The Center for Health Care Services

SUBJECT: Request for Proposal (RFP) for Employee Benefits, RFP 2020-004, Scheduled to Open: March 13, 2020; Date of Issue: February 5, 2020

FROM: Adam Velez
Director, Contracting and Procurement

DATE: February 14, 2020

THIS NOTICE SHALL SERVE AS ADDENDUM NO. II - TO THE ABOVE REFERENCED REQUEST FOR PROPOSAL


2. RFP Section 009 – Submission of Proposal, 2nd paragraph, 1st sentence, page 14, to read as follows: “Respondent shall submit one (1) original, signed in ink, ten (10) hard copies and one (1) USB drive which contains the Proposal in Microsoft Word format in a sealed package clearly marked with the project name, “Employee Benefits, RFP 2020-004” on the front of the package by no later than 12:00 P.M. Local time on March 19, 2020.


4. Email Adam Velez (avelez@chcsbc.org) for instructions on how to receive census and claims data.

QUESTIONS SUBMITTED IN ACCORDANCE WITH SECTION 010, RESTRICTIONS ON COMMUNICATION:

Question 1: What is the total number of eligible members?
Response: The Center employs approximately 1,039 eligible members.

Question 2: Would CHCS accept an RFP response for Hearing/Audiology and associated services?
Response: Please refer to RFP – Section 004 – Scope of Services.

Question 3: Can you provide demographic information (ex. total lives)?
Response: Please refer to document titled “Aetna Enrollment by Tier 2019”, which will be sent via encrypted email.
Question 4: Can you provide plan design(s)?

Response: Please refer to document titled “CHCS Benefits Booklet”, which will be posted as a separate attachment.

Question 5: Can you provide claims information?


Question 6: Can you provide census of all eligible employees?

Response: Please refer to response to question no. 1.

Question 7: Can you provide requested plan design?

Response: Please refer to Attachment B – Price Schedule.

Question 8: Can you provide the current plan design, rates and dental experience?

Response: Please refer to response to question no. 4.

Question 9: What is the requested effective date?

Response: January 1, 2021.

Question 10: Can you provide how many employees are currently on the plan and what carrier(s) you are currently using?

Response: Please refer to document titled, “CHCS Census”, which will be sent via encrypted email.

Question 11: Can you provide current plan designs?

Response: Please refer to response to question no. 4.

Question 12: Can you provide summary plan documents?

Response: Please refer to response to question no. 4.

Question 13: Can you provide historical claims data?

Response: Please refer to response to question no. 5.

Question 14: Can you provide census?

Response: Please refer to response to question no. 10.

Question 15: Can you confirm current funding (self-funded or risk) and employer contribution (voluntary or employer paid)?

Response: The Center is self-funded and employer contribution is shared by employee and the Center.
Question 16: Can you provide top providers with Tax IDs?


Question 17: Can you provide census?

Response: Please refer to response to question no. 10.

Question 18: For Life, can you provide the insurance amount or salary (if benefit is a function of income)?

Response: Please refer to response to question no. 10.

Question 19: For Disability, can you provide the income and job title?

Response: Please refer to response to question no. 10.

Question 20: Can you provide the name and effective date of carriers for past three years

Response: For the last three years, the Center has been serviced by Aetna, MetLife, UNUM, Proficient, Mass Mutual (2018 only).

Question 21: Can you provide current/renewal rates?

Response: Please refer to response to question no. 4.

Question 22: Can you provide current summary of benefits/benefit booklet/certificate of coverage?

Response: Please refer to response to question no. 4.

Question 23: Can you provide amount employer is going to contribute toward employee/dependent premium?

Response: CHCS contributes 83% of the Employee rate and 60% of the Dependent rate for the base (Baptist Health Gold) medical plan.

Question 24: Can you provide most current 24 months of claims experience with monthly enrollment?

Response: Please refer to response to question no. 5.

Question 25: Can you provide most current 24 months of large claims report (enrollment status, age, diagnosis, prognosis, cost)

Response: Please refer to response to question no. 5.

Question 26: Can you provide individual stop loss deductible?
Response: Please refer to Attachment B – Price Schedule.

Question 27: Can you provide aggregate corridor?
Response: Please refer to Attachment B – Price Schedule.

Question 28: Can you provide contract options?
Response: Please refer to Attachment B – Price Schedule.

Question 29: Who is your current TPA?
Response: The Center’s current TPA is Aetna.

Question 30: Who is the network, if TPA is the administrator?
Response: The networks are ACO and Open Access Managed Choice.

Question 31: Who is the current stop loss carrier?
Response: The current stop loss carrier is Aetna.

Question 32: What are the administration charges for all products?
Response: Please refer to Attachment B – Price Schedule.

Question 33: Should we include commissions on any of the products?
Response: Yes, please include commission for only the following products: dental (flat 3%), basic term life and AD&D (flat 7.5%), STD (flat 3.8%), LTD (flat 5%), Accident (flat 20%), Critical Illness (flat 22%), and Whole Life (flat 21%).

Question 34: Can you provide booklets for each line of coverage?
Response: Please refer to response to question no. 4.

Question 35: Can you provide census that contains age, gender, job title, salary, coverage amounts (for voluntary life/dependent life), election tier (for vision ee, esp, ech, family), if disability is voluntary who has selected what coverage?
Response: Please refer to response to question no. 10.

Question 36: Can you provide a copy of the most up-to-date bill for each line of coverage?
Response: This information is not available.

Question 37: Can you provide premiums versus claims for 36 months for each line of coverage by month, individual life claims listing including waiver of premium for the last 36 months, LTD open/closed claims listing?
Response: Please refer to documents titled, “UNUM 219962-STD Detailed Experience”, “UNUM 219963 LTD Open Claims Listing”, “UNUM Dis & Life Experience 2.14.20”, and “MetLife 5923564 Dental Experience”, which will be sent via encrypted email. FMLA experience is not available.

Question 38: Within the RFP you have grids and questionnaires that are geared towards medical, are there grids and questionnaires that you need for ancillary coverage? Or do we submit just the proposal?

Response: Please refer to Attachment B – Price Schedule.

Question 39: Can you provide plan documents?

Response: Please refer to response to question no. 4.

Question 40: Can you provide census (all eligible employees and current elections with election amounts)? Please include date of birth, gender, salary, occupational title, class, current elections and election volumes.

Response: Please refer to response to question no. 10.

Question 41: Can you provide claims experience? Include STD/Dental – Life/Voluntary Life/LTD – FMLA.

Response: Please refer to response to question no. 37.

Question 42: Can you provide current rates on all lines and renewal, if available?

Response: Please refer to response to question no. 4.

Question 43: Who is your current and proposed TPA?

Response: Please refer to response to question no. 29.

Question 44: Who is your current and proposed PPO Network(s)?

Response: The Center’s current PPO Network(s) is ACO & Open Managed Choice.

Question 45: What is your current and proposed Deductible(s)?

Response: Please refer to Attachment B – Price Schedule.

Question 46: What is your current and proposed Contract Basis?

Response: Please quote per Attachment B – Price Schedule.

Question 47: What are your current and proposed commissions?

Response: Please quote net and/or without any broker commission.

Question 48: What is your current and proposed Rates?

Response: Please quote per Attachment B – Price Schedule.
Question 49: Can you provide census data to include date of birth, gender, home zip code, employment current status?
Response: Please refer to response to question no. 10.

Question 50: Can you provide Employee Tier Election & Employee Plan Election?
Response: Please refer to response to question no. 5.

Question 51: Can you provide claims experience?
Response: Please refer to response to question no. 5.

Question 52: Can you provide census to include date of birth, date of hire, gender, salaries, occupations, zip codes, class, all life amounts, elections, occupations and dependent information.
Response: Please refer to response to question no. 10.

Question 53: Can you provide current plan designs?
Response: Please refer to response to question no. 4.

Question 54: Can you provide current rates/rate history and past 3 years’ experience?
Response: Please refer to response to question no. 5.

Question 55: What is the effective date?
Response: Please refer to response to question no. 9.

Question 56: What is the 4 digit SIC code?
Response: 8093.

Question 57: Can you provide census information to include date of birth, gender, zip codes, coverage type, plan selections, job titles and salaries.
Response: Please refer to response to question no. 10.

Question 58: Can you provide current carrier and how long you have been with them?
Response: Aetna; three years.

Question 59: Can you provide current/renewal rates?
Response: Please refer to response to question no. 4.

Question 60: Can you provide 24 months of premium vs claims with monthly membership broken out?
Response: Please refer to response to questions no. 5 and no. 37.
Question 61: Can you provide 24 months of ongoing large claim information that corresponds to the reporting periods of the PvC?
Response: Please refer to response to questions no. 5 and no. 37.

Question 62: Is USI the AOR?
Response: Yes.

Question 63: Does the employer or a third party fund any portion of the deductible by means of a gap plan, MERP, HAS, HRA or any other arrangement?
Response: No.

Question 64: Can you provide current employee census?
Response: Please refer to response to question no. 10.

Question 65: Can you provide current vision plan?
Response: Please refer to response to question no. 4.

Question 66: Can you provide current vision plan rates?
Response: Please refer to response to question no. 4.

Question 67: Can you provide the Vision Utilization report?
Response: This information is not available at this time.

Question 68: Can you provide full census with current elections for all products including employee gender, date of birth, zip code, salary and job title.
Response: Please refer to response to question no. 10.

Question 69: Can you provide current and renewal rates?
Response: Please refer to response to question no. 4.

Question 70: Can you provide 36 months of experience premium vs claims by month with lives?
Response: Please refer to response to questions no. 5, no. 6, and no. 37.

Question 71: What (if any) benefit administration/enrollment system will be utilized as we have credits and fees available to deploy?
Response: If interested in responding to this solicitation, please quote per Attachment B – Price Schedule.

Question 72: Can you provide current census?
Response: Please refer to response to question no. 10.
Question 73: Can you provide current full benefit summaries SPD’s for all plans?
Response: Please refer to response to question no. 4.

Question 74: Can you provide current full ASA for medical as well as the ASA BPA is BCBS?
Response: This information is not available at this time.

Question 75: Can you provide monthly claims data?
Response: Please refer to response to question no. 5.

Question 76: Can you provide large claims reports?
Response: Please refer to response to question no. 5.

Question 77: Can you provide copy of current stop loss policy?
Response: This information is not available at this time.

Question 78: Can you provide current ISL and ASL levels and contract term?
Response: Please refer to Attachment B – Price Schedule.

Question 79: Can you provide attachment points for current year?
Response: Please refer to Attachment B – Price Schedule.

Question 80: Are mental health, pharmacy or other products included in the stop loss?
Response: Medical and Prescription drugs are included in stop loss.

Question 81: Are non-medical claim costs run through the claim around included in stop loss?
Response: No.

Question 82: Are non-medical claim costs run through the claim around included in the claim projections?
Response: No.

Question 83: Regarding provider disruption, can you provide the following:
- Provider Information
  - Name, first and last
  - provider tax ID #
  - full address
  - phone number (if available)
- Provider Category
- Number of patients seen (units) –
- Number of visits/encounters (units)
- Billed Charges
- Eligible/allowed Charges (before discounts are applied)
- Paid charges (After Discounts applied)
Current Carrier Contracted or Non Contracted provider status (PAR/Non-PAR status)
Please remove records for mail order pharmacy
Please remove Vision, and or Dental providers.
For providers showing a 999999999 or another similar “dummy” tax ID, please have your carrier confirm what these payments are for and who they are being paid to?

Response: Please refer to document titled “Aetna Provider Report”, which will be sent via encrypted email.

Question 84: Can you provide Benefit level of paid claim – Whether the claim was paid on an in-network or Out-of-Network benefit basis?

Response: This information is not available at this time.

Question 85: Regarding Clinical Reporting/Member Engagement Metrics - Anything you can provide that provides billed/allowed data, utilization data, ER utilization, admissions per 1000, bed days per 1000, etc. We are also looking to identify top ten Inpatient and outpatient facilities by group population as well as outcomes of Disease Management or other out-reach programs.

Response: This information is not available at this time.

Question 86: Pharmacy claims detail file - Pharmacy claims data in NCPDP format, including:
- Six months required, 12 months preferred.
- Date of service
- 11 digit NDC
- Quantity dispensed
- Days’ supply
- Tier indicator
- Mail or retail indicator
- Unique member ID will allow us to complete a member level disruption analyses

Please Provide your Current Full PBM ASA (Administrative Services Agreement) for pharmacy, and pharmacy pricing page.

Response: This information is not available at this time.

Question 87: What is the name of the Center’s PBM?

Response: The Center’s PBM is Aetna/Caremark.

Question 88: Is there cross accumulation of maximum out of pocket data?

Response: Yes.

Question 89: Is there cross accumulation of clinical and/or claims data?

Response: No.
Question 90: Does your consultant have a pharmacy analyst, and if so, are they evaluating your formulary, network, clinical program costs and pricing details to ensure all aspects of the pharmacy quotes compared equally and correctly?

Response: Yes.

Question 91: Does your consultant have a pharmacy analyst?

Response: Please refer to response to question no. 90.

Question 92: Are any pharmacy guarantees in place? Is your PBM guaranteeing your pricing? What happens if they don’t achieve their proposed pricing?

Response: Yes; all contracts are monitored to achieve proposed pricing.

Question 93: Please name the current network, is this a broad or narrow network? Are any large pharmacies carved out such as CVS or Walgreens?

Response: Current network is Aetna/CVS National Pharmacy Network.

Question 94: Are you using a mandatory strategy for maintenance Rx and/or Specialty?

Response: No.

Question 95: Please confirm is there are any commissions or remunerations of any kind being paid to any agent, or partner, such as a per script commission?

Response: No.

All other RFP conditions remain unchanged.
RFP documents may be downloaded from http://www.chcsbc.org/contracting-opportunities/