



Department of Procurement Services

160 S Hollywood St · Room 126 · Memphis, TN 38112 · (901) 416-5376

QUESTIONS AND ANSWERS

RFP 032326LB MSCS Administration of Healthcare Services

1. Please confirm financial statements can be provided electronically (no paper copy) on USB in the hardcopy request.
Answer: Yes, electronically in excel format.
2. Is it ok to provide all files on the USB in PDF format?
Answer: Questionnaires can be provided in non-protected pdf format, but financials must be provided in an excel format.
3. The proposal must include a table of contents and all pages in the proposal must be numbered, consecutively from beginning to end and separated by tabs as described below...Please confirm that it is acceptable for each section contained within a Tab to be consecutively numbered. Example: Tab A, pages 1-4; Tab C, pages 1-15, etc.
Answer: Yes, consecutively numbered tabs are acceptable.
4. Are discounts and fees being weighed the same for scoring purposes or is a heavier emphasis being placed on one over the other?
Answer: The criteria for scoring the proposals are outlined in the RFP (page 12). Discounts and fees are considered part of the financial offer, which has an evaluation criteria weighing 50%.
5. Are there specific outside vendors relative to the administration of the health plan that the client is requesting financial assistance with? i.e., Ben admin system, enrollment vendor, data warehouse, etc.?
Answer: Yes, financial assistance is being considered. Please refer to Medical Questionnaire, Section 2.11 (Allowances).
6. Please provide current Administrative Services Agreements and/or Group Agreements.
Answer: The current Administrative Services and Group Agreements will not be shared.

7. Please identify the proposed support team by name, title, role and years of service/experience. This question cannot adequately be answered within the 200-word limit in Proposal Tech. Please confirm it is acceptable to refer to Tab C: Experience and Capabilities section where we have already described all requested information on our support team and provided requested biographical information.

Answer: Yes, when answering the question reference the supporting material in Tab C.
8. Customer Service Guarantees. Net Promoter Score (NPS) MSCS Specific Vendor will retain a 'net promoter' score of 70. Is "vendor" referring to only the health plan carrier or a compilation of the carrier and our vendor partner NPS scores?

Answer: The health plan carrier (or specific vendor) that the customer service guarantee is applied to.
9. The RFP mentions medical network disruption analysis, but we did not see a provider file included to use for running a disruption. Please provide a file for disruption purposes if disruption analysis should be included in the response.

Answer: The medical provider disruption template spreadsheet has been uploaded as an RFP attachment (MSCS-Medical Provider Disruption Template).
10. The RFP requires us to complete a Medical GeoAccess template; however, the template was not provided with the RFP. Please provide the necessary files to complete these requests.

Answer: The medical GeoAccess template has been uploaded as an RFP attachment (MSCS-Medical GeoAccess Template). Please follow the required criteria.
11. Please provide current medical admin fees as well as the dollar amount of any current allowances included in the contracts.

Answer: Current medical administration fees will not be shared. Regarding allowances, please refer to Medical Questionnaire, Section 2.11.
12. Is Memphis Shelby County Schools open to plan design recommendations supported by benchmarking?

Answer: Yes, plan design recommendations which provide cost savings and competitiveness will be evaluated; however, employee impact will also be considered.
13. Medical question asks us to complete the total revenue disclosure on a prospective basis as part of our financial response. However, the Total Revenue Disclosure document was not provided with the RFP. Please provide the necessary file to complete the request.

Answer: The Total Revenue Disclosure document will be provided and uploaded, as an RFP attachment.

14. Please provide additional information on the HRA benefit:
What expenses are reimbursable? Example, medical and pharmacy expenses including deductible, copay, and coinsurance.
Answer: HRA funds are used for eligible HRA plan medical and pharmacy expenses. HRA funds are utilized until the available HRA funds are exhausted.
15. Confirm you will provide daily data extracts to MSCS's FSA/HRA administrator to substantiate debit card transactions, and you will be compliant with the data layout requirements, which will be shared at a later date.
Answer: Data extracts and data layout requirements will be discussed during implementation.
16. Please confirm if we should quote FSA and HRA
Answer: Yes, both FSA and HRA.
17. Please confirm if a debit card is required for HRA administration.
Answer: HRA debit cards are currently not required. Cigna manages the entire HRA claims process and applies the available HRA funds to the eligible health care expenses as they are incurred, until the HRA funds are exhausted.
18. Does Cigna manage the FSA/HRA or another banking administrator?
Answer: Cigna administers the HRA and Optum Financial administers the FSA.
19. Care Management Engagement Rates - references throughout are made to one or two "calls." Can we also count members who are engaged digitally? Digital interactions would be within our secure digital app but still directly with a care manager/clinical staff and address goals, etc. as outlined in the PG.
Answer: Yes.
20. If the entire Proposal Tech Questionnaire is required to be printed and included in the notebooks, please confirm bidder will not be disqualified if some of the large charts are cut off when printing and will not print in a readable scale on one page.
Answer: Printed documents will not be disqualified if charts are cut off when printed.
21. Please confirm that the Proposal Tech Questionnaire, with the exception of the Pricing Schedule information to include in Tab G, is not required to be printed and submitted in the notebooks or USB copies. Some of the larger response charts may not be able to be printed in readable version.
Answer: All documents should be printed and inserted into the notebooks and USB. Large charts that are not able to be printed will not be disqualified.
22. Please provide current Evidence of Coverages.
Answer: Evidence of Coverage (EOC) will be provided and uploaded, as an RFP attachment. Vendors will be notified when the file has been uploaded to Proposal Tech.

23. For Tab G - Pricing Schedule (Compensation Schedule), please confirm what is to be included in the notebook? Should all pricing related sections from Proposal Tech be printed and included within this Tab?

Answer: Yes, everything should be printed and included.

24. Please confirm if we are required to complete Appendix G: Certificate of Insurance Coverage. The document appears to include several legacy insurance provisions that cannot be fulfilled by insurers, conflict with standard ACORD and policy language, and create false compliance expectations (e.g., government function pleading prohibitions, automatic coverage language, binding COI language, and mandatory third-party cancellation notice requirements). If completion is required, is there an alternate, insurer compliant option for evidencing insurance coverage (such as a standard ACORD COI with applicable endorsements)?

Answer: Not required.

25. Please confirm that fingerprinting requirements are not required to respond to the RFP and would only be required if the selected vendor's employees are required to go on site at MSCS?

Answer: Fingerprinting is not required.

26. Since many of the questions within the Proposal Tech Questionnaire already ask for Exceptions to be specifically addressed, is it correct that "Deviations to Specifications" do not need to be duplicated as a "Deviations to Specifications" attachment, since they will be identified as an Exception within the questionnaire?

Answer: Correct, as long as they are identified and addressed per question, they should not be duplicated in a separate attachment.

27. Please identify the proposed support team by name, title, role and years of service/experience. This question cannot adequately be answered within the 200-word limit in Proposal Tech. Please confirm it is acceptable to refer to Tab C: Experience and Capabilities section where we have already described all requested information on our support team and provided requested biographical information.

Answer: Yes, this is acceptable.

28. MSCS Administration of Healthcare Services RFP page 2, Table of Content, references **#11 Proposal Opening**, but when you look at RFP page 5, there is no reference to the Proposal Opening Guidelines, and the numbering thereafter does not coincide with the Table of Contents. Was the Proposal Opening section intended to be removed?

Answer: yes, and please disregard. The proposal opening (#11) was intended to not be included in the RFP.

29. Is a bond required for this RFP? The MSCS Administration of Healthcare Services RFP has conflicting information. Page 7 (#18.0) indicates not applicable while page 20 shows bonding requirement/guidelines.

Answer: Bond is not required. The bonding requirements on page 20 refers to a protest bond.

30. Can electronic signatures be used for non-notary required forms?

Answer: Yes.

31. Please confirm if request for local preference is based on carrier or intended for their selected vendors to provide services to the account on their behalf.

Answer: Please provide additional clarity. RFP is not requesting any local preference. Appendix H outlines the MSCS Local Preference Policy which gives a 5% increase to local vendors.

32. Please confirm if the pricing documentation needs to be submitted separately (in sealed envelope or separate binder) in the hardcopies provided.

Answer: Pricing documents can be incorporated in the hard copies provided with all the documents. Pricing documentation does not need to be submitted separately.

33. Please confirm if there are any requirements or asks around MWBE or LOSB services/inclusion?

Answer: There is no SBE goal assigned to this RFP.

34. How is the evaluation committee structured and what types of expertise and departments are represented?

Answer: The evaluation committee structure and attributes are not relevant.

35. Vendor will complete all tables in Attachment "Exhibit D - RFP Tables". However, Exhibit D was not provided with the RFP. Please provide the necessary file to complete the request.

Answer: Exhibit "D" is a typo and should read as Exhibit "B" - RFP Tables (RFP attachment: MSCS-Exhibit B–Financial Proposal).

36. Please provide terms and pricing for current PBM contract including discounts, dispensing fees, rebates, etc.

Answer: Current PBM terms and pricing will not be shared.

37. 5.2.15.1 requires a traditional pharmacy pricing offer. Based on State of TN non-Erisa legislative requirements to offer a retail pass-through, please provide acceptance of this deviation from the requirement.

Answer: Correct and noted.

38. Please confirm the amount for Rx Implementation Support and Pre/Post Implementation Audit amounts.

Answer: Please match the requested proposal credits identified in the MSCS - Exhibit B – Financial Proposal.

39. What is the current formulary design

Answer: Closed. Current formulary has exclusions.

40. Please confirm the current tier structure.

Answer: Current structure is three tier: (T1= generic; T2 = preferred brands; T3 = non preferred brands).

41. Are bidders to mirror the current state?

Answer: Yes, and open to suggestions.

42. Will recommendations be accepted?

Answer: Yes.

43. Please provide the Cigna claim reports that include the column for fixed costs that are billed through the bank account for calendar year 2024, 2025, and year to date 2026.

Answer: Current terms and pricing will not be shared.

44. What is the current shared savings arrangement and what percentage is charged?

Answer: Current terms and pricing will not be shared.

45. Weight Loss GLP 1 Coverage (**Current State**) Please confirm whether GLP 1 medications prescribed solely for weight loss or obesity are currently excluded from coverage under the MSCS pharmacy benefit.

Answer: yes, currently excluded.

46. If weight loss GLP 1s are excluded today, please confirm whether any exceptions apply beyond FDA labeled cardiovascular risk reduction indications (e.g., Wegovy for members meeting SELECT study criteria with prior authorization)

Answer: GLP1s for weight loss is not a covered benefit.

47. Weight Loss GLP 1 Coverage (**Future State / 1 1 2027**). Q3. For the January 1, 2027 effective date, does MSCS intend to:

a) Continue excluding GLP 1 medications for weight loss/obesity, or

b) Add coverage for weight loss GLP 1s with utilization management, or

c) Evaluate coverage only as an optional alternate separate from the base proposal?

Answer: Evaluate weight loss GLP1 coverage only as an optional alternative and separate option from the base proposal.

48. If future coverage of weight loss GLP 1s is under consideration, should bidders submit:
- a) A base proposal assuming continued exclusion, plus
 - b) A clearly labeled alternate scenario reflecting obesity GLP 1 coverage?

Answer: Yes, evaluate weight loss GLP1 coverage only as an optional alternative and separate option from the base proposal.

49. Biosimilar Strategy - General Direction. Please confirm whether MSCS prefers bidders to propose a biosimilar first strategy for biologics where biosimilars are available (e.g., Humira and Stelara), or whether bidders should mirror the incumbent strategy

Answer: Our recommended best practice is Biosimilar strategy first. Ultimately this is a client decision.

50. Low WAC vs. High WAC Biosimilars (Pricing Assumptions). For pricing and formulary assumptions, should bidders assume preference for:

- a) Low WAC biosimilars
- b) High WAC biosimilars, or
- c) A blended or co preferred approach?

Answer: We encourage PBMs to put forth what they feel is the best offer and clearly identify which approach is assumed in the proposed pricing.

51. Humira (Adalimumab) - Reference Product Treatment. For Humira, please confirm the expected formulary treatment for the reference brand beginning January 1, 2027:

- a) Excluded for new starts
- b) Non preferred but covered with prior authorization, or
- c) Covered with continuation of therapy protections

Answer: Excluded for new starts.

52. If continuation of therapy is expected for existing Humira utilizers, please confirm the anticipated duration:

- a) 90 days
- b) 12 months, or
- c) Indefinite while clinically appropriate

Answer: 90 days.

53. Stelara (Ustekinumab) - Reference Product Treatment. For Stelara, please confirm the expected formulary treatment for the reference brand beginning January 1, 2027:

- a) Excluded for new starts,
- b) Non preferred but covered with prior authorization, or
- c) Covered with continuation of therapy protections

Answer: Excluded for new starts.

54. If continuation of therapy is expected for existing Stelara utilizers, please confirm the anticipated duration

- a) 90 days
- b) 12 months, or
- c) Indefinite while clinically appropriate

Answer: 90 days.

55. Evaluation & Normalization Assumptions. Should bidders assume proposals will be evaluated on a like for like basis relative to current MSCS plan design, with any benefit enhancements (e.g., obesity GLP 1 coverage) presented as optional alternatives?

Answer: Yes, proposals will be evaluated as a “current state” and “proposed alternatives”.

56. Will Mercer normalize pharmacy pricing during evaluation to account for differences in GLP 1 coverage or biosimilar strategy assumptions across bidders?

Answer: Yes.

57. Are specific stop loss rates being requested as part of the proposal response? If so, where should they be posted within Proposal Tech?

Answer: The current stop loss Policy is an attached supplemental document (2026 MSCS Stop Loss). Please provide a separate stop loss proposal with your submission, matching current terms (submit both electric and hard copy).

58. The RFP mentions dental network disruption analysis but we did not see a provider file included to use for running a disruption. Please provide a file for disruption purposes if disruption analysis should be included in the response.

Answer: The provider disruption file will be provided and uploaded, as an RFP attachment, once the data is received. Vendors will be notified when the file has been uploaded to Proposal Tech.

59. Please provide current dental admin fees as well as the dollar amount of any current allowances included in the contracts

Answer: Current administrative fees will not be shared. Regarding allowances, please refer to Medical Questionnaire, Section 2.11.

60. Are there new priorities for the dental program (cost savings, improved access, enhanced benefits, expanded preventive care, etc.)?

Answer: All listed examples are a priority, along with offering more innovative programs and communication to improve benefit utilization.

61. Does the client want greater integration between dental and medical?

Answer: Integration of benefits is always recommended, with the intent of early detections of potential chronic conditions.

62. The RFP requires us to complete a Dental GeoAccess template; however, the template was not provided with the RFP. Please provide the necessary files to complete these requests
Answer: The dental GeoAccess template has been uploaded (MSCS-Dental GeoAccess Template), please follow the required criteria.
63. Is there any compensation included in the current Dental Administrative Fee(s)?
Answer: Dental administrative fees are net of commissions; no compensation is built into the fees.
64. Does MSCS contribute to the Dental plans? Are these Voluntary or Non-Voluntary offerings? If non-voluntary, how much is contributed?
Answer: Dental plans are contributory plans, and the current contribution structure will not be shared.
65. Please provide vision rates for the current vision plan.
Answer: Current rates will not be shared.
66. Please provide vision exam utilization for 2024 and 2025.
Answer: Plan utilization information will not be shared. The monthly claims & enrollment data was provided.
67. Please provide the number of vision exams, single vision, bifocal, trifocal, frames and contact lenses for 2024 and 2025
Answer: Plan utilization information will not be shared. The monthly claims & enrollment data was provided.
68. The RFP mentions vision network disruption analysis, but we did not see a provider file included to use for running a disruption. Please provide a file for disruption purposes if disruption analysis should be included in the response.
Answer: The provider disruption file will be provided and uploaded as a RFP attachment once the data is received. Vendors will be notified when the file has been uploaded to Proposal Tech.
69. The RFP requires us to complete a Vision GeoAccess template; however, the template was not provided with the RFP. Please provide the necessary files to complete these requests
Answer: The vision GeoAccess template has been uploaded as an RFP attachment (MSCS-Vision GeoAccess Template), please follow the required criteria.
70. Is there any compensation included in the current Vision Fully Insured Rates?
Answer: No, the vision fully insured rates are net of commissions.
71. Does MSCS contribute to the Vision plans? Are these Voluntary or Non-Voluntary offerings? If non-voluntary, how much is contributed?
Answer: The vision plan is 100% (employee paid) voluntary plan.

72. The RFP document mentions quoting on an insured Medicare supplement plan to replace the current CIGNA Surround plan. Please provide current rates as well as monthly claims, monthly enrollment, and large claims info for this plan. Please also let us know where our quoted rates should be posted within Proposal Tech.

Answer: Current Medicare Surround rates will not be shared.

Answer: Monthly enrollment is an attached supplemental RFP document in Proposal Tech (MSCS Surround Enrollment file).

Answer: Medicare Surround claims have been uploaded as an RFP attachment.

Answer: Please provide a separate Medicare supplement (Surround) plan proposal with your submission (electric and hard copy).

73. Please confirm that the only information requested for the Medicare Supplement policy is a quote.

Answer: Correct.

74. Is Medicare Rx (Prescription Drug Plan - PDP) coverage included and requested with our proposal?

Answer: Yes, PDP coverage should be included in the Medicare Supplement quote.

75. Is the Medicare Supplement the only plan option for retirees?

Answer: Retirees also have an option to enroll in Medicare Advantage plans (Medicare Advantage plans are not part of this RFP). Only the (Surround) Medicare Supplement plan is being requested in this RFP.

76. The Bidder Instructions indicate: Do not submit pricing information, caveats, assumptions, or any responses using other attachments or exhibits. Information submitted in alternative formats to RFP requirements will be deemed immaterial to the bid and will not be referenced during final contract negotiations. However, there is no section in Proposal Tech for the Medicare Supplement quote. Please indicate where this information should be provided?

Answer: Please provide a separate Medicare supplement (Surround) plan proposal with your RFP submission (submit both electric and hard copy).

Thank you,

Procurement Services