



Request for Proposal FAQ

What does MRM need in order to provide a stop loss proposal?

In order for the underwriter to properly evaluate a group and provide a competitive quote, the request for proposal should contain the following information:

- ❖ Name and address of the group
- ❖ Nature of the industry and / or SIC code
- ❖ Requested due date for the proposal
- ❖ TPA / producer name
- ❖ Desired commission level - we offer up to a maximum of 15%
- ❖ Census including age or year of birth, gender, dependent status, active status (COBRA, retiree, etc.), zip code of residence if different than that of the employer situs. An age banded census is acceptable, too.
- ❖ Specific deductible (s) to be quoted
- ❖ Requested specific and aggregate contract types
- ❖ Benefits to be covered under the specific and aggregate
- ❖ Current specific deductible, contract types, covered benefits, rates and factors (if available, renewal terms, also) if currently self funded.
- ❖ Current plan design and requested changes
- ❖ Managed care vendor information (PPO, UR, and LCM vendors)
- ❖ Claims and shock loss experience if required (see the following questions)
- ❖ Details of anything that has or might significantly impact the risk.

When does MRM require claims experience?

MRM requires claims experience when any of the following conditions exist:

- ❖ The group has 100 or more employee lives
- ❖ The group is currently self funded
- ❖ Experience is available

What types of claims and enrollment data is required

The information that is needed is:

- ❖ Monthly paid claims, corresponding enrollment figures and time periods (preferably by line of coverage)
- ❖ Detailed shock loss data (claims greater than 50% of current or lowest proposed specific deductible) including individual paid claims (from first dollar) and diagnosis information by plan period
- ❖ If claims are not provided by line of coverage, an explanation of benefits included in the experience is necessary
- ❖ Details of changes to benefits, provider networks, specific deductible / contract type, aggregate contract type or any other change that would have impacted the payment of claims.

How much experience is needed?

- ❖ In order to quote, it is recommended that there be at least 31 months of experience (12 months of the 2 prior years and 7 months of the current) (If more years of experience is available, we can typically use up to 4 years or 48 months). Should this not be available at the time of proposal, it will be at the underwriters discretion as to whether a proposal will be offered. If there is a special situation, call an underwriter prior to submission.
- ❖ No coverage can be bound on a case that requires experience without at least 21 months of data (12 months of the prior year and 9 months of the current). (If a further extension is needed, request must come from the Underwriter, 90 days & 120 day locks).

Will MRM use HMO claims experience?

- ❖ We are unable to offer a proposal based on HMO data or experience that includes significant amounts of capitation.