

Large Group Checklist

Request for Quote (RFQ)

Please note: Both initial and final rates should be sent to your sales account executive and SalesAdmin@HealthAlliance.org. **See enrollment checklist to enroll members.**

✓ Initial Rates – Estimated turnaround: 2 – 5 business days

1. Group name, address, contact name.
2. Confirm group size:
 - a. Illinois – total number of employees (including part-time and temp).
 - b. Iowa – total number of eligible employees.
3. Census in Excel. Include: DOB, gender, ZIP code, plan election (EE, ES, EC, FA, waiver) and status (active, retired, COBRA) if available.
4. Quoting agency and agent.
5. Effective date.
6. Confirm broker commission rate.
7. Are retirees covered under the current group plan?
 - a. Are the retirees identified on the census?

✓ Sold Commercial Group

1. Signed acceptance letter.
2. Sold rates (circle and initial).
3. Employer application and Exhibit B.*
4. Plan election information if more than one plan is offered.
5. Collect member enrollment information: paper applications, census spreadsheet (using Health Alliance template) or 834 HIPAA data file.
6. A post-implementation email is sent to the selling agent once the group is in our system. The email includes the new welcome letter, employer web portal information, GEA, Exhibit B, Exhibit C and sold benefit worksheets. Please review and share all items with the client. The GEA, Exhibit B and Exhibit C should be reviewed, signed and returned to ClientSupport@HealthAlliance.org within seven days of receipt.

✓ Final Rates – Estimated turnaround: 5 – 7 business days

1. All items listed to the left for initial rate requests.
2. Current Benefit Summary.
3. Current and renewal rates.
4. Supplemental networks needed (additional charge). Please provide reasons why a supplemental network is needed (e.g., employees living outside the Health Alliance™ service area, specific providers needed, etc.) This must have approval. *Note: The group cannot have more than 50% of eligible employees outside the Health Alliance service area on a supplemental network.*
5. Submit at least one of these options:
 - a. Experience information:
 - i. 2 – 3 years of claims data by month with enrollments.
 - ii. 2 – 3 years of large claims data (including diagnosis and prognosis).
 - b. Individual employee medical applications.
 - i. Rating will only apply to those members who have submitted applications. Any additional applications received will require an additional analysis of the rates.
 - c. GRx (see separate GRx checklist).
6. Additional information:
 - a. Where do we need to be to sell the group?
 - b. Has anything changed since we last quoted the group?
 - c. Pertinent information regarding the ongoing claims.
 - d. Is the group interested in a quote that includes the BizSuite package?

*Items 1 – 3 must be completed and returned to Health Alliance before group or membership can be implemented.

This checklist only applies to Fully Insured quotes. It's not applicable for Association, Balance and/or Self-Funded quotes.

