



## Department of Procurement and Contract Compliance

Addendum number 1

**RFP R28424**

**For**

**UG Employee Benefit Plan**

Release Date:

May 15, 2018

**Refer ALL Inquiries to:**

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Buyer

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## 1. Responses to respondents written questions.

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The Purchasing Division must inform you of the following questions:

1. If similar client references apply to the various client-specific references requested, can we list a contact more than once or do we need to provide 9 separate client references?  
CLIENT REFERENCES CAN BE CONSOLIDATED TO THE EXTENT APPLICABLE TO THE SCOPE OF SERVICE PROVIDED OR UNDERTAKEN.
2. In order to complete a disruption on all attachment E and F's we need the files to be in excel format instead of PDF. We need the excel files to include provider tax ID numbers, provider address, provider city and provider zip codes. Can we use the 2017 only file for disruptions, or do we need to use all three files (2015, 2016, 2017) with all the information preciously requested?  
UPDATED INFORMATION IS PROVIDED WITH TIN INFORMATION IN EXCEL FORMAT FOR 2017 AND 2018, AS APPLICABLE.
3. What access standards would you like for us to use for the Medical GeoAccess request?  
ALL UNIFIED GOVERNMENT EMPLOYEES ARE REQUIRED TO LIVE WITHIN THE GEOGRAPHIC BOUNDARIES OF WYANDOTTE COUNTY, KANSAS. ACCORDINGLY, ALL GEOACCESS INFORMATION FOR PROVIDER ACCESS NEEDS TO BE FOCUSED WITH THE ASSUMPTION THAT THE PRIMARY CONCENTRATION NEEDS TO BE CENTERED TO THE ZIP CODE AREAS FROM 66101 TO 66109.
4. Can you provide a top utilized dental provider listing in Excel for us to complete a dental disruption analysis? If so, can you please be sure the following data elements are provided in the report: Provider tax ID, provider name, provider address, provider city, provider sate, provider zip and whether or no each provider is in or out of network. What access standards would you like for us to use for the dental GeoAccess request?  
ADDITIONAL DENTAL PROVIDER INFORMATION IS ATTACHED. GEOACCESS INFORMATION SHOULD BE SET FORTH IN THE SAME MANNER AS DISCUSSED ABOVE.
5. What are the specific EAP benefits so we can match benefits in our quote?  
SEE ATTACHED.
6. Can we get any and all current fees broken out by stop loss, admin, access, ancillary feels for any buy ups (case management, disease management, etc)? Can we get for past 3+ years?  
THE UNIFIED GOVERNMENT IS SEEKING A TRULY COMPETITIVE PROPOSAL PROCESS AND THUS PRIOR/CURRENT FEES BEING PAID ARE NOT BEING DISCLOSED IN THE INITIAL PROPOSAL PHASE; THE ENCUMBANTS WILL ALSO NOT BE AWARE OF OTHER COMPETING PROPOSAL INFORMATION. COMPARATIVE ANALYSIS OF EACH PROPOSAL WILL BE REVIEWED AND DISCUSSED AT THE FINALIST PHASE BASED ON THE SCOPE OF SERVICES BEING PRESENTED.
7. Can you provide a full claims file for each service level: Rx, Dental and Medical that has at a minimum the following data elements: Provider Tax ID, Provider Name, Provider Address, Provider City, Provider Zip, current network indicator (in vs out) and billed charger.  
KEY PROVIDER DATA AND CLAIMS INFORMATION, WITH TIN OF KEY PROVIDER AND FACILITY USAGE, IS ATTACHED FOR 2017 AND 2018, AS APPLICABLE. GRANULAR CLAIM INFORMATION IS NOT WITHIN THE SCOPE OF INITIAL REVIEW FOR THE SELF-INSURED PLAN UNDER CURRENT REVIEW. THE UNIFIED GOVERNMENT WILL BE MAKING AN INITIAL DETERMINATION OF

PROPOSAL QUALIFICATIONS BASED ON THE DATA AND INFORMATION PROVIDED, WITH MORE SPECIFIC INFORMATION BEING DISCLOSED DURING THE FINALIST STAGE OF THE REVIEW PROCESS.

8. How much did Wyandotte get in Rx rebates in 2017?  
THE UNIFIED GOVERNMENT RECEIVES A TOTAL REBATE OF 80 PERCENT OF ALL ALLOWABLE REBATE DOLLARS, WITH THE OTHER 20 PERCENT BEING USED TO OFFSET OTHER INDIRECT COSTS OF PHARMACY BENEFIT SERVICES BEING PROVIDED.
9. Any current stop loss lasers?  
NO.
10. Are benefits for 1/1/18 – 12/31/18 the same as the benefits listed for 1/1/17 – 12/31/17?  
YES.
11. Please provide most recent 12 months of pharmacy utilization data broken out by retail, mail, generic, preferred, non-preferred.  
ADDITIONAL PHARMACY CLAIM INFORMATION IS ATTACHED FOR 2017 AND 2018.
12. Does the clinic dispense prescriptions? If so, please provide a data file that includes a breakout of claims that process through the clinic.  
NOT YET. DISPENSING SERVICES FOR KEY DRUG ITEMS FOR THE SERVICES RENDERED AT THE CLINIC ARE SCHEDULED TO BEGIN IN JULY OF 2018.
13. Are Rx rebates paid quarterly or annually?  
QUARTERLY.
14. We can provide a formulary disruption on all prescriptions used and a repricing on all prescriptions used with the correct repricing file supplied by UG.  
FOR CONSISTENCY IN REVIEW, DISRUPTION ANALYSIS CAN BE RESTRICTED TO THE PRESCRIPTION DRUGS ON THE LISTING OF TOP PAID LIST ATTACHED.
15. There are two records on the Census\_Qry tab in the census file named Attach B GeoAccess Zip Census file labeled as Fire IOD-no waiver. Please clarify what this description means and identify which plan these employees are enrolled.  
FIRE IOD CENSUS INFORMATION REFERS TO ON-THE-JOB CLAIMS INCURRED BY SWORN MEMBERS OF IAFF LOCAL 64, WHICH BY CONTRACT ARE PROVIDED THROUGH THE UNIFIED GOVERNMENT'S GROUP HEALTH PLAN. ALL ELIGIBLE MEMBERS FOR NON-WORK RELATED CLAIMS (INCLUDING IAFF MEMBERS) ARE LISTED IN THE GENERAL CENSUS FILE.
16. Page 27 of the RFP within Proposal Format section references Section 4-Disruption Analysis, Attachment F. Should disruption analysis be run on Attachment E as well?  
YES, IN ACCORDANCE WITH THE PARAMETERS SET FORTH IN ITEM 3 ABOVE.
17. Page 26 of the RFP within Proposal Format section references *Table of Contents: all pages are to be numbered*. Please clarify if all documents in the binders need to be consecutively numbered or if they just need each section within the binders numbered based on the Proposal Format noted  
NUMBERING CAN BE PROVIDED BY SECTION IF PROPERLY DESCRIBED.
18. The current repricing request in the RFP does not include adequate information for a repricing evaluation. Our repricing files will include an aggregate repricing evaluation, therefore, will not require an NDA.  
DUE TO NDA RESTRICTIONS WITH VARIOUS SERVICE PROVIDERS, DE-IDENTIFIED, AGGREGATE REPRICING PROPOSAL INFORMATION WILL BE ACCEPTED.

19. Please provide detailed SPDs for medical and dental plans.  
SUMMARIES OF ALL BENEFIT SERVICES WERE PREVIOUSLY PROVIDED IN THE INITIAL RFP SPECIFICATIONS. ALL BENEFIT ASSUMPTIONS CAN BE ASSUMED BASED ON THAT INFORMATION, WITH ANY APPLICABLE DELINEATIONS BEING SET FORTH IN YOUR SEPARATE PROPOSAL INFORMATION.
20. Is the HSA deductible embedded or non-embedded today?  
AGGREGATE DEDUCTIBLES APPLY.
21. What services are included in the current ASO fee?  
ALL GENERAL AND COMPREHENSIVE CLAIMS ADMINISTRATIVE SERVICES, NETWORK ACCESS FEES, MARKETING, UTILIZATION REVIEW, AND ALSO INCLUDING PHARMACY AND BEHAVIOR HEALTH SERVICES PROVIDED THROUGH OPTUM, BUT ALSO INCLUDING DISEASE MANAGEMENT AND OTHER SPECIALTY CARE MANAGEMENT SERVICES, INCLUDING NEONATAL HEALTH, NURSELINE SUPPORT, "HEALTHY BACK" SERVICES, HEALTH SAVINGS ACCOUNT ADMINISTRATION (THROUGH OPTUM BANK), THIRD PARTY STOP LOSS REPORTING, MEDICARE PART D AND ACA REPORTING SUPPORT.
22. Is there a current annual wellness fund?  
WELLNESS INCENTIVES ARE COORDINATED THROUGH CERNER CORPORATION WITH ANNUAL FINANCIAL INCENTIVES AS SET FORTH IN THE ATTACHED.
23. Please provide 24 months of dental claims and lives on a month by month basis.  
2017 AND 2018 DATA ATTACHED.
24. Provide 24 months Vision claims and lives on a month by month basis.  
"CLAIMS" ARE NOT INCURRED WITH THE CURRENT ARRANGEMENT WITH DISCOVER VISION CENTERS, WHICH IS A DISCOUNTED VISION SERVICE ARRANGEMENT. MEDICAL VISION CLAIM SERVICES ARE AGGREGATED WITH UHC MEDICAL CLAIM DATA.
25. Please provide the Medicare Supplement plan designs and confirm if we are to quote on the this population.  
MEDICARE SUPPLEMENT ALTERNATIVES ARE PROVIDED THROUGH A JOINT PARTNERSHIP BETWEEN UHC AND AARP ON AN INDIVIDUAL BASIS FOR ALL MEDICARE-APPROVED PROGRAMS AND OFFERINGS.
26. Are the Retirees enrolled in the Medicare Supplement plans included in the census? If not, please provide a file that include DOB, Gender, Zip code, plan, coverage tier.  
NOT FOR MEDICARE SERVICES OFFERED OUTSIDE OF THE UNIFIED GOVERNMENT'S GROUP HEALTH PLAN. SUCH OTHER PLAN OFFERINGS ARE PROVIDED SEPARATELY OUTSIDE OF THE UNIFIED GOVERNMENT ON AN INDIVIDUAL BASIS. MEDICARE ELIGIBLE RETIREES WHO ELECT TO CONTINUE COVERAGE UNDER THE UNIFIED GOVERNMENT PLAN ARE INCLUDED IN CENSUS DATA PREVIOUSLY PROVIDED.
27. Provide rolling 12 month large claim report with diagnosis matching time period of experience report  
UPDATED LARGE CLAIMS INFORMATION WAS INCLUDED FOR PRIOR YEARS IN PREVIOUS RFP SPECIFICATION INFORMATION, WITH UPDATES FOR 2018 THROUGH APRIL 2018 ATTACHED.
28. Are claims over the pooling level included in the experience report?  
YES.

29. What is the current Reasonable & Customary allowable applied to out of network claims?  
70 PERCENT.
30. In the Proposal Format section there is a reference to: *Cover Sheet: A completed Proposal Cover Sheet which is the first page of this RFP*. Is this referring to Attachment I Proposal Form? If not, please provide said form.  
THE REFERENCE IS TO THE COVER PAGE OF THE RFP SPECIFICATION REPORT.
31. How many covered employees are members of the IAFF Local 64?  
402
32. To clarify, with respect to Section 7, is the 80 hours a total number of hours spread out over the 15 locations? Or is it 80 hours per location?  
80 HOURS IS AN OVERALL ESTIMATE AT ALL LOCATIONS COMBINED.
33. In reference to Section 7.01 of the Specifications, please clarify what is meant by 'management reports'?  
THIS WOULD INCLUDE ANY RELEVANT SAMPLE DOCUMENTS OR REPORTS TO BE PROVIDED AS PART OF ONGOING PLAN REVIEW AND ANALYSIS.
34. Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.  
AS LONG AS SUCH INDIVIDUAL HAS KNOWLEDGE OF THE INFORMATION PRESENTED AND AUTHORITY TO BIND THE ORGANIZATION TO THE PROPOSAL INFORMATION BEING PRESENTED.
35. Please confirm which Attachment should be used for the repricing analysis. Currently, there are no Attachments included that we are able to use as a repricing analysis. Please provide a claim file with claim-line-level detail. The information provided in the current attachments are provider level summaries. In order to provide a repricing analysis, we require the Provider TIN #'s and the provider's zip codes.  
SEE REPRICING DISCUSS ABOVE; ANALYSIS CAN BE IN AGGREGATE FORMAT AS PART OF A SEPARATE ATTACHMENT AS APPLICABLE.
36. Please confirm that in order to minimize printing, we can provide large attachments, disruption results, GeoAccess reports and requested samples and brochures on CD-ROM/USB.  
ELECTRONIC COPIES OF LARGE ATTACHMENT DATA IS ACCEPTABLE.
37. Please provide the Tax Clearance Certification Form noted on page 8 of the RFP.  
Should you win the RFP, It will be presented to you at that time
38. What wellness services are currently in place? Are there any additional services that the County would be interested in?  
SEE ITEM 22 ABOVE. ADDITIONAL WELLNESS SERVICE OFFERINGS ARE ACCEPTED AND ENCOURAGED.
39. Please confirm the current RX rebate situation. Does United currently provide a rebate share (offsetting the ASO fees) or rebate guarantee?  
SEE ABOVE. REBATE SHARE TO THE EXTENT NOT DIRECTLY REIMBURSED.

40. In order to complete Attachment G (top 25 drugs) and provide “tier” as well as “allowable charge” for the top 25 drugs, please provide the NDC 11s for each drug listed.  
SEE DATA ATTACHED.
41. Please confirm if a minority vendor is currently being used. If so, what types of services are being provided?  
NO SERVICES ARE PRESENTLY PROVIDED THROUGH A MBE ARRANGEMENT.
42. Please confirm if the minority vendor request is a requirement of the RFP.  
MBE PROPOSALS ARE ENCOURAGED BUT NOT REQUIRED.
43. Please confirm if a COBRA quote is being requested.  
COBRA QUOTES ARE ENCOURAGED. SERVICES ARE PRESENTLY SELF-ADMINISTERED.
44. How many retirees are opting out of the retiree plan?  
141.
45. Please confirm the current coordination of benefits methodology with Medicare that applies to the Self-Funded Medical plan for Medicare eligible retirees; COB (coordination of benefits, retiree comes out whole), MOB (maintenance of benefits, also called Carve-out and Non-duplication) or Government Exclusion (also called Medicare exclusion) basis.  
COB.
46. Please provide the current Vision rates.  
INCLUDED IN ORIGINAL RFP SPECIFICATIONS.
47. Please confirm if the Vision eligible and enrollment population is tied to Medical census? If not, please provide a vision census including waivers so that we know how many employees are eligible.  
CORRECT.
48. How many members are waiving vision coverage?  
182
49. In Section 2.01 Proposal Submittal, the RFP states that vendors may submit a copy of the RFP on the e-procurement site. Is this a requirement in addition to the hard copy/flash drive submission?  
It states, you may submit a copy, but you will need to enclose the flash drive along with your hard copies.
50. Is the incumbent vendor required to submit the following with the RFP response; Section 4 – Disruption Analysis (Attachment F, Attachment G) and Section 10 – Analysis of Repricing of Claims?  
SECTION 4, NO. SECTION 10, YES, WITH THE PROVISIO SET FORTH ABOVE.
51. Is it the Unified Government’s intention to have insurance carriers respond directly to this RFP?  
YES. DIRECT QUOTES HAVE BEEN SOLICITED FROM INSURANCE CARRIERS, THIRD PARTY ADMINISTRATORS AND OTHER SERVICE PROVIDERS ON A DIRECT BASIS WITHOUT USAGE OF A BROKER OR AGENT RELATIONSHIP.
52. If this is the intention, has the Unified Government approached the insurance carriers directly in the past?

YES. THIS PLAN TRADITIONALLY OPERATES IN A DIRECT PROVIDER CONTRACTING RELATIONSHIP WITHOUT COMMISSION OR INDIRECT FEE COSTS OR OTHER BROKER OF RECORD INVOLVEMENT.

53. Who will help summarize and present the proposals from the insurance carriers?  
BRIAN JOHNSTON, OF JACKSON LEWIS, PC, IS ASSISTING THE UNIFIED GOVERNMENT'S PURCHASING DEPARTMENT WITH THE RFP REVIEW PROCESS.
54. Are you asking multiple insurance brokers to approach the same insurance carriers? If yes, it will cause confusion with multiple brokers approaching the same insurance carriers. We would be happy to share some thoughts on best practices on approaching the insurance carriers and what would result in the best outcome for the Unified Government.  
THIS IS NON-APPLICABLE AND NO CARRIER HAS INDICATED ANY CONFUSION TO THE REQUESTS BEING MADE. THE UNIFIED GOVERNMENT WILL NOT ACCEPT MULTIPLE PROPOSALS FROM THE SAME CARRIER THAT ISN'T OTHERWISE PRESENTED ON A DIRECT PROVIDER BASIS.
55. We would like to submit an FSA and HSA proposal. Is there a link to access the FSA and HSA information?  
THE REQUEST IS SOMEWHAT VAGUE IN THE INFORMATION REQUESTED BUT THERE IS NO SEPARATE LINK TO OTHER INFORMATION BEYOND THE DATA PRESENTED IN THE INITIAL RFP SPECIFICATION INFORMATION.
56. May I ask the name(s) of your current Broker(s)? We offer ancillary service offerings to a lot to offer Public Sectors through our available broker locations that we could present.  
THERE IS NO BROKER OF RECORD FOR ANY PLAN OFFERINGS PRESENTLY, NOR WILL THERE BE THE APPOINTMENT OF ANY SUCH RELATIONSHIP BE AWARDED AS PART OF THIS RFP, ON A DIRECT OR INDIRECT BASIS. IN ADDITION, VOLUNTARY OR OTHER ANCILLARY BENEFIT SERVICE OFFERINGS ARE NOT WITHIN THE SCOPE (AND ARE SPECIFICALLY EXLCLUDED) OF THE CURRENT RFP PROCESS.
57. Can we receive a copy of current Stop Loss, PBM or other service contracts with existing service providers?  
AS STATED ABOVE, THE UNIFIED GOVERNMENT SEEKS PROPOSALS FROM ALL INTERESTED SERVICE PROVIDERS ON AN INDEPENDENT BASIS SO THAT ALL PROPOSERS ON AN EQUAL LEVEL, INCLUDING THE ENCUMBANT PROVIDERS. AS SUCH, CURRENT AGREEMENTS ARE NOT BEING PRESENTED DURING THE INITIAL REVIEW PHASE.
58. Can we receive Medical Specific and Aggregate Reports for 2018, 2017 and 2016, including applicable case notes?  
AGGREGATE STOP LOSS COVERAGE IS NOT PURCHASED FOR THIS GROUP. SPECIFIC COVERAGE CLAIMS INFORMATION IS PRESENTED BASED ON LARGE CLAIM REPORTS. DIAGNOSIS/PROGNOSIS INFORMATION IS EXCLUDED DUE TO HIPAA PRIVACY CONSTRAINTS.

# Attachments

- \*2017 Dental Utilization Report
- \*2018 Dental YTD
- \*Copy of UG top 50 Dental Providers
- \*Large Loss Claim Payments 2018
- \*Managed Pharmacy Cost and Utilization by month 2017
- \*Managed Pharmacy Cost and Utilization by month 2018
- \*Optum Employee Assistance Program EAP Poster
- \*Top Drug Utilization Ranked by Net Paid 2017
- \*Top Drug Utilization Ranked by Net Paid 2018
- \*Top Hospital Ranked by Total Net Paid 2017
- \*Top Hospital Ranked by Total Net Paid 2018
- \*Top Physician Ranked by Total Net Paid 2017
- \*Top Physician Ranked by Total Net Paid 2018
- \*UG EAP Brochure
- \*2018 UG Incentive guide



Addendum number 1

**RFP R28424**  
**For**  
**UG Employee Benefit Plan**

Attached document contains the “Questions and Answers” regarding the “UG Employee Benefit Plan”.

Please sign and date this amendment and return it, along with your proposal.

NAME/BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_, ZIP CODE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

ATTENTION OF: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

All questions should be directed to Richard Rocha, Purchasing Department at:  
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