SUBJECT: Request for Proposal (RFP) for Employee Benefits, RFP 2020-004, Scheduled to Open: March 19, 2020; Date of Issue: February 5, 2020

FROM: Adam Velez
Director, Contracting and Procurement

DATE: March 11, 2020

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

1. The deadline for submission of proposals has been changed from: Thursday, March 19, 2020 by no later than 12:00 P.M. Local Time to Tuesday, March 31, 2020 by no later than 12:00 P.M.

2. Change: RFP Section 014 – Schedule of Events, pg. 17, Proposal Due Date to read as follows: Proposal Due: 12:00 P.M. on March 31, 2020.

3. Change: 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 two (2) USB drives 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 31, 2020.”


6. Email Adam Velez (avelez@chcsbc.org) for instructions on how to receive encrypted data should it not be available to post to the Center’s website (chcsbc.org/contracting-opportunities).
Question 1: Are rebates credited to the fee or shared? If rebated are credited to the Fee, please provide the percent of rebates credited and the dollar value of the credit.

Response: Rebates are credited to the fee. Due to proprietary information, the percent of rebates and the dollar value of the rebate credit cannot be provided.

Question 2: Are rebates calculated per brand RX, or rebatible brands only, or single source brands only?

Response: Per Brand RX.

Question 3: Does your PGM retain aggregator fees or MAFs?

Response: Yes, the PGM retains aggregator fees or MAFs.

Question 4: Please name the current PDL.


Question 5: Are there any clinical programs included (Step Therapy, Mandatory Mail, Compound medication limitations)?

Response: Step therapy, mandatory mail compound medication limitations are included in the current prescription drug benefit. Due to proprietary information, details cannot not be provided at this time.

Question 6: Are Single, Dual Source, generics treated as brand?

Response: Single & dual source generics are treated as generics.

Question 7: Does the Center have an in-house pharmacy? If yes, provide the NABP/NPI numbers and and/or pharmacy names for these pharmacies.

Response: Yes, Metrocare Pharmacy; NABP #5917399; NPI # 1861866568

Question 8: Does the Center participate in or eligible for the 340b program?

Response: No.

Question 9: Can you provide the current Plan Design(s) for SBC with Rx copayment structure?

Response: Please refer to document entitled “CHCS Benefits Booklet,” posted as a separate attachment.

Question 10: What are the total participating Employee and Member counts?
Response: Please refer to document titled, “CHCS Census”, which was previously sent via encrypted email. If your firm did not receive previously email information, please contact Adam Velez at avelez@chcsbc.org

Question 11: Who is the current Medical Carrier or TPA?

Response: Aetna.

Question 12: Who is the current PBM?

Response: Please refer to response to question no. 87 on Addendum II, posted 2/14/2020.

Question 13: Can you clarify if you want two (2) USBs or one (1)?

Response: Responses should include two (2) USBs.

Question 14: Will you be able to obtain a copy of the policy for dental and/or vision?


Question 15: Please affirm that the dental and vision plans are fully insured.

Response: Both dental and vision plans are fully insured.

Question 16: Are the renewal rates known for the dental and vision?

Response: No.

Question 17: What is the employer contribution percentage for the dental and vision and does it apply to dependent coverage?

Response: The Center contributes 100% of the Employee cost for the DHMO dental plan, 30% of the Employee cost for the Low dental plan, 40% of the Employee cost for the High dental plan and 0% of the dependent cost. The Center does not contribute to the cost of the vision plan.

Question 18: What is the network for the Metlife vision plan, VSP?

Response: DHMO is Met 335 Texas, Dental PPO is PDP Plus, Vision is MetLife Vision.

Question 19: Are you able to obtain a copy of the dental and vision billing statement?

Response: Dental claims have already been released, please refer to the response to question no. 37 in Addendum II, 2/14/2020. If your firm did not receive previously email information, please contact Adam Velez at avelez@chcsbc.org. Vision claims will not be released, per MetLife, they will not release vision claims unless the group has at least 1,000 enrolled employees in vision coverage.

Question 20: Will you consider an alternate dental plan in place of the DHMO, which is a low cost PPO, in order to provide claims data for subsequent RFPs?

Response: Yes.
Question 21: We understand that vision claims are not available at this time, however prior to close of bid will you be releasing?

Response: MetLife’s policy states that there needs to be at least 1,000 employees enrolled in the Vision plan in order to release paid claims, utilization, and provider utilization.

Question 22: The dental network for MetLife, is it the PDP or PDP Plus?

Response: PDP Plus.

Question 23: Would you prefer to have dental and vision ID cards?

Response: Yes.

Question 24: Is a Lasik rider of interest, which could be added to the vision plan?

Response: Yes.

Question 25: Confirm what commission if any is to be included in vision proposal.

Response: Please refer to the response to question no. 33 of Addendum II, posted on 2/14/2020.

Question 26: Can you provide the monthly rates that MetLife is charging the group, by tier for DMO, PPO Low & PPO High. The employee booklet reflects the ee’s cost share, not what the carrier is billing by tier?

Response: Please refer to response to question no. 21.

Question 27: Can you provide the monthly rates that MetLife is charging the group, by tier, for Base vision plan and Buy-up vision plan. The employee booklet reflects per pay period, we just need to confirm what MetLife bills the group monthly, by tier, by plan?

Response: Please refer to response to question no. 21.

Question 28: Can you provide MetLife DHMO schedule of copays?


Question 29: Can you provide Vision Claims Experience broken out by Base & Buy-up plans?

Response: MetLife’s policy is that there needs to be at least 1,000 employees enrolled in the Vision plan in order to release paid claims, utilization, and provider utilization.

Question 30: Can you provide list of top utilized vision providers?

Response: MetLife’s policy is that there needs to be at least 1,000 employees enrolled in the Vision plan in order to release paid claims, utilization, and provider utilization

Question 31: Can we get the rates for Critical Illness and more detailed plan information?

Question 32: Will you require respondents to Module A to provide a network solution in addition to an administrative services proposal or will you be selecting a network independent of TPA, so long as that TPA agrees to work with your network selection?

Response: We anticipate receiving network solution options from the bidding TPA’s.

Question 33: Please provide a description of your current employee wellness strategy and programs.

Response: The Center’s wellness strategy and programs include: flu shots, clinic & gym membership reimbursement.

Question 34: Please provide a description of your Utilization Review Program/Large Case Management/Disease Management programs


Question 35: Who is your ACO partner for your current ACO Plan.

Response: Baptist Health System & Health Texas Medical Group.

Question 36: Please provide your Full Benefit Summaries SPD’s for all plans – These are required for benefit compatibility review. SBC’s are very limited on claim payment detail.

Response: Please refer to documents titled, “Aetna Baptist Health Gold coverage booklet” & “Aetna Silver Expanded coverage booklet”, posted as separate attachments.

Question 37: Is CHCS considering Key Man Life in this RFP under the Life portion? If so, what amount?

Response: Please refer to Section 004 – Scope of Services within RFP document.

Question 38: Does the Center require List Bill or will you all Self Bill (SAP)?

Response: Either billing formats are acceptable.

Question 39: Can a list of top the Top 50 Providers by spend for the past 12 months be included for analysis?

Response: Please refer to document titled “Aetna Provider Report”, which will be sent via encrypted email. If your firm did not receive previously email information, please contact Adam Velez at avelez@chcsbc.org

Question 40: We would like to see a list of the top 25 episodes of care and/diagnosis by paid amount.

Response: Please refer to document titled “Aetna LCR 2019”, which will be sent via encrypted email. If your firm did not receive previously email information, please contact Adam Velez at avelez@chcsbc.org
Question 41: Is it possible to obtain a full list of all programs and fees (including amounts) that currently fall outside of the admin fee?


Question 42: Will you allow rental (wrap) networks to be included in your disruption analysis? Example: Aetna NAP Plan

Response: Yes.

Question 43: Will you allow rental (wrap) networks included in your discount analysis? Example: Aetna NAP Plan

Response: Please refer to response to question no. 42.

Question 44: Will you stipulate that the networks utilized in the disruption analysis be identical to those utilized in the discount analysis? If no, detail the differences.

Response: Yes.

Question 45: Will you allow a carrier's discount guarantee to exclude any claims? If yes, which claim types and/or dollar threshold will you allow to be excluded from the guarantee.

Response: No.

Question 46: What is the current percentage of savings being retained on rental (wrap) network claims? Example: Aetna’s NAP Plan claims

Response: Due to proprietary information, this information cannot be provided.

Question 47: Are there any capitated networks being utilized currently? Will you allow for the use of capitated networks (ex. behavioral health)? If yes, will you allow the carrier to retain a percentage of the savings? If yes, what percentage?

Response: Yes, capitated networks are currently being utilized. Yes, we will allow for the use of capitated networks. Yes, we will allow for the carrier to retain 25% of the savings.

Question 48: Will you expect that all carriers quote an all-inclusive administrative fee that does not reflect additional fees, shared savings or Rx rebate sharing? If yes, what are the ramifications for those that do not adhere to these guidelines? Retaining a percentage of the savings? If yes, what percentage? Will this be continued?

Response: Carriers will be required to disclose all fees, including fees associated with a percentage of savings, shared savings, and Rx rebate sharing.

Question 49: Who is the current AEP vendor or Benefit Admin System?

Response: Proliant.
Question 50: What is the current PEPM Aetna admin fee that CHCS is paying and can the admin fees be broken out in detail?
Response: Due to proprietary information, this information cannot be provided.

Question 51: Can we get a copy of the Summary Plan Documents
Response: Please refer to response to question no. 36.

Question 52: Can we get a list of the current Wellness programs that are currently being offered to CHCS employees and are these programs offered to all employees?
Response: Please refer to response to question no. 33.

Question 53: Can we get a utilization report broken out by the different networks? Example: Choice Plus, NAP Savings Plan, Out of Network
Response: Claims data has been provided. Proprietary information will not be released.

Question 54: How much has CHCS paid in fees for utilizing the Aetna NAP program (Shared Savings) for the past 12 & 24 months
Response: Due to proprietary information, this information cannot be provided.

Question 55: What is the current individual spec deductible for stop loss and current stop loss fees?
Response: $225,000.

Question 56: Does Aetna currently provide an onsite Wellness Coordinator, Nurse or CSR as part of their medical program?
Response: No.

Question 57: Does Aetna currently offer any credits for CHCS? Example: Wellness credit
Response: Yes.

Question 58: Are there any current COBRA continuants?
Response: Yes.

Question 59: Does Aetna retain any portion of the Rx rebates (retail or mail order)? If yes, what percentage? Will this be allowed going forward?
Response: Please refer to response to question no. 1.

Question 60: Will proposals featuring spread pricing be acceptable?
Response: Yes.
Question 61: How are single source generics handled within the current program? Do single-source generics fall within generic or brand name benefit tiers?
Response: Yes, generic tier.

Question 62: How many New Hires does the Center have monthly, on average?
Response: The Center has an average of 15-30 new hires per month.

Question 63: Is it possible to obtain a dental policy or cert?
Response: Please refer to response to question no. 14.

Question 64: Please clarify if a commission is included for USI on dental and vision and if so specify what it is.
Response: Please refer to the response to question no. 33 of Addendum II, posted on 2/14/2020.

Question 65: Can you verify if vision and dental are ASO or fully insured?
Response: Vision and dental are fully insured.

Question 66: Can you confirm which vision network they have and which one you are wanting to quote? (VSP Choice + Affiliates, VSP Signature + Affiliates, EyeMed Access, EyeMed Insight).
Response: Please refer to response to question no. 18.

Question 67: Please provide certificates of coverage for the current DHMO and PPO dental plans.

Question 68: Is Stop Loss a part of this proposal?
Response: Yes, stop loss is a part of this RFP.

Question 69: How many Qualifying Events does the Center have monthly, on average?
Response: One.

Question 70: Please provide a description of your Utilization Review Program/Large Case Management/Disease

Question 71: Please Provide your Current Full ASA (Administrative Services Agreement) for pharmacy) For Medical and Pharmacy.

Question 72: Please provide your pharmacy pricing.
Response: Due to proprietary information, this cannot be provided.

Question 73: Is your current program traditional or pass through pricing? If pass through is your program transparent?
Response: Traditional.

Question 74: Are rebates credited to the fee or shared? (fixed or minimum guarantees)
Response: Please see response to question no. 1

Question 75: Does your PBM retain aggregator fees or MAFs
Response: Yes.

Question 76: Are there Pharmacy guarantees in place?
Response: Due to proprietary information, this cannot be provided.

Question 77: Please name of the PDL in place.

Question 78: Do you use a broad or restrictive network, or are there any major pharmacies excluded.
Response: A broad network.

Question 79: How is the competitor defining generics and brands? Are single or dual source generics included in the brand counts?
Response: Single & dual source generics are defined as generics.

Question 80: Are any Specialty drugs being re-classed into the brand guarantees?
Response: No

Question 81: Is your PDL open or closed?
Response: Open

Question 82: Are there any shared savings programs in place?
Response: Yes.

Question 83: Are you being charged clinical programs? Please provide specific clinical program pricing.
Response: The charges for clinical programs are included in the Aetna PEPM medical administration fee.

Question 84: Are there any mandatory programs in your PBM Program?

Response: Yes.

Question 85: Medical Per Use Clinical Programs – Are any clinical programs charged on a per use basis or as a Fixed Fee PEPM Expense?


Question 86: Please provide reports showing per use charges for any clinical programs included for the last 24 months of the claims period, on a monthly basis.

Response: Due to proprietary information, this cannot be provided.

Question 87: Please confirm the programs included, the cost per use and the total costs included in your claims.


Question 88: Aetna Medical NAP (National Advantage Program) Report – what are the Shared Savings Aetna is charging for their OON/NAP program?

Response: Due to proprietary information, this cannot be provided.

Question 89: Please confirm amount charged, usually 50% of savings. % of savings charged.

Response: Due to proprietary information, this cannot be provided.

Question 90: Please provide a NAP report for the last 24 months of the claims period, on a monthly basis.

Response: Due to proprietary information, this cannot be provided.

Question 91: Non Contracted/Participating Providers – How are out of network providers reimbursed.

Response: Maximum Allowable Fee (MAF).

Question 92: How are Non-Contracted Providers reimbursed for Claims Paid on an In network basis, What percentage of claims are attributed to these claims?

Response: Maximum Allowable Fee (MAF).

Question 93: How are Non-Contracted Providers reimbursed for Claims Paid on an out of network basis, what percentage of claims are attributed to these claims?
Response: Maximum Allowable Fee (MAF).

Question 94: Is balance billing allowed, and are there any programs included to help members with Balance billing?

Response: Yes to balance billing, and no to programs to help members.

Question 95: Regarding Addendum 2, question 4, when asked for current plan design the response states: “Refer to “CHCS Benefits Booklet” yet this booklet includes a very limited summary of information. We need to determine what provisions are currently included in the in-force plans. We do not have critical information such as age reductions for life, pre-ex and own occ period for LTD as well as many other provisions that can impact the rates/experience. Please provided current certs for basic life, supplemental life, STD, and LTD.


Question 96: Regarding Addendum 2, question 7, when asked for requested plan design the response states: “Refer to price schedule” yet there is no information under the proposed option. Is the group wanting us to match the current plan design as well as provide additional options? If they are looking for additional options, please provide information on what options they would like to see.

Response: The Center is anticipating responses that include matching the current plan design as well as potential additional options.

Question 97: Addendum 2, question 8, when asked for current rates the response states “Refer to “CHCS Benefits Booklet” but this only includes rates for voluntary coverages. Please provide rates for basic life, basic AD&D, STD Core, LTD Class 1 and Class 2 rates as well as any rates changes within the provided experience period.

Response: Due to proprietary information, this cannot be provided.

Question 98: Please confirm if the STD Buy-Up rate is billed on excess or first dollar. It would be helpful to confirm with a recent bill summary.

Response: First dollar.

Question 99: Please confirm the eligibility for Class 1 and Class 2 LTD.

Response: Class 1 is employees with $100,000+ salary and Class 2 is employees with less than $100,000 salary.

Question 100: Please confirm when was the group’s last open enrollment in which late entrants were allowed without providing EOI. What amounts per employee and per spouse were allowed at this time?

Response: The last date was January 1, 2017. Please refer to the guarantee issue amounts included in attachment titled, “Unum Supplemental Life AD&D coverage booklet”, posted as a separate attachment.
Question 101: Why is the group out to bid?

Response: The Center’s contract with current carrier is reaching its termination date.

Question 102: Should the EAP be included in the basic life or the long term disability? Are any credits being requested? If yes, what are they for, what amount and to whom will they be paid?

Response: The EAP can be included in either coverage. Credits are not being requested but can be proposed.

Question 103: What is the approximate turnover of the covered population?

Response: Approximate turnover rate is 31%.

Question 104: What is the current life waiver of premium provision?

Response: 180 days.

Question 105: What is the current life age reduction schedule?

Response: Reduced by 35% at age 75, and by 50% at age 80.

Question 106: Are conversion and portability included on the life coverages currently?

Response: Yes.

Question 107: Will the City be conducting finalists as part of their decision-making process?

Response: No.

Question 108: Is the LTD Claims experience net or gross benefit?

Response: The monthly benefit on the report is the benefit claimants are receiving from UNUM after offset amounts.

Question 109: Can you provide census data reflecting all current elections?

Response: Refer to the response to Question no. 10 on Addendum II, posted 2/14/2020. If your firm did not receive previously email information, please contact Adam Velez at avelez@chcsbc.org.

Question 110: Can you provide dental provider/disruption report?

Response: Please refer to the response to Question no. 16 on Addendum II, posted on 2/14/2020. If your firm did not receive previously email information, please contact Adam Velez at avelez@chcsbc.org.

Question 111: Can you provide 2 years’ experience for ancillary lines?

Response: Please refer to the response to Question 37 on Addendum II, posted on 2/14/2020. If your firm did not receive previously email information, please contact Adam Velez at avelez@chcsbc.org.
Question 112: For the vision insurance through MetLife, can you provide an enrollment breakdown in the base and premium plan?

Response: Please refer to the response to Question no. 10 on Addendum II, posted on 2/14/2020. If your firm did not receive previously email information, please contact Adam Velez at avelez@chcsbc.org.

Question 113: We did not see anything specific to vision as to the employer/employee sharing vision premiums, can you confirm?

Response: The Center does not contribute to the cost of the vision plan.

Question 114: I do see where it says 3% flat commission for dental on question 33, but then on question 47 it says, please quote net and/or without any broker commission. Can we please get clarification on commission?

Response: Please refer to response to question no. 33 on Addendum II, posted on 2/14/2020.

Question 115: It appears that the majority of the items in the Modules and in the Questionnaire are not applicable to the services that we provide. This question was also asked in the Addendum “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. “Please confirm we’re just to submit Attachment B – Price Schedule and the questionnaire/modules are not needed?

Response: Please submit both a written proposal & a completed Attachment B.

Question 116: Are there any additional documents outside of the RFP document, Addendum, and Price Schedule, like a Terms and Conditions document (seems like there may be a reference to this in the “assurances” section)? We don’t have any additional attachments.

Response: No, please refer to RFP document and addenda that can be found at chcsbc.org/contracting-opportunities.

Question 117: Please note: The RFP is requesting a copy of Insurance Certificate which we do not provide during the RFP stage.

Response: Please refer to Section 008 – Proposal Requirements.

Question 118: Can you provide Utilization for the vision plan?

Response: MetLife’s policy is that there needs to be at least 1,000 employees enrolled in the Vision plan in order to release utilization.

Question 119: Please confirm if rates should be net of commission.

Response: Please refer to response to question no. 33 on Addendum II, posted on 2/14/2020.
Question 120: What website do I visit to obtain the detailed RFP information and the latest updates as well as subsequent Questions and Responses?

Response: Please visit chcsbc.org/contracting-opportunities.

Question 121: In attachment B under “Credits / $ Allowances” they ask the following: Are annual Wellness credits available? Are Transition/Implementation credits available? Are annual Open Enrollment credits available?

Response: Credits are not a requirement, but should be stated if included in your proposal in Attachment B.

Question 122: If we submit our proposal along with marketing fliers in PDF format, will this disqualify our bid?

Response: Please refer to Section 009 – Submission of Proposal. Marketing fliers can be included within a firm’s response.

Question 123: The Pricing Schedule is in Excel format, is it ok for us to include in Excel?

Response: Yes.

Question 124: Please provide current certificates for both Critical Illness & Accident.


Question 125: Is the current Critical Illness plan attained age or issue age? Please confirm whether to quote on an issue or attained age basis.

Response: Please refer to separate attachments titled, “Unum Critical Illness Coverage Booklet & Unum Accident Coverage Booklet”.

Question 126: Is a certificate of coverage or more detailed benefit summary available for both options in the dual option plan with MetLife?

Response: Please refer to the response to question no. 14.

Question 127: Commissions not specified for Vision in either the RFP or the amendment with carrier questions. Should Vision include specific commissions, or be quoted Net of commissions?

Response: Net of commissions.

Question 128: Is Vision claims data (24 months, premium versus claims) available?

Response: Vision claims will not be released, per MetLife, they will not release vision claims unless the group has at least 1,000 enrolled employees in vision coverage.

Question 129: Can you please provide the OON UCR?

Response: Please refer to the response to question no. 14.
Question 130: Question and answer to question number 33 indicates commissions should be included and Question number 47 indicates commissions should not be included, do we need to show both ways?

Response: No. Please refer to the response to question no. 33, Addendum II, posted 2/14/2020.

Question 131: Are we trying to match or enhance the in-force accident and critical illness benefits? Are there any specific benefit amounts that need to be shown?

Response: Please refer to response to question no. 124. Your proposal can match in-force coverage and also provide additional options.

Question 132: Please confirm the enrollment process. In addition to enrolling on the Proliant system, will it be an active enrollment requiring accept or waive? Will there be any open enrollment meetings? Is there a need for a third party enrollment entity?

Response: The open enrollment process for coverages that are effective January 1, 2021 has not been decided.

Question 133: If we have specific questions regarding Proliant capabilities, who do we need to direct those to? One of those questions would be can Proliant administer an issue age critical illness plan? Or is it only attained age?

Response: Both issue age and attained age benefits can be administered.

Question 134: Please confirm if the accident and critical illness products should be quoted with commissions or without.

Response: Please refer to the response to question no. 33, Addendum II, posted 2/14/2020.

Question 135: Would the Center for Health Care Services consider a proposal for ID Theft?

Response: Please refer to Section 004 – Scope of Services.

Question 136: Do you have utilization for the vision plan?

Response: MetLife’s policy states that there needs to be at least 1,000 employees enrolled in the Vision plan in order to release paid claims, utilization, and provider utilization.

Question 137: Can you provide vision utilization from Metlife 2018 and 2019?

Response: MetLife’s policy states that there needs to be at least 1,000 employees enrolled in the Vision plan in order to release paid claims, utilization, and provider utilization.

Question 138: Do you currently use a benefits administration platform for your enrollment? If so, can the name of the vendor be released?

Response: The Center currently utilizes Proliant.
Question 139: Please provide the current certificates for Basic Life and AD&D and Voluntary Life and AD&D in addition to the benefit summary provided so we can match the current plan more accurately.


Question 140: Please confirm if there are to be any commissions built into the Basic and Supplemental Life.

Response: Please refer to the response to question no. 33, Addendum II, posted 2/14/2020.

Question 141: Please provide full certificates for LTD and STD coverage. We are looking for full certificates to ensure that we match the entirety of the LTD and STD coverage, including what is not mentioned in the summary.

Response: Please refer to response to question no. 95.

Question 142: Please confirm whether the group participates in Social Security.

Response: Yes

Question 143: Please confirm whether the premium contributions are paid with pre or post tax dollars.

Response: Yes

Question 144: Please confirm whether the group prepares W-2s for STD claimants, or if the group requires the carrier to do so.

Response: CHCS prefers the carrier to prepare the W2’s for STD claimants.

Question 145: Please confirm whether the group requires the carrier to pay the FICA match for STD claimants or if the group intends to pay the FICA match.

Response: CHCS prefers that the carrier pay the FICA match.

Question 146: Please confirm whether the group currently has telephonic claims service on the STD.

Response: Yes.

Question 147: Please confirm what (if any) state retirement plan the group participates in, and which classes participate.

Response: CHCS does not currently provide benefits for retirees.

Question 148: Please provide an Open LTD Claims List that includes the following additional info:

a. Gender
b. Gross benefit
c. Net benefit
d. Offset amounts

Response: Please refer to the document titled, “UNUM 219963 LTD Open Claims Listing”, which will be provided through an encrypted email. If your firm did not receive previously email information, please contact Adam Velez at avelez@chcsbc.org. The LTD open claims listing includes all open LTD claims with UNUM. The monthly benefit on the report is the benefit claimants are receiving from UNUM after offset amounts.

Question 149: Please provide an STD Claims list.

Response: Please refer to response to question no. 37 on Addendum II, posted 2/14/2020. If your firm did not receive previously emailed information, please contact Adam Velez at avelez@chcsbc.org.

Question 150: Could you please provide the policies/certs for the group’s Life, AD&D, STD, LTD, Accidental Injury and Critical Illness coverages?

Response: Please refer to response to question no. 95.

Question 151: What is the current formulary for Aetna/CVS? Is CHCS on an Open formulary with no drug exclusions or do they have a formulary with exclusions?

Response: The current formulary is the 2020 standard Aetna formulary. The Center is on an open formulary with formulary exclusions.

Question 152: What is the detail of the current clinical and Utilization Management programs under their pharmacy benefits? Do they go through prior authorizations, quantity limits and step therapy?

Response: Please refer to the response to question no. 5. If your firm did not receive previously emailed information, please contact Adam Velez at avelez@chcsbc.org.

Question 153: Is the onsite pharmacy, Metro Care, owned by CHCS?

Response: No.

Question 154: Are the points noted below each Modules only relating to the coverage’s noted on the Modules?

Response: Yes.

Question 154: FAILURE TO SUBMIT THE ABOVE INFORMATION WITH SEALED PROPOSAL WILL DISQUALIFY PROPOSAL. Please confirm what needs to be submitted.

Response: Please refer to RFP Section – 008 – Proposal Requirements and Section 009 – Submission of Proposal.
Question 155: 005 – ASSURANCES. If we have comments regarding any assurances how should we notate them?

Response: Please use RFP Attachment C - Exceptions to notate any exceptions.

Question 156: Please provide a copy of your in force booklets for Life and Disability.

Response: Please refer to response to question no. 95.

Question 157: Please provide incurral back to 2015 to be in line with the detailed claims listing for LTD.

Response: Please refer to document titled, “UNUM LTD Claims Detail Report Jan 2015 - Feb 2020”. If your firm did not receive previously emailed information, please contact Adam Velez at avelez@chcsbc.org

Question 158: Please provide renewal rates, if available.

Response: Renewal rates have not been released.

Question 159: Please confirm the commissions on the Critical Illness plan of 22%.

Response: Confirmed.

Question 160: Can you provide full certificates for LTD/STD and Voluntary Benefit product?

Response: Please refer to response to question no. 95.

Question 161: Is it your intent to match the Voluntary (worksite) Benefits? Please provide the certificates.

Response: Yes. Please refer to documents titled, “UNUM Accident coverage booklet and UNUM Critical Illness coverage booklet”, posted as separate attachments.

Question 162: Regarding Attachment B, Credits / $ Allowances - Please provide the credit amounts currently received by CHCS under the current program.

Response: There is a current Aetna wellness allowance of $25,000.

Question 163: Please provide current, complete plan SPDs for benefit review.

Response: Refer to the response to questions no. 12, 36 and 95.

Question 164: The questionnaire requests a repricing – please provide the following:

Provider Tax Identification Number (TIN) MUST be 9 digits, Provider Name, Provider State, Provider Zip Code, Service units, Place of Service Indicator (i.e. Physician/Other, Inpatient, Outpatient) (2 digit code), Dates of Service, CPT-4 Codes (procedure code – 5 digit), Revenue codes (inpatient claims only) (revenue code – 3 digit), Eligible Charges Before Discount - Par/non-par indicator is preferable, but not required

Question 165: If we decide to quote only Dental, are there specific questions we need to answer on the questionnaire? And/or are there additional questions? I am assuming we are not responsible for the questionnaire in its entirety as a good portion of the questionnaire is geared towards medical? If there is a question that we are unable to answer, what response can we use, N/A?

Response: Provide responses to questions related to dental questions only. Also, complete the applicable dental portion of Attachment B.

Question 166: Can you please confirm the funding for Dental? ASO?

Response: Fully insured.

Question 167: Please describe your current Case Management offering in greater detail?

Response: Due to proprietary information, this information cannot be provided.

Question 168: Please provide the current ROI attained as well as a list of clinical care and utilization improvement statistics.

Response: Due to proprietary information, this information cannot be provided.

Question 169: Please provide additional insight into what is working well and what you would like to see improved.

Response: Please refer to Section 004 – Scope of Services.

Question 170: What is the amount of total annual deposits into the HSA?

Response: This is not applicable to this RFP.

Question 171: Please provide the current ROI attained as well as a list of clinical care and utilization improvement statistics.

Response: Due to proprietary information, this information cannot be provided.

Question 172: What is the Center’s HDHP strategy? Are they looking to go full replacement?

Response: The Center does not have an HDHP strategy.

Question 173: Please describe your current Wellness offering in further detail.

Response: The Center’s wellness strategy and programs include: flu shots, clinic & gym membership reimbursement.

Question 174: What level of engagement have your experienced with your current Wellness program?

Response: The Center has experience a low level of engagement with current Wellness program.
Question 175: How many individuals have completed a health assessment?
Response: This information is not tracked.

Question 176: How many members have enrolled in a telephonic coaching program?
Response: This is not applicable to this RFP.

Question 177: How many members have enrolled in an online coaching program?
Response: This is not applicable to this RFP.

Question 178: How many members have enrolled in an in-person coaching program?
Response: This is not applicable to this RFP.

Question 179: Describe your current offer onsite coaching program.
Response: This is not applicable to this RFP.

Question 180: Describe your wellness champion network
Response: This is not applicable to this RFP.

Question 181: Are HSA fees being paid by the participant or by the Center?
Response: This is not applicable to this RFP.

Question 182: How many champions are involved?
Response: This is not applicable to this RFP.

Question 183: What type of activities do they perform currently?
Response: This is not applicable to this RFP.

Question 184: What support do vendors currently provide to your Wellness Champion network?
Response: This is not applicable to this RFP.

Question 185: Do you have a dedicated role that supports the champion network? If not, would you be interested in vendors offering such a role?
Response: This is not applicable to this RFP.

Question 186: Do you perform biometric screenings on site each year?
Response: This is not applicable to this RFP.
Question 187: If so, at how many locations and how many people participate?

Response: This is not applicable to this RFP.

Question 188: Do you offer offsite alternatives as well? If so, what types? What is the utilization per modality?

Response: This is not applicable to this RFP.

Question 189: What results have been achieved with current Wellness programs, such as risk reduction improvement and improvements in lifestyle modifications? Please provide the actual results.

Response: This is not applicable to this RFP.

Question 190: Does the Center provide an employer contribution?

Response: This is not applicable to this RFP.

Question 191: Please provide additional information on your tobacco cessation and what is your tobacco use prevalence?

Response: This is not applicable to this RFP.

Question 192: What is the current tobacco cessation program participation rate?

Response: This is not applicable to this RFP.

Question 193: How many weeks of NRT are included in your current program?

Response: This is not applicable to this RFP.

Question 194: Describe your culture of health in the workplace. How are leaders involved and positioning health and wellness?

Response: This is not applicable to this RFP.

Question 195: Please send your last 3 years of EAP reports. This is important for us to get a better understanding of program utilization.

Response: Utilization reports for EAP are not generated or available under the current plan.

Question 196: Please describe you first responder needs.

Response: Please refer to Section 004 – Scope of Services.

Question 197: Please describe your CISM needs.

Response: Please refer to Section 004 – Scope of Services.
Question 198: Please describe any Substance Use Disorder issues.

Response: This information is protected by federal law and will not be released.

Question 199: Full LTD cert- the “Benefits Booklet” received only has a few of the plan provisions included, we will need the full cert to compare apples to apples to their current plan design.

Response: Please refer to question no. 95.

Question 200: Can you provide Dental claims experience broken out by Low/High PPO plans?

Response: Please refer to attachment entitled “Met Life dental premium and claims report 2018 & 2019”, which will be sent via encrypted email. Dental claims will not be provided broken out by plan or by tier. If your firm did not receive previously email information, please contact Adam Velez at avelez@chcsbc.org

Question 201: Is Dental Contributory or Voluntary? Please verify the claims experience is combined High/Low DPPO plans.

Response: Dental is contributory. Yes, the claims experience is the combination of the high and low PPO plans.

Question 202: What are the current commissions for the DPPO and DMO?

Response: Refer to the response provided to question no. 33 in Addendum II, posted 2/14/2020.

Question 203: Does the current HSA administrator assess an account closure fee?

Response: This is not applicable to this RFP.

Question 204: Please provide detailed benefit summaries for all 3 dental plans.


Question 205: Total amount of HSA assets in cash accounts.

Response: This is not applicable to this RFP.

Question 206: Please verify that all 3 plans are with Met Life and are all fully insured.

Response: Correct, all three plans are fully insured.

Question 207: Any plan changes over the last 2 years.

Response: No.

Question 208: Why are you attempting to achieve by shopping?
Response: The Center’s intent is to contract with a qualified and experienced organizations to provide healthcare and related benefits that meet employee needs, manage insurance cost effectively and efficiently and claims processing.

Question 209: How many carriers in the last 5 years.

Response: The Center has had several carriers (medical & ancillary services, etc) within the last five years.

Question 210: Do you want any alternatives to be quoted on the dental?

Response: Yes

Question 211: Total amount of HSA assets in investments. What is the current HSA threshold?

Response: This is not applicable to this RFP.

Question 212: Is vision Contributory or Voluntary?

Response: Voluntary.

Question 213: What are the current commissions?

Response: Please refer to response to question no 33 on Addendum II, posted on 2/14/2020.

Question 214: Do you want any alternatives to be quoted on the Vision

Response: Yes.

Question 215: How many total eligible employees does the Center have?

Response: Please refer to response to question no. 10 on Addendum II, posted on 2/14/2020.

Question 216: Do you want any alternatives to be quoted on the Vision

Response: Yes.

Question 217: Of these employees, how many are covered under a COBRA-eligible plan?

Response: Please refer to response to question no. 10 on Addendum II, posted on 2/14/2020.

Question 218: FSA and HSA participation. Who is currently administering the FSA, HSA, and COBRA?

Response: The FSA & COBRA administrator is Proficient Benefits. CHCS does not offer a high deductible health plan that is HSA compliant, as a result they do not offer health savings accounts or HSA’s.

Question 219: Are there any specific pain points with the current administration?

Response: Please refer to Section 004 – Scope of Services.
Question 220: What is their motivation for marketing these lines of business?

Response: Please refer to response to question no. 116 on Addendum II, posted on 2/14/2020.

Question 221: Who are the medical, dental, and vision carriers?

Response: Medical is Aetna; Dental and Vision are MetLife

All other RFP conditions remain unchanged.

RFP documents may be downloaded from http://www.chcsbc.org/contracting-opportunities/