

Commonwealth of Virginia
Department of Human Resource Management
Administrative Services and Fully Insured Health Benefits Plans
RFP # OHB13-02

&

Administrative Services for a Consumer Driven Health Plan and Wellness Engine
RFP # OHB13-03
Addendum # 3
October 16, 2012

The following information results from questions received after the mandatory pre-proposal meeting held on Monday, October 1, 2012. The submission date for proposals remains unchanged.

Please sign this form and include as a part of your submission. Answers are provided in [blue](#) following each question.

It is anticipated that this is the last addendum to be issued as a part of the procurement. If you have technical questions regarding the Aon/Hewitt Portal and questionnaire, please email your questions to James A Rogers [james.rogers@aon.com] and Leah Snider [leah.snider@aonhewitt.com] copy to Dan Hinderliter [Dan.Hinderliter@dhrm.virginia.gov]. Technical issues will be addressed directly with those offering the issues.

X_____

1. Please confirm that, for any given Addendum, vendors are to submit only the signed cover page (not the entire addendum). [Confirmed](#)
2. Regarding responses to requirements in the document provided by the Department, may we mark those items that do not apply to our offer as such – so the Department may distinguish between a blank response that represents compliance with a requirement versus a blank response that is not applicable. Similarly, may we mark items which we do not confirm as such, so it is clear that our response is not confirm versus does not apply? [Yes](#).
3. The online PBM Questionnaire has the following question under the “Specialty Pharmacy Pricing” section.

“1. Please complete the 'Specialty Pharmacy Pricing' Excel worksheet attached via the Manage Attachments functionality on the site (upper right corner). Your RFP will not be considered complete without the completed worksheet.”

The only file labeled 'Specialty' to download from the online AON Hewitt HHR site is "2012 Specialty Tab.xlsx" (posted on 10/5/2012), which contains the Tab "Specialty Drugs". Please confirm this is the only item that needs to be completed for Specialty outside of the online questionnaire. [Confirmed](#)

4. Please confirm that, as a PBM proposing only PBM services for the PPO population, the following questions do NOT apply.
- 2.3 Not Confirmed
 - 2.4.7 Confirmed
 - 2.5.3 Not Confirmed
 - 2.9.1 Confirmed
 - 2.9.3 Confirmed
 - 2.9.4 Confirmed
 - 2.9.5 Confirmed
 - 4.1.1 Confirmed for PPO Prescription Drug Offerors; the AON Hewitt online HHR Questionnaire is what is required
 - 4.1.11 Confirmed
 - 4.3.2 Confirmed
 - 6.4.1.5 Confirmed
 - 6.4.1.6 Confirmed
 - 8.5.3 Not Confirmed
 - 8.13 Not Confirmed
5. Please confirm the components to be completed (and data to be used) for a response to only the Pharmacy Benefits Management Services for PPO: For formulary disruption, vendors should use the formulary disruption zip file and for retail network disruption, vendors should use the retail network disruption zip file located within manage attachments section. Both files have been added to the list of files. Remaining components and files are confirmed.

RFP Component	File
RFP Requirements and Forms to Complete	1. RFP OHB13-02 PPO Final.docx
RFP Technical Questionnaire	1. AON Hewitt online HHR Questionnaire
RFP Cost Questionnaire	1. AON Hewitt online HHR Questionnaire
Formulary Disruption Analysis	2. 68651 R_RFP_M1.txt
Retail Network Disruption Analysis	3. 68651 R_RFP_M2.txt
Claims Utilization	4. 68651 R_RFP_M3.txt
	5. 68651 R_RFP_M4.txt
	6. 68651 R_RFP_M5.txt
	7. 68651 R_RFP_M6.txt
	8. 68651 R_RFP_M7.txt
	9. Optima RFP File.txt

GeoAccess Analysis	1. Non-Medicare Enrollment by Zip_20120703B.xlsx
<i>Reference information</i>	1. 68651 RFP M.doc 2. 68651 Optima.doc 3. COVA Data Definitions.xls 4. Published Monthly Enrollment Demographics-As of 20120703.xlsx 5. RFP Component and Instructions Summary.xlsx 6. RFP_OHB13_02_03_Description_Data vs2.docx

6. **Please confirm the following requirements for billing and payments:**
 - a. Contractor to bill the Department Weekly for Claims [Confirmed](#)
 - b. Contractor to bill the Department Monthly for Administrative Fees [Confirmed](#)
 - c. Department to pay balances within 30 days of receipt of invoice [Confirmed for Administrative fees](#)
7. **Regarding the high deductible plan for The Local Choice, is the deductible imbedded or non-imbedded?** [The Plan is HSA compliant.](#)
8. **On the Medical questionnaire, section Account Management, question 11 – New case responsibility. What are you looking for in this question?** [Regarding previous questions information on Account Manager \(AM\) and number of accounts currently servicing \(question 10\) are there new accounts that the AM would service in addition to COVA?](#)
9. **RFP# OHB13-02, 3.6 Invoice Processing – What is meant by member groups?** [As defined in 1.2 Background, a member group is a local government, school district, or political subdivision that joins the TLC program.](#)
10. **In addendum 1, question 27**
*“OHB13-02 - Please confirm that your request for three-year fee guarantees applies just to self-funded fee quotes.
Two years are expected for fully-insured offerings”*

The question with respect to the answer is regarding the cost exhibit COVA_Cost_OBH13-02_FI. The exhibit asks for rates for three years.

Financial Quotation - Fully Insured (Less Than statewide)

Rating Tiers	Total Monthly Premium Rates July 2013-June 2014	Total Monthly Premium Rates July 2014-June 2015	Total Monthly Premium Rates July 2015-June 2016
Active Employees			
<i>Single</i>			

<i>Two Party</i>		
<i>Family</i>		
Retirees <65		
<i>Single</i>		
<i>Two Party</i>		
<i>Family</i>		
COBRA		
<i>Single</i>		
<i>Two Party</i>		
<i>Family</i>		

Are we to provide 3 years of rates and only guarantee 2 years? Or do we not have to provide rates for the third year on the exhibit? Please advise. [The exhibit above applies to fully insured only and per earlier guidance, only two years are required. For self-insured, three years administrative fees are requested \(see applicable fields in schedule 2-1 #10 of attachment 2; for medical row 106\).](#)

11. We are finally able to open the claims data file. However, all we can see are CPT codes and ICD 9 codes, but no claims dollars. Is this accurate or are we still experiencing IT issues? [As per documentation in file RFP_OHB13_02_03_Description_data_10032012.docx, each record contains 28 fields. The 16th field, Billed Amount, is the only field containing claim dollars. If you are seeing fewer than the 28 fields described in the documentation or are seeing no dollar values in the 16th field, then you are experiencing a problem with reading the file.](#)

[We have loaded the file into a text editor and can see the fields and the dollar values. Additionally, we have loaded the data into Microsoft Access and summed the claim dollars, confirming no problem with the data format.](#)

[Please contact Jim Rogers and Leah Snider if you have additional technical data/response issues.](#)

12. Do we need to submit a signed copy of the HIPAA Privacy BAA exhibit with our RFP response?
Yes