

MARTIN O'MALLEY Governor ANTHONY BROWN Lieutenant Governor T. ELOISE FOSTER Secretary DAVID C. ROMANS Deputy Secretary

QUESTIONS AND RESPONSES # 3

Project No. F10B3400022 Health Plan Administration and Services (PPO, EPO, IHM)

February 3, 2014

Ladies/Gentlemen:

This Questions and Responses #3, including questions #171 through #194, is being issued to clarify certain information contained in the above named RFP. The statements and interpretations of contract requirements, which are stated in the following questions from potential Offerors, are not binding on the State, unless the State expressly amends the RFP. Nothing in the State's responses to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the vendor asking the question as to what the contract does or does not require.

171. Will the State consider allowing contractors to provide their own health risk assessments at the beginning of the contract period?

a. This approach would provide significant benefits to the State and its members, as follows:

- · Increased integration with contractor-managed telephonic programs
- More effective integration with other tools on contractor websites
- Simpler, more efficient and positive user experience

b. Further, according to Section 3.3.1 Healthy Activity Offerings and Tracking, starting in the July 1, 2017 - June 30, 2018 incentive year, vendors will administer their own health assessments. Please advise if the State is agreeable to allowing Contractors to provide their own risk assessment at the initiation of the contract (which could be modified for specific questions that the State would require) so that an integrated, smooth member experience will result.

<u>RESPONSE</u>: See the responses to Question #11 in Q&A #1, and Question #165 in Q&A #2. The State will provide its established Health Risk Assessment after award to all Offerors awarded a contract under this solicitation.

~Effective Resource Management~

45 Calvert Street • Annapolis, MD 21401-1907 Tel: (410) 260-7041 • Fax: (410) 974-3274 • Toll Free: 1 (800) 705-3493 • TTY Users: call via Maryland Relay http://www.dbm.maryland.gov 172. In the Response to Question 27, it seems to indicate that if a member realizes Biometric Markers in a normal range, they would also be required to complete additional activities including general wellness coaching programs. Please confirm that our interpretation of this response is correct and elaborate on why, if a member realizes Biometric Markers in a normal range, they would also be required to complete additional activities including general wellness coaching programs.

<u>RESPONSE</u>: That is correct. All members must complete some level of healthy activities regardless of health status.

173. Regarding the Financial Workbook, Attachment T 4, Administration and Network Access Fees, #3. Network Access Fees [Retirees]. If there are no network access fees, please confirm that this section can be left blank. Further, only network providers are available to Medicare Retirees at the in-network reimbursement rates, so this appears to be a moot point. Please confirm that if no network access fees exist, this breakdown can indicate N/A or same as Actives.

<u>RESPONSE</u>: If no network access fees exist then indicate this with a zero value in the financials for this section.

174. Please confirm whether or not the Attachment Q Sample Layout File is intended to be for eligibility documentation or for claims detail.

<u>RESPONSE</u>: See Section 3.5 Payment and Invoice Specifications. Attachment Q-100 Character File Layout is to be submitted to the State for each claim invoiced. The file containing these records must equal the amount invoiced and be submitted within 48 hours of invoice submission. See also the Eligibility File Layout document included with RFP Amendment #4.

- 175. Naming Conventions of Attachments: there is variation between the Questionnaire and the RFP Wrap Document on how to name certain attachments.
 - a. In some of the questions, FA1 is referenced in the FA2 questionnaire as a naming convention should we correct that?

<u>RESPONSE</u>: The Attachments specific to each Functional Area should reference the appropriate Functional Area. Please see Amendment #4.

b. For example, from the revised FA2 EPO Questionnaire, page 26 says: "Provide a map of the proposed geographical service area and Label as "Response FA1 Attachment S-1: Service Area Map", shouldn't this be FA2?

<u>RESPONSE</u>: See the Response to Q 175a above. Yes, for Functional Area 2, the map or the geographical service area should be labeled "*Response FA2 Attachment S-1*: *Service Area Map*." Please see Amendment #4.

c. Additionally, from the Health Plan Wrap Document, page 51-53 includes the list of required exhibits, however, the naming here differs in some places from

the naming requested in the Questionnaire when the Exhibit is specifically requested. Which naming should we use?

<u>RESPONSE</u>: For the required Technical Submissions that are identical between functional areas and which are identified as such in this RFP, the Offeror only needs to submit one original response and set of copies for all of its proposals. They should be labeled accordingly. The naming for Response Attachment specific to a Functional Area should include the name of the Functional Area.

d. Also, some exhibit naming conventions specify "FA1 or FA2" in the name and some only say "Response Attachment"---should we use the full RFP name for each attachment or only those specified?

<u>RESPONSE</u>: See the Responses to Question 175 a., b. and c. Please see Amendment #4.

176. Will the State provide the Self Tobacco Attestation data identifying those members who qualify for the non-tobacco status to the contractor?

<u>RESPONSE</u>: Members that use Tobacco will be identified by the State through the HRA. All results will from the HRA will communicated to the contractors by the State.

177. How many locations does the State currently hold onsite biometric events?

<u>RESPONSE</u>: Offerors should anticipate providing these services at all locations where health fairs are held.

178. *How many State employees currently participate in the onsite biometric screening?*

<u>RESPONSE</u>: This information is not currently tracked.

179. Will HIPAA certificates need to be provided, even though they become obsolete as of 1/1/2015?

<u>RESPONSE</u>: The Departments of Treasury, Labor, and Health and Human Services issued proposed regulations that would eliminate the HIPAA certificate of creditable coverage requirement effective December 31, 2014. Until the final regulations are issued, however, contractors will be required to provide the certificates upon request and when coverage ends.

180. *RFP Wrap PP 29 – Mentions that participants currently receive State subsidized health benefit coverage. Who is responsible for calculating and managing the state subsidy?*

<u>RESPONSE</u>: This question is not relevant to responding to the RFP.

181. *RFP Wrap PP 46 – Section 4.2.1 – Please clarify how the shipping container should be labeled vs. the labels for Volume I and II packaged separately inside the shipping container.*

<u>RESPONSE</u>: See Question and Response #111 in Q&A #1. It is acceptable to the State to receive one box for each Functional Area, and within that box, there would be two separate sealed and labeled packages, one being the Technical Proposal, and the other being the Financial Proposal. Please also refer to RFP Section 4.2.1:

The two (2) sealed Volumes for each Functional Area proposed shall be submitted together in a single package including a label bearing:

- The RFP title and number (F10B3400022),
- Name and address of the Offeror,
- Functional Area proposed, and
- Closing date and time for receipt of Proposals

182. *RFP Wrap PP 47 – Section 4.2.4 – To accommodate the consecutive page numbering requirement, where should the Functional Area documents in 4.4.3.6 (FA1, FA2, FA3) and required submission attachments be placed in the Technical Proposal response?*

<u>RESPONSE</u>: Please see the response to Question #156 in Q&A #2: The request for consecutive numbering in an Offeror's Proposal is from beginning to end (i.e. the numbering should not restart for a different section in the Proposal). Please see also RFP Section 4.2.4 and the Response to Question #8 in Q&A #1. Manual application of page numbers is acceptable to the State. For pages preceding the response Word attachment (i.e., the title page, table of contents, claim of confidentiality, transmittal letter, executive summary) it is acceptable to use small Roman numerals (e.g., i, ii, iii, etc.).

Ideally, the Technical Proposal response should follow the order described in RFP Section 4.4.3:

- Title Page, Table of contents, Claim of Confidentiality, Transmittal Letter, Executive Summary (numbered using small Roman numerals)
- Response to RFP Section 4.4.3.6.a: Attachment S per Functional Area (begin standard numbering with "1")
- Response to RFP Section 4.4.3.6.b: Work Plan
- Response to RFP Section 4.4.3.6.c: Locations, Facilities, etc.
- Response to RFP Section 4.4.3.6.d: Problem Escalation Procedure
- Response to RFP Section 4.4.3.6.e: Additional Technical Submissions
- Responses to RFP Sections 4.4.3.7 4.4.3.15
- Completed Affidavits as specified in RFP Section 4.4.2.1

183. *RFP Wrap PP 53 – Section 4.3.6 – The names of the Response Attachments are inconsistent between the Health Plan Wrap Document and Attachment S. Please clarify which document should be used to label Response Attachments.*

<u>RESPONSE</u>: Please see the Response to Question # 175 above and Amendment #4.

184. RFP Wrap PP 53 – Section 4.3.6 – The Account Management Plan and Account Management Team Organizational Chart and Resumes are not listed in the chart as a Required Submission for the FA3 response; however, they are listed in the FA3 document. Please confirm if Response Attachments for Account Management Plan and Account Management Team Organizational Chart and Resumes are needed for FA3.

RESPONSE: The FA3 Attachment S document is correct, and Response Attachment for Account Management Plan and Account Management Team Organizational Chart and Resumes are required for FA3. Please see Amendment #4 for the correction to the RFP Wrap. For the required Technical Submissions that are identical between functional areas and which are identified as such in this RFP, the Offeror only needs to submit one original response and set of copies for all of its proposals. They should be labeled accordingly. Section 4.4.3.6 of the Wrap has been amended to include the requirements for Account Management Plan and Account Management Team Organizational Chart and Resumes for FA3.

185. In past solicitations to the State, Attachments D-1 and M-1 were to be placed in an envelope within the Technical Proposal. For this solicitation, is it necessary to place Attachments D-1 and M-1 in separate envelopes within the Technical Proposal response?

<u>RESPONSE</u>: It is not necessary to place Attachments D-1 and M-1 in separate envelopes within the Technical Proposal response.

186. FA3 IHM-FI Attachment S Technical Proposal: CC11 - ability to convert the State's electronic eligibility files to Offeror's format - Will eligibility be retrieved online from BAS system? Can you please provide a copy of the current eligibility file format for review?

<u>RESPONSE</u>: Please see the weekly vendor file layout document titled "Eligibility File Layout" included with RFP Amendment #4.

187. Performance Guarantees: Please confirm what is meant by "unit point" in the following which is part of PG-8, provision of claims and eligibility data to third party vendor: "One-half of a Unit Point for each calendar day the data is not received or is incomplete."

<u>RESPONSE</u>: One unit is 0.1%, one-half of a unit point is .05%. Please see Amendment #4. The response language has been added to the following: FA1 Attachment S-12, PG-11, FA2 Attachment S-12, PG-11, FA3 Attachment S-8, PG-8.

188. *How does the State set the employee contribution rate for each plan offering?*

<u>RESPONSE</u>: Employee/State contributions are subject to collective bargaining and apply as indicated based on plan type. Employee contributions are not designed to encourage or discourage participation in any specific plan.

189. There was a step change in the enrollment for the EPO plans during the experience period. What accounted for this change?

<u>RESPONSE</u>: The increase enrollment in the EPO over the experience period is due to the plan design changes that occurred in the 2012 plan year.

190. The new RFP response forms issued with Amendment 2 are starting to lock on us as we enter text in some of the blocks of the "Attachment S-2b: Supplemental Explanations and Deviations" section. Is there a way we can "unlock" them, in case we need to edit the text we input?

<u>RESPONSE</u>: The referenced Attachment S-2b: Supplemental Explanations and Deviations is not provided. As included in the Instructions for Explanations and Deviations, "If additional space is required, submit a separate attachment labeled [the appropriate Functional Area] Attachment S-2b: Explanations and Deviations using the same table format." The Attachments cannot be unlocked for vendors and the State is unable to recreate the reported issue. If the Offeror is unable to correctly include a response on S-2: Explanations and Deviations, Offerors may submit a separate attachment labeled S-2b and use that to provide edits/explanations of any of their answers that have been locked in S-2.

191. Do we definitely need to submit the revised forms issued in Amendment 2, or is it acceptable to submit the original forms?

<u>RESPONSE</u>: Offerors are strongly requested to use the updated Attachments "T" included with Amendment #2 and the updated Attachments "S" included with Amendments #4 (the Attachments "S" included with Amendment #4 supersede the Attachments "S" included with Amendment #2, and incorporate all changes from both Amendments). If the Offeror's response is submitted in the original RFP documents, the Offeror must acknowledge receipt of all Amendments in the Cover Letter accompanying the Proposal.

192. Would we be able to submit all our Explanations and Deviations in the "Attachment S-2b: Supplemental Explanations and Deviations," assuming we noted that these are in the embedded S-2 sheet, and checked the box to indicate it is provided? (This makes it easier for us to sort and keep in order for you).

<u>RESPONSE</u>: Please complete Attachment S-2 before beginning Attachment S-2b (and indicating in the checkbox that S-2b is also being provided). Also, please see the response to Question #160 in Q&A #2:

Any and all exceptions or proposed deviations to any RFP requirement, including Attachments (ex. Attachment A, the Contract), should be included in the Executive Summary. Any deviations to the Compliance Checklist should be noted in both the Compliance Checklist's spaces for deviations and in the Executive Summary. 193. Regarding the State's response to Question number 154: Please make note that some vendors do indeed have capitated services in their self-insured EPO and PPO plans and the State may want to provide guidance on where these capitated amounts should be listed in the financial proposal.

RESPONSE: If you are proposing capitation arrangements please do the following: (1). Provide a complete description of the arrangement, including services included, how capitation will be charged and the amount of capitation fees in Attachment T-3: Explanations and Deviations. Note that you must agree to and provide maximum level of capitation fees for the duration of the proposed contract. (2). On the re-pricing file, indicate \$0 (zero dollars) for the re-priced amount of each claim that will fall under a capitation arrangement. Please add an additional column in the re-pricing and indicate claims that have been adjusted for capitation. (3). Separately calculate the total amount of capitation based on the enrollment assumptions provided. (4). In the In-Network claims (Attachment T-5), add together the total re-priced claims (which will include zero dollars for capitated services) and the amount of capitation.

194. In accordance with Performance Guarantee #6, Delivery of Quarterly Utilization, Case Management, Wellness Activity and Disease Management Data Reports to State's Consultant, the reporting deadline (first of the following month) allows only a 30-day run-out on the reports. And, CC-107 mentions a reporting deadline of the 10th business day of the month on all reports. Typically a 60 or 90 day run-out is requested to allow the production of more comprehensive and meaningful reports. Will the State allow a longer run-out period for reporting, especially the quarterly and annual reporting?

<u>RESPONSE</u>: The reporting deadlines will remain as written.

Please remember that proposals are due by February 13, 2014, no later than 2:00 p.m. If there are additional questions concerning this solicitation, please contact me via e-mail at gabe.gnall@maryland.gov or by phone at (410) 260-7338 as soon as possible.

Date Issued: 02/03/2014

By: Gabriel Gnall Procurement Officer