



Balance Program Checklist

Request for Proposals (RFP)

Please note: Requests for Proposals (RFPs) should be sent to your sales account executive or client consultant and SalesAdmin@HealthAlliance.org.

✓ Items Needed From Balance Prospects

1. Group name, address, contact name.
2. Addresses of additional locations.
3. Confirm group size.
 - a. Illinois - total number of employees (including part-time and temp) (10 - 150 participating employees).
4. Census in Excel. Include: DOB, gender, plan election (EE, ES, EC, FA) and status (active, retired, COBRA) if available.
 - a. Are retirees covered under the current group plan?
 - b. Are the retirees identified on the census?
5. Quoting agency and agent.
6. Effective date.

✓ Information Needed to Quote

1. All items listed to the left for initial rate requests.
2. Number of subscribers on each plan.
3. Current Benefit Summary.
4. Current and renewal rates.
5. Supplemental networks needed (additional charge). Please provide reasons why a supplemental network is needed (i.e. employees living outside the Health Alliance™ service area, specific providers needed, etc.). This must have approval. *Note: The group cannot have more than 20% of eligible employees outside the Health Alliance service area on a supplemental network.*
6. 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. Large group employee application.
 - i. Rating will only apply to those members who've submitted applications. Any additional applications received will require an additional analysis of the rates.
 - c. GRx census for 25+ subscribers.

✓ Follows Standard Large Group Quoting Process

1. Quote request can be emailed to SalesAdmin@HealthAlliance.org.
2. Quoting 10 - 24 requires large group employee health applications.
3. Quoting 25 - 150 through GRX, apps or claims data.
4. Up to five plan designs may be requested for quoting purposes. Of the five plan designs quoted, a group can offer two plan designs to their employees.
5. A group may be declined a quote.

✓ Sold Commercial Group

1. Signed acceptance letter.
2. Sold rates (circle and initial).
3. Employer application.
4. Plan election information if more than one plan is offered.
5. Employee enrollment forms with primary care provider (PCP) designation for all HMO/POS plans.
6. Employee enrollment forms or a spreadsheet enrollment for PPO plans.