741**	
HSTA VB				
HSTA VB Dental (HDS)	4,344	5,730	10,074	
HSTA VB Supplemental Dental (HDS)	117	219	336	
HSTA VB Total	**4,461**	**5,949**	**10,410**	
Dental Plans Total	**55,420**	**52,731**	**108,151**	**11,062**
Vision Plans				
EUTF				
Vision (VSP)	48,579	43,103	91,682	
EUTF Total	**48,579**	**43,103**	**91,682**	
HSTA VB				
HSTA VB Vision (VSP) - Stand Alone	243	476	719	
HSTA VB Vision (VSP) bundled with Medical	4,063	4,994	9,057	
HSTA VB Total	**4,306**	**5,470**	**9,776**	
Vision Plans Total	**52,885**	**48,573**	**101,458**	**13,597**
Life Insurance Plans				
EUTF Total	**59,467**	**0**	**59,467**	
HSTA VB Total	**5,338**	**0**	**5,338**	
Life Insurance Plans Total	**64,805**	**0**	**64,805**	**1,677**

**NOTE: The Drug Plan Total does not reflect enrollments in Medical Plans such as Kaiser Medical and HMA Supplemental Medical which includes drug, but does not have a separate Drug enrollment count. Total Drug count for these plans is 14,897*

Data Taken 08-15-2020

Enrollment Counts - EUTF Actives

The table below shows EUTF Actives enrollments for period ending 08-31-202C

Count by Enrollment Coverage

Count of Subscribers	Type of Enrollment			
Benefit Plan	Self	Two Party	Family	Grand Total
Medical Plans				
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	2,433	471	539	3,443
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	7,938	2,346	2,935	13,219
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	8,441	2,955	4,997	16,393
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	678	119	142	939
HMO Comprehensive Kaiser Medical, Drug and Chiro	3,094	869	1,031	4,994
HMO Standard Kaiser Medical, Drug and Chiro	4,699	1,529	2,141	8,369
HMA Supplemental Medical and Drug	174	161	379	714
Medical Plans Total	**27,457**	**8,450**	**12,164**	**48,071**
Drug Plans				
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	2,433	471	539	3,443
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	7,938	2,346	2,935	13,219
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	8,441	2,955	4,997	16,393
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	678	119	142	939
Drug Plans Total	**19,490**	**5,891**	**8,613**	**33,994**
Dental Plan (HDS)	**26,777**	**11,704**	**12,478**	**50,959**
Vision Plan (VSP)	**26,327**	**10,745**	**11,507**	**48,579**
Life Insurance Plan (Securian)	**59,467**			**59,467**

Count by Subscribers and Dependents

Benefit Plan	Type Subscribers	Dependents	Total
Medical Plans			
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	3,443	2,061	5,504
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	13,219	10,885	24,104
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	16,393	17,654	34,047
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	939	545	1,484
HMO Comprehensive Kaiser Medical, Drug and Chiro	4,994	3,971	8,965
HMO Standard Kaiser Medical, Drug and Chiro	8,369	7,840	16,209
HMA Supplemental Medical and Drug	714	1,318	2,032
Medical Plans Total	**48,071**	**44,274**	**92,345**
Drug Plans			
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	3,443	2,061	5,504
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	13,219	10,885	24,104
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	16,393	17,654	34,047
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	939	545	1,484
Drug Plans Total	**33,994**	**31,145**	**65,139**
Dental Plan (HDS)	**50,959**	**46,782**	**97,741**
Vision Plan (VSP)	**48,579**	**43,103**	**91,682**

Data Taken 08-15-2020

Enrollment Counts - HSTA VB Actives

The table below shows HSTA VB Actives enrollments for period ending 08-31-2020

Count by Enrollment Coverage

Count of Subscribers	Type of Enrollment			
Benefit Plan	**Self**	**Two Party**	**Family**	**Grand Total**
Medical Plans				
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	592	151	331	1,074
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	767	364	1,039	2,170
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	395	121	304	820
Medical Plans Total	**1,754**	**636**	**1,674**	**4,064**
Drug Plans				
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	592	151	331	1,074
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	767	364	1,039	2,170
Drug Plans Total	**1,359**	**515**	**1,370**	**3,244**
Dental Plans				
HSTA VB Dental (HDS)	1,724	913	1,707	4,344
HSTA VB Supplemental Dental (HDS)	17	38	62	117
Dental Plans Total	**1,741**	**951**	**1,769**	**4,461**
Vision Plans				
HSTA VB Vision (VSP) - Stand Alone	36	64	143	243
HSTA VB Vision (VSP) bundled with Medical	1,773	800	1,490	4,063
Vision Plans Total	**1,809**	**864**	**1,633**	**4,306**
Life Insurance Plan (Securian)	**5,338**			**5,338**

Count by Subscribers and Dependents

	Type		
Benefit Plan	**Subscribers**	**Dependents**	**Total**
Medical Plans			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,074	1,110	2,184
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	2,170	3,391	5,561
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	820	1,056	1,876
Medical Plans Total	**4,064**	**5,557**	**9,621**
Drug Plans			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,074	1,110	2,184
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	2,170	3,391	5,561
Drug Plans Total	**3,244**	**4,501**	**7,745**
Dental Plans			
HSTA VB Dental (HDS)	4,344	5,730	10,074
HSTA VB Supplemental Dental (HDS)	117	219	336
Dental Plans Total	**4,461**	**5,949**	**10,410**
Vision Plans			
HSTA VB Vision (VSP) - Stand Alone	243	476	719
HSTA VB Vision (VSP) bundled with Medical	4,063	4,994	9,057
Vision Plans Total	**4,306**	**5,470**	**9,776**

Data Taken 08-15-2020

Enrollment Counts - EUTF Actives

The table below shows EUTF Actives enrollments for period ending 08-31-2020

Count by Bargaining Unit

Medical Plans																
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	119	426	33	625	34	421	103	352	182	85	146	60	193	635	29	3,443
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	286	2,049	228	3,122	182	1,115	349	868	619	262	548	247	943	2,226	175	13,219
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	398	2,359	157	3,446	179	2,306	240	612	1,029	304	715	936	671	2,820	221	16,393
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	20	142	13	202	10	118	17	57	45	20	47	9	73	151	15	939
HMO Comprehensive Kaiser Medical, Drug and Chiro	97	824	102	1,132	74	503	110	415	190	112	244	112	325	684	70	4,994
HMO Standard Kaiser Medical, Drug and Chiro	170	1,052	60	1,690	61	1,558	92	448	643	151	302	327	297	1,396	122	8,369
HMA Supplemental Medical and Drug	23	61	10	202	17	81	10	16	26	12	11	44	34	157	10	714
Medical Plans Total	**1,113**	**6,913**	**603**	**10,419**	**557**	**6,102**	**921**	**2,768**	**2,734**	**946**	**2,013**	**1,735**	**2,536**	**8,069**	**642**	**48,071**
Drug Plans																
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	119	426	33	625	34	421	103	352	182	85	146	60	193	635	29	3,443
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	286	2,049	228	3,122	182	1,115	349	868	619	262	548	247	943	2,226	175	13,219
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	398	2,359	157	3,446	179	2,306	240	612	1,029	304	715	936	671	2,820	221	16,393
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	20	142	13	202	10	118	17	57	45	20	47	9	73	151	15	939
Drug Plans Total	**823**	**4,976**	**431**	**7,395**	**405**	**3,960**	**709**	**1,889**	**1,875**	**671**	**1,456**	**1,252**	**1,880**	**5,832**	**440**	**33,994**
Dental Plan (HDS)	**1,199**	**7,301**	**641**	**11,463**	**634**	**6,324**	**967**	**2,838**	**2,778**	**989**	**2,116**	**1,823**	**2,645**	**8,568**	**673**	**50,959**
Vision Plan (VSP)	**1,140**	**7,011**	**617**	**10,919**	**595**	**5,931**	**929**	**2,665**	**2,615**	**943**	**2,036**	**1,743**	**2,556**	**8,230**	**649**	**48,579**
Life Insurance Plan (Securian)	**1,446**	**8,429**	**734**	**13,521**	**725**	**7,266**	**1,178**	**3,333**	**3,547**	**1,143**	**2,431**	**2,053**	**2,881**	**10,012**	**768**	**59,467**

Enrollment Counts - HSTA VB Actives

The table below shows HSTA VB Actives enrollments for period ending 08-31-2020

Count by Bargaining Unit

Count of Subscribers	
Benefit Plan	**BU 05**
Medical Plans	
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,074
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	2,170
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	820
Medical Plans Total	**4,064**
Drug Plans	
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,074
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	2,170
Drug Plans Total	**3,244**
Dental Plans	
HSTA VB Dental (HDS)	4,344
HSTA VB Supplemental Dental (HDS)	117
Dental Plans Total	**4,461**
Vision Plans	
HSTA VB Vision (VSP) - Stand Alone	243
HSTA VB Vision (VSP) bundled with Medical	4,063
Vision Plans Total	**4,306**
Life Insurance Plan (Securian)	**5,338**

Data Taken 08-15-2020

Enrollment Counts - Retirees (Summary)

The table below shows Retiree enrollments for period ending 08-31-2020

Total Number of Retiree = 50,545

Count by Subscribers and Dependents

Benefit Plan	Type Subscribers	Dependents	Total	Waived Plans
Medical Plans				
EUTF				
PPO-90/10 Medical (HMSA) - Retiree				
Retiree (Medicare)	32,002	12,666	44,668	
Retiree (Non-Medicare)	5,381	4,507	9,888	
PPO-90/10 Medical (HMSA) - Retiree Total	**37,383**	**17,173**	**54,556**	
HMO Medical (Kaiser), Drug (Kaiser) - Retiree				
Retiree (Medicare)	6,606	2,325	8,931	
Retiree (Non-Medicare)	1,069	784	1,853	
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	**7,675**	**3,109**	**10,784**	
Out-of-State Plan				
Retiree (Medicare)	179	62	241	
Retiree (Non-Medicare)	10	5	15	
Out-of-State Plan Total	**189**	**67**	**256**	
EUTF Total	**45,247**	**20,349**	**65,596**	
HSTA VB				
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree				
Retiree (Medicare)	2,062	994	3,056	
Retiree (Non-Medicare)	21	9	30	
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree Total	**2,083**	**1,003**	**3,086**	
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree				
Retiree (Medicare)	10	3	13	
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree Total	**10**	**3**	**13**	
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree				
Retiree (Medicare)	224	88	312	
Retiree (Non-Medicare)	5	1	6	
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	**229**	**89**	**318**	
HSTA VB Out-of-State Plan				
Retiree (Medicare)	4	3	7	
HSTA VB Out-of-State Plan Total	**4**	**3**	**7**	
HSTA VB Total	**2,326**	**1,098**	**3,424**	
Medical Plans Total	**47,573**	**21,447**	**69,020**	**2,972**
Drug Plans				
EUTF				
PPO Drug (SilverScript) - Medicare	31,086	12,099	43,185	
PPO Prescription Drug (CVS) - Non-Medicare	5,574	4,621	10,195	
EUTF Total	**36,660**	**16,720**	**53,380**	
HSTA VB				
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	24	9	33	
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB Medical (HMSA) - Medicare	2,062	994	3,056	
HSTA VB Total	**2,086**	**1,003**	**3,089**	
Drug Plans Total	**38,746**	**17,723**	**56,469**	**11,799** *
Dental Plans				
EUTF Total	**45,820**	**20,827**	**66,647**	
HSTA VB Total	**2,320**	**1,101**	**3,421**	
Dental Plans Total	**48,140**	**21,928**	**70,068**	**2,405**
Vision Plans				
EUTF Total	**45,944**	**21,045**	**66,989**	
HSTA VB Total	**2,325**	**1,096**	**3,421**	
Vision Plans Total	**48,269**	**22,141**	**70,410**	**2,276**
Life Insurance Plans				
EUTF Total	**42,718**	**0**	**42,718**	
HSTA VB Total	**2,336**	**0**	**2,336**	
Life Insurance Plans Total	**45,054**	**0**	**45,054**	**239** **

**NOTE: The Drug Plan Total does not reflect enrollments in Medical Plans such as Kaiser Medical and Out-of-State Medical which includes drug, but does not have a separate Drug enrollment count. Total Drug count for these plans is 8,097*

***NOTE: The Waived Life Insurance Total does not include Survivors who are not eligible for Life Insurance. Total count of Survivors not eligible is 5,252*

Data Taken 08-15-2020

Enrollment Counts - EUTF Retirees

The table below shows EUTF Retirees enrollments for period ending 08-31-2020

Count by Enrollment Coverage

Count of Subscribers	Type of Enrollment			
Benefit Plan	Self	Two Party	Family	Grand Total
Medical Plans				
PPO-90/10 Medical (HMSA) - Retiree				
Retiree (Medicare)	19,885	11,660	457	32,002
Retiree (Non-Medicare)	2,120	2,415	846	5,381
PPO-90/10 Medical (HMSA) - Retiree Total	**22,005**	**14,075**	**1,303**	**37,383**
HMO Medical (Kaiser), Drug (Kaiser) - Retiree				
Retiree (Medicare)	4,380	2,143	83	6,606
Retiree (Non-Medicare)	474	464	131	1,069
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	**4,854**	**2,607**	**214**	**7,675**
Out-of-State Plan				
Retiree (Medicare)	120	57	2	179
Retiree (Non-Medicare)	6	3	1	10
Out-of-State Plan Total	**126**	**60**	**3**	**189**
Medical Plans Total	**26,985**	**16,742**	**1,520**	**45,247**
Drug Plans				
PPO Drug (SilverScript) - Medicare	**19,497**	**11,166**	**423**	**31,086**
PPO Prescription Drug (CVS) - Non-Medicare	**2,214**	**2,501**	**859**	**5,574**
Drug Plans Total	**21,711**	**13,667**	**1,282**	**36,660**
Dental Plan (HDS)	**27,036**	**17,289**	**1,495**	**45,820**
Vision Plan (VSP)	**27,015**	**17,383**	**1,546**	**45,944**
Life Insurance Plan (Securian)	**42,718**			**42,718**

Count by Subscribers and Dependents

	Type		
Benefit Plan	Subscribers	Dependents	Total
Medical Plans			
PPO-90/10 Medical (HMSA) - Retiree			
Retiree (Medicare)	32,002	12,666	44,668
Retiree (Non-Medicare)	5,381	4,507	9,888
PPO-90/10 Medical (HMSA) - Retiree Total	**37,383**	**17,173**	**54,556**
HMO Medical (Kaiser), Drug (Kaiser) - Retiree			
Retiree (Medicare)	6,606	2,325	8,931
Retiree (Non-Medicare)	1,069	784	1,853
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	**7,675**	**3,109**	**10,784**
Out-of-State Plan			
Retiree (Medicare)	179	62	241
Retiree (Non-Medicare)	10	5	15
Out-of-State Plan Total	**189**	**67**	**256**
Medical Plans Total	**45,247**	**20,349**	**65,596**
Drug Plans			
PPO Drug (SilverScript) - Medicare	**31,086**	**12,099**	**43,185**
PPO Prescription Drug (CVS) - Non-Medicare	**5,574**	**4,621**	**10,195**
Drug Plans Total	**36,660**	**16,720**	**53,380**
Dental Plan (HDS)	**45,820**	**20,827**	**66,647**
Vision Plan (VSP)	**45,944**	**21,045**	**66,989**

Data Taken 08-15-2020

Enrollment Counts - HSTA VB Retirees

The table below shows HSTA VB Retirees enrollments for period ending 08-31-2020

Count by Enrollment Coverage

Count of Subscribers	Type of Enrollment			
Benefit Plan	**Self**	**Two Party**	**Family**	**Grand Total**
Medical Plans				
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree				
Retiree (Medicare)	1,093	949	20	2,062
Retiree (Non-Medicare)	12	9		21
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree Total	**1,105**	**958**	**20**	**2,083**
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree				
Retiree (Medicare)	7	3		10
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree Total	**7**	**3**		**10**
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree				
Retiree (Medicare)	137	86	1	224
Retiree (Non-Medicare)	4	1		5
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	**141**	**87**	**1**	**229**
HSTA VB Out-of-State Plan				
Retiree (Medicare)	1	3		4
HSTA VB Out-of-State Plan Total	**1**	**3**		**4**
Medical Plans Total	**1,254**	**1,051**	**21**	**2,326**
Drug Plans				
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB Medical (HMSA) - Medicare	**1,093**	**949**	**20**	**2,062**
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	**15**	**9**		**24**
Drug Plans Total	**1,108**	**958**	**20**	**2,086**
Dental Plan (HDS)	**1,244**	**1,056**	**20**	**2,320**
Vision Plan (VSP)	**1,255**	**1,049**	**21**	**2,325**
Life Insurance Plan (Securian)	**2,336**			**2,336**

Data Taken 08-15-2020

Enrollment Counts - HSTA VB Retirees (continued)

The table below shows HSTA VB Retirees enrollments for period ending 08-31-2020

Count by Subscribers and Dependents

Benefit Plan	Type Subscribers	Dependents	Total
Medical Plans			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree			
Retiree (Medicare)	2,062	994	3,056
Retiree (Non-Medicare)	21	9	30
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree Total	**2,083**	**1,003**	**3,086**
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree			
Retiree (Medicare)	10	3	13
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree Total	**10**	**3**	**13**
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree			
Retiree (Medicare)	224	88	312
Retiree (Non-Medicare)	5	1	6
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	**229**	**89**	**318**
HSTA VB Out-of-State Plan			
Retiree (Medicare)	4	3	7
HSTA VB Out-of-State Plan Total	**4**	**3**	**7**
Medical Plans Total	**2,326**	**1,098**	**3,424**
Drug Plans			
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB Medical (HMSA) - Medicare	**2,062**	**994**	**3,056**
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	**24**	**9**	**33**
Drug Plans Total	**2,086**	**1,003**	**3,089**
Dental Plan (HDS)	**2,320**	**1,101**	**3,421**
Vision Plan (VSP)	**2,325**	**1,096**	**3,421**

Data Taken 08-15-2020

Enrollment Counts - All Subscribers

The table below shows All Subscribers enrollments for period ending 08-31-2020

Count of Subscribers	Benefit Plan				
Employer	Medical Plans	Drug Plans	Dental Plan	Vision Plan	Life Insurance
City and County of Honolulu					
Active	7,263	5,321	7,693	7,415	8,751
Retiree (Medicare)	5,647	4,276			
Retiree (Non-Medicare)	1,628	1,350	7,337	7,384	6,301
City and County of Honolulu Total	**14,538**	**10,947**	**15,030**	**14,799**	**15,052**
Honolulu Board of Water Supply					
Active	486	363	515	493	588
Retiree (Medicare)	464	370			
Retiree (Non-Medicare)	96	93	560	566	477
Honolulu Board of Water Supply Total	**1,046**	**826**	**1,075**	**1,059**	**1,065**
County of Hawaii					
Active	2,113	1,628	2,167	2,099	2,437
Retiree (Medicare)	1,192	1,108			
Retiree (Non-Medicare)	437	407	1,624	1,639	1,502
County of Hawaii Total	**3,742**	**3,143**	**3,791**	**3,738**	**3,939**
Hawaii Dept of Water Supply					
Active	131	108	136	134	159
Retiree (Medicare)	81	74			
Retiree (Non-Medicare)	17	16	101	100	91
Hawaii Dept of Water Supply Total	**229**	**198**	**237**	**234**	**250**
County of Kauai					
Active	1,032	895	1,079	1,049	1,262
Retiree (Medicare)	648	618			
Retiree (Non-Medicare)	210	207	846	868	772
County of Kauai Total	**1,890**	**1,720**	**1,925**	**1,917**	**2,034**
County of Maui					
Active	2,063	1,040	2,181	2,077	2,484
Retiree (Medicare)	1,126	717			
Retiree (Non-Medicare)	458	297	1,594	1,609	1,473
County of Maui Total	**3,647**	**2,054**	**3,775**	**3,686**	**3,957**
State of Hawaii					
Active	38,246	27,361	40,787	38,838	48,064
Retiree (Medicare)	31,890	25,952			
Retiree (Non-Medicare)	3,626	3,220	36,021	36,045	34,381
State of Hawaii Total	**73,762**	**56,533**	**76,808**	**74,883**	**82,445**
Hawaii Public Charter Schools					
Active	801	522	862	780	1,060
Retiree (Medicare)	39	31			
Retiree (Non-Medicare)	14	10	57	58	57
Hawaii Public Charter Schools Total	**854**	**563**	**919**	**838**	**1,117**
Grand Total	**99,708**	**75,984**	**103,560**	**101,154**	**109,859**

Data Taken 08-15-2020

ATTACHMENT D

CVS REPORT CALENDAR

#	Report Name	Report Description	Frequency	Due Date*
1	Monthly Financial Report/ IBNR Report	Monthly report of benefits paid, retention, and enrollment. For commercial plans only.	Monthly	20th of each month
2	EGWP Monthly PPS Report	Monthly report of benefits paid, retention, and enrollment. For EGWP only.	Monthly	20th of each month
3	Annual Cost Projections	Takes into account trend forecasts and approved plan changes. To include 16 months of claims data.	Annual	30 days after request is made
4	Monthly Carrier Report	Monthly carrier report, detailing pertinent updates to the EUTF from CVS including CR call center stats and appeals information.	Monthly	10th of each month
5	Quarterly Utilization Report	Quarterly plan performance report. The calendar year-end report should also include the number of members who hit the MOOP (separated by EUTF actives and HSTA VB actives).	Quarterly	60 days after quarter end
6	RXI Annual Review	Annual review of plan performance.	Annual	As requested
7	Quarterly PG Report	Quarterly report on CVS performance towards performance guarantees.	Quarterly	30 days after quarter end
8	Quarterly Rebate Report	A summary of the rebates received for the quarter. For the commercial plans and EGWP.	Quarterly	60 days after quarter end (§3.1.10)

ATTACHMENT D
CVS REPORT CALENDAR

#	Report Name	Report Description	Frequency	Due Date*
9	Annual Rebate Report	A summary of the rebates received for the year with the year-end true-up. For the commercial plans and EGWP.	Annual	120 days after contract year end (§3.1.11)
10	Network Guarantee Report	Network pricing guarantee report showing discounts off of AWP received.	As requested	As requested
11	Retail/Mail Order Cost Comparison Report	Data sensitive comparison report showing unit costs charged to the EUTF at the GCN level. Compares mail order unit costs to retail. Reports and reconciliation on a quarterly basis.	As requested	As requested
12	Ad hoc reports		As requested	As requested

* If a due date falls on a weekend or holiday, the due date of the report will be the next business day.

ATTACHMENT A
HMA REPORT CALENDAR

#	Report Name	Report Description	Frequency	Due Date*
1	Monthly Financial Report	Monthly report of benefits paid, retention, and enrollment.	Monthly	20th of each month
2	Monthly Carrier Report	Monthly carrier report, detailing pertinent updates to the EUTF from HMA including CR call center stats and appeals information.	Monthly	10th of each month
3	Quarterly Performance Guarantee Report	Quarterly report on HMA's performance towards performance guarantees.	Quarterly	30 days after quarter end

* If a due date falls on a weekend or holiday, the due date of the report will be the next business day.

HMSA PERFORMANCE GUARANTEE REPORT CALENDAR

#	Report Name	Report Description	Frequency	Due Date (EUTF)
1	Monthly Enrollment Report	Report merged with monthly financial report. Details provided on monthly enrollment levels for EUTF plans.	Monthly	30 days after month end
2	Monthly Financial Report	Monthly report of premiums, benefits paid, retention, reserves, and enrollment.	Monthly	30 days after month end
3	Quarterly Financial Report	Quarterly report of premiums, benefits paid, retention, reserves, and enrollment. Broken out by BU.	Quarterly	30 days after quarter end
4	Initial Reconciliation Report and Payment	Initial reconciliation report and respective payment for contract period, factors in 6 months of claims run out.	Annual	6 months + 45 days after plan year end
5	Final Reconciliation Report and Payment	Final reconciliation report and final payment, if applicable, for contract period, factors in 12 months of claims run out.	Annual	12 months + 45 days after plan year end
6	Monthly Carrier Report	Monthly carrier report, detailing pertinent updates to the EUTF from HMSA including CR call center stats and appeals information.	Monthly	15th of the following month
7	Disease Management Quarterly Report	Report on HMSA's Disease Management Program including participation and activities for EUTF member population.	Quarterly	45 days after quarter end
8	Care Model Quarterly Report	Report on utilization of HMSA Care Model services for EUTF member population. Format Excel spreadsheet.	Quarterly	45 days after quarter end
9	Well-being Quarterly Report	Report on utilization of well-being programs including RealAge test and ShareCare app by EUTF member type. Format Word document.	Quarterly	45 days after quarter end
10	Comprehensive annual Wellness, DM and IHM improvement plan.	Comprehensive wellness, disease management, integrated health management plan identifying areas for improvement in program utilization and clinic, health metrics. Include at a minimum trend and baseline data, measureable objectives, your strategies and interventions to meet objectives and a timeline for implementation. Format: PowerPoint. Monitor the plan and provide EUTF with quarterly progress reports, within 45 days after the end of each quarter. Format PowerPoint.	Annual	4 months from start of contract and each extension
11	Quarterly progress report on the annual Wellness, DM and IHM Improvement Plan.	Report providing a quarterly update on progress towards measureable objectives and goals outlined in the comprehensive annual improvement plan for wellness, disease management and IHM programs. Format Word document.	Quarterly	45 days after quarter end
12	HEDIS Report	Annual report on EUTF performance on HEDIS measures. Measures including but not limited to cancer screenings, respiratory conditions, cardiovascular conditions and comprehensive diabetes care. Format PowerPoint.	Annual	August 31st

HMSA PERFORMANCE GUARANTEE REPORT CALENDAR

#	Report Name	Report Description	Frequency	Due Date (EUTF)
13	Annual Burden of Disease Report	Report outlining the burden of disease in the EUTF population. Exact requirements to be provided by EUTF staff with a target request date of May 1st. Format PowerPoint.	Annual	July 31st
14	Annual ROI Report	Annual report to EUTF providing an ROI analysis on Integrated Health Management programs. ***Note:*** *HMSA will perform ROI calculations for Actives and Retirees on a calendar year basis.*	Annual	6 Months from Close of Year
15	Semi-Annual Utilization Report Presentation	Semi-annual claims update presentation provided to the EUTF to monitor trend. To include 3-month runout.	Semi-Annual	135 Days (4 Months + 15 days) from End of Period
16	Quarterly Performance Guarantee Report	Quarterly report on HMSA's performance towards performance guarantees.	Quarterly	35 days after quarter end
17	COBRA Census - OE files (Actives)	Active employees on COBRA to be sent OE information by EUTF.	Annual	1st list: February 15th 2nd list: March 15th
18	COBRA Census - OE files (Retirees)	Retirees on COBRA to be sent OE information by EUTF.	Annual	September 1st

* If a due date falls on a weekend or holiday, the due date of the report will be the next business day.

HUMANA REPORT CALENDAR (for EUTF retirees only)

#	Report	Description	Format	Frequency	Due Date*
1	Monthly Carrier Report	Monthly carrier report, detailing pertinent updates to the EUTF from HMSA including CR call center stats and appeals information.	pdf	Monthly	10 days after month end
2	Annual Financial Report	Annual report of revenue (premiums), administrative fees (retention), claims paid, and enrollment. Reporting required if 5,000 members or greater enrolled.	Excel	Annual	120 days after plan year end
3	Quarterly Performance Guarantee Report	Quarterly report on Humana's performance towards performance guarantees.	No preference	Quarterly	30 days after quarter end
4	Utilization Report/ PlanCompass Report	Utilization report with 3-month runout to monitor membership and trend. Reporting required if 100 members or greater enrolled.	pdf	Annual	June 30th
5	Benefit Summary	A benefit summary prepared prior to Open Enrollment.	pdf	Annual	September 1st**
6	Benefit Guide/ MA Evidence of Coverage (EOC)	A description of the MA plan provided during Open Enrollment and that will serve as an attachment to the contract.	pdf	Annual	3 months prior to plan year start date

* Days are measured in calendar days. If a due date falls on a weekend or holiday, the due date of the report will be the next business day.

** This is an estimate due date. The actual due date will be provided during the OE carrier meeting.

KAISER PERMANENTE PERFORMANCE GUARANTEE REPORTING CALENDAR

#	Report Name	Description	Group	Frequency (Period)	Due Date
1	Monthly Enrollment, Income Report	Provide all monthly reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by EUTF within time periods determined by EUTF staff.	All	Monthly	45 days after month end
2	Monthly Financial Report	Provide all monthly reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by EUTF within time periods determined by EUTF staff.	All	Monthly	45 days after month end + 90-day lag
3	KPSA Term Report	Provide all monthly reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by EUTF within time periods determined by EUTF staff.	Retirees	Monthly	10 days after month end
4	Quarterly Financial Report	Provide all quarterly reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by EUTF within time periods determined by EUTF staff.	All	Quarterly	45 days after quarter end + 90-day lag
5	Monthly Carrier Report (Board meeting)	Provide all monthly reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by EUTF within time periods determined by EUTF staff.	All	Monthly	10 days after month end
6	Semi-Annual Utilization Report Presentation	Provide all quarterly reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by EUTF within time periods determined by EUTF staff.	All	Semi-Annual	1 quarter + 30 days after 2nd and 4th quarter end
7	Quarterly Performance Guarantee Report	Provide all quarterly reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by EUTF within time periods determined by EUTF staff.	All	Quarterly	35 days after quarter end
8	COBRA Census - OE files (Actives)	Provide all monthly reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by EUTF within time periods determined by EUTF staff.	Actives	Annual	1st list: February 15th 2nd list: March 15th * These are estimate due dates. The actual due dates will be provided during the OE carrier meeting.
9	COBRA Census - OE files (Retirees)	Provide all monthly reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by EUTF within time periods determined by EUTF staff.	Retirees	Annual	September 1st * This is an estimate due date. The actual due date will be provided during the OE carrier meeting.

KAISER PERMANENTE PERFORMANCE GUARANTEE REPORTING CALENDAR

#	Report Name	Description	Group	Frequency (Period)	Due Date
10	Wellness Program and Disease Management Improvement Plans	Develop and present to EUTF, within four months of the commencement of the contract, a comprehensive wellness, disease management, integrated health management plan identifying areas for improvement in program utilization and clinical, health metrics. Include, at a minimum, trend and baseline data, measurable objectives, your strategies and interventions to meet objectives and a timeline for implementation. Monitor the plan and provide EUTF with quarterly progress reports, within 30 days after the end of each quarter, in a Word format document.	All	Annual	Within 4 months of the commencement of the contract (by April 30th) and each extension
	Progress Report on Improvement Plans		All	Quarterly	Within 45 days after quarter end
11	Utilization report for wellness programs, disease management programs and integrated health management programs	Report utilization rates and recommendations for improvements for wellness, disease management and integrated health management programs by member type, within 30 days after the end of each quarter.	All	Quarterly	Within 45 days after quarter end
12	HEDIS Report	Report on Healthcare Effectiveness Data and Information Set (HEDIS) measures including but not limited to cancer screenings, respiratory conditions, cardiovascular conditions and comprehensive diabetes care. Provide a report, in the format required by EUTF, by August 31 annually, covering the period from January 1 - December 31, comparing EUTF rates by member type, to regional averages, industry averages and HEDIS national 90th percentile.	All	Annual	By August 31st
13	Annual Burden of Disease Report	Annual burden of disease report by July 31st each year. Data elements, criteria and reporting format to be provided by EUTF annually.	All	Annual	By July 31st