

Shelby County Board of Education

Questions and Answers to Administration of Healthcare Services RFP

General

1. Can someone with authority to bind a contract sign the pertinent documents?
Answer: Yes, an authorized employee can sign required documents.
2. Bidder's do not have to complete the Vendor Application (on page 39 of the RFP) if they already have a vendor number, correct?
Answer: Correct; however, please attach a copy of your current business license and W-9.
3. Are pages 31 through 35 of the RFP purely informational? I do not see forms to coincide.
Answer: Correct, the pages are informational.
4. Is there a target spend amount for the Second Tier Purchasing form?
Answer: No, SCBE does not require a target spend; however, the respondent's MWBE partnership/spend will be evaluated by the committee.
5. Regarding what is to be included hardcopy in the 1" binders:
Are you asking for each section to be kept separate, by tabs? (i.e. 4.1 Description of Services is a section by itself, 4.2 is a separate section, etc.).
Answer: Yes, keep separate by tabs.
Printing duplex will be acceptable.
6. Confirm hardcopy notebooks should only include items requested or outlined in the PDF document.
Answer: Correct.
7. The newest addendum released also contained an updated Excel document (Questionnaire). In review of this document to the original file released, we are finding a revision within B.1.a. Med/Rx ASO Fees tab. The Reference to COBRA Administration has been removed. Does this mean that carriers should no longer provide a quote for this product?
Answer: Refer to Section E "Pricing Schedule" for the COBRA administration fee form. Pricing is to be submitted for all optional services.
8. Per the RFP Announcement, Submission of Proposals – "two (2) CD/USB (with proposal formatted into a single PDF file)" Please confirm if the Excel Questionnaire file should be converted to a PDF format into the single PDF as well, or if this file is to remain in an Excel format for the electronic version?
Answer: Provide responses to the questionnaire in the Excel format.
9. As we have seen in the requirement, to only provide a singular one (1) inch binders, can we put Supplemental material on CDROM?
Answer: Yes, SCBE will also accept larger binders. All proposal content exclusive of disruption, re-pricing, and network access reporting should be submitted per proposal format. The exclusive information should be sent to Mercer. Vendor response can be provided on a CD/USB or be uploaded to the **Mercer Connect** site.
 - a. Can requested samples and brochures be put on CDROM so as to save binder space?
Answer: Yes. Please carefully label these, though and ensure that a CDROM is included in each proposal copy.

- b. Is Shelby County alright with single word answers for some questionnaire responses?

Answer: Yes.

- c. For items outlined for the binder in pages 18-19 (4.0 Format of proposal), will it be acceptable to provide short and concise answers? Are all sections required?

Answer: Yes, short and concise responses are acceptable. Yes, confirmations are required for all sections. If you intend to leave one blank, please note so in that section. It is the respondent's responsibility to determine how much information is deemed as important for the evaluation of the proposal.

10. Is Shelby County considering any type of extension on the due date?

Answer: The RFP due date and time has been extended to November 12, 2014 @ 2 PM/CST. Please see the revised timeline in Addendum II of the RFP, Proposal of Administration of Healthcare Services, on the Shelby County Board of Education website.

11. Can we get some sort of key for the different census fields provided? Like on the Retiree census tab, what the different branch and benefit option codes represent?

Answer: A key for the Benefit Option and Branch Codes has been attached to the **Mercer Connect site**.

12. Do you want the requested geos to be run on all zips or only the first tab of the census? Should geos be run on the second tab?

Answer: GeoAccess should be run for all actives & pre/post retirees who are enrolled in the active plans.

13. Section A.1.a Question #24. - "Network Information"

- In review of the GeoAccess specifications, there is no reference or parameters provided for Pharmacy or Specialists outside of the OB/GYN. Should we provide these based on carrier standard parameters?
- Also, would it be acceptable to provide our reports on a compound basis or should the providers be reported on separately?

Answer: Revised Medical GeoAccess Criteria

- 1) 2 PCPs within 10 miles,
- 2) 2 Specialists within 10 miles,
- 3) 2 OB/GYNs within 10 miles,
- 4) 2 Pediatricians within 10 miles
- 5) 1 Hospital within 15 miles

Reports can be provided on a compound basis.

Pharmacy GeoAccess is not required.

14. Can we obtain the RFP document in an editable word document as we are unable to convert the PDF to a clean version and will need to recreate the forms if unavailable?

Answer: SCBE does not provide the Word format.

15. Section F – Forms and Documents, Page 39 - Can Shelby County Board of Education provide a workable, word version of the Vendor Application?

Answer: The SCBE Vendor Application is available in a fillable form on the Procurement Services web page of the SCBE website.

16. CD – request for a single PDF document of all proposal content is to be provided. Should this include all proposal content or should any item be excluded (disruption, re-pricing, network access reporting)?

Answer: Provide the disruption, re-pricing, network GeoAccess, questionnaire in **Excel format** on the CD.

17. Can we confirm the number of subscribers we're quoting on? On the census, we are coming up with 11,923 actives and pre-65's and 2,613 for the plus 65s (14,536 total). So it's a little more than 5k difference (14,536 versus the 19,597 listed in the RFP) and puts us off by about 1000 subs.

Answer: Total headcount included in the RFP was provided by Cigna as of August 2014. It showed 14,058 actives / retirees enrolled in the active plans and 5,539 retirees enrolled in the Medicare Supplement plan. Line by line census data for actives / retirees enrolled in the active medical plans was provided by SCBE as of October 2014. It includes 12,800 actives / retirees (9,616 actives and 3,036 pre-65 retirees and 148 post-65 retirees). This number is lower than the August 2014 figure due to the employees who left SCBE to work for one of the new municipal school districts. Line by line census data for retirees enrolled in the Medicare Supplement plan was obtained from Cigna but did not include all post-65 retirees. A new census has been received and uploaded to Mercer Connect.

18. Is there a separate disruption request other than those needed to run the re-pricing exercises?

Answer: No.

19. How many references are requested? Section 4.2.c of the RFP asks for 5 client references, Question 4 in Worksheet A.1.f requests 2 client references, please confirm.

Answer: Please provide 3 current references and 2 terminated references.

20. Confirm that your organization can establish the required interfaces with SCBE' HRIS systems (currently APECS) and any other provider, upon request, and accept SCBE file formats.

Answer: HRIS interface requirements will be provided to the successful respondent.

21. Worksheet C, Performance Guarantees (PG): How should we note any performance guarantee standards if we are unable to agree? Should a separate exception document be provided?

Answer: No, a separate document should not be provided. Please add a column to this spreadsheet and indicate your deviations directly within the document.

22. Section D – MWBE and Local Preference Policy: Is there a goal for MWBE participation?

Answer: No, SCBE does not currently have established goals for MWBE participation; however, the respondent's MWBE partnership/spend will be evaluated by the committee.

23. Does Shelby County Board of Education utilize Minority, Women & Disadvantaged Business enterprise (MWBE) vendors today? If so, what services are these vendors providing?

Answer: Related to Health Plan administration, the current Health Plan administrator partners with a MWBE vendor for retiree billing and direct billing.

24. Is MWBE a requirement in the proposal? If so, what is the actual % of spend or dollar amount required to be applied towards MWBE?

Answer: SCBE does not require MWBE participation; however, it is encouraged.

25. Section D – MWBE and Local Preference Policy: Is there a goal for MWBE participation?

Answer: No, SCBE does not currently have established goals for MWBE participation; however, the respondent's MWBE partnership/spend will be evaluated by the committee.

26. Does a MWBE vendor have to be certified directly with Shelby County Board of Education and if so, what are the requirements?

Answer: SCBE does not currently require that MWBE vendors be certified.

27. Are there any third party agencies in which MWBE's should receive certification from?

Answer: SCBE does not currently require that MWBE vendors be certified.

28. The MWBE/second tier form calculates the % off of the "project" amount. Will you provide clarification of what is considered the "project" amount? For example, fees only? Or does it include claims dollars?

Answer: The SCBE Second Tier Purchasing Form does not calculate the percentage off the project amount. The form request the Percentage of this Project that a vendor will spend with or allocate to a MWBE. Please indicate what percentage of the FEE paid by SCBE to the successful vendor for required services will be paid to a MWBE vendor.

29. Please confirm consideration will be given for vendors that are either MWBE or Local and that joint ventures are not required to be both in order to be given consideration.

Answer: All responsive and responsible Vendor proposals meeting RFP requirements will be considered. MWBE joint ventures are not required but are encouraged.

30. Is SCBE grandfathered under the Affordable Care Act?

Answer: No, SCBE is not grandfathered under ACA.

31. Since it is a 09/01/15 effective date will this be a Plan year or calendar year offering?

Answer: The plan year will be 9/1; however, deductibles/out-of-pocket maximums will be based on a calendar year.

32. Per Sections 4.4 Sample Contract and 4.5 SCBE Contract Form, since the final contract will total more than \$100,000 and carriers are asked to provide sample contracts for the quoted products and services per the RFP, does the carrier need to complete and submit the SCBE Contract Form with the Proposal as well?

Answer: The SCBE Contract Form is not included or required for this RFP. Page 19 refers to the contract between the vendor and SCBE if the contracted amount is less than \$100,000, it does not relate to Questionnaire – A.1.a. General Medical Administration #6. The respondent should include a sample contract in the proposal.

33. Please clarify whether SCBE requires a sample contract or one that is ready for signature included in the Proposal. The Announcement section of the RFP states: "Respondents are required to include a copy of standard contract, modified as deemed necessary for this RFP. This contract will be considered only as a sample. Shelby County Board of Education reserves the right to modify or reject the sample contract in the event the Respondent is selected" which seemingly contradicts Section 4.4 of the RFP which states: "4.4 Sample Contract. A sample agreement, substantively similar to the agreement, the Respondent proposes to use if awarded the final contract, should be included in the Proposal with cost totaling \$100,000 or more. Award recommendations totaling \$100,000 or more shall be made contingent upon: a) the successful negotiation of a contract within 30 days of the notification of the award recommendation and b) approval of the contract by the Shelby County Board of Education."

Answer: The respondent should include a sample contract in the proposal.

34. What is the preferred funding mechanism for claims funding?

Answer: SCBE has maintained a self-insured arrangement for many years, but would like to explore an insured arrangement as part of this RFP process.

35. When is open enrollment for 2015 plan year?

Answer: It has not yet been determined.

36. Is Shelby County Board of Education subject to ERISA?

Answer: No.

37. General Administration, Question 20 states: Q. "Live" telephone operators will be available at a minimum from 8:00 a.m. to 5:00 p.m. in all U.S. time zones, Monday – Friday. Extended service hours are also required. What extended hours would be required?

Answer: Please indicate whether you can provide extended hours beyond the minimum requirement.

38. What additional products and services are funded by the current carrier and in what amounts?

Answer: There are no products or services funded by the current carrier.

39. SCBE would like to utilize one vendor who can provide a single contract that includes all of the proposed administration services for their employee healthcare program. Will Shelby County Board of Education accept separate contracts for different products being offered?

Answer: No, only one (1) contract will be executed, inclusive of all requested services.

40. All rate proposals and rate guarantees require the confirming signature of an officer of Respondent's company. A proposal will be considered incomplete, and will not be accepted, without the appropriate signatures. Do all financial documents require an officer signature or are the rates form worksheets within the Excel workbook provided by Shelby County Board of Education to be signed?

Answer: Signature on the Excel spreadsheet forms will be acceptable.

41. Should the standard carrier paper financial documents also be included within our proposal package behind the RFP specific exhibits or should we solely provide all responses on the RFP exhibits?

Answer: Yes, please provide your standard financial documents.

42. Respondent must include in the proposal a project plan and timeline as well as any internal district resources that will be required for implementation. The effective date for coverage begins on September 1, 2015. Our standard implementation timeline will be provided as part of our response. Can you provide further clarification exactly what is requested as the project plan (is this a specific format, sample, etc.)?

Answer: Your standard implementation project plan timeline is acceptable.

43. 4.7 Pricing Schedule. The pricing schedule contained in Section E of this RFP, entitled "Pricing Schedule", if any, must be completed and included in the Proposal along with any additional documentation required or permitted thereby. Can Shelby County Board of Education provide the referenced form as it does not seem to be listed within Section E?

Answer: You should complete the page labeled "Pricing Schedule" to comply with this request.

44. Just to acknowledge that there are no bonding requirements noted in the RFP beyond reference on RFP, page 19, 6.0 and RFP, page 28, 10.21 Bonding or Other Security. If this is incorrect, please advise.

Answer: There are no additional bonding requirements related to this RFP.

45. Please clarify the following regarding completion and submission of the "Certification Regarding Debarment, Suspension and Other Responsibility Matters – Primary and Lower Tier Covered Transactions":

a. Does SCBE require this form/certification to be signed by an officer of the carrier?

Answer: All forms must be signed by an authorized agent/employee of the company.

b. Does SCBE require a "Certification Regarding Debarment, Suspension and Other Responsibility Matters – Primary and Lower Tier Covered Transactions" from each of the carrier's lower-level contractors? Or just the carrier?

Answer: Certification is required for the one (1) vendor that contracts with SCBE for all services.

46. Is it Shelby County's preference to award only one vendor all lines of business or could multiple win?

Answer: One vendor will be selected.

47. Can you please clarify how on the job claims are currently submitted?

Answer: Claims are submitted by SCBE via fax directly to Cigna. The provider can also submit to Cigna directly. They are not submitted through the normal process. If they do then the claims are denied. SCBE provides a report weekly of approved OJI employees. This report is what determines if the claim/employee has been approved for OJI benefits. This is a 100% manual process.

48. Are employees only referred to certain provider groups for work related claims?

Answer: Employees are initially referred to the SCBE On-Site Health Clinic. If additional care is required for musculoskeletal related injuries, Health Clinic Administrators refer employees to a panel of 3 network orthopedic providers.

49. Can you please provide the volume/number of claims processed per year that fall into this category?

Answer: Approximately 1,500.

50. Any description that can be provided on the process in place for the on the job claims that run through the medical plan would be very helpful.

Answer: See the response to Q 47.

51. Please describe your current incentive program. What type of activities and rewards are offered? Who is eligible for incentives?

Answer: This information will be provided to finalists.

52. Will you confirm that all Questionnaires and tabs contained in the Excel document titled "RFP – Medical RX On-Line Enrollment Medicare Supplement Marketing" are only to be provided electronically via CD/USB?

Answer: Yes, provide electronically via CD/USB.

53. Additionally if a supporting attachment is requested within the Excel questionnaire, is it correct to assume that attachment is only to be provided electronically as well?

Answer: Correct.

54. On A. General Requirements # 5: Is the disclosure of vendors a one-time event at contracting or an ongoing obligation throughout the length of the contract?

Answer: Ongoing throughout the length of the contract; therefore, SCBE should be notified if a new outsourcing agreement is made by your organization.

55. On A.1.a General Medical Administration #34: Is SCBE asking the carrier to agree to pay for or coordinate "legal counsel to defend SCBE in litigation arising out of claims matters"?

Answer: Yes.

56. On A.1.a General Medical Administration #38: This question asks the carrier to confirm "your organization, your subcontractors, agents and employees, including health care providers affiliated with your organization, shall at all times be acting as independent contractors of SCBE and not as its agents" but these entities cannot act as independent contractors of SCBE since they are independent contractors of the carrier. How can the carrier confirm this?

Answer: SCBE would like you to confirm / not confirm that you, any subcontractor you employ, your employees, etc. are not acting as an agent of SCBE.

57. Section A.1.a (Medical) Question #23: The question asks, "Will an annual survey be conducted by your organization at no additional cost?" Also, on A.1.c Prescription Drug #42: The question asks "Will an annual survey be provided?" Can you please confirm who you want us to survey – group satisfaction, member satisfaction, etc. and what do you want to measure?

Answer: SCBE is interested in knowing the level of member satisfaction / dissatisfaction among the various services you provide to their employee population.

58. Section A.1.c (Pharmacy) Question #42. Will an annual satisfaction survey be provided? Surveys are indicated throughout the RFP, how many surveys are expected. Are would they all be required annually? Can any of these surveys be combined and be in compliance with the RFP requests?

Answer: One annual survey detailing membership satisfaction with your organization is acceptable.

59. Performance Guarantee - Adjustments per 1,000 claims processed, can you further clarify on this requested guarantee?

Answer: SCBE is interested in seeing a year over year decline in the number of claims requiring an adjustment.

60. Performance Guarantee - Mail Order - Processing Accuracy, pharmacy processing percentage of pharmacy processing with no error. What is your definition of "no error" for pharmacy mail order claims?

Answer: The PG standard requires that 99% of claims are processed with no error.

61. Performance Guarantee - An annual survey of all employees who had a claim processed during the reporting period. Do you have a copy of the Employee Satisfaction Survey referenced in this section? Can vendors use their own survey?

Answer: Vendors can use their own survey.

62. Performance Guarantee - Annual survey based on overall satisfaction with vendor's account management team. A scale from 1 to 5 will be used to measure performance; where 1 means "very unsatisfied" and 5 means "extremely satisfied". The survey tool will be provided to SCBE 30 days after the end of the third quarter of the guarantee period. The survey results will be reported in the client's annual report card. What is the client satisfaction survey tool information and can you provide a copy of the information on the tool in order for us to review it and determine if this can be accommodated?

Answer: This will be provided at the finalist stage.

63. Section A.1.a Question #20: The question asks, "Will the standard quarterly reporting package include reports that summarize the types of calls received by member services and the outcome of these calls? Will these reports be provided at no additional cost?" Can you please explain what is meant by "outcomes"— what would Shelby County specifically like to see?

Answer: Customer service outcomes include the percentage of calls resolved on the member's first call to the CS unit, the call abandon rate, the average speed of answer, and call duration.

64. Please send the documents on the bottom of RFP page 10 as quickly as possible, as we submitted our Intent to Propose and the NDA.

Answer: Information was provided on October 9th on **Mercer Connect**.

65. General Requirements A. Question #31. SCBE is interested in a “go live” readiness audit by a third party of their choice immediately prior to the proposed effective date. This audit is intended to be an objective assessment of the ability of the vendor to commence services. Are you willing to fund such an audit, and – if so – provide a budget in the Comments column? If there are corrective measures that must be taken by your organization based on the audit, SCBE cannot be charged for those measures. If a carrier is not willing to fund the audit will the carrier be disqualified or non-responsive?

Answer: You will not be disqualified but you should provide an explanation regarding your organization’s unwillingness to fund this audit.

66. General Requirements A. Question #34. SCBE reserves the right to an independent audit by a third party selected by SCBE. Administrator/carrier costs incurred cannot be charged to SCBE. The audit may be a random sample, eligibility, electronic and/or operational audit. If you are selected as a finalist, you must provide a copy of your audit policy and guidelines. If a carrier is not willing to fund the audit will the carrier be disqualified or non-responsive?

Answer: You will not be disqualified but you should provide an explanation regarding your organization’s unwillingness to fund this audit.

67. Section A.1.a Question #39. Shelby County Board of Education reserves the right to audit, either directly or through its authorized agent(s), your organization's compliance with group policy contract(s). Please confirm your organization's agreement to provide SCBE or its authorized agent(s) with all appropriate records, as well as any data needed to perform audits or other reviews. Your organization will agree to the use of quality results from an independent audit as the basis for reporting of performance under the performance guarantee arrangement. Any audits will be completed with no additional cost to SCBE for the services provided relative to the audit.

Are you asking that we use results from an independent audit to determine whether PG metrics have been met? Whose definitions of the metrics would be used to determine the measurements? Is this mandatory for the PG agreement / requirements / measurements?

Answer: No, SCBE would like to reserve the right to audit your performance guarantee results.

Answer: The audit would compare your standards / results to quality results from an independent audit.

Answer: No, this is not mandatory but you should provide an explanation why you are unwilling to agree to this.

68. Section A.1.a Question #40. Will your organization cover the expense of performing a regulatory compliance review for SCBE or a pre-implementation audit? What is the estimated cost of this expense you are asking if we will cover? What does a regulatory compliance review consist of and can you provide the specifics of this request?

Answer: This information will be provided at the finalist stage.

69. Section A.1.b Question #5. Support program-specific communications (as applicable) including, but not limited to: Satisfaction Surveys, etc. Are you asking if we do this type of survey or are you requiring the vendor to do it?

Answer: Please indicate whether you have the capability to offer this service.

70. Section A.1.d Direct billing: Do you require the outsourced vendor and/or MWBE vendor to complete this section of the RFP and return with proposal?

Answer: You are required to provide responses to all sections of the questionnaire regardless if you or your subcontractor(s) have answered the questions.

71. Section F – Forms and Documents, Page 39: As the incumbent, does the vendor application form need to be completed for Cigna Health and Life Insurance Company, or just the new bidding entities?

Answer: Please complete all forms.

72. Section G, Appendices, Disruption/Re-price, Page 45: Is the incumbent carrier also to process this RFP step or should we just notate in the section of our proposal where these items would be provided that we are the incumbent carrier and our data is already on file with Shelby County Board of Education and Mercer? Some data requested may be deemed Proprietary & Confidential and not standardly released external. Would Shelby County Board of Education and/or Mercer be willing to sign a Non-Disclosure Agreement (NDA) for release of the line-by-line detail requested?

Answer: All respondents must submit all required information. The NDA can be signed.

73. Regarding 4.0 Format of Proposal: Will you confirm that all Questionnaires and tabs contained in the Excel document titled “RFP – Medical RX On-Line Enrollment Medicare Supplement Marketing” are only to be provided electronically via CD/USB? Additionally if a supporting attachment is requested within the Excel questionnaire, is it correct to assume that attachment is only to be provided electronically as well?

Examples of what additional is requested in the electronic Excel spreadsheet that could be quite lengthy for a 1” notebook is the Medical and Behavioral Health GeoAccess reports: Is it acceptable to provide summaries hardcopy in the binders and full, detailed reports provided electronically via CD/USB? (Keeping in mind that full reports could run as much as 100 pages each). Plus there are several other requested attachments.

Answer: All proposal content exclusive of disruption, re-pricing, and network access reporting should be submitted per proposal format. The exclusive information should be sent to Mercer. Vendor responses can be provided on a CD/USB or be uploaded to the Mercer Connect site. Specific folders will be created for each of the vendors if they upload to the Mercer site. Also, larger size binders are acceptable.

74. Regarding what is to be included hardcopy in the 1” binders: Are you asking for each section to be kept separate, by tabs? (i.e. 4.1 Description of Services is a section by itself, 4.2 is a separate section, etc.).

Answer: At a minimum, the respondent should provide a proposal with a table of contents for ease of flow/reading.

75. On the pre and post retiree tab, can you provide clarification for column L, as in DPPOB = Dental PPO, etc.

Answer: See response to Q 11 in the General Questions section.

76. Worksheet A, General Requirements, Question 28: Please provide a sample file format.

Answer: See response to Q 20 in the General Questions section.

77. Please confirm your agreement to provide the Standard Performance Guarantees as outlined in this RFP, with a portion of the fees at risk if the Performance Standards are not met. The Performance Guarantees should NOT include provisions for a bonus if the Performance Standards are met. Please outline any deviations to the standard guarantees in your proposal response. Should the PG deviations be noted in this section or the section outlined for PGs in the Excel document?

Answer: See response to Q 21 in the General Questions section.

78. On A. General Requirements, Partner/Vendor Interface Requirements – Question 28: Respondent is asked to confirm we will accept SCS file formats and establish interfaces with SCS HRIS’ systems. Please indicate the file format SCS is currently using.

Answer: See response to Q 20 in the General Questions section.

79. On the Pre & Post Retirees tab of the census, can you provide a key to the codes listed in column L, Ben Opt Cd?

Answer: See response to Q 11 in the General Questions section.

80. Can you provide an estimate of the average # of claims per year administered through the on-the-job work-related health claims procedure requested?

Answer: See response to Q 49 in the General Questions section.

81. Since it is a 09/01/15 effective date will this be a Plan year or calendar year offering?

Answer: See response to Q 31 in the General Questions section.

82. Please confirm you would like the GeoAccess reports for medical and behavioral health run against all Actives and Pre-65's included on the census

Answer: See response to Q 12 in the General Questions section.

Medical:

1. For the active employees and pre-65 retirees, are we able to propose a self-funded plan only and not a fully insured option? Or, are both self-funded and fully insured required.

Answer: Both options are required.

2. Can we please get a large claimant report (above \$300,000 level)?

Answer: This information is not being provided as part of this process.

3. Can we get a top 25 facility or utilization report?

Answer: This information is not being provided as part of this process.

4. Pharmacy Re-pricing file: The RX re-pricing data does not contain quantity or days' supply. Without these we cannot follow the instructions and provide the requested information without those fields. Will you be providing a separate RX pricing file?

Answer: A revised Pharmacy re-pricing file has been uploaded to the Mercer Connect site. Use this revised file rather than the initial pharmacy data file only when repricing claims.

We also need an indicator to be able to determine if the claim is Medicare or for the active population. Without this we are unable to determine claims for the active versus post-65 Medicare offerings.

Answer: The Rx claims data provided includes only claims for SCBE' active and pre-65 population that are covered under the self-insured plans.

5. Regarding the Medical re-pricing data file: The file includes the providers' billing addresses; would it be possible to obtain a file that contains the providers' physical address? (i.e. 42% of inpatient claims show in TX and GA based on address but are TN providers)

Answer: No, that data is not available.

The Inpatient Facility category includes both outpatient facilities and physicians. Is there an indicator within the file that will show us which records are truly for inpatient facility only or can a new file be provided with that information? (i.e. MPL Memphis Path lab is currently categorized as an inpatient facility provider with \$4 million in claims. That \$4 million should be categorized as outpatient.)

Answer: You can obtain this data by filtering the file on column "I"; then sort by Inpatient, Outpatient, Patient's Home and / or Skilled Nursing. Note, MPL Memphis Path Lab is categorized as Outpatient Facility, Professional & Other in column H.

6. Please provide Current medical and pharmacy rates (equivalent rates for the commercial plans OAP & HRA) and renewal rates if available.

Answer: This information will not be shared as part of the RFP process.

7. Confirmation of the current Medicare Coordination of Benefits methodology for the Non-Medicare Supplement plans - Come out whole (COB), Non-Duplication (carve out), Government Exclusion (Medicare Exclusion) (examples attached.)

Answer: Please refer to the COB document found on the **Mercer Connect site**.

8. Were there plan changes last renewal or can further insight be provided on the enrollment shifts last effective date?

Answer: No plan design changes occurred on 9/1/14. (Major plan design changes occurred on 9/1/13 when Memphis City Board of Education and Shelby County Board of Education merged.)

9. Establish Program Integration criteria and policy for referral to case management (CM) for SCBE.

Answer: Please indicate how your organization refers patients to your case management programs. This service is currently provided by Cigna for SCBE.

10. On A.1.a. Medical Questionnaire, Program Management and Customer Service – Question 56: Respondent is asked to provide their “Incidence accuracy” results for the last complete calendar year in the proposed claims processing office(s). Please define what is meant by “Incidence accuracy”.

Answer: Payment incident accuracy refers to the number of times a payment was made correctly.

11. There is a line at the top of the Performance Guarantees Tab that says “PGs will be required for both medical and dental coverages” but the attached spreadsheet is labeled as Medical/Rx. Are we to only provide Medical/Rx PGs?

Answer: Performance guarantees are only required for medical & Rx benefits.

12. According to the SCBE Experience report, there are currently 284 post-65 retirees covered under the Self-Funded medical plan as of Aug-14. Will these particular retirees continue to be covered under these plans, or will they be moved to the Medicare plans?

Answer: A group of post-65 retirees (148 are shown on the census) are grandfathered and will remain covered by the active/pre-65 medical plans.

13. Do you want the A.1.c Prescription Drug tab completed for our Active/Pre-65 offering only?

Answer: Yes.

14. For the pharmacy claim file which was provided for the reprising, can it be updated to include quantity dispensed and days’ supply, as we need this to complete the exercise?

Answer: See response to Q 4 in the Medical Questions section.

15. Line 6 of the excel document, it is stated: A Performance Guarantee is required for the medical and dental coverage. Is Shelby County Board of Education looking for us to include dental coverage as well or should we disregard the notation regarding dental coverage?

Answer: See response to Q 11 in the Medical Questions section.

16. On A.1.b Care Management, Program Integration – Question 4: Established criteria and policy for referral to case management (CM) (Currently provided by BlueCross BlueShield of Tennessee for the SCS) Can you provide clarification on the above statement?

Answer: See response to Q 9 in the Medical Questions section.

17. There is a line at the top of the Performance Guarantees Tab that says “PGs will be required for both medical and dental coverages” but the attached spreadsheet is labeled as Medical/Rx. Are we to only provide Medical/Rx PGs?

Answer: See response to Q 11 in the Medical Questions section.

18. We received benefit summaries effective 9/1/14. Is the experience from 9/1/12 forward reflective of these same benefits, or were there benefit changes made 9/1/13 and/or 9/1/14. If there were benefit changes, can you address what those were and the effective date of the change?

Answer: Legacy MCS & SCS benefit summaries have been uploaded to Mercer Connect, which will show plan changes.

19. For purposes of the fully-insured quote, can you provide a report detailing individuals with claims in excess of \$250,000 for the period 9/1/13 – 8/31/14 and 9/1/12 – 8/31/13 including diagnosis?

Answer: See response to Q 2 in the Medical Questions section.

20. Regarding A. 1 Medical Questionnaires: We are unable to locate “d. Behavioral Health benefits” as listed on A.1. Medical Questionnaire tab. Should there be a Behavioral Health section to complete?

Answer: No separate Behavior Health question included in the RFP. This listing should have been excluded from the table of content listed in section A.1. Medical Questionnaire.

21. Are you wanting the A.1.c Prescription Drug tab completed for our Active/Pre-65 offering only?

Answer: See response to Q 13 in the Medical Questions section.

Medicare

1. Can you please give me an idea of the Medicare Advantage plan design you would like to see? Do you want us to create an actuarial equivalent of one of the current commercial/active plans? If so, which one (or two?)

Answer: Please provide a Medicare Advantage quotation that is similar to the OAP Basic Plan in design / actuarial value.

2. For the optional Medicare Advantage quote, are we to assume replacement of the Medicare Supplement product or will retirees have a dual offering?

Answer: The Medicare Advantage plan will replace the current Medicare Supplement plan.

3. It appears as if the current Medicare Supplement plan is Plan F. Please confirm or provide a comprehensive benefit summary.

Answer: The current Medicare Surround plan design and PDP Rx plan design have been uploaded to the **Mercer Connect site.**

4. Part D prescription drugs plans

- a. Should the plan include full gap coverage?

Answer: Yes

- b. Do you want us to mirror the current copays?

Answer: Yes, when providing a Medicare Supplement quotation.

5. Are there any pre-65 Medicare eligible disabled's we should include in our quotes? If so, can you please let us know who those individuals are?

Answer: These individuals will be included on the revised retiree census.

6. Can we get the most recent 24 months of prescription drug claim experience(on a monthly basis) for Medicare retirees- containing allowed, retiree cost share(copays, deductibles, etc.) by month and plan paid claims with corresponding monthly membership. Please include plan design changes and dates of plan design changes

Answer: This information will be uploaded to Mercer Connect by October 21st.

7. Employer Contribution – Current and proposed(if strategy is changing)

Answer: SCBE currently pays a flat percentage of the cost of coverage. This strategy is expected to continue.

8. The RFP questionnaire does not have a separate tab for Medicare Advantage questions, only Medicare Supplement. Where does Shelby County want us to respond for MA-specific responses? Can we expect another tab for MA?

Answer: No additional questions are being asked at this time.

9. On the Medicare Supplement tab, Question 12 reads, "If you are provided eligibility info by December 1, 2014, will you guarantee that post-65 retirees will have ID cards before the effective date?" Given that the effective date for this product is 1/1/16; can we assume this date should be December 1, 2015?

Answer: Correct.

10. On the Medicare Supplement tab, Question 34 reads, "Provide file specifications for initial data feed needed from SCBE for 1/1/2015 implementation." Given that the RFP states that the effective date for this product is 1/1/16, can we assume this date should be 1/1/16?

Answer: Correct.

11. Please confirm whether A. General requirements and C. Performance guarantees apply to the Medicare Supplement/Medicare Advantage quote

Answer: Correct.

12. Please provide the employer contribution. If contribution varies based on years of service please provide the average.

Answer: Below outlines the monthly premium reduction for retirees based on the years of service.

Years of Service	Premium Reduction
Less than 15 years service	None
15-19 years service	\$25
20-29 years service	\$37.50
30+ years service	\$50

13. Please provide a member based census including only Medicare eligible retirees and spouses, including at a minimum, home zip code, gender, and retiree/spouse DOB

Answer: Please refer to the retiree census that will be uploaded to Mercer Connect.

14. Please provide 2014 and 2015 Medicare Supplement and Part D rates.

Answer: Rates will not be provided at this time.

15. Part D plan design –

- a. Does the plan include or exclude step therapy?

Answer: Step therapy is currently included.

- b. Are non-Part D drugs included?

Answer: Non-Part D drugs are currently excluded

- c. What is the catastrophic phase coverage?

Answer: During Phase 4 *Catastrophic Coverage Period* the enrollee pays 5% of the cost for formulary drugs, or \$2.65 for generics and \$6.60 for brand name drugs, *whichever is greater*. An enrollee who meets the \$4,700 out-of-pocket threshold remains in Phase 4 for the rest of the plan year. The amounts noted above reflect the 2015 Medicare defined standard amounts.

- d. Does the current pharmacy formulary cover multi-source prescriptions (brand drugs with a generic equivalent both covered on the formulary)?

Answer: Multi-source prescriptions are currently excluded.

16. Please provide an Excel version of the 2015 Formulary Listing with indicators of Preferred versus Non-Preferred tier status.

Answer: Currently Cigna's formulary does not break out Rx into Preferred or Non-Preferred status.

17. Are there Medicare claims in the Medical claims file (disruption/re-pricing workbook)? If so, is Shelby County expecting providers to complete a Medicare re-pricing also? If not, will there be a Medicare claims file coming or is this not being asked for?

Answer: No, Rx claims repricing is not required.

18. Will SCBE accept stand-alone proposals for Post-65 proposals?

Answer: No.

19. Is Worksheet A.1.c Prescription Drug applicable to the Post-65 request?

Answer: No.

20. Question 32 in Worksheet A.1.f: Please provide more description of the "Did You Know" communication pieces.

Answer: This would include pertinent plan information for retirees and their dependents regarding the Medicare Supplement and Medicare plans.

21. Can the Medicare Advantage and the Medicare Supplement Proposals be packaged in the same binder? Or are separate submissions required?

Answer: They can be sent in the same binder, but should be labeled separately.

22. Worksheet A.1.f Medicare Supplement: Is SCBE looking for both Medicare Supplement and Medicare Advantage responses in this worksheet?

Answer: Yes, add another column to distinguish your Medicare Supplement response from your Medicare Advantage response.

23. Please confirm current enrollment count for each category: Active, Pre-65, Post-65, etc. The RFP Scope of Services indicates that there were 5,539 Post-65 Retirees enrolled as of 8/14. After isolating only the Post 65 retirees and removing the duplicate lines for each member, we only get 1,065 unique retirees and 1,346 members. Can you please provide an explanation as to the large discrepancy between these two numbers (5,539 vs 1,065) and indicate which is accurate? If there are 5,539 post-65 retirees, can you please submit a revised census for just those enrolled in the Medicare Supplement plan?

Answer: See response to Q 17 in the General Questions section.

24. Please provide an Rx claim file for all Medicare retirees including:

1. Unique Member ID
2. Pharmacy ID
3. NDC-11
4. AWP
5. Dispense Date
6. Retail vs. Mail indicator
7. Days' supply
8. Quantity or Units Dispensed
9. Duplicate records and originals/reversals should be removed
10. Tier (Matching copayment structure)
11. Low Income Status (Yes/No indicator)

Answer: See response to Q 17 in the Medicare Questions section.

25. If available, please provide a second file that contains member level information:

1. Member ID
2. Risk Score
3. DD/MM/YYYY of risk score
4. Zip code

Answer: See response to Q 17 in the Medicare Questions section.

26. Please provide monthly claims and corresponding monthly membership for Medicare Supplement plan.

Answer: See response to Q 6 in the Medicare Questions section.