

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 #1  
October 9, 2012

The following information results from questions received before during and after the mandatory pre-proposal meeting held on Monday, October 1, 2012. The submission date for proposals remains unchanged. Where additional data elements are to be provided per the responses below, each provider must coordinate with their registered users to access the Aon/Hewitt site. The sign-in sheet and business cards of attendees at the pre-proposal meeting are attached to this addendum.

Please sign this form and include as a part of your submission.

X\_\_\_\_\_

1. Will the selected offeror be requested to provide a High Deductible Health Plan (HDHP) for The Local Choice (TLC)?

It has not been decided if the selected offerer of the PPO RFP will be requested to also provide coverage for the TLC HDHP. However, if the decision is made to continue that offering it will be through a contract modification with the selected PPO Contractor...

2. Are you looking for plan providers who can also administer, or might you consider these separately, the fully insured plans and the Outsourced administration of them?

For fully insured offerors, we will consider comprehensive administrative packages.

3. Would it be possible to bid on the COBRA and Retiree Billing piece separately?

No

4. Are you accepting separate vision proposals from an administrator that only handles vision? We routinely implement vision plans that are tied to medical (where the enrollment for the vision matches the medical) with no option for the member to opt out if that is what you are intending to offer.

No

5. Regarding mail order: 2.9.2.24. is this for all rx's or only those not pended for either physician clarification or prior authorization?

The 7 day period is for all submissions. 2 days is desired for clean claims, that is, those that do not require any other actions except for the dispensing of the drug.

6. Regarding 2.9.2.16 - Toll free 24 emergency line. Is the expectation to be available only for true emergencies (not able to obtain drug) and not eligibility, benefit issues (copays) or other administrative inquiries.

The open line can be used for any questions. However the department feels that most calls that are outside normal business hours will be for emergency use.

7. Has a price point/differential been established between the Statewide PPO Plan and the CDHP plan?

No. This will be strategically determined with selected vendors.

8. OHB13-02 and OHB13-03  
In section 5.9, you ask us to provide known bidder questions prior to the bidders' conference. However, in section 7.9, you say we can contact Dan Hinderliter in writing with questions no later than five working days before the due date. Please clarify this for us.

We will answer questions through an addendum process, but will not issue an addendum less than 10 days before submission date.

9. OHB13-02 and OHB13-03

When do you anticipate providing responses to questions submitted prior to the pre-proposal conference?

All questions to date are answered in this addendum.

10. OHB13-02 and OHB13-03

In 6.2, you ask us to provide a “Redline RFP Noting Demurrals” in Tab 1. Just to confirm, we should not provide a question and answer format (i.e. long line/short line) response, but should actually take the entire RFP word document, and redline items for which we have comments or suggested modifications, much like we would with a legal contract?

Please use the word document format provided. In other words use the same format.

11. OHB13-02

When quoting on a geographic region other than the Statewide Plan, please confirm that the bidder can define the geographies on which it wants to quote.

Confirmed. However the region must be contiguous.

12. OHB13-02

Will the Commonwealth set a single blended conventional premium rate for the statewide PPO plan or will different rates be developed by geography?

One single rate for the PPO statewide plan.

13. OHB13-02 and OHB13-03

In Section 6.8 "Criteria", you indicate that up to 20 points per product will be awarded for the vendor's use of small, woman and minority owned businesses. However, it doesn't appear that a specific goal for SWAM spend has been set. With that said, what criteria will be used to determine points for this item?

Your proposed SWaM spend divided by your administrative cost.

14. OHB13-02 and OHB13-03

What percentage of your current administration fees or contract value are allocated to SWAM vendors? What specific services are those SWAM vendors providing?

We are interested in maximizing SWaM spending.

15. OHB13-02 and OHB13-03

As 20 points per category is scored for utilizing SWAM vendors, please confirm your specific SWAM goal (as a percentage of administrative fees or contract value) for this RFP.

We are interested in maximizing SWaM spending.

16. OHB13-02 and OHB13-03

Section 2.3.2.9 - Can you confirm this provision does not apply to member specific information (which, per HIPAA guidelines, would be considered protected/confidential)?

Confirmed. We are addressing our data and reports prepared by third party administrators.

17. OHB13-02 and OHB13-03

Section 5.2.1 - Please confirm that the state is indeed only expecting one hard copy binder and that the redacted copy and 25 copies just need to be provided on CD-ROM)

Confirmed

18. OHB13-02 and OHB13-03

Section 5.2.1 - Do we need to print large samples for the hard copy binder, such as Geo Access Reports, Annual Reports, etc., or can this go just on the CD-Rom? Hard copy should be all inclusive, as are the electronic copies.

The only submission that is not comprehensive is the redacted.

19. OHB13-02 and OHB13-03

Section 6.6 - Can you confirm that the items listed in Section 6.6.1 through 6.6.5 are all included directly in the Cost Worksheets you provided (i.e., they would not require a separate response)

Confirmed

20. OHB13-02 and OHB13-03

Can you confirm there are no disruption and/or claims repricing exercises as required as part of this RFP?

For PPO nothing is required in initial submission but those exercises may be required later in the RFP process. These exercises are not required for CDHP.

21. OHB13-02 and OHB13-03

Can you confirm that any RFP Addendum will be posted to the eVA site or would it be sent directly to bidders??

Addendum will be posted to eVA and to DHRM vendor website

22. OHB13-02 and OHB13-03

How is COBRA administration currently handled?  
Should the bidder provide a quote for COBRA services?

See 8.4.5 in CDHP and 8.4.6 in OHB08-02

23. OHB13-02

As a result of the Patient Protection and Affordable Care Act, fully insured plan sponsors will be assessed additional taxes and fees beginning January 1, 2014. Estimates of the impact of those taxes and fees are that they could increase plan sponsor costs by 4% or more. With that said, please provide the reasoning behind the requirement that regional plans be offered on a fully insured basis?

The Commonwealth will only provide less than statewide plans that demonstrate high value in a well defined, continuous service area. Given the uncertainty

of the scope of such offerings, it will only offer them on a fully insured basis.

24. OHB13-02 and OHB13-03

When you look out 3 years, what additional program elements beyond those outlined in your pricing tab do you envision your “Wellness Engine” encompassing?

We are interested in your innovative proposals that bring current technology and best in class vendors to the table. Please respond accordingly to the innovation sections of each questionnaire.

25. OHB13-02 and OHB13-03

Please outline your proposed contribution strategy for all programs and your current thoughts regarding how the Commonwealth will set conventional premium rates for the self-funded statewide plan in locations where regional plans may also be offered. For example, does the Commonwealth plan to offer a single rate and contribution schedule for the statewide plan?

The Commonwealth intends that the base employer contribution remain the same across plans regardless of premium rate. Incentive pricing for the statewide PPO and statewide CDHP plans as well as any regional plans will be strategically determined.

26. OHB13-02

Which of your medical plans are currently fully insured?

## Kaiser Permanente

### 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.

### 28. OHB13-02 and OHB13-03

We noticed that the current claim file doesn't have any facility-level or geographical indicators on it. Please provide this information as it will help us more accurately develop rates for any geographic regions we quote that are less than statewide.

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

The Commonwealth has no claims data for Kaiser Permanente. The claims files do not include Kaiser experience.

On the MOVEit site, where data files and attachments were provided, is RevisedClaimData\_10032012.zip which contains the revised claims data. Included in the zip file is

RFP\_OHB13\_02\_03\_Description\_Data\_10032012.docx which explains the files and file layouts for the revised claims.

Each organization has been provided one set of credentials for access to the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

29. OHB13-02 and OHB13-03

In the medical questionnaire ("COVA OHB13 PPO Med.xls file), the "New Patient" tab asks for provider information by zip code. Please specify the zip codes in which you are interested. Is it just those zips in the Commonwealth of Virginia?

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

30. OHB13-02 and OHB13-03

In the medical questionnaire ("COVA OHB13 PPO Med.xls file), in the Questionnaire tab, #II 30 & 31 (rows 233 and 234) – you ask for dedicated on-site doctors and other health care professional staff. By "on-site", are you requesting these individuals to be located at specific Commonwealth office locations? Or, are you asking if the vendor has these individuals physically located at our offices?

The latter

31. OHB13-02 and OHB13-03

In the PPO RFP ("COVA 7 2013 RFP OHB13-02 PPO Final1.docx"), #2.5.17 asks the contractor to agree "to submit information at the frequency and format approved by the Department." Please provide a sample or additional information regarding the requested format and frequency.

The RFP states that this is in development.

32. OHB13-02 and OHB13-03

For the medical questionnaire ("COVA OHB13 PPO Med.xls file), "Hosp" tab, please specify the geographic area and plan for which you would like us to list our participating hospitals.

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not

populated to allow a response does not have to be completed for your initial proposal submission.

33. OHB13-02 and OHB13-03

For the medical questionnaire (“COVA OHB13 PPO Med.xls file), “Doc” tab, please specify the geographic area and plan for which you would like us to list our participating provider counts.

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

34. OHB13-02 and OHB13-03

In the Medical Technical Worksheet, there is a tab for disruption. However, no providers are listed. Was it your intent to provide us with a provider list, or should we ignore this tab?

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

35. OHB13-02

To develop fully insured rates for any less-than-statewide offering we choose to propose, additional census information would be helpful. Please provide a census file containing:

- a. Home zip code
- b. Subscriber date of birth
- c. Subscriber gender
- d. Subscriber's tier election
- e. Subscriber's status (eg. active, cobra, early retiree)
- f. Subscriber's elected plan
- g. Identification of State vs. Local Choice.

On the MOVEit site where data files and attachments were provided, detailed census data is contained in CommonwealthDetailedCensus\_20121001.zip. Each organization has been provided one set of credentials for access of the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

36. OHB13-02 and OHB13-03

Please provide the last 24 months of paid claims and enrollment totals by plan and member type. If the Commonwealth has this data by geographic region, that would be preferred. The regional breakdown we are interested in is Northern Virginia, metropolitan Richmond, metropolitan Roanoke, Hampton Roads / Tidewater, and all other. If you need us to provide specific counties that fall into each of those regions, we can do so.

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not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

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37. OHB13-02 and OHB13-03

Please provide large claim information for the last 12 months including diagnosis, current member's status,

and paid dollar amount. Again, providing this information by geographic region would be preferred.

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

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be retrieved by the individual who downloaded the original data files and attachments.

38. OHB13-02 and OHB13-03

Please provide a listing of the top 100 utilized physicians and the top 25 utilized hospitals under the current plan(s).

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

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39. OHB13-02 and OHB13-03  
Please indicate if any plan changes were made during the last 12 months and, if so, specify those changes.

[CDHP is a new product offering, see the spring 2011 and spring 2012 Spotlights on DHRM website.](#)

40. OHB13-02 and OHB13-03  
Are current plans grandfathered with regards to Health Care Reform regulations. If so, indicate if we should assume the grandfathered status will remain going forward.

[No](#)

41. OHB13-02 and OHB13-03  
Please indicate what disease, patient and/or claim management programs are in place today.

[See DHRM website](#)

42. OHB13-02 and OHB13-03  
2.5.15, on page 9 of the RFP, requests "real-time" access to claim information for third party vendors for customer

service, health coaching and patient care coordination. Please provide additional details around what types of vendors would need this information, what type of information they would need, and how they would use this information.

For example, lab results for individuals may indicate other risk factors which should be addressed; we are interested in your suggestions for using this type of data in a proactive manner. Another example: a customer service, or medical management representative should have immediate electronic access whenever a claim is processed

43. OHB13-02 and OHB13-03

The RFP indicates in section 2.5.11 that vendor is responsible for maintaining a bank account for claim payments and reconciliation along with crediting the Department for interest on float exceeds banking charges. Again this bank account and interest charge is referenced in section 6.6.4. Please provide more detail of how the Department's desired banking arrangement would work and if the Department is open to alternate arrangements.

Our preference is outlined in the RFP, demurrals are allowed but could impact grading.

44. OHB13-02

The RFP indicates in sections 6.6.1, 6.6.2 and 6.6.3 that firm pricing on a fixed price per contract basis be provided for each of the first three years in which years 2

and 3 are not indexed off prior years. Are vendors required to respond to sections 6.6.2 and 6.6.3 (Years 2 and 3) on a Less than State-wide fully insured offer in order to be considered?

We expect three years of pricing for PPO statewide offerings, less than State-wide fully insured offerors shall provide two years of firm pricing.

45. OHB13-02 and OHB13-03

The RFP indicates in section 6.6.5 that the administrative cost schedule requires component cost information. The level of detail requested must be provided, which we understand to be referring to section 2.1 #10 tabs in the COVA Cost exhibits. If the vendor does not provide a value for all components listed (eg. Staffing, Property; Rent, Profit, etc...) will they be eliminated from consideration?

It is extremely important to the Commonwealth that a detailed administrative cost breakdown in the format requested be provided. If your financial reporting system does not provide a certain category, please explain such in your response. The level of detail provided may impact scoring.

46. OHB13-02

If vendor is responding on RFP 13-02 PPO as a regional fully insured option, would all components/sections of the PPO RFP still apply? If not, please indicate what sections of the PPO state-wide specific RFP would not apply

A less than statewide offeror shall complete questionnaires for Medical, Prescription Drug (OHB13-3 version on MOVEit site), Behavioral Health and Dental (but NOT the FSA); and the Fully Insured cost exhibit in Attachment 2. PLEASE NOTE: an updated Fully Insured Cost Exhibit has been posted to the 'MOVEit' site.

47. OHB13-02

The Commonwealth asked that regional plans be quoted on a fully insured basis. However, certain reporting requirements and performance guarantee payout standards requested in your RFP appear to be directed at plans funded on a self-insured basis. If it truly is a requirement that regional plans be offered only on a fully insured basis, please provide guidance as to how you would like us to handle such items.

Yes, regional proposals must be fully-insured. If certain reporting requirements and performance guarantee payout standards do not apply, then the Commonwealth is interested in your proposal.

48. OHB13-02 and OHB13-03

For the current embedded vision plan, what Eyemed Network do you currently use?

Not relevant.

49. OHB13-02 and OHB13-03

Is the passive quote for a passive Vision plan that pays the same benefits in-network and out of network, please provide the current out of network benefits?

Please clarify this question.

50. OHB13-02 and OHB13-03

Does the Commonwealth provide a diabetic rider and/or a low vision benefit?

Benefits are on DHRM Website.

51. OHB13-02 and OHB13-03

In the dental questionnaire ("COVA OHB13 dental.xls file), in the Questionnaire tab, #II 29 & 30 (rows 216 and 217) – you ask for dedicated on-site dentists and other health care professional staff. By "on-site," are you requesting these individuals to be located at specific Commonwealth office locations? Or, are you asking if the vendor has these individuals physically located at our offices?

The latter.

52. OHB13-02 and OHB13-03

Can you please provide a month by month claim data split by plan with monthly lives?

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use

the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

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53. OHB13-02 and OHB13-03  
What are the current dental fees and/or conventional premium equivalent rates?

Please see the rates section on the DHRM web site.

54. OHB13-02 and OHB13-03  
Please confirm that the Kaiser medical plan does not have dental.

No, Kaiser does provide dental through a business partner.

55. OHB13-02 and OHB13-03

Please confirm if the U&P percentile used on the Anthem BCBS dental plan (for the HDHP) is the 80th.

For purposes of these RFP's, assume the 80<sup>th</sup> percentile

56. OHB13-02 and OHB13-03

Please confirm the current deductible on the Anthem BCBS dental plan (for the HDHP - is it \$25 or \$50?

See website

57. OHB13-02 and OHB13-03

Please confirm if we need to include the costs for SPD printing and paper DPPO directories.

Yes

58. OHB13-02 and OHB13-03

Please confirm if we can process claims offshore.

We expect the provider to adhere to any Bureau of Insurance and Code of Virginia requirements concerning processing.

59. OHB13-02 and OHB13-03

Have there been any plan changes in the past 12 months? If so, what were they?

Please see spring 2011 and 2012 Spotlights on DHRM website.

60. OHB13-02 and OHB13-03

Are you requiring an alternate stockpiling arrangement of weekly for claim payments (and not a monthly invoice)? Would we also need to provide a weekly claim file?

Weekly claims payments

61. OHB13-02 and OHB13-03

Can you please confirm who would be claim fiduciary for a self-funded arrangement?

The Commonwealth of Virginia, Department of Human Resource Management.

62. OHB13-02 and OHB13-03

Can you please confirm if The Local Choice program does or does not have dental?

Does

63. OHB13-02 and OHB13-03

On the *Published Monthly Enrollment Demographics* document, are Plans...ACC0 - CovaCare Basic and OCC0 - CovaConnect Basic.....the plans with the "Basic" dental.plan? And, all the other plans listed with *Dental* are the "Enhanced" dental plan?

The following have enhanced dental: ACC2, ACC3, ACC4, ACC5, OCC2, OCC3, OCC4, OCC5, and CHD.

64. OHB13-02

Your guidance is that any quote for the regional medical plan be fully insured. You also ask that we quote “bundled” solutions. Does that mean that the dental plan offered as part of any regional offering also needs to be fully insured?

Yes

65. OHB13-02

Can COVA provide a listing of OE meetings scheduled for next year and approximate dates? There was a question about meeting support.

To Be Determined

66. OHB13-02

Does COVA currently offer the debit card to its FSA participants? If yes, who pays for it?

Yes, participants pay the administrative cost.

67. OHB13-02

Who currently administers the COVA’s FSA?

See DHRM vendor website for contract listing

68. OHB13-02

Does COVA want monthly or quarterly statements sent out to participants?

See RFP 2.9.5.11

69. OHB13-02  
Describe the current funding environment for claims administration.

We are open to some level of pre-funding and are interested in your proposal.

70. OHB13-02  
Does COVA currently pay for the mandatory audit as described in Section 2.9.5.29 or does the current TPA absorb this expense?

TPA pays

71. OHB13-02  
Does COVA currently have a designated call center environment with their current vendors ( i.e., does COVA have a dedicated toll free number and a designated group of agents to service their employee population)?

We are requesting a bundled offering. We are interested in your comprehensive and innovative customer service approach.

72. OHB13-02  
What is the current administrative payment term (e.g., Net 10, 30, 45)?

Net 30

73. OHB13-02 and OHB13-03

Please provide the name of the current EAP vendor and the length of time they have administered the EAP.

See vendor website.

74. OHB13-02 and OHB13-03

What is your current EAP plan design (please indicate telephonic, number of sessions, work/life/legal/financial)?

No telephonic, all others yes. 4 session referral plan design.

75. OHB13-02 and OHB13-03

What has been the average membership for the last 3 years?

Similar to current

76. OHB13-02 and OHB13-03

Provide the utilization of the EAP over the last 3 years including the total number of face to face sessions and total utilization including phone inquiries. Also, please provide total "open cases," closed cases, average length of session, and common presenting problems.

Utilization data of this nature will not be provided at this time. It may be provided later in the RFP process if it is deemed necessary.

77. OHB13-02 and OHB13-03

What is the total number of on-site support services received in each of the last three years, including critical incident and employee and employer training?

Please work with the information you have. Assume what you would expect on a public sector client of this size and scope.

78. OHB13-02 and OHB13-03

Describe any current work/life services arrangement, if applicable. Who is the carrier? What is the current fee? What services are provided?

For a complete listing of existing contracts, please see the DHRM website. We are interested in your innovative approach.

79. OHB13-02 and OHB13-03

What are your communication requirements for EAP distribution (frequency and manner)?

We are interested in your innovative approach.

80. OHB13-02 and OHB13-03

What needs have not been met by the current carrier?

No answer

81. OHB13-02 and OHB13-03

What are your current and renewal rates, if willing to share?

We are interested in your pricing. Please see DHRM web site for current rates and rate history.

82. OHB13-02 and OHB13-03

For the Behavioral Health questionnaire ("COVA OHB13 BH.xls" file), in the questionnaire tab, question III.38 asks us to complete the "Provcnt" worksheet. Please clarify where this worksheet is located and/or provide this worksheet for us to complete.

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

83. OHB13-02 and OHB13-03

Do you currently have one EAP vendor? If more than one, please detail the geographic coverage areas of each EAP vendor.

Three TPAs currently provide these services, Value Options statewide, Optima Health statewide, Anthem (HDHP) statewide and Kaiser Permanente regional fully insured.

84. OHB13-02 and OHB13-03

Are you looking for a single EAP vendor for the entire population or is it your expectation that any regionally-based medical plan would have its own EAP solution embedded within it?

All plans will have their own EAP integrated with their Behavioral Health plan.

85. OHB13-02 and OHB13-03

For the Reimburse tab of the BH questionnaire there are no codes under the DSM-3 column. Which codes do you want the reimbursement rates for?

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

86. OHB13-02 and OHB13-03

For number 38 in the BH questionnaire there is no tab/worksheet entitled "Provcnt" for us to reference to complete this question.

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

87. OHB13-02 and OHB13-03

Can you confirm that we need to complete BOTH the AON Exhibit and the on-line Hewitt questionnaire for the Pharmacy response?

Yes, if you are responding to both RFPs (PPO and CHDP)

88. OHB13-02 and OHB13-03

You ask us to complete the "Retail Network Disruption Analysis" Worksheet provided as a separate worksheet for this RFP. However, we can't locate this file in the information you have sent us. Please direct us to it.

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

89. OHB13-02 and OHB13-03

On the Hewitt site, you reference a formulary disruption we need to complete but we cannot find the data needed for this. Please direct us to it.

The Retail Network Disruption Files and the Formulary Disruption files are located on the Hewitt Health Resource (HHR) site as zip files, named "Retail Network Disruption.zip" and "Formulary Disruption.zip" posted on 9/24/2012 at 6:55pm and 6:59pm respectively. These files should be located within the managed attachments section of HHR. For the formulary disruption, there are

three files with NDC level data for TLC, Covacare and Optima. For the network disruption, there are three files with NABP level data for TLC, Covacare and Optima.

In addition, while this is not needed for the retail network or formulary disruption, detailed pharmacy claims were provided on the MOVEit site.

The disruption is focused on the PPO RFP, not the CDHP RFP, currently.

90. Should the PPO/HMO less than statewide fully funded offeror submit deliverables and respond to requests for all responses indicating "Medical/Surgical" areas of the RFP?

Yes. A less than statewide offeror shall complete questionnaires for Medical, Prescription Drug (OHB13-3 version on MOVEit site), Behavioral Health and Dental (but NOT the FSA); and the Fully Insured cost exhibit in Attachment 2. PLEASE NOTE: an updated Fully Insured Cost Exhibit has been posted to the 'MOVEit' site.

91. Do the Commonwealth of Virginia (the Commonwealth) and The Local Choice (TLC) expect administrative cost detail or breakouts from the fully-insured HMO less than statewide offeror in the rate exhibits?

No

92. Is the Commonwealth expecting the health plans to administer Flexible Benefits or is it the Commonwealth's expectation that the health plans work alongside a

vendor, supporting or partnering with that vendor where applicable?

The Commonwealth expects one statewide FSA vendor.

93. The outlined Performance Guarantees appear to apply to a self-funded state wide PPO plan. Do you expect the same Performance Guarantees for the fully funded HMO less than statewide offering, or can the plan propose separate Performance Guarantees?

Those that reasonably relate should apply and those that do not reasonably relate should not apply. Offerors are encouraged to provide additional measures.

94. Does the development of the Benefit Brochure apply to all plans, even less than state wide?

Less than statewide fully insured plans should provide brochures explaining their benefits as a part of their submission.

95. On RFP page 45, does the following apply to the fully-insured PPO/HMO less than statewide offeror?

Regarding 8.2.3 -If the Commonwealth elects to exercise the option to renew the contract for an additional one-year period, the contract price for the additional one year 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.

Regarding 8.2.4 - If during any subsequent renewal periods, the Commonwealth elects to exercise the option to renew the contract, the contract price for the subsequent renewal period shall not exceed the contract price of the previous renewal period increased/decreased by more than the percentage increased/decreased 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.

These sections do not relate to less than statewide fully insured offerings.

96. Does the Commonwealth expect the premiums for The Local Choice to share Commonwealth experience or is the expectation for The Local Choice to be rated separately using its own experience?

The Local Choice is rated separately.

97. In the Summary of Components by Type of Proposal Submission, the less than statewide insured submission table indicates that the vendors are required to submit the Rx Questionnaire, Behavioral Health Questionnaire, and Dental Questionnaire. Many of these components may be integrated in the plan and would be repetitive and duplicative of the Medical Surgical RFP. Is it the

Commonwealth's expectation that vendors complete each of these RFPs or are these considered separate submissions or simply part of the offering "bundled"?

A less than statewide offeror shall complete questionnaires for Medical, Prescription Drug (OHB13-3 version on MOVEit site), Behavioral Health and Dental (but NOT the FSA); and the Fully Insured cost exhibit in Attachment 2. PLEASE NOTE: an updated Fully Insured Cost Exhibit has been posted to the 'MOVEit' site.

For duplicative sections of the respective questionnaire documents, you may use common sense on duplicative entries as long as you clearly state such in a transmittal cover, including identification of each section omitted.

98. The file named Apr11\_Mar12\_MemMonthCount\_Smry.zip shows a census with 38 subscribers. What group(s) does this represent?

The zip file contains a tab delimited txt file with 120,760 rows. Each row represents the number of member months for the combination of status, age, zip code, gender, and member type for the 12 month period beginning April 1, 2011 and ending March 31, 2012.

99. How can we view the contents in the following two zip files? We received a message indicating the files are too big to open in notepad as well as in excel:

Apr11\_Mar12\_MedCIm\_Smry.zip

Apr11\_Mar12\_MISACIm\_Smry.zip

The MedCIm file contains a pipe delimited txt file with 5,002,821 rows. The MISACIm file Contains a pipe delimited txt file with 130,857 rows.

The MedCIm file cannot be opened with any version of Excel. NotePad is limited by the available memory. It's unlikely that the file can be opened in NotePad. Thus, For large claim files, such as the Commonwealth's, consult with your IT support staff for appropriate tools. These might include Microsoft Access, Microsoft SQL Server, and higher end text editors like UltraEdit or TextPad, (both of which opened the MedCIm file).

The MISACIm file cannot be opened with Excel versions prior to Excel 2007. NotePad will open the MISACIm file.

100. What will be the role of the HMO in relation to the wellness engine?

Fully insured less than statewide plans will not interact with the wellness engine.

101. Can you provide a definition of “better than average benefits?”

The Commonwealth of Virginia wants a health plan that exceeds national standards for similar plans. We are interested in your innovative approach.

102. Is the less than state wide plan expected to provide a Commonwealth specific ID card as requested in the proposal?

It is preferred but not a requirement.

103. PPO - Is the incentivized HRQ just for the CHD population or for both CDH and PPO?

For purposes of this RFP, the Wellness Engine vendor should assume it will administer at least HRQ and BMS screenings, and subsequent outreach; and, Disease Management. Incentives will be included, with design to be finalized with the selected vendors.

104. PPO - Is incented HRQ for the CDH expected to be provided via the CDH plan’s health reimbursement account or other incentive mechanisms to match the PPO plan?

The Commonwealth is interested in your solutions. Design will be finalized with the selected vendors.

105. PPO - Does BMS stand for biometric screenings? If not, what does it stand for?

Yes

106. PPO - The RFP states to work with the department to develop a medication therapy management pilot program. What is the challenge the Commonwealth is currently experiencing or solving for with a medication therapy pilot program?

The Commonwealth is interested in your solutions.

107. CDHP - Please elaborate on the Commonwealth's definition of a Wellness Champions network.

The Commonwealth is interested in your solutions. It is one of a series of tactics being contemplated for the Wellness Engine program. The Commonwealth will work with the contracted vendor to develop specific components and timing of implementation.

108. CDHP - Currently there is an HDHP choice within TLC. Is it the Commonwealth's intention to continue this as an option?

Yes.

109. Both RFPs - The bid mentions in several places that statewide medical plans include a vision and hearing benefit. Today, COVA has the buy-up for vision and

hearing but TLC only offers vision (which is not a buy-up but is automatically included with the Key Advantage plans). Will the TLC benefits remain the same or will they add hearing?

Remain the same.

110. PPO - Will the Commonwealth provide provider listings for all current carriers?

Please see the DHRM website for all contracts and TPAs.

111. PPO - There appear to be missing parameters in the Hosp and Doc Tabs of the PPO Medical Spreadsheet, specifically in the geographic area. Is the assumption that respondents should provide that information or is the data missing from the XLS?

This also related back to Q 13 and 14 under Section III - Network Service and Quality on the Questionnaire tab.

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

112. Both RFPs - The detailed claims utilization sent over by the Commonwealth does not have TIN, dentist name, address, or zip. Is it possible to obtain this information

in order to offer the Commonwealth the most advantageous pricing possible.

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

The Commonwealth has no claims data for Kaiser Permanente. The claims files do not include Kaiser experience.

On the MOVEit site, where data files and attachments were provided, is RevisedClaimData\_10032012.zip which contains the revised claims data. Included in the zip file is RFP\_OHB13\_02\_03\_Description\_Data\_10032012.docx which explains the files and file layouts for the revised claims.

Each organization has been provided one set of credentials for access to the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

113. The Wellness Engine will be provided for the entire member population. Will the Commonwealth provide a split of the number of Medical and non-Medical members (covered vs. not covered)?

Only those who participate in a health plan will participate in the Wellness Engine program. For a current detailed enrollment breakdown, see the file [Published Monthly Enrollment Demographics](#).

114. PPO - Please confirm that the claims in the Apr11\_Mar12\_DenCIm\_Smry.txt file includes only approved claims and not claims that would be denied under the contract.

[Confirmed, only approved claims.](#)

115. PPO - The following dental data was not provided: Paid claims data by month for the most recent 24 months separated for the two dental plans (Basic & Enhanced). Could this data be provided?

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and

Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

The Commonwealth has no claims data for Kaiser Permanente. The claims files do not include Kaiser experience.

On the MOVEit site, where data files and attachments were provided, is RevisedClaimData\_10032012.zip which contains the revised claims data. Included in the zip file is RFP\_OHB13\_02\_03\_Description\_Data\_10032012.docx which explains the files and file layouts for the revised claims.

Each organization has been provided one set of credentials for access to the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

116. PPO - The following dental data was not provided:  
Enrollment by month matching the paid claims, separated for the two dental plans. Could this data be provided?

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

The Commonwealth has no claims data for Kaiser Permanente. The claims files do not include Kaiser experience.

On the MOVEit site, where data files and attachments were provided, is RevisedClaimData\_10032012.zip which contains the revised claims data. Included in the zip file is RFP\_OHB13\_02\_03\_Description\_Data\_10032012.docx which explains the files and file layouts for the revised claims.

Each organization has been provided one set of credentials for access to the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

117. PPO - The following dental data was not provided:  
Specific utilization data by provider in order to better

match up our network to the current utilization. Could this data be provided?

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

The Commonwealth has no claims data for Kaiser Permanente. The claims files do not include Kaiser experience.

On the MOVEit site, where data files and attachments were provided, is RevisedClaimData\_10032012.zip which contains the revised claims data. Included in the zip file is RFP\_OHB13\_02\_03\_Description\_Data\_10032012.docx which explains the files and file layouts for the revised claims.

Each organization has been provided one set of credentials for access to the MOVEit site. The files can

be retrieved by the individual who downloaded the original data files and attachments.

118. PPO - The following dental data was not provided: Claims and enrollment designated as part of the State PPO or TLC plans. Could this data be provided?

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

The Commonwealth has no claims data for Kaiser Permanente. The claims files do not include Kaiser experience.

On the MOVEit site, where data files and attachments were provided, is RevisedClaimData\_10032012.zip which contains the revised claims data. Included in the zip file is RFP\_OHB13\_02\_03\_Description\_Data\_10032012.docx which explains the files and file layouts for the revised claims.

Each organization has been provided one set of credentials for access to the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

119. Both RFPs - How many "onsite" hours are included in the EAP plan design (training and crisis response hours)?

We are interested in your innovative proposal.

120. CDHP - Could the Commonwealth provide an excel sheet with column C unprotected (rows 53 to 108)?

On the MOVEit site, where data files and attachments were provided, is CDHP\_RevisedFiles\_20121003.zip which contains the following files:

COVA OHB13-03 TPH UPDATED 10-1-12.xlsm replaces COVA OHB13-03 TPH.xlsm - fixes faulty drop down boxes

COVA OHB13-03 CDHP UPDATED 10-1-12.xls replaces COVA OHB13-03 CDHP.xls - fixes faulty drop down boxes

2012 PBM RFP\_CDHP\_CDHP\_COVA\_Specialty Tab.xlsx replaces the Specialty Tab on 2012 PBM

RFP\_CDHP\_LessThanStatewideCOVA.xlsx - unprotects cells c53..C108

Each organization has been provided one set of credentials for access to the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

121. CDHP - We did not notice any questions about maternity and nurse line services. Will there be any? What are the expectations for these services? Would they be provided by the selected Wellness Engine or something else?

We are interested in your proposals around maternity and nurse line services as well as other areas you feel are innovative. We would expect these type of services to be handled by the wellness engine.

122. Both RFPs - Will the Commonwealth provide the "Provcnt" tab referenced in the OHB13 BH workbook, Questionnaire, Section III - Network Service and Quality/Other Network Information, Q: 38? The tab is not included.

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

123. Both RFPs - Will the Commonwealth provide the locations and the sample list of services referenced in Section III (network service and Quality) - Subsection (Other network information) Question 41 - Line 410? These pieces are not present on the "Reimburse" tab of the OHB13 BH workbook.

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not

populated to allow a response does not have to be completed for your initial proposal submission.

124. PPO - Will the Wellness Engine vendor be expected to manage the Commonwealth's existing diabetes incentive program?

Yes.

125. PPO - In the PPO questionnaire (COVA OHB13 PPO Med, Section IV – Administrative Capabilities, Claims Administration, Q. 45, line 396) there is a reference to GDF. What does GDF stand for?

It is an acronym synonymous with family/ primary care physician.

126. "the Commonwealth prefers a bundled submission" - RFP Page 2, Section 1.1 - Please clarify the concept of "bundled offering". Does this require one prime contractor? Or, is it possible to bid as a partnership with a contract that would name more than one vendor with all services integrated (i.e., reporting, contract management). Please confirm that one vendor may submit both a bundled offering and an unbundled offering for a specific product.

The Commonwealth encourages bundled submissions. If a bundled option is awarded, one prime vendor will have a direct relationship with the Commonwealth. Offerors

can submit both an unbundled and bundled submission for the same product in the PPO.

127. Projected Savings Schedule - RFP Page 25, Section 3.7 - Will this worksheet be provided? We do not see that it was included with the downloaded files.

It is the Attachment 2 claim cost schedule.

128. Rate and Administrative Expense Buildup Schedule - RFP Page 26, Section 4.1 - Will this worksheet be provided? We do not see that it was included with the downloaded files.

It is the Attachment 2 claim and administrative cost schedules.

129. Cost Proposal - requests bidders provide "A firm, fixed price per contract month for the third contract year. The price may not be indexed to the price of either the first or the second contract year." - RFP Page 36, Section 6.6.3 - Please confirm the third contract year firm, fixed price per contract month should be listed on COVA\_Cost\_OHB13-02 BH.xlsm file, Schedule 2-1 #10, Section 16.

Confirmed

130. Cost Proposal - refers to "a cost summary page" which is contained in the Attachment 2 administrative cost

schedules." - RFP Page 36, Section 6.6.5 - Please instruct bidders where the cost summary page is located for bidders to complete.

It is the Attachment 2 claim and administrative cost schedules.

131. "Comprehensiveness and quality of integrated bundled offering." - RFP Page 37, Section 6.8 - Will any of the ten points for the "bundled offering" be given to a vendor that submits a bid for more than one product, but not the entire listing?

Offerors are encouraged to provide a complete bundled offering to receive full points. Partnerships are allowable. An unbundled offering will not receive points in this evaluation criteria.

132. In the RFP Component and Instructions Summary attachment it states we should complete the attachment "PBM Questionnaire & Cost (Access Through HHR)" for RFP OBH13\_02. Can you please provide this attachment? There is not a questionnaire and cost attachment.

The Prescription Drug questionnaire answers and costs will be captured via an Aon Hewitt portal. Submit the names, emails and phone numbers of 1 or 2 individuals who need access to the portal to Hitesh Patel and Jenny San. Refer to Commonwealth of Virginia RFP OHB13-02 in your email. If the requested individuals have accessed the Prescription Drug portal previously, their

existing credentials are still valid. If your organization has not accessed the Prescription Drug portal previously or if a requested individual has not accessed the portal, it will take 1-2 days to issue credentials and provide instructions for use of the portal.

133. Can you please provide the disruption list for OBH13\_02 and OBH13\_03?

Assuming this refers to the medical questionnaires, there are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

134. Please provide the geographic area we should use to complete the Hospital and Doc List tabs in OBH13\_02 and OBH13\_03.

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

135. Regarding 2.9.2.31- Please provide additional detail on the Medication Therapy Management pilot.

See the Virginia Acts of the Assembly, otherwise known as the Appropriation Act for additional information.

136. Can you please provide a full census in Excel Format with subscriber DOB, Zip Code, and Plan they are enrolled in?

On the MOVEit site where data files and attachments were provided, detailed census data is contained in CommonwealthDetailedCensus\_20121001.zip. Each organization has been provided one set of credentials for access of the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

137. In the COVA-Cost-OHB13-02 Dental file the instructions state Sections 1 – 7 are not applicable to TLC but Section 10 does. Can you confirm the RFP does not require the Rate Build-Up Schedule (Sched 2-1 #1 - 7) for the TLC at all?

Confirmed

138. Are the Total Billed Charges on Build-Up Schedule on Sched 2-1 #1 – 7) only COV (no TLC data)?

Only COV

139. There is only one Rate Build-up Schedule but there are two dental plans offered (Basic and Enhanced). Please

confirm it is only necessary to complete one schedule for the combined plans.

Confirmed

140. In the Non-MedicareEnrollmentbyZip\_21120703B file there is no TLC data. Is a Geo required for the TLC population?

No

141. Performance Guarantees- there are a number of performance guarantees where the requested criteria differs between the Aon Hewitt PBM RFP spreadsheet and the Commonwealth RFP document, for example Customer Service Average Speed of Answer (30 seconds vs 25 seconds), Abandonment Rate (5% vs 2%), etc. Please clarify which file should be used as the basis for these performance guarantees.

If a discrepancy exists between the RFP and the Questionnaire, the RFP would have precedence. Offerors are encouraged to provide their own performance guarantees as a part of their submission.

142. Audit Rights Post Termination- is the requested timeframe for post-termination audit rights 5 years? There is a different requirements in the RFP spreadsheet as compared to the RFP document.

In circumstances where the Aon Hewitt questionnaire differs from the RFP, the RFP has precedence.

143. Small/Minority/Women Owned Business Utilization- is there a specific percentage of Administrative Fees that is required to be spent with these type of suppliers for the State or is the information a request which will be scored by the Commonwealth?

The Commonwealth is interested in maximizing spending with DMBE registered small businesses.

144. In the RFP Component and Instructions Summary attachment it states we should complete the attachment "PBM Questionnaire & Cost (Access Through HHR)" for RFP OBH13\_02. Can you please provide this attachment?

There is not a questionnaire and cost attachment. The Prescription Drug questionnaire answers and costs will be captured via an Aon Hewitt portal. Submit the names, emails and phone numbers of 1 or 2 individuals who need access to the portal to Hitesh Patel and Jenny San.

Refer to Commonwealth of Virginia RFP OHB13-02 in your email. If the requested individuals have accessed the Prescription Drug portal previously, their existing credentials are still valid. If your organization has not accessed the Prescription Drug portal previously or if a requested individual has not accessed the portal, it will take 1-2 days to issue credentials and provide instructions for use of the portal.

145. Can you please provide the disruption list for OBH13\_02 and OBH13\_03?

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

146. Please provide the geographic area we should use to complete the Hospital and Doc List tabs in OBH13\_02 and OBH13\_03.

There are some tabs/worksheets in the questionnaire workbooks that are placeholders for potential use if needed later in the RFP process. Any tab that is not populated to allow a response does not have to be completed for your initial proposal submission.

147. Can you please provide a full census in Excel Format with subscriber DOB, Zip Code, and Plan they are enrolled in?

On the MOVEit site where data files and attachments were provided, detailed census data is contained in CommonwealthDetailedCensus\_20121001.zip. Each organization has been provided one set of credentials for access of the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

148. BenefitsAtAGlance2012: According to this document, the COVA Care/COVA Connect offers an Out-of-Network Optional Benefit. Is the Dental coverage also affected by the subscriber's decision to purchase/waive the Out-of-Network Optional Benefit?

No. [See DHRM website for additional information on benefits.](#)

149. RFP OHB13-02 PPO Section 8.5.3: The Department will withhold/receive 2% of premium, which means that our rates should be loaded by +2.04% to account for this. Yet this section asks us to include a surcharge of only +2%. Is it acceptable if we load our rates by +2.04%?

Yes

150. COVA\_Cost\_OHB13-02\_Dental.xlsx, Tab "Sched 2-1 #1-7":

- a. In order to more accurately determine values for "Sched 2-1 #1-7"!AD66:AD69, we would like the following information:
  - i. enrollment & membership by month broken out by plan design .
  - ii. paid/incurred claims triangle by month, one for each of the plan designs.
  
- b. If claims triangles not available, a simple list of paid claim dollars by month broken out by plan design would be a workable substitute.

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

The Commonwealth has no claims data for Kaiser Permanente. The claims files do not include Kaiser experience.

On the MOVEit site, where data files and attachments were provided, is RevisedClaimData\_10032012.zip which contains the revised claims data. Included in the zip file is RFP\_OHB13\_02\_03\_Description\_Data\_10032012.docx which explains the files and file layouts for the revised claims.

Each organization has been provided one set of credentials for access to the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

151. The plan designs in question are [COVA Care/Connect with expanded benefits, COVA Care/Connect without expanded benefits, and TLC/KeyAdvantage]

- a. In order to more accurately determine values for "Sched 2-1 #1-7"!N66:N69, we would like the following information:
  1. What percent of submitted charges over 4/1/11-3/31/12 were submitted into the PPO network?
  2. What percent of submitted charges were submitted into the Premier network?
  3. What percent of those PPO-submitted charges were discounted due to Delta PPO fee allowances?
  4. What percent of those Premier-submitted charges were discounted due to Delta Premier fee allowances?
  5. May we receive a file similar to Apr11\_Mar12\_DenClm\_Smry.txt, with the following information added: Dentist First & Last name, Dentist Address, Dentist TIN number, Dental Office Name, Dentist SSN

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy

NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

The Commonwealth has no claims data for Kaiser Permanente. The claims files do not include Kaiser experience.

On the MOVEit site, where data files and attachments were provided, is RevisedClaimData\_10032012.zip which contains the revised claims data. Included in the zip file is RFP\_OHB13\_02\_03\_Description\_Data\_10032012.docx which explains the files and file layouts for the revised claims.

Each organization has been provided one set of credentials for access to the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

152. CDHP - The COVA OHB13-03 TPH, the document has several spreadsheets where the drop down boxes don't work. The tabs with the faulty drop down boxes are:

- Gaps in Care tab: lines 16-20, 23 and 26. The drop-down menu doesn't function, and one line labeled "text" has a drop-down menu instead of a blank space in which to write.
- Disease Management: Line 53 is the only drop down that works in that spreadsheet

Please advise how to address.

On the MOVEit site, where data files and attachments were provided, is CDHP\_RevisedFiles\_20121003.zip which contains the following files:

COVA OHB13-03 TPH UPDATED 10-1-12.xlsm replaces COVA OHB13-03 TPH.xlsm – fixes faulty drop down boxes

COVA OHB13-03 CDHP UPDATED 10-1-12.xls replaces COVA OHB13-03 CDHP.xls – fixes faulty drop down boxes

2012 PBM RFP\_CDHP\_CDHP\_COVA\_Specialty Tab.xlsx replaces the Specialty Tab on 2012 PBM

RFP\_CDHP\_LessThanStatewideCOVA.xlsx – unprotects cells c53..C108

Each organization has been provided one set of credentials for access to the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

153. Regarding section 6.3 – Redline RFP Noting Demurrals – do you want the vendor to write physically that we agree with each section of the RFP?

Yes, this can be done by section.

154. Section 6.6.5 – Cost Summary – Does it include the FSA?

FSA costs are to be identified in the appropriate worksheet in the FSA questionnaire.

Section 6.1 – An offeror should submit clearly for the department’s preference a bundled solution and separate originals on each one?

A bundled submission includes all subcomponents of the RFP. If offerors choose to, they may also submit separate proposals for individual products.

155. Section 6.8 – Criteria – The criteria includes all the essential benefits as well?

The evaluation criteria listed in the RFP remain unchanged.

156. In the pharmacy piece – Did AON include the pricing attachment in the managed attachment section of the PPO online tool? It’s referenced in the CDHP material should we assume it is the same attachment?

For OHB13-02, there is not a questionnaire and cost attachment. The Prescription Drug questionnaire answers and costs will be captured via an Aon Hewitt portal. Submit the names, emails and phone numbers of 1 or 2 individuals who need access to the portal to Hitesh Patel and Jenny San. Refer to Commonwealth of Virginia RFP OHB13-02 in your email. If the requested individuals have accessed the Prescription Drug portal previously, their existing credentials are still valid. If your organization has not accessed the Prescription Drug portal previously or if a requested individual has not accessed the portal, it will take 1-2 days to issue

credentials and provide instructions for use of the portal.

For OHB13-03, there is a separate workbook, 2012 PBM RFP\_CDHP\_LessThanStatewideCOVA.xlsx, where questionnaire answers and costs will be captured. No separate attachments are required.

157. In the BA Agreement regarding the ASO Administrator, can we make the appropriate changes in that section?

We would discourage changes to the BAA. Fully insured less than regional offerings are not required to submit a BAA.

158. To clarify in regards to the statewide PPO with bundling and unbundling. If we bundle we would fill out an Appendix 9 and unbundle we would provide a separate demurral for each element?

Appendix 9 shall be submitted with each submission.

159. Section 2.4.3 – What specific NCQA certifications and levels are you looking for?

Those applicable to your proposed service model

160. Enrollment Projections – Does the Commonwealth have any enrollment assumptions or projections for this particular project?

If this refers to OHB13-03 (CDHP), the applicable administrative expense schedule provides a baseline assumption; and, requests price increments and decrements for a range of different outcomes.

161. Have you settled on a specific incentive strategy for the wellness end of this project?

To be determined, but we are interested in your suggestions.

162. What is the rationale of the Commonwealth administration as to why it was decided under the CDHP link on an HRA and not an HSA?

The decision to use an HRA was a deliberate and strategic decision to meet the Commonwealth's needs.

163. With the HRA is there any discussion on a requirement or assumption or is it just best practices in terms of a roll over feature for each member within that account?

Permissible rollover options are under consideration. Design will be finalized with the contracted vendor.

164. At the pre-proposal conference, the Commonwealth indicated that no additional claims data would be provided at this time but may be provided at a future point in time. This data is essential for an even competition. Would the Commonwealth reconsider this position (or release a portion of its claims data at this time)?

The twelve months of detailed claims data provided by the Commonwealth for Medical, MISA and Dental did not include enrollee zip code or provider information. That data has been recreated with enrollee zip code and Provider NPI. Provider NPI and zip code may not be populated on all claims.

The twelve months of detailed claims data provided by the Commonwealth for Prescription Drugs contains Pharmacy NCPDP Number but no enrollee zip code. Use the NCPDP number on the pharmacy data to determine the Pharmacy location, which should be an acceptable surrogate for the enrollee's location.

The Commonwealth has no claims data for Kaiser Permanente. The claims files do not include Kaiser experience.

On the MOVEit site, where data files and attachments were provided, is RevisedClaimData\_10032012.zip which contains the revised claims data. Included in the zip file is RFP\_OHB13\_02\_03\_Description\_Data\_10032012.docx which explains the files and file layouts for the revised claims.

Each organization has been provided one set of credentials for access to the MOVEit site. The files can be retrieved by the individual who downloaded the original data files and attachments.

165.

At the pre-proposal conference, the Commonwealth indicated that it would develop a single rate for all plans that it offers, including the statewide plan and any plans offered on less than a statewide basis. We are unclear on how the Commonwealth plans to accomplish this. As an example, consider a scenario where the Commonwealth offers three plans, similar to what is done today:

- (a) A statewide self-funded plan is offered by Vendor #1 with a conventional premium equivalent for employee only coverage of \$500 per month.
- (b) A fully insured rate is developed by Vendor #2 for the Hampton Roads area with a premium for employee-only coverage of \$475 per month.
- (c) A second fully insured rate is developed by Vendor #3 for the northern Virginia area with a premium for employee only coverage of \$450 per month.

Question: What methodology would the Commonwealth use to set a single rate for these three plans?

Fully insured less than statewide plans may propose their own premium. The Commonwealth intends that the employer contribution remain the same across plans regardless of premium rate.

166. Can you please confirm that the intent is not to provide an Out of Network benefit for the new CDHP plan? If not, would the state be willing to accept a CDHP with an Out of Network benefit?

We are interested in your proposal for providing an Out of Network benefit.

167. Will telehealth services be covered under the benefit plan?

We will be compliant with all legal and code requirements around such services. If so, what are the rates for telehealth? We look forward to your proposals. What limitations or restrictions will be placed on telehealth services? We are interested in your innovations.

168. Current behavioral health and EAP services: What specific goals are you trying to achieve?

Please work with the information you've been provided.

169. Please confirm that vendors are permitted to combine and submit the proposal questionnaire, all exhibits, and all attachments in one three-ring binder. If not, please clarify how all materials should be submitted.

Confirmed

170. EAP Pricing-Schedule 2-1-A-The RFP indicates that covered services include mental health, substance

abuse, and EAP services. The Schedule 2-1 cost proposal forms request rates and associated breakout of costs related to the mental health and substance abuse services, but the provided forms do not address the EAP services. The instructions on 2-1-A indicate that additional Schedule 2-1 worksheets may be provided as addendums subsequent to review of the original proposal. Will the additional worksheets include forms to provide EAP pricing? If the EAP pricing is to be submitted with the initial proposal, please address how bidders should incorporate their EAP pricing into the MISA bid forms provided.

An additional schedule for EAP pricing will be provided if needed

171. Utilization-Schedule 2-1 #1-7-Please confirm the historical data provided on COVA\_Cost\_OHB13-02 BH.xlsm file, Schedule 2-1 #1-7 reflects utilization for COVA State Plan benefit eligible members ONLY and does not include data for TLC benefit eligible members.

Confirmed

172. COVA\_Cost\_OHB13-02 BH.xlsm file-Schedule 2-1 #1-7- Does #3 professional services line item data include traditional outpatient services only or does it also include professional visits tied to inpatient stays?

Professional services are for visits regardless of place of service, so yes, professional visits associated with an inpatient visit can be included in this line

173. COVA\_Cost\_OHB13-02 BH.xlsm file Schedule 2-1 #10, Section 12 Costs are requested specifically for the administration of COBRA benefits. Please indicate the number of COBRA employees that should be assumed.

Please refer to [Published Monthly Enrollment Demographics-As of 20120703.xlsx](#) for COBRA enrollment.

174. "Completion of the appropriate RFP Attachment 2, Schedule 2 is also required."-BH Questionnaire Introduction-Is Schedule 2 the same as Schedule 2-1-A? If not, where can we find Schedule 2?

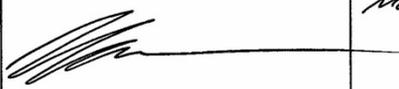
Yes, it is the attachment 2 claim and administrative cost schedules

175. BH Questionnaire: Section IV, # 47 "demonstrate you are meeting the standards in the areas noted in question 1 above"-BH Questionnaire-Section IV, # 47Please clarify which standards you would like us to show in our reports. Question #1 refers only to the organizational chart.

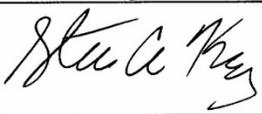
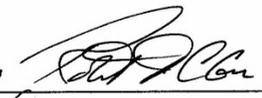
The question that applies is Question 45 (2 questions above 47).

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Pre-Proposal Conference  
October 1, 2013  
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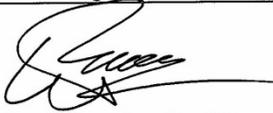
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