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Q & A #2
TO
REQUEST FOR PROPOSALS (RFP)

**CONSULTING AND ACTUARIAL SERVICES FOR THE MARYLAND STATE EMPLOYEE AND RETIREE
HEALTH AND WELFARE BENEFITS PROGRAM**
SOLICITATION NUMBER F10B7400031
MAY 19, 2017

Ladies and Gentlemen:

This List of Questions and Answers #2, questions #29 through #46, is being issued to clarify certain information contained in the above named RFP. The numerical sequencing begins with question #29 as questions #1 through #28 were answered in Q&A #1, issued on May 10, 2017.

In most instances, the Department's response to the submitted questions merely serves to clarify the existing requirements of the RFP. Sometimes, however, in submitting questions potential Offerors may make statements or express interpretations of contract requirements that may be inconsistent with the Department's intent. To the extent that the Department recognizes such an incorrect interpretation, the provided answer will note that the interpretation is erroneous and either state that the question is moot once the correct interpretation is explained or provide the answer based upon the correct interpretation.

No provided answer to a question may in and of itself change any requirement of the RFP. If it is determined that any portion of the RFP should be changed based upon a submitted question, the actual change may only be implemented via a formal amendment to the RFP. In this situation the answer provided will reference the amendment containing the RFP change.

29. Question: Since the consultant is required to verify that the PBM is disclosing all revenue sources, does the State have a list of these that they are requiring?

Answer: The PBM contract includes the parameters of the pass-through pricing and transparency requirement. Please refer to Section 3.2.2 of the link below:

http://dbm.maryland.gov/proc-contracts/Documents/ContractLibrary/EmplBen/Pharmacy2017/F10B6400005R-StateofMaryland-PBM-RFP_WrapAmended.pdf

30. Question: Does the State want the consultant to audit Clinical Prior Authorizations?

Answer: No, this service is provided via another contract.

31. Question: Does the State want the consultant to conduct independent Fraud Waste & Abuse (FWA) Audits or review and verify those provided by the PBM?

Answer: No, this service is provided via another contract.

32. Question: Please confirm that OPEB valuations are done annually.

Answer: The State confirms that OPEB valuations are done annually.

33. Question: How long after receiving the data will the State need OPEB report?

Answer: The report covers the most recent fiscal year (Date July 1, 2016) and should be received no later than October 1 of the year in which the report is prepared. Ex: The July 1, 2017 report is due October 1, 2017.

34. Question: Does the State have a plan to eliminate prescription coverage for Medicare retirees? If so, when?

Answer: The State legislature, through its pension reform effective July 1, 2011, indicated that in 2020 Medicare-eligible retirees will transition to the Federal government's Medicare Part D plan.

35. Question: In Section 3.2.1, subsections A and B both mention claims from a data warehouse and insurance carriers. How detailed are the claims that we will be receiving to accomplish the tasks outlined in this section?

Answer: The claims data file provided monthly from the insurance carriers contains all data points including date of service, amount billed, amount paid, diagnosis codes, etc.

36. Question: In Section 3.2.1, subsection B, item 3 discusses the actual to expected analyses requested. What level of detail of the development of the prior budget is available for the actual to expected analyses?

Answer: Historical projections versus actual can be accessed by viewing the draft Appendix O of the State Annual Budget Book to be found at the following link: <http://dbm.maryland.gov/budget/Pages/Budget-Home.aspx>

37. Question: What are your key goals for 2018 in terms of benefits and wellness?

Answer: The State of Maryland's Wellness Plan is designed to increase employee and retiree self-awareness by helping participants to understand their current health status, to provide simple ways to either stay healthy or work to become healthier in collaboration with their Primary Care Physician (PCP). Specific goals for 2018 are in development at this time.

38. Question: What strategies has the State used to engage its employees in wellness?

Answer: All primary care provider copays are waived once participants complete the wellness activities and a \$5 reduction for specialist copays applies once they have completed any age or gender preventive screenings for which they are due. Additionally, there is a \$150 reimbursement of weight loss program monthly membership fees, the medical plans offer wellness coaches to assist members in reaching their nutrition and health goals, and wellness fairs are held throughout the State in which participants receive information on a variety of topics.

39. Question: Would the State consider post-offer physical demands testing to ensure new employees can meet physical demands of job being hired for?

Answer: This question is not relevant to this RFP.

40. Question: What communication methods and materials have you used for Open Enrollment besides the benefit guides and the website?

Answer: Postcards, flyers, emails, and Open Enrollment information meetings are provided to employees and retirees in designated regions throughout the State of Maryland.

41. Question: In Tab E: Offeror Technical Response to RFP Requirements and Proposed Work Plan, the statement below asks for samples of a work plan. Please clarify if you would like to have individual work plans from the Offeror and subcontractors for each section or one complete work plan covering all steps.

b. The Offeror shall give a definitive **section-by-section** description of the proposed plan to meet the requirements of the RFP, i.e., a Work Plan. The Work Plan shall include the specific methodology and techniques to be used by the Offeror in providing the required services as outlined in RFP Section 3, Scope of Work. The description shall include an outline of the overall management concepts employed by the Offeror and a project management plan, including project control mechanisms and overall timelines. Project deadlines considered contract deliverables must be recognized in the Work Plan.

Answer: To clarify, in response to RFP Section 4.4.2.6 (b), Offerors are requested to provide one complete draft Work Plan covering all steps for both the Offeror and subcontractors for each section; not samples of a work plan. The draft Work Plan of

the selected Offeror will be finalized after contract recommendation and incorporated into the signed Contract by reference.

42. Question: In Tab F: Experience and Qualifications of Proposed Staff, the statement “Letters of intended commitment to work on the project, including letters from any proposed subcontractor(s), shall be included in this section.” Please clarify if you would like individual letters from every Key Personnel or a blanket letter from the Offeror and another from its subcontractor(s).

Answer: In response to RFP Section 4.4.2.7, Offerors shall submit individual letters of intent from every Key Personnel of the Offeror and/or subcontractor(s) stating their commitment to work on the project.

43. Question: We understand there is a Minority Business Enterprise goal of 13% of the Consulting fees. Do offerors receive more credit in the evaluation if they commit to a higher MBE participation percentage?

Answer: Only the technical proposal criteria stated in RFP Section 5.2 is used for evaluation purposes.

44. Question: Regarding the numbers on Attachment Q, there is a number of 121,245 labeled as Medicare Grand Total. Should this read: “Medical Grand Total?” We pose this question because, when you add the Healthcare enrollment from above it totals exactly 121,245.

Answer: Yes, this particular line item in Attachment Q should be stated as “Medical Grand Total”.

45. Question: Can the Healthcare enrollment for Medicare-eligible retirees be separated from the enrollment shown in Attachment Q?

Answer: The State declines to provide a separate calculation for Medicare Eligible retirees.

46. Question: In the RFP on page 51 (4.4.2.5) Tab D Minimum Qualifications Documentation, it refers to Section 2. When reviewing Section 2, on pages 27-28 of the RFP document, there is a description of the current benefits program. Please clarify where the Minimum Qualifications can be found.

Answer: There are no Minimum Qualifications required for this RFP.

NOTE: All questions received to date have been answered via Q&A #1 and this Q&A #2.

Should you require clarification of the information provided, please contact me at (410) 260-7116 as soon as possible.

Date Issued: May 19, 2017

Authorized By: Tiffany Murriel
<signed>
Procurement Officer