

**Request for Proposals: Administrative Services and
Fully Insured Health Benefits Plans
RFP # OHB08-6
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 mandatory 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. 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](#)

2. Are the deductibles and out of pocket maximums administered on a calendar year or contract year basis?

[This information may be found in the member handbook on the DHRM website](#)

3. Do the deductibles accrue to the out of pocket maximum?

[This information may be found in the member handbook on the DHRM website](#)

4. What are the out of network deductibles and out of pocket maximums for the COVA Care out-of-network option?

[This information may be found in the member handbook on the DHRM website](#)

5. Is the urgent care benefit the same as the specialist copay? If not, please specify the urgent care benefits.

[This information may be found in the member handbook on the DHRM website](#)

6. What are the benefits for advanced radiological services – MRI, CT, PET?

[This information may be found in the member handbook on the DHRM website](#)

7. What is the calendar year maximum for durable medical equipment?

[This information may be found in the member handbook on the DHRM website](#)

8. What are the benefit maximums for the different therapy services – physical, speech, occupational, etc?

[This information may be found in the member handbook on the DHRM website](#)

9. What is the lifetime maximum - \$5 million, Unlimited?

[This information may be found in the member handbook on the DHRM website](#)

10. Section 1.3 & 2.2 - For the less than statewide offering, will this potential award be for a regional administration – ex. The Richmond Metropolitan area - or would this be offered as a dual choice of 2 carriers?

[More than likely dual choice, but this has not been decided, nor has it been decided if any regional plans will be offered.](#)

11. 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 references to these attachments.](#)

12. Please provide the reimbursement tab that is referenced.

This tab will not be required for this phase of the procurement.

13. Section 2.5.3 – Do the group's participating through The Local Choice remit payment to the Commonwealth or directly to the carrier?

TLC payment is made to the carrier who reconciles and remits payment to COVA

14. Section 3.4 – Define “pick up changes to eligibility.” Will these files be housed on a website that the selected carrier will be able to access?

FTP folder

15. Please provide a report showing COVA physician spend by provider.

No additional data will be provided. Please work with the data you have received

16. Section 2.3.4 states the contractor must publish a directory of participating providers. Please clarify if publish means an actual printed hard copy of participating providers or if having this information on line through a web site accessible to all statewide and TLC employees meets this requirement?

Hard copy as well as on-line through website

17. Please describe what type and scope of the Member Satisfaction Survey the Department is requiring. In addition, please clarify if the survey results can be combined for TLC and Statewide employees or if they need to be tracked separately.

Can be combined

18. Will the Department require history loads (like deductibles, lifetime maximums or Out Of Pocket)? If so please identify what requirements the Department has and if it is on both statewide and TLC.

Yes, for both state and TLC programs

19. Section 2.8.7 is requiring a custom COVA specific ID card. Please provide a copy of the current one in place and if the expectation is to mirror that one. Please confirm if the current ID card is used for both the TLC and statewide employees (or if TLC has a different one). If TLC has a different one is that custom also.

COVA single ID card is used for both COVA and TLC programs, however, card design is slightly different (logos, etc). A copy of the current card will be distributed with the word version of the RFP.

20. 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 substantive plan changes have been made to COVA Care during this period

21. Please provide a census/Eligibility file that includes participating employees with Date of birth, TLC or Statewide, plan selection, gender, zip code and tier selection.

No additional data will be provided. Please work with the data you have received

22. Appendix 5 Enrollment and Claims Experience for TLC:

a. The claim experience is not broken out in the same format as the statewide employees in the Schedule 2-1. How do you want Schedule 2-1 to be completed on TLC?

We are not requiring Schedule 2-1 to be completed for TLC

b. Appendix 5 lists the claims experience of policy year 07/01/07 – 06/30/08 twice. Please clarify if it should be different years or if the claims need to be revised?

This is a typographical error. The second set of data should be labeled 07/01/06 – 6/30/07

c. Can the Medical and Pharmacy claims experience be provided on a monthly basis for the two policy years provided?

No – work with the data you have

d. Can the Medical and Pharmacy claims experience be broken out by plan design?

No – work with the data you have

e. Are there any vision claims in the medical experience? If so, can that be broken out?

No – work with the data you have

f. Can the Medical and Pharmacy claims be broken out by the approximately 257 member groups?

No – work with the data you have

g. Will the Department require from the Contractor claims, bills, eligibility and reporting on each member group?

Yes

h. Is the Pharmacy claim experience gross or net of any discounts?

Gross

i. Is the Medical and Pharmacy claim experience on an incurred or paid basis?

Incurred

- j. Please confirm the claim experience excludes Kaiser experience and HDHP experience?

Confirmed

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

Medicare retirees are not included in this data

- l. 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?

Work with the data you have

- m. Does the Pharmacy claims experience include or exclude any consideration sharing? Please identify any consideration sharing arrangement currently in place.

Not applicable

- n. Is the Average monthly enrollment lagged at all? If it is please identify what lag method was used.

No

- o. Please identify any COB savings, and the MRC they currently have with the incumbent.

Work with the data you have

Questionnaire/Proposal

23. General Section Number 26 states “none of the savings will be retained by your organization”. Is this statement true under the Department and current Contract’s arrangement? Does the current Contractor retain discounts?

Not relevant. We are looking for offers to provide their own proposal for this contract.

24. Member Services Section Number 9 states “each new member will receive a member handbook”. Please clarify if this needs to be in a printed hard copy or if this can be provided on line through a web based site.

Hard copy, and also available on-line

25. Member Services Section Number 17 states “Provider Directories are printed with updates at least every six months”. Please clarify if this needs to be in a printed hard copy or if this can be provided on line through a web based site.

Hard copy, and also available on-line

Schedule 2-1

26. If the Contractor does not break out trend by service components can the Contractor use one trend number for all the service components without getting disqualified? Will using one trend number score a lower value when evaluating the Contractors RFP submission?

This schedule will be used to provide insight on the vendor's cost management and provider negotiations capabilities, as well as it's grasp of the underlying trends driving the health spend.

27. If the Contractor does not break out trend by Adjustment Factors (Utilization and/or Unit Cost Trend) can the Contractor use one trend number for the adjustment factors without getting disqualified? Will using one trend number score a lower value when evaluating the Contractors RFP submission?

Please see response to question 26 above.

28. Please define Unit Cost Severity Adjustment.

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.

29. If the Contractor does not break out Unit Cost Discount Adjustment by service components can the Contractor use one discount number for all the service components without getting disqualified? Will using one discount number score a lower value when evaluating the Contractor's RFP submission?

Please see response to question 26 above

30. Please explain why vision has two different claim amounts under 3.q. and 7.

Section 3 is professional medical services related to vision CPT codes; section 7 is the vision plan option services.

31. Total Charges:

- a. Please confirm if the total charges are gross or net of discounts.

Assume the charges are provider billed charges less non-covered, less duplicate claims. For all questions below, unless otherwise noted, please work with the data you have.

- b. Can the Medical and Pharmacy claims experience be provided on a monthly basis?

Please work with what you have been provided.

- c. Can the Medical and Pharmacy claims experience be broken out by plan design?

Please work with what you have been provided.

- d. Does the Medical and Pharmacy claims experience include or exclude the HDHP experience. If it is included and it be broken out?

Includes, but the amount is insignificant.

- e. Are there any vision claims in the medical experience?

No If so, can that be broken out?

- f. Is the Medical and Pharmacy claim experience on an incurred or paid basis?

Incurred

- g. Please confirm the claim experience excludes Kaiser experience and HDHP experience?

Kaiser is excluded

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

All but medicare retirees.

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

Please work with data you have been provided

- j. Please identify any COB savings, and the MRC they currently have with the incumbent.

Please work with the data you have been provided

Schedule 2-1 Question 10:

32. If the Contractor does not cost account and does not break out the different Expense components by Staffing (a, b, c), IT, Property and /or Office supplies can the Contractor use the "other" component to identify cost without getting disqualified? Will using one component score a lower value when evaluating the Contractors RFP submission?

The purpose of the exhibit is to gain insight into the cost relativity and efficiency of administrative services, and the degree of transparency the vendor is willing to offer.

33. If the Contractor does not cost account and does not break out the different Expense components by Network Administration, Customer Service Administration, Claim Administration, Other Administration, State Premium Tax, Interest Charge/ Credit, Corporate Overhead, Profit, Risk, Margin or Retained Discounts can the Contractor consolidate components without getting disqualified? Will consolidating components score a lower value when evaluating the Contractors RFP submission?

Please see response to question 32 above.

34. If the Contractor does not structure their expenses by FT Equivalent Staff, Unit Factors or Units not cost account and can the Contractor use only the Total Annual Cost column without getting disqualified? Will using just the Total Annual Cost column score a lower value when evaluating the Contractors RFP submission?

Please see response to question 32 above.

35. Retained Discounts (Number 9) is listed under Expense Components. However, under the General Section of the proposal question Number 26 it states “none of the savings will be retained by your organization”. Are Contractors allowed to Retain Discounts?

No – the category is listed as a placeholder. You may ignore it.

36. Performance Guarantees:

- a. 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

- b. 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

- c. 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.

Service Operation

37. RFP Document 2.5.15 Provide “real time” access to claim information to a third party vendor.

- Please help us to understand the expectation. Does COVA require that the Contractor allow another company to have direct real time access to the claim systems?

Yes, currently the Commonwealth’s actuary receives this data, under the PPEA proposal OHB08-2, another provider would receive this access to provide Patient Care Coordination and Provider Coordination Services for the State Employee Health Plan.

38. 2.7.e Coordinate with MISA and Prescription Administrators to integrate customer service, claims processing, disease/case management, and data reporting.

- Please provide detail on how COVA would like to see this process work.

To be determined

39. 2.8.7 Work with the Dept and other vendors on creation of a single ID Card.

- Will the Medical Contractor be responsible for issuing the cards?

Yes

Technical Questionnaire

40. General 8. Is medical management to be carved out?

That has not been determined.

41. Member Services 15. Toll free customer service telephone number operational 24 x7.

- a. Does this question refer to IVR access or a live individual?

IVR access 24/7, live individual during normal work hours (to be determined),

Current Operations

42. What is the total number of Customer Service Associates today?

Not relevant or proprietary

43. What is the total number of Claim Processors today?

Not relevant or proprietary

44. What forms of escalation does COVA have when a member is not satisfied with a response from Customer Service or Claim?

Not relevant or proprietary

45. What percentage of claims auto adjudicate and **do not require** manual intervention from a human?

Not relevant or proprietary

46. What specific service concerns do they have today or have encountered in the past?

Not relevant or proprietary

47. Please describe the top 5 concerns regarding the movement to a new carrier.

Not relevant or proprietary

48. Are there specific benefit types that the current carrier has difficulty with? What are these benefit types?

Not relevant or proprietary

49. Is there currently call recording?

Not relevant or proprietary

50. If the Contractor has a stratified quality program for performance guarantee auditing, does COVA have any concerns with that methodology?

Not relevant or proprietary

51. Are there any programs designed exclusively for COVA? If so, please describe the programs.

Not relevant or proprietary

52. Are there any special auditing requirements? If so, please describe the requirements.

Not relevant or proprietary

53. Please articulate the Commonwealth of Virginia's strategy for the use of offshore subcontractors?

We do not have a strategy regarding offshore subcontractors. We encourage offerors to utilize subcontractors that are registered with the Department of Minority Business Enterprise as Small Businesses (SWaM).

54. Are there any special classes of members? If so, please describe the classes.

Not relevant or proprietary

55. Are there any unusual eligibility issues? If so, please describe the issues.

Not relevant or proprietary

56. Are regional offerings offered to TLC?

Yes, with some qualifications relating to size of group

57. Question 24 in the Plan Design Section of the questionnaire - does this apply to Statewide plans only?

No, that would apply to regional plans as well.

58. Since the State Plan and The Local Choice program are being requested separately is it the State's intent to potentially offer different carriers for each?

NO

59. Questions regarding schedule 2-1-A:

a. Sched 2-1 #1-8 rate build up schedule intended to be used for the development of fully insured rates? If self funded only coverage is being proposed, would Sched 2-1 #1-8 also need to be completed?

Yes, the purpose of the schedule is to evaluate the impact of your network and care management on eligible charges.

b. Sched 2-1 #10 administration fee development exhibit items #1-4 (a) - (g) requests for itemized salaries, IT, Property, etc. Would it be acceptable to provide a composite sub total cost for each item in line with our pricing methodology (i.e.items #1-4)?

Our preference is for a breakdown of each item within the exhibit The exhibit also requests # FT Equiv. Staff. Would the number of employees listed on this exhibit be expected to service the Commonwealth of Virginia only? Yes; employees who only partially service COVA would be represented proportionally (i.e., 0.5FTE)

c. Sched 2-1 #11 Proposal Cost Summary takes the claims and administration fee from the prior exhibits and combines them into this one exhibit. If self funded only is being proposed, would it be necessary to complete this exhibit?

YES

d. What is the current COBRA enrollment and what COBRA services are being requested?

COBRA participants are shown as Extended Coverage on the Demographic Enrollment spreadsheet. COBRA services are outlined in the RFP, 8.4.6

60. How does COVA define service area regions?

Service regions are those areas in which the plan is licensed to do business.

61. Can an offeror bid on more than one region?

The offer must include all services areas within the Commonwealth in which they are licensed to conduct business for the particular plan that is being offered.

62. Can an offeror define the service area region?

See above.

63. Does COVA have a goal regarding membership in a regional plan?

NO Does COVA require a minimum participation for a regional plan? No, however, a plan with extremely low participation levels could prove too administratively impractical for both parties

64. Can the MISA/EAP and Pharmacy be included (integrated) for regional self-funded plans?

Should we offer a regional plan, our intent is to have all components (with the possible exception of dental coverage) provided by the regional carrier

65. If MISA and Pharmacy are carved out, is COVA going to have performance guarantees around the medical carrier receiving the data?

Yes

66. Are Memorandums of Understanding or Letters of Agreement sufficient to list a provider as participating, until a full contract is completed.

Provider network information should include providers who are fully under contract.

67. Does the 5000 members for SI refer to each market and contiguous areas (e.g., Charlottesville, Winchester etc.).

NO

68. Type of Open Enrollment – Active vs Passive.

Employees make elections at open enrollment to add or change coverage. If no action is taken, current coverage continues in place.

69. Are there multiple carriers for The Local Choice?

Benefits under TLC are provided by the same medical/surgical, prescription drug, MISA and dental carriers as the state employee program. TLC groups in the Kaiser service area also have that option

70. For regional plans, is Vision and Hearing included?

That would be the option of the regional plan, but we would prefer these benefits be included as an option.

71. Does the medical census include The Local Choice population?

NO

72. Can Geo Access reports and Directories be provided electronically on CD?

Yes

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

An electronic copy only is fine

74. Will the RFP document be posted or sent out as a Word document?

It will be sent as a word document to those who attend the Pre-Proposal Conference

75. For the SWAM report, can vendors that have applied for certification be listed indicating "applied for" in the date of certification field?

Only vendors who have received their SWaM Certification from DMBE at the time of submission will be accorded credit. Given the expedited process at DMBE, this should not be a hindrance for those currently seeking certification.

76. In section 2.5.13 of the RFP document, there is a reference to Attachment 4. Is this going to be provided? We have not received this attachment.

There is no Attachment 4. The format of the electronic claims file will be provided to the finalist following award of the contract.

77. Can COVA define "real-time" as referenced in section 2.5.15 of the RFP document.

It is expected that the data accessed by the third party vendor referenced in this section would be as up-to-date and complete as if accessed by the offerer.

78. In the medical questionnaire within the Disease Management section (question 23), the question asks to complete the worksheet named Reimbursement. We do not have this worksheet.

This worksheet is not applicable to this procurement. Please ignore

79. The RFP document and the questionnaire reference Attachment 2. We have not received this attachment.

This is the cost exhibit included on the CD

80. Page 18 of Medical Questionnaire: Provider Directories (question 17.b) - Is a CD version of the Provider Directory an acceptable medium for distribution at open enrollment meetings?

No. Many employees do not have access to a computer, so if directories are distributed, they should be in hard copy version.

81. On Schedule 2-1-A under Instructions: there is no #3, instructions go from #2 to #4. Should there be a #3?

No

82. In the next to the last bullet on #2 it reads "...Any unit cost adjustments attributed to managed care should be entered in the Unit Cost Severity Adjustment." Should anything then be entered in the "Managed Care Utilization Adjustment" column?

If applicable, the impact of utilization management practices imbedded in your services. There is no harm in lumping a total adjustment in one of the two.

83. Does the data shown on Schedule 2-1 include members in COVA's high deductible health plan or those in the Kaiser program?

Former yes; Kaiser no.

84. Under Instruction 1.b. it says that a file will be required which will allow COVA to produce a report of actual data. When will the file description requirements be made available?

In a later phase of the procurement.

85. In the Plan Demographics and Enrollment Demographics reports which were provided; do these reports include TLC members?

No

86. Section 8.2.3 of the RFP; this section says that the contract price for an additional year (after the first two years) "...shall not exceed the contract price of the original increased/decreased by more than the percentage increase/decrease of the services category of the CPI-W section of the Consumer Price Index of the United States Bureau of Labor Statistics for the latest twelve months for which statistics are available." Should this read "...contract price of the most recent fiscal year..." rather than "...of the original...".

Yes

87. What is the current ASO fee? What services are included in the ASO fee? What services are billed separately?

Please work with the information provided.

88. Please confirm if an offeror has a Certificate of Quality Assurance from the Center for Quality Health Services and Consumer Protection this meets the access requirement and would not need to completed the Geo Access worksheets in the questionnaire.

The geo access worksheets must be completed.

89. Please provide clarification regarding the services CoVA is looking to be provided by the dedicated doctors and other health care professional staff employed by UnitedHealthcare and located on-site.

For these personnel, indicate if any FTE dedicated to the state. If partial, indicate the percent of time dedicated.

90. 6.3.1: Please clarify what should be included in the benefits brochure regarding reporting. Would all of the reporting requirements listed in paragraph 4.1 be included within the benefits brochure?

Please access the benefits brochures on DHRM's website for further clarification.

91. What is the current COBRA enrollment and what COBRA services are being requested?

Assume 500. Standard COBRA administration.

92. Questions regarding the Technical Questionnaire:

a. Regarding Qualifications of Staff – Doctors and Other Professional Staff – Utilization management, question #33: Please clarify if the data requested is to be based on Utilization Management providers or our Choice Plus Network selection process.

Both

b. Regarding Administrative Capabilities – Claims Administration, question #43. Please confirm your definition of “GFD”.

Participating providers.

c. Regarding Network Service and Quality – Employees’ Access to Providers, question #5. Please clarify what is being asked with this question. Does/will your provider contract require continuation as a network provider until the dates identified?

We want to know if providers ending contract will continue in COVA network until end of plan year.

- d. Regarding Benefit Cost Management, Risk Sharing and Administrative Cost – Consumer Directed Healthcare, question #35. Please clarify this question and what is being requested here. Does your CHDC plan have a provider network?

[If offer a CHDC plan does that plan have a network.](#)

93. Regarding disease management, it is currently carved out, do you want the regional offeror to include the cost for disease management?

[Yes](#)

94. Please provide clarification regarding the dedicated customer service/call center requested. Would you like a dedicated call center or will a dedicated team suffice?

[A dedicated center would be preferred](#)

95. Does COVA wish for the medical carrier to administer COBRA services?

[Yes](#)

96. Based on the pre-bid conference, for the self funded, non-statewide proposal, will the Commonwealth consider an integrated delivery system model in which behavioral health and prescription drug coverage are integral parts of the care spectrum provided to members in managing their total health and can not be carved out?

[See following answers](#)

97. If these requested benefits can not be carved out, will the response not be considered on a self funded basis but fully insured basis?

[We will consider on a fully insured basis](#)

98. Do vendors need to complete the separate bids for MISA and prescription drugs for self funding on a less than state-wide bid?

[Yes](#)

99. Can a vendor provide a single self funded proposal with these services bundled?

[Fully insured only](#)

100. Will a MISA bid not be accepted on a self funded basis if we were unclear of the definition of “carve-out” and did not attend the MISA pre-bid conference?

[No, refer to question 97 above.](#)

101. Where is the “specified IBNR lag triangle data” specified and where is the required form? This may have been answered and be provided in the phase for finalists.

[Not relative to fully insured programs](#)

102. In terms of disease management administration, what is the current level of connectivity between the DM vendor, the CommonHealth program and other related benefit vendors (i.e. behavioral health?, prescription drug?) Does DHRM have specific goals with respect to management of a member's multiple health conditions that are supported by different vendors and benefit programs? [For example, heart disease (medical plan), with Rx compliance (prescription plan) and depression as a co-morbid condition (behavioral health plan)].

[We are interested in your solutions](#)

103. What types of women's health programs are currently offered? Does the Commonwealth wish to have a Maternity Management program quoted?

[We are interested in your solutions](#)

104. Does the Commonwealth wish to have quotes for a health risk assessment tool included in the offering? Does the Commonwealth currently have a Health Risk Assessment tool through a vendor? If yes, which vendor? If yes, what is the current participation percentage? If there is an HRA, is the data shared amongst various vendors for identification and stratification related to Disease or Condition Management? If an offeror has a HRA that members use, would the offeror be expected to send periodic data feeds to various other DHRM benefits partners?

[We are interested in your solutions](#)

105. Are wellness coaching services offered? If so, by whom and how are they administered? Does the Commonwealth wish to have quotes for health coaching included in the offering?

[We are interested in your solutions](#)

106. The CommonHealth website lists Revolution Health as a resource. Amongst the offerings is a personal health record (PHR). How many employees currently use a PHR with Revolution Health? Does the DHRM wish to have a PHR included with the services quoted?

[We are interested in your solutions](#)

107. With respect to the health check screenings offered under the wellness program, how are these administered through the health plan? What is the expectation of health plan offerors for these benefits? Should offerors include services to assist with having these health checks performed for members (i.e. onsite clinicians/lab partners at health fairs etc.)?

[We are interested in your solutions](#)

108. With respect to wellness program incentives, what is the expectation of health plan offerors to support incentive administration and wellness program compliance?

[We are interested in your solutions](#)

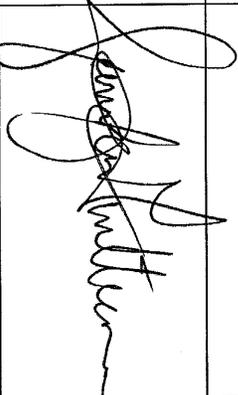
109. I wanted to clarify if vendors are allowed by procurement procedures to provide rates for packaged pricing if a vendor were to be awarded two separate procurements. For example, we would price the medical as requested and then show any discounts to fixed cost that are normally applied if we were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

Assume pricing for each RFP stands alone. If a vendor is awarded more than one contract, negotiations would incorporate economies of scale.

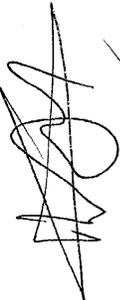
110. If there is a typo or misleading information in the questionnaire and related worksheets, should we correct it?

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.)

OHB08-6 Medical Sign-in Sheet

Name/address/email	Medical Disk Requested	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	
MacGregor Gould Anthem Blue Cross and Blue Shield 2015 Staples Mill Road Mailpoint VA1003-S143 Richmond, VA 23230 (804) 354-3915	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	
Jen Guilbeau Commonwealth of Virginia Account Anthem Blue Cross and Blue Shield Mail Point VA1003-S143 2015 Staples Mill Road, Richmond VA 23230 Phone (804) 354-3264 Fax (804) 354-4884 Jennifer.guilbeau@anthem.com	Yes Requested 9/15 Sent 9/17	
Maureen Breheny Kaiser Permanente 2101. E Jefferson Street 6E Rockville, MD 20852 301-816-6871	Yes Requested 9/15 Sent 9/17	

P.S.

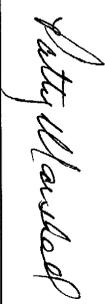
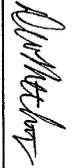
Name/address/email	Medical Disk Requested	Signature
Jennifer McCoy Optima Health Plan 4417 Corporation Lane Virginia Beach, VA 23462	Yes Requested 9/15 Sent 9/17	
Pete Frazee Army Buy a Engine Director, Government Sales VP Client Mgmt Aetna 1100 Boulevard NW 4000 Middle Street Mail Drop 4444 Middletown, CT 06445 Rich. 23225	Yes Requested 9/16 Sent 9/17 ✓	
Steve Lovings Southern Health Services, Inc. 9881 Mayland Drive Richmond, Va. 23233	Yes Requested 9/17 Sent 9/17	
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@pohp.net 2512 Langhorne Road, Lynchburg VA 24501	Yes Requested 9/19 Sent 9/22	
Frank Romeo Vision Service Plan 3091 Governors Lake Drive, Suite 240 Norcross, GA 30071	Yes Requested 9/22 Sent 9/22	

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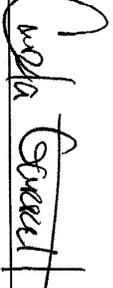
OHR 08-6 Medical Sign-In Sheet

Name/address/email	Data Disk delivery Date	Signature
Kay Jones Aetha 1100 Boulders Parkway Suite 750 Richmond, VA 23225	Yes	
Garland Kniff KAISER 2111 E. Lee Blvd. McLevile Wb Kreis Peninsula	Yes	
George W. Genes KAISER 2101 E. Lee Blvd Peninsula, MD Krum	Yes	
Marthe GAY KAISER 2141 E. Jefferson St Rockville, MD 20852	Yes	
TIM CARD KAISER K.P. 21001 EXCELSIOR,	Yes	
Mike Greer - CTANA 7501 Bayless View Dr., suite 202 Richmond VA 23225 Michael.greer@ctana.com	Yes	

OHB 08-6 Medical Sign-In Sheet

Name/address/email	Data Disk delivery Date	Signature
Patty Marshall Anthem Blue Cross and Blue Shield 2015 Staples Mill Road Richmond, VA 23230 804-354-7654 patty.marshall@anthem.com	YES	
Brett Lewis Anthem Blue Cross & Blue Shield 2015 Staples Mill Rd Richmond, VA 23230 804-354-7000 brett.lewis@anthem.com	YES	
LINDA BUTZ OPTIMA HEALTH (see business card)	YES	L. Butz
DIANE METHENY OPTIMA HEALTH (see business card)	YES	
LAMONTE THOMAS CIGNA LAMONTE.THOMAS@cigna.com	YES	Lamont Thomas
Debbie Bates 3128 Natoma Circle Thompsons Station, TN 37179 debra.bates@optumhealth.com 615 595 2370	YES	
Jackie Jackson JP Backstage Jack Consulting LLC 700 E. Main St Ste 1630 Alexandria, VA 22304	NO	

OHB 08-6 Medical Sign-In Sheet

Name/address/email	Data Disk delivery Date	Signature
Cheryl Middleff PCHP 2512 Langhorne Rd. Upshur VA 25701		
Carla Garrett RHP 2512 Langhorne Rd Upshur Va 25701		

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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.

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