



ADDENDUM #2
REQUEST FOR PROPOSALS
2018-155

Medical OR
Medical and Pharmacy Benefit Manager Administration/Services

TO: All Respondents
FROM: Colby Wattling
CLOSING DATE: Wednesday, November 21, 2018 3:00 PM (UNCHANGED)
REF NO.: 2018-155 RFP
DATE: October 17, 2018

Below are **questions** and **answers** collected from submitted Letters of Intent. Plan summaries mentioned will be posted online at the provided link.

<https://spf.kitsapgov.com/das/Pages/Online-Bids.aspx>

1)	Can you confirm proposals are due on November 21, 2018?	Proposals are due November 21st, 2018.
2)	Can the County provide full plan summaries?	Yes, please see summaries posted online.
3)	Do Non-Medicare retirees have access to the same 6 plans provided?	Yes
4)	Who is the current stop loss vendor? Are you looking for a stop loss quotes? If yes, please provide the following: a. Requested ISL level and ASL % b. Requested contract basis c. A minimum of 12 months of monthly medical and RX claims with corresponding subscriber/members counts	We are not evaluating stop loss proposal until this RFP concludes. The current stop loss arrangement is through IISI with Companion Life: - 12/24 contract basis - \$300K specific - \$300K aggregating spec

	<p>d. A large claim report for the same 12 month time period including paid claim amount, diagnosis, and status (active/termed)</p> <p>e. Have any plan design changes been made within the last 12 months? If yes, please outline changes made.</p>	- Aggregate corridor is 125%
5)	Please provide a census in Excel format including gender, DOB, home zip code, carrier, medical plan, and tier	This will be available the week of 10/22/2018.
6)	Please provide the current fees – ASO fees	<p>2018 Current Fees:</p> <p>Admin Fee (Medical/ rx): \$54.84</p> <p>Admin Fee (Vision): \$1.66</p> <p>B&O Tax: \$0.89</p> <p>Network Management Fee: \$7.13</p> <p>Fiduciary Services: \$1.95</p>
7)	Please outline any disease management and wellness programs included in the current fees	Premera proprietary programs.
8)	Please provide a top provider report with paid claim amounts to the top 10 facilities	We can provide a top 5 facilities list.
9)	Regarding Questionnaire 2D, please provide more detail regarding the reporting and frequency of reports required to/from BenefitFocus –	BenefitFocus provides weekly.
10)	<p>Please include a claim file with a minimum of 3 months of data and the following data elements:</p> <ul style="list-style-type: none"> • Drug NDC • Pharmacy • Retail/MOD Indicator • Dispense Date • Quantity Dispensed • Days Supply • Average employees that the claim file represents (which may be different than the census lives). 	Request has been made to incumbent. We will furnish this data when/if received.
11)	Are there any major pharmacy chains excluded from your current pharmacy network?	No, we utilize an ESI network so includes virtually all chains and many independents.
12)	Is current formulary an exclusionary formulary?	No.

13)	How are rebates handled currently? Does Kitsap receive rebates or use to reduce their medical admin fee?	Kitsap receives quarterly rebate payments.
14)	We would prefer to offer our most robust formulary to produce the most value for the county. Are there any restrictions with the collective bargaining group that we need to be aware of?	None at this time.
15)	In the state of Washington, we have access to the First Choice Network and Cigna Network. Does Kitsap County have a preference on network?	First Choice will be sufficient.
16)	We offer Consolidated Billing and Eligibility for outsides line of coverage. If awarded, would we maintain the eligibility for those on the HMO plan?	The County is not looking for a consolidated billing option.
17)	Are there any specific reporting requirements or financial reports Kitsap County would need?	Initially only require your standard reporting packages but reserve the right to adjust as mutually agreed upon.
18)	Do the non-Medicare retirees need to be billed separately?	Currently there are only LEOFF 1 employees on this plan and for them, the County pays the administrative fee monthly to Premera and claims weekly. For non-Medicare retirees, DRS would deducts the premium monthly from the employee's retirement payment and remit those payments to the County monthly. However, we have no non-LEOFF 1 on the plan at the current time.
19)	How often do you need us onsite for employee meetings and performance meetings?	The County currently has a partner open enrollment fair once per calendar year. To drive awareness the County has allowed for mid-year lunch and learns that you would be eligible to participate in. We currently have annual performance meetings with both incumbents which seem to be adequate.
20)	What are the pain points with your current TPA vendor?	Obtaining County specific / owned data particularly around PBM contracting terms.
21)	Will you provide us with any competitive information?	The bidding rules around the County preclude sharing of competitive information.
22)	The proposed timeline has a different due date than the submission requirements/deadline – can you confirm the correct deadline date. (Proposed Timeline Due: 11/21/2018 or Submission Requirement/Deadline Due: 11/14/2018 @ 3:00 PM PST)	Proposals are due November 21 st , 2018.

23)	Current /Proposed Out of Network Reimbursement Methodology (i.e. U&C or MRC)	Currently OON is paid at the lesser of: 1) the incumbent's fee schedule 2) 125% of Medicare and 3) the provider's billed charge
24)	ER contribution for ee & dep?	See attached.
25)	Are retirees covered pre/post65?	Pre-Medicare retirees are part of the self-funded offering. The plan design has minor variations from the active plan.
26)	Is incumbent vendor serving Kitsap County required to provide the 3 current client and 2 former client references?	Yes.
27)	In the questionnaire we have a question regarding #2c on page 2. We are not clear of what you are asking. Are you referring to 2.a and not 1.a? "Provide a descriptive list of the services that would be included under the arrangement you have outlined in 1.a above."	This refers to 2a.
28)	Please note Kitsap County medical claims file will be ready the week of 10/29/2018.	

There are no other changes to the original specifications other than what is changed by Addendum. Acknowledgement of receipt of this and all ADDENDUM is required.

END OF ADDENDUM #2