

**Request for Proposals: Administrative Services for
Mental Illness, Substance Abuse, & EAP Benefits
RFP # OHB08-5
Issued: September 15, 2008**

**ADDENDUM 1
Issued: October 4, 2008**

This Addendum incorporates certain general comments, general corrections to the RFP, and answers to questions posed before, during, and after the Mandatory pre-proposal conference held on September 29, 2008.

GENERAL

Verbal responses to questions at the Pre-Proposal Conference on September 29, 2008 are unofficial and are not binding. Only these written responses may be relied upon by offerors.

Participants at the Pre-proposal Conference were required to register their attendance and to provide their business cards and fax numbers. A list of all attendees at the conference is enclosed for informational purposes.

The submission date has been moved to 2:00pm local prevailing time on November 3, 2008. This additional time will allow the Commonwealth to identify finalists in the PPEA procurement OHB08-2.

As discussed in this pre-proposal meeting, DHRM will send attendees a word version of the RFP, as well as the RFP checklist and a copy of the “one” employee health benefits card.

General Changes to Released RFP:

1. Section 2.6.g – Regarding the on-site training, is there information you can provide on how many trainings are currently offered for the State and TLC? How many hours?

We currently allocate 500 hours for on-site training, supervisor training, CISDs and other events related to behavioral health and EAP. This is usually adequate for a “normal” year

2. The introduction page of the MISA questionnaire has a Minimum Qualification section indicating a minimum of 50,000 employee lives. Is this for a single reference or can the 50,000 employees lives be a total of all the references?

If you have no clients this size, you may use multiple references, but they must be your largest clients in size order. Clearly note the number of employees for each reference.

3. Does the completed questionnaire need to be included in the binder (hard copy) in addition to the electronic response?

No

4. In Section III Network Service and Quality of the MISA questionnaire, question 3, what is meant by membership?

Book of business membership for the local plan. An estimate is acceptable.

5. In Section III Network Service and Quality of the MISA questionnaire, question 14 asks about training for new employees. What type of new employees are being asked about (customer service, claims, etc..)

New employees you would have to hire and train if you were awarded the contract.

6. The Provct-EAP document lists Certified Employee Assistance Professionals, Certified Addiction Counselors and Licensed Social Workers for the Richmond zip codes. However, for all localities, the categories are Psychiatrists, Clinical Psychologists and Licensed Social Worker. Should these be different or should the categories be the same as the Richmond locality?

The Richmond exhibit is incorrect. Provide the Psychiatrists, Clinical Psychologists and Licensed Social Worker information for the Richmond zip codes. Don't worry about changing the labeling.

7. Please provide the RFP documents in word format. We are not able to respond in the necessary format (redline) with only the pdf files.

Will be provided

8. Please identify any plan design changes that were made at any time between 07/01/06 and 06/30/08. Please provide the effective date of the change, what the change was and on which plan(s) the change were made on.

No changes to the MISA/EAP benefit have been made during that time period

9. Appendix 4 MISA and EAP Summary Claims:
 - a. Can the MISA claim experience be provided on a monthly basis for the two policy years provided?

All information for this procurement is contained within the RFP, which includes claim information on a separate CD. No additional information will be provided

- b. Can the claim experience be broken out by plan design?

Please work with the information provided

- c. Is the claim experience gross or net of any discounts? Gross
- d. Is the claim experience on an incurred or paid basis? Incurred
- e. Does the claim experience include or exclude Kaiser experience? Does it only include Anthem experience?

Kaiser is a fully insured plan, so no experience is provided for that carrier. Anthem is the medical/surgical provider; the claim experience is for MISA/EAP which is currently administered by Value Options

- f. Does the claim experience include or exclude the HDHP. If it is included can this be broken out?

Includes; however, enrollment in the HDHP is so small that a breakout would not be meaningful

- g. Please identify which employee groups are included in the claim experience - Active, pre 65- retirees, cobra, Medicare retirees?

Medicare retirees are not included in the claim experience

- h. Please provide enrollment information for the same period as the claim experience. Can this be provided by plan design and on a monthly basis for the two policy years provided?

No additional enrollment information will be provided; however, enrollment in the COVA plan is consistent and does not vary appreciably over the time period

10. RFP Section 1.6 – Please provide the attachments listed in this section as they were not included on the CD.

Attachments 3 and 4 were listed in error. Please ignore

11. MHS/A/EAP (PDF) RFP – Section 6.0 Form and Response of Criteria: To clarify, we are only to redline the PDF file (RFP) with any DEVIATIONS we have to the noted requisites throughout the document. We are NOT to provide any affirmations to any areas to which we agree. Is this accurate?

This is correct

12. MHS/A/EAP (PDF) RFP – Section 6.3 – Benefits Brochure Tab – Would you like us to include our standard reporting package so as to comply with this requisite in addition to the facets listed out in 6.3.1?

Offerers are expected to comply with the requirements specified, however, please feel free to include your standard reporting package

13. MHS/A/EAP Technical Questionnaire (Excel) – Qualifications of Staff/Account Management – Question 13 a – b – these questions in the excel document are grayed out – are we to complete anyway? Please clarify.

No. Question 13 requests an organization chart as a separate file. 13. a. and 13.b. describe the minimum content required in the file.

14. MSHA/EAP Technical Questionnaire (Excel) – Reimbursement Tab – We are lacking instructions/data to be able to effectively complete this tab. Please provide the list of codes and the sites you would like us to respond for as well as how you would like us to complete the reimbursement tab.

That worksheet is not required in this phase of the procurement.

15. For Summary of Claims information: does the number of units indicate number of days for inpatient and number of visits for out patient? What are the number of admits for inpatient stays? What is the yearly enrollment and membership count for each claims summary year?

All information for this procurement is contained within the RFP, which includes claim information on a separate CD. No additional information will be provided

16. Please supply a break down of the claims experience by In and Out of Network for both Inpatient and Outpatient services (in both days/visits and billed amounts).

All information for this procurement is contained within the RFP, which includes claim information on a separate CD. No additional information will be provided

17. For EAP number of members: does this mean the number of members who had Face to Face visit with their EAP? Number of people who called their EAP? Or the number of employees enrolled in EAP?

All employees enrolled in COVA Care (the state health program) are enrolled in EAP. EAP number of members refers to members who accessed care in the community.

18. Will EAP utilization be provided?

No additional information will be provided

Performance Guarantees:

19. Guarantee - The department will maintain current eligibility files for both the state employee group and the TLC program. Enrollee eligibility changes may be made electronically without restriction to time of day or day of week. The department will move these changes automatically to an electronic file for pickup by the contractors. It is expected that each contractor pick up changes on a regularly working basis, and in all cases, at least once daily.

- Will COVA send daily Add/Change files or daily Full files? What is the processing standard that COVA would like to see met (ex: 99% files loaded in 2 days)?

Daily change file and monthly audit (full) file. Daily change files are to be processed within 48 hours

20. RFP Document - 2.5.9 Payments/Denials must be mailed or generated within 5 business days of the date of claim processing.

- Bulk mails to providers can have a hold of up to 14 calendar days. Does this request apply to the member and provider or just the member?

Member and provider

21. RFP Document - Performance Guarantee Quality - Compliance with this standard shall be determined by internal audit, verified by external audit. Should the internal and external audits arrive at results which materially affect the amount of liquidated damages, the Contractor and the Department shall negotiate the actual amount of the damages. If these parties cannot reach an agreement through negotiation, they shall jointly pay for an independent audit whose determination shall be binding on both parties.

- Will the performance guarantee results be determined by an external audit?

All performance standard results are subject to verification by external audit, however, it is expected that the vendor will self-report based on their internal audit.

22. Please provide the file layout and frequency for the claims data feeds that the Commonwealth would like us to send to the data warehouse vendor.

That step will take place later in the procurement.

23. Please provide Attachments 1, 3 and 4. We have seen several reference to the mentioned attachments but we were unable to locate them.

These are listed in error, please disregard.

24. In regards to the Reimbursement Sheet, please provide CPT codes for levels of care under the (DSM-3).

That worksheet is not required at this stage of the procurement.

25. Section 2.3 (MISA Plan provider Network) indicates network standards of 1 in 30 miles for outpatient and 1 in 60 miles for Inpatient. However, the network grid (in the Technical Questionnaire) indicates 2 providers in 8 miles for practitioners and 1 hospital in 15 miles for hospitals. Also the grid does not separate a response for both inpatient and out patient? Please clarify which standards we should use.

Use the network grid standards. Provide out-patient information on the worksheet provided. Create your own separate document to report inpatient results.

26. Can you confirm that the EAP provider count grid does not contain a typo for the Richmond region? All of the other regions in the EAP and MHSA grids request counts of Psychiatrists, Clinical Psychologists, and Licensed Medical Social Workers, however the EAP Richmond region requests counts for CEAP's and Certified Addiction Counselors only.

The Richmond heading are incorrect. Use Psychiatrists, Clinical Psychologists, and Licensed Medical Social Workers. Don't try to change the document.

27. In regards to Section III Network Service and Quality, we are requested to provide "total mental health/chemical dependency membership in the following metropolitan area networks". Please confirm that we are requested to provide count of COVA members in those Virginia cities based on the census they provided?

We would like to see your book of business membership. A reasonable estimate is acceptable.

Total mental health/chemical dependency membership in the following metropolitan area networks.
Richmond
Emporia
Blacksburg
Lynchburg
Farmville
Virginia Beach
Lexington
Radford
Marion
Harrisonburg
Newport News
Wise
Norfolk
Chesapeake
Manassas

28. Please clarify if we can break the members down by Urban, Suburban, and Rural classes? If yes, will you provide separate access standards for each class?

The current grids only provide one set of access standards for All members combined. This is not necessary. The longer distances cited in the RFP will be the standards. The geo access review is using shorter distances for analysis purposes.

29. COVA_Cost_OHB08-5.xls file, Schedule 2-1-A, Instructions #2. Please explain the difference between the discount resulting from a bidder's negotiated "unit cost network discount adjustment" (to be entered in column N on Schedule 2-1, #1-8) and a "unit cost severity adjustment" (to be entered in column P on Schedule 2-1, #1-8).

The discount is negotiated provider discounts. The unit cost severity adjustment would be made to account for any difference in unit cost attributed to the change in severity or intensity of services due to managed care programs.

30. The RFP indicates that the covered services include mental health, substance abuse, and EAP services. The Schedule 2-1 series cost proposal forms request rates and associated breakout of rates related to the mental health and substance abuse services, but do not address the EAP services. The instructions on 2-1-A indicate that additional Schedule 2-1 sheets will be provided as addendums to finalists or semi-finalists at a future date for completion. Will these subsequently released Schedule 2-1 sheets request the EAP pricing?

Yes If the EAP pricing is to be submitted with the initial proposal, please address how a bidder should incorporate this pricing into the MISA bid forms. N/A

31. Please confirm that both the historical (calendar year 2007) data provided on Schedule 2-1 #1-8 reflect the COVA benefit eligibles ONLY and that the projections requested on this form are for the COVA benefit eligibles ONLY (not to include TLC benefit eligibles).

Confirmed

32. COVA_Cost_OHB08-5.xls file, Schedule 2-1 #11. The calculations on this page automatically populate based on the information input on Schedule 2-1 #8. If Schedule 2-1 #8 is only to be completed for the COVA population and not for the TLC population, then when TLC is selected in the dropdown on Schedule 2-1-A, should Schedule 2-1 #11 reflect "0"?

Correct . Only TLC administration charges are being evaluated in this phase.

33. The Published Monthly Enrollment Demographics file does not appear to include information related to the TLC population. Appendix 5 of the RFP does reflect average monthly enrollment information for the TLC groups, but does not include information for dependents. Should bidders assume a dependency factor for the TLC group consistent with the dependency factor for the COVA group?

Yes If not, please provide the DF that should be used for the TLC group.

34. RFP, Sections 3.5 Premium Projections, and 3.6 Schedule of Liquidated Damages – General – These sections address the completion of Attachment 2, Schedule 2.2 (Projected Savings Report) and the associated liquidated damages related to not meeting the proposed projection; however the provided bid forms do not include a Schedule 2.2 for completion. Will these forms be provided later as part of the potential addendums to finalists or semi-finalists at a future date for completion?

Yes If not, please resolve the apparent discrepancy between the requirements of the RFP and the required bid forms.

35. RFP, Section 6.5 Cost Proposal. There are references to schedules that do not appear in the COVA_Cost_OHB08-5.xls file. Please reconcile these differences.

They are not required during this phase.

36. COVA_Cost_OHB08-5.xls file, Schedule 2-1 #10, Section 11. Costs are requested specifically for the administration of COBRA benefits. Please indicate the number of COBRA employees that should be assumed.

500

37. On Cost_OHB08-5, Schedule 2-1 #1-8, the MISA services for which COVA has provided baseline data are Hospital Inpatient, Hospital Outpatient, and Professional; does the Professional services line reflect traditional Outpatient services only or does it also include Professional visits tied to Inpatient stays?

The Professional services line includes Professional visits tied to Inpatient Stays.

38. Alternatively, does Hospital Inpatient reflect an all-inclusive arrangement (facility plus associated professional visits)?

Hospital Inpatient only contains services billed by a facility.

39. Please confirm what is meant by saying that the proposal should be submitted in loose leaf note book.

The main point is we do not want it bound.

40. RFP Section 1.6, we did not receive the Attachments that are described in Section 1.6, although we have received Schedule 2-1 (Cost), Enrollment data, and the Technical Questionnaire (which is a part of Attachment 2). Can you please direct us to the appropriately labeled Attachments?

You received all of the attachments needed for this phase of the RFP.

41. Schedule 2-1; Section 6.5, Section 6.0, what we believe to be a part of Attachment 2 only contains Schedule 2-1. Can you please direct us to Schedules 2-2 through 2-8 (2-2 through 2-7 are referenced in Section 6.5; 2-8 is referenced in Section 6.0)?

See response above.

42. RFP Section 4.3.3, in addition to financial services, would you like for us to include legal services in our EAP quote?

Yes, this should be part of the standard EAP package

43. RFP Section 4.3.3, is it not necessary to include work/life services in our EAP quote?

This will be addressed with finalists.

44. RFP Section 7.8, in Section 7.8, there is a reference to the "official state form." Please clarify which form this is.

All forms provided during this procurement process.

45. Technical Questionnaire, the Questionnaire instructs responders to place all exhibits in a separate loose-leaf notebook, while the MISA Data CD Instructions states that all exhibits should be clearly labeled as indicated and attached as a separate Excel file. Also, Section 5.2.1 of the RFP states that all documentation submitted with the proposal should be contained in that single volume. Please clarify if Exhibits are to be placed in the loose-leaf binder with the Technical proposal or if Exhibits should be placed in a separate binder from the Technical proposal. Repeat Also clarify if the Exhibits can be in a format other than Excel (i.e., Word, PDF) on the CD.

The technical questionnaire and cost exhibits must be in Excel in the format specified. If the offeror chooses they may provide printed copies, however this is not required.

46. Technical Questionnaire, Exhibit 2 refers to Question III.3. Please clarify that COV wants responders to provide the # of members we serve today in the listed cities as Exhibit 2.

Yes. If not, please clarify what we are to provide for Exhibit 2.

47. Technical Questionnaire, Exhibit 3 references Questions III.8 and III.11. Please clarify that Exhibit 3 should only reference Question III.28.

Yes.

48. Technical Questionnaire, Exhibit 4 references Question IV.3. Please clarify that Exhibit 4 should refer to Question IV. 45 instead.

Yes

49. Technical Questionnaire, Section III Question III.1 asks us to prepare a Geo-Access report. How should we include this report, as an Exhibit? Yes If so, what number Exhibit should this be?

[Simply label as Geo Access.](#) If not, should we attach the GeoAccess report electronically only? [Electronic and hard copy following the questionnaire.](#) Please clarify where in our response we should include the GeoAccess report.

50. Technical Questionnaire, can we submit additional information that is being requested in the Technical Questionnaire as an Appendix in the loose-leaf binder (e.g., Question I.42, Question III.4, Question III.36)?

[Yes.](#) This Appendix would be separate from any attachments that are required as a numbered Exhibit and separate from any information being included in a particular Tab.

51. Technical Questionnaire, Section III Item #42 in Section III of the questionnaire asks for the following information: Please complete the practitioner reimbursement schedule in the worksheet "Reimburse" for the locations requested. The schedule contains a sample list of services for which we request the contracted provider fees. Please be sure to indicate the effective dates for the fees.

However, the only information listed is DSM-3 and Reimbursement. Please clarify what we need to provide in this worksheet.

[This worksheet is not required for this phase of the RFP.](#)

52. RFP Section 3.2, what measurement period should we report on for claims accuracy and claims timeliness (e.g., annual measurements)? [CY 2007](#)

53. Utilization Data, in reference to the EAP utilization data, please provide a breakout for Commonwealth of Virginia services rendered for the following years of 2007 and 2006:

- a.) Total number of face-to-face EAP cases
- b.) Total number of management consultation hours
- c.) Total number of training session hours
- d.) Total number of CISD hours
- e.) Total number of health fair hours
- f.) Total number of mandatory referral cases
- g.) Total number of telephonic consultations
- h.) Total number of employees

[Please use the information provided to prepare your response.](#)

54. Schedule 2-1, in reference to the data provided in Schedule 2-1 #1-8, are the IP, OP and Professional totals just based on the State Plan experience or is it combined with TLC Plan data?

[State Plan only](#)

55. Schedule 2-1, can you provide the same data as provided in Schedule 2-1 #1-8 for the State Plan for the years of 2006 and 2005 along with total membership and total employees? And the TLC Plan for 2007, 2006 and 2005 plan years with the same data?

Please see response to 16 above.

56. Schedule 2-1, in reference to the data provided in Schedule 2-1 #1-8, what was the total number of IP Admits for 2007 with the State Plan? 2006 with the State Plan? 2005 with the State Plan? 2007 with the TLC Plan? 2006 with the TLC Plan? 2005 with the TLC Plan?

Please see response to 16 above.

57. Schedule 2-1, in reference to the data provided in Schedule 2-1 #1-8, what was the total number of OP Users for 2006 with the State Plan? 2005 with the State Plan? 2007 with the TLC Plan? 2006 with the TLC Plan? 2005 with the TLC Plan?

Please see response to 16 above.

58. Schedule 2-1, in reference to the data provided in Schedule 2-1 #1-8, what was the total number of Professional Services for 2006 with the State Plan? 2005 with the State Plan? 2007 with the TLC Plan? 2006 with the TLC Plan? 2005 with the TLC Plan?

Please see response to 16 above.

59. Appendix 4 and Schedule 2-1, the RFP provided utilization data in Appendix 4. Is this data reflected in Schedule 2-1 #1-8? Yes. Partial Hospital (PH)? Intensive OP? If not, please provide data for 2007, 2006 and 2005 for both the State Plan and the TLC Plan with PH Admits/000 and Days/000 along with IOP Users/000 and Sessions/000.

Please see response to 16 above.

60. Utilization Data, how many MISA calls were experienced for the State Plan in 2007, 2006 and 2005? TLC Plan in 2007, 2006 and 2005?

Please see response to 16 above.

61. Schedule 2-1, in reference to Schedule 2-1 #1-8 data provided, the State Plan assumes 192,000 members; how many employees were assumed? The TLC plan assumes 40,000 members; how many employees were assumed?

Please see response to 16 above.

62. Reporting, in reference to reporting requirements, the RFP states that there are around 250 state agencies. How many reports are normally generated per quarter by the current vendor? State Plan? TLC Plan?

Specific reporting requirements will be discussed later in the procurement process

63. General, is it likely that a separate vendor will be chosen to serve only the State Plan? TLC Plan?

The same vendor will serve both.

64. Utilization/Claims Data, please indicate if the utilization and claims are on an incurred or paid basis. If incurred, please indicate the number of run out months that are included in the data.

Incurred through April 2008 plus completion factor.

65. Benefit Design, where can we find the Behavioral Health benefits for the COVA Benefit Plan design?

The DHRM website: www.dhrm.virginia.gov

66. RFP Section 6.3, please confirm which of these items that COV wants to be included in a MEMBER brochure specific to EAP and MISA services. Often much of this information is provided to the plan sponsors and not directly distributed to members in a brochure. Also what is the frequency of any member brochure and is it to be provided both paper and electronic.

Member brochures (handbooks) are updated annually, and both paper and electronic (on-line) versions are required. All items listed in Section 6.3 may not apply specifically to MISA/EAP services, but may be used in regional plan offerings for comparison purposes for employees selecting a plan at Open Enrollment.

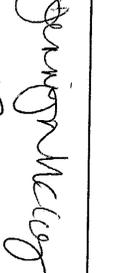
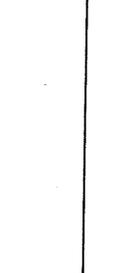
67. I wanted to clarify if vendors are allowed by procurement procedures to provide rates for packaged pricing if a vendor were to be awarded two separate procurements. For example, we would price the medical as requested and then show any discounts to fixed cost that are normally applied if we were to be awarded the RX or MHSA etc.... In addition to the medical.

Please submit for each RFP separate pricing on the questionnaires. Economies of scale will be negotiated with finalists.

68. The Questionnaire lists Lynchburg twice, no Charlottesville on one of the provider worksheets, how should offerors treat this?

Regarding changes to the questionnaire and related worksheets, please do not attempt to change the text. The document should not permit this. If there is an error (e.g., Lynchburg twice, no Charlottesville on one of the provider access worksheets), use the "Explanation" worksheet to describe what should be changed (e.g. "Row 11, column C of {worksheet label} should read Charlottesville, not Lynchburg.)

OHB 08-5 MISA Sign-In Sheet

Name/address/email	Data Disk delivery Date	Signature
Attn: James Huntzinger CIGNA HealthCare Mid-Atlantic, Inc. 7501 Boulders View Drive, Suite 500 Richmond, Virginia 23228 james.huntzinger@cigna.com Phone: 804.267.5104	Yes Requested 9/15 Sent 9/17	
Michael Currie Sales Vice President - Mid Atlantic UnitedHealthcare 6095 Marshalee Drive, Ste. 200 Elkridge, MD 21075 Phone: 410/379/3411	Yes Requested 9/15 Sent 9/17	
John Gibbons <i>Mike Grogan</i> Commonwealth of Virginia Account Anthem Blue Cross and Blue Shield Mail Point VA1003-S143 2015 Staples Mill Road, Richmond VA 23230 Phone (804) 354- 3294 <i>5915</i> Fax (804) 354-4884 Jeanette.gibbons@anthem.com <i>mmgrogan.you@bank.com</i>	Yes Requested 9/15 Sent 9/17	
Jennifer McCoy Optima Health Plan 4417 Corporation Lane Virginia Beach, VA 23462	Yes Requested 9/15 Sent 9/17	
Lee B. Grinspan VP, National Sales Magellan Health Services 7060 Manor Woods Court Germantown, TN 38138 901-624-2227 phone 901-737-0112 fax www.magellanhealth.com	Yes Requested 9/15 Sent 9/17	
Claudia Winters Senior Director Proposal Strategy & Development Magellan Health Services 6950 Columbia Gateway Drive Columbia, MD 21046	Yes Requested 9/15 Sent 9/17	
Michael Currie <i>Larry Earle</i> Manager, Proposal Development ValueOptions, Inc.	Yes Requested 9/15	

mmgrogan.you@bank.com
larry.earle@valueoptions.com
 10/5

Name/address/email	Data Disk delivery Date	Signature
240 Corporate Blvd. Norfolk, VA 23502	Sent 9/17	<i>Raven Valdov</i>
Alex Kozersky OptumHealth 59 Forest Drive Mt. Kisco, NY 10549 914-666-3323 Email: alexander.kozersky@optumhealth.com	Yes Requested 9/17 Sent 9/17	
Denise McDonald EAP Proposal Development Manager Deer Oaks EAP Services, LLC 7272 Wurzbach, Suite 601 San Antonio, Texas 78240	Yes Requested 9/17 18-Sep	
Vincent D. Carpenter, President Chesapeake Financial Services 2200 Dunbarton Drive, Suite E Chesapeake, VA 23325 (757) 523-2233 Telephone (757) 523-2236 Fax vincent@cfsva.com Email	Yes Requested 9/18 Sent 9/19	
Carla Garrett Marketing Service Consultant Ph:(434) 947-4463 Ext:281 F:(434) 947-4465 Email: cgarrett@pcnp.net 2512 Langhorne Road, Lynchburg VA 24501	Yes Requested 9/19 Sent 9/22	

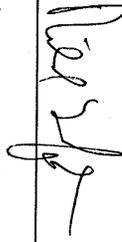
OH8 08-5 MISA Sign-In Sheet

Name/address/email	Data Disk delivery Date	Signature
Louisa YARBRO - Magellan Health 6950 Columbia Station Dr Columbia, WA 21044 410 453 1518 L.YARBRO@magellanhealth.com	NO <input checked="" type="checkbox"/>	
LEE DOZEUS MAGELLAN HEALTHSERV. 6950 COLUMBIA STATION DR COLUMBIA, MD 21046 410-853-1511	NO <input checked="" type="checkbox"/>	
Jennifer McCoy - Optum Health Plan 4417 Corporation Lane Virginia Beach VA 23462 757 552-7246	YES	
Ralph Buoncorno MHAO One Farm Milk Crossing Shelton, CT 06484 203-225-4543	NO YES <input checked="" type="checkbox"/>	Ralph Buoncorno Ralph.g.buoncorno@mhao.com
Patsy Marschal Anthem Blue Cross and Blue Shield 2215 Staples Mill Road Richmond, VA 23230 804-354-7654	YES	
Brett Lewis Anthem Blue Cross & Blue Shield 2015 Staples Mill Road Richmond, VA 23230 804-354-7000	YES	

(Print names)

16/3

OHB 08-5 MISA Sign-In Sheet

Name/address/email	Data Disk delivery Date	Signature
Michelle Brandt Optima Health Plan mbrandt@sejbara.com mbrandt@sejbara.com	YES	
Kay Amos for Nancy Babar Humana Life Synch n.babar@1.fesynch.com	RECEIVED YES 9/29/08	Kay & Amos
Suzanne Staufer Anthem Suzanne.Staufer@anthem.com	YES	Suzanne Staufer
Richard L Johnson Anthem Richard.L.Johnson@anthem.com	YES	
Jim Trivette 4417 Corp. Ln. Va. Beach, Va. OPTIMA	YES	
LEE GRINSYAN 7060 MATTHEW WOODS GERMAN TOWN, TN 38138 Magellan	YES	

OHB 08-5 MISA Sign-In Sheet

Name/address/email	Data Disk delivery Date	Signature
<p>Debra Bates 3128 Notoma Circle Strom Pond Station & Optum Health 615 945-2378 Norfolk, VA 23502</p>	<p>yes [initials]</p>	<p>[Signature] debra.bates@optumhealth.com</p>
<p>Ramon Vasdiki 240 Corporate Blvd. Norfolk, VA 23502</p>		<p>ramon.vasdiki@valuelpha.com</p>

9.5

Card Type 1 - COVA Care





BC 423/BS 923 BIN #610014
 Rx Grp CWLTHVA




Member:
JANE B. DOE
 ID Number:
YTX1234567XU
 (Use YTX on medical claims only.)
 Group Number:
12000000
 PCP/Specialist Copay:
\$25/35


**Commonwealth of Virginia
 Health Benefits Program**

Card Type 2 – TLC Key Advantage Plans





BC 423/BS 923 BIN #610014
 Rx Grp CWLTHVA




Member:
JANE B. DOE
 ID Number:
YTX123M56739
 (Use YTX on medical claims only.)
 Group Number:
48XXXXXX
 PCP/Specialist Copay:
\$15/25

**Key Advantage
 Expanded**


Customer and Claim Services

- **Medical:** Anthem 800-552-2682, BlueCard 800-810-2583
- **Drug:** Medco 800-355-8279
- **Dental:** Delta Dental of Virginia 888-335-8296
- **Behavioral Health/EAP:** ValueOptions 866-725-0602

These services are offered by independent contractors, who assume no risk or financial obligation for claims.

Provider Services and Authorizations

- **Medical:** Anthem 800-533-1120, BlueCard 800-676-2583
- **Drug:** Medco 800-922-1557
- **Behavioral Health/EAP:** ValueOptions 866-725-0602

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. an independent Licensee of the Blue Cross and Blue Shield Association.

Customer and Claim Services

- **Medical:** Anthem 800-552-2682, BlueCard 800-810-2583
- **Drug:** Medco 800-355-8279
- **Dental:** Delta Dental of Virginia 888-335-8296
- **Behavioral Health/EAP:** ValueOptions 866-725-0602

These services are offered by independent contractors, who assume no risk or financial obligation for claims.

Provider Services and Authorizations

- **Medical:** Anthem 800-533-1120, BlueCard 800-676-2583
- **Drug:** Medco 800-922-1557
- **Behavioral Health/EAP:** ValueOptions 866-725-0602

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