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ADDENDUM NO. 2
Request for Proposal – 12RFP84171C-MT

Healthcare Benefits Consulting Services
Fulton County, Georgia

Dear Vendors:

This addendum is in reference to the 12RFP84171C-MT
Employee Health Benefit Plan

Medical

1. Please confirm that the bid specs contained in Section 1 for the PPO plan design are correct, and that the Inpatient Hospital, outpatient surgery, and ER charges are subject to deductibles and coinsurance, but not copays. **Per the 2012 SPD, Inpatient Hospitalization: Plan pays 80% after \$100 copay and deductible; Outpatient Surgical Facility (per visit): Plan pays 80% after \$100 copay and deductible; Hospital Emergency Room: Plan pays 80% after \$75 copay.**
2. Other than having a \$0 copay when employees access Grady Hospital, what other provisions about this arrangement are important for Proponents to know (listed on ID Card, other unique services/operational protocols tied to this arrangement, etc.)? **Fulton County has established a communication campaign to increase Grady participation with covered participants and would be interested in any other suggestions to consider that would increase the participation that would benefit the covered participants.**
3. Are you able to share specifically (or generally) the utilization of services at Grady Hospital? **The repricing file within the zip file available through secure email contains a year of utilization for all providers, including Grady Hospital.**



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4. Per the chart noted in Section 1.6 in the RFP, it notes that new employees will ONLY get the choice of the CDHP plan at their new hire/first open enrollment --- and will then have a choice of all other remaining options at their second open enrollment. Please confirm or clarify this understanding. **Confirmed.**
5. Can you please provide the list of services offered to the Fulton County members by Grady where a \$0 member cost share applies? **The zero dollar co-pay is for in-patient, out-patient services at Grady Hospital and also the Grady Neighborhood Health Clinics. This information is in the benefits brochure.**
6. Would Fulton County be willing to consider any additional or alternative financial or performance guarantees a bidder can provide, that they feel can provide more value to the County? **The County may consider alternate financial or performance guarantees in addition to those requested in the RFP, however this will be considered optional and additional information and to the extent possible each responder should respond to the RFP as written.**
7. Can you please provide an updated medical census that adds full date of birth and current medical tier? **The census information contained in the file is sufficient information needed to categorize membership into tiers.**
8. Should the CDHP plan be based on an HMO or PPO Product? **We would prefer the CDHP to be under the most cost effective network option as the Fulton County's intent is to keep the current HMO and PPO options and the CDHP may be offered as a lower cost option.**
9. Can you provide the current participation figures for COBRA, and also FSA (Flexible Spending Accounts), if applicable? **The census included in the file contains COBRA members. FSA is not applicable for this RFP.**
10. How will the County evaluate PCP disruption in the HMO, since PCP utilization for capitated services was not included in the data? **There is displacement information within the file available through secure email. To the extent that PCP claims are not listed in the claims data file, a displacement will not be applicable, however, geo access information will provide additional information regarding access to providers.**



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Disease Management and Case Management

11. What patient management and disease management programs does the County currently have? **Please refer to Section 1.4.2.1 which indicates the current programs with an asterisk.**
12. Please describe your current DM offering in greater detail. **We expect the vendors to respond using their best practices in wellness and disease management regardless of the County's data.**
13. What is the prevalence rate by disease state. **We expect the vendors to respond using their best practices in wellness and disease management regardless of the County's data. The repricing data includes one year of utilization and diagnosis information**
14. What % of those member are identified as high risk, moderate risk and low risk. **We expect the vendors to respond using their best practices in wellness and disease management regardless of the County's data.**
15. Please provide the current ROI attained as well as a list of clinical care and utilization improvement statistics by disease state and case management. **We expect the vendors to respond using their best practices in wellness and disease management regardless of the County's data.**
16. Please provide additional insight into what is working well in Case Management and Disease Management and what you would like to see improved. **We expect the vendors to respond using their best practices in wellness and disease management regardless of the County's data.**

Health and Wellness

17. Please describe your current wellness offering in greater detail. **The County is interested in hearing responses from vendors that describe their best practices in wellness offerings.**
18. How does the current vendor interface with the current on site clinic. **The County does not currently have an on-site clinic.**



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19. Please describe in greater detail the current on site clinic program and service offerings. **The County does not currently have an on-site clinic.**
20. How many educational forums do you hold each year and at how many locations. **We expect the vendor to respond with how many forums they suggest to be effective.**
21. What % of members complete the Health Assessment each year and the biometrics screens as well as the annual health exams. **This information is not readily available.**
22. Of those that complete a Health Assessment and biometric screens what % participate in lifestyle modification programs, what programs are offered today. **This information is not readily available.**
23. What percent of members are outreached to by a Health Coach for telephonic coaching vs. use of the on line lifestyle modification programs. **This information is not readily available.**
24. What results have been achieved with these current programs, risk reduction improvement, improvements in lifestyle modifications, please provide the actual results. **This information is not readily available.**
25. What is the County's participation level (generally) in County sponsored wellness programs? What level of participation has been achieved on health risk assessments? **This information is not readily available.**
26. Any thoughts to make health risk assessments mandatory? **This is not currently approved by the Board of Commissioners.**
27. You are asking for a \$300,000 wellness fund to be included in the proposal ? Can you confirm how that fund has been used (generally) over the past year or so with Blue Cross? **The County has a Wellness Committee who determines how the wellness fund is expended and works with the current vendor to maximize the investment and will accept the vendor's suggestions on how to best utilize this fund toward improving the health and wellness of it's population.**
28. Would it be safe to assume that a portion of the wellness funds could be used for ongoing biometric and other health screenings onsite? **The Wellness Committee determines each year how the funds would be expended. The County will consider the vendor's suggestions on**



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how to best utilize this fund toward improving the health and wellness of it's population.

29. Does the County have any onsite clinical expertise as provided by Blue Cross? **No**

Financial/General

30. In an effort to understand how the City is currently measuring the current provider of clinical program services from a program performance and return on investment perspective we have included the following questions. Answers to the following questions will be of great assistance to us in terms of understanding how best respond the pertinent performance and return on investment RFP questions/requests
- Please provide the current performance measurements and associated fees at risk in place today. Please include the associated calculation methodology/s
 - How satisfied is City with your current products and results?
 - What opportunities do you envision from an improvement perspective?

Fulton County is interested in responses from the vendors regarding their best practices in measuring the Return On Investment for clinical program services.

31. Please provide current UM/Access/Admin Fees, and the COBRA equivalent rates. **The County has provided the available and adequate financial information included in the file to develop rates. Current fees will not be provided.**
32. As an integrated healthcare delivery system that is offering a bundled medical and pharmacy rate quote (pharmacy rates can't be carved out), how would you like us to package the proposal? Is it okay to submit one technical and one cost proposal, which would include both the medical and PBM questionnaires and rates, or should we still attempt to submit these proposals separately? **Combined is acceptable if submitting an insured quote.**
33. Regarding the pharmacy quote, please confirm that you want both the standalone pharmacy quote as well as the "packaged with medical"



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pharmacy quote included in the specific RFP response for pharmacy -- in other words-- we are not to include the "packaged with medical" pharmacy quote in the "bundled medical" proposal. **Confirmed. The term 'bundled' refers to the medical being bundled with the EAP, COBRA and Wellness/DM programs – it does not include pharmacy. Please be clear in your quotation for pharmacy whether the proposal is "stand-alone", or contingent on your also being awarded the "bundled medical" contract.**

34. In section 3.4 of the RFP that notes how the technical layout should be organized --- Section 9 is titled "Cost". Why is this included in the technical table of contents if no cost information is to be included in this section...is this a typo ? **Please see addendum 1 of the RFP, Revised Exhibit 1, reflecting the layout of the format and content of proposals.**
35. Relative to your request to see "Top 10 Clients" -- you ask to see both clients in Georgia and the Southeast. Is the preference to see government clients specifically -- as this is more relevant to how a Proponent would manage an account like Fulton County? **There is no preference.**
36. Can you share the names and services currently being performed by minority or female owned entities on the current Blue Cross medical contract? **This information is not readily available.**
37. Can you share the current level of minority participation on the Blue Cross contract? **This information is not readily available.**
38. Would the County entertain quotes on alternate medical, dental, and prescription drug plan designs that might drive lower cost savings for the County? **The County may consider alternate quotes in addition to the quotes required in the RFP.**
39. Can you please confirm that all of the services requested in the RFP are currently performed by the incumbent administrators? For example, does the County currently offer its members a disease management program? **Confirmed – the County does have a disease management program. However, the CDHP plan option is currently not available to active employees and the Medicare Advantage Plan is currently not available to retirees.**



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40. In the pre-bid conference, Ms. Love referred to a listing of preferred minority partners/vendors. She indicated that such a list could be made available upon request. Blue Cross and Blue Shield of Georgia would like to formally request that list. **Vendors may go to the Fulton County Government website at www.fultoncountyga.gov and click on Bid Opportunities to view the M/FBE Directory. Next, click on the type of goods and/or services.**

Pharmacy

41. What is your current Pharmacy rebate arrangement with BCBS of GA? (i.e., are you receiving any rebates, and if so, how much?) **Yes, the County is currently receiving rebates. Further details are not necessary to respond to this RFP. Please note a revised pharmacy repricing file will be sent to all vendors who signed a confidentiality agreement. This file has additional information. Please note that the pharmacy ID number in this file is a pharmacy ID number specific to BCBS GA coding. A cross walk to a more universal pharmacy ID number will be provided, if possible.**

Vision

42. Please provide a vision census for active and retirees. **This information is included with the data available through secure email.**
43. Please provide utilization data, separately for the past two calendar years.
The data should include the number of exams, number of single vision, numbers of bifocals, number of trifocals, numbers of contacts and number of frames. **One year of this information can be derived from the repricing file within the file available through secure email.**
44. Please provide the average number of enrolled employees and members during the past two years. **This information is included in the file available through secure email.**



DEPARTMENT OF PURCHASING AND CONTRACT COMPLIANCE

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45. Please advise if vision is currently packaged with medical, employee paid or exactly how funded? **Vision is a separate self-funded arrangement with EyeMed. The county currently funds 58% of the total cost.**
46. Is vision currently self-insured or fully insured? What are you requesting for 2103? **Vision is currently self-funded. The RFP is requesting the same administrative services. An alternative proposal may also be considered if presented.**
47. Why is the County out to bid? **The current contract will expire. Typically the procurement policy allows a 1-year contract with the possibility of 2 additional renewal years.**
48. Please confirm the County will entertain an alternate vision plan. **The County may consider alternate quotes/plans in addition to the quotes required in the RFP.**
49. Will the County entertain insured vision programs? **The County may consider alternate quotes/plans in addition to the quotes required in the RFP.**
50. Please provide a minimum of 2 years claims / utilization broken out by service level (exams, frames, lenses, contacts, etc). **This information can be derived from the repricing file within the file available through secure email. One year is currently available.**
51. Is it possible to get the RFP documents and questionnaire in word format and Is it possible to get a complete employee census of eligible employees? **Census information for medical and vision is included in the file available through secure email. RFP documents are available in Word format. Vendor should request from Purchasing Department, Malcolm Tyson.**

Dental:

52. For 1.1.42 in the Dental Questionnaire, can you please provide the required formats for subsequent questions 1.1.43 - 1.1.47? **If the vendor is questioning the 'identified formats' referenced in the question, this refers to the details included in the reports rather than a template or technical format required.**



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53. For 1.5.17 in the Dental Questionnaire, can you let us know if you are asking us to confirm this statement, or if you are asking for additional information? **This question is intended to request a confirmation, however if additional detail is needed, please include in your response.**
54. Can you please provide an updated dental census that adds full date of birth? **Dental census data provided in the file available through secure email is sufficient.**
55. Would the County be willing to consider alternative/dual dental arrangements, such as a DMO as an option to the current Dental PPO plan? **The County may consider alternate quotes/plans in addition to the quotes required in the RFP.**
56. Would the county be receptive to a DHMO dental offering as a low cost alternative offering? Would this offering be deemed responsive by the county? **The County may consider alternate quotes in addition to the quotes required in the RFP.**
57. Would the county consider a network only plan that is not DHMO but has comprehensive benefits? **The County may consider alternate quotes in addition to the quotes required in the RFP.**

EAP

58. Can you provide the most recent EAP annual report? **Information attached and labeled Fulton Q4 2011**
59. How long as the current vendor has administered the EAP? **Since 2006**
60. Regarding EAP, what is your current plan design (Please indicate telephonic, number of sessions, work/life/ legal/financial)?



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Employee Assistance Program (EAP)

The EAP provides free, confidential, short-term assistance and counseling to employees and their dependents to help resolve a variety of personal concerns. The Program is administered by BlueCross BlueShield of Georgia. There are no costs, fees or copays for the EAP, which includes:

- Toll-free telephone consultation, coaching and crisis stabilization with a licensed mental health professional.
- Up to eight free face-to-face counseling visits, available at convenient locations, to address personal and/or work-related problems including, but not limited to: stress, depression, anxiety, health and wellness.
- Legal Services, which include a 30-minute consultation with an attorney (phone-based or face-to-face) at no charge, as well as a 25% discount off normal attorney fees if additional services are required.
- Financial Services, which includes a 30-minute consultation with a CPA or CFP (phone-based or face-to-face) at no charge, as well as a 25% discount off normal attorney fees if additional services are required.
- Customized resources, referrals and information for child care and parenting, senior and dependent adult care, education selection and preparation, health and wellness and customer education.
- Access to the BlueCross BlueShield website offering self-assessments and a library of valuable articles on mental health, stress management, work/life balance, relationships, substance abuse, emotional well-being, and legal and financial resources.

61. Regarding EAP, what has been the average membership for the last 3 years? **This information is not immediately available.**
62. Please 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 provide total "open cases", closed cases, average length of session, and common presenting problems. **This information is not immediately available.**
63. Regarding EAP, 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? **This information is not immediately available.**
64. Regarding EAP, describe any current work/life services arrangement, if applicable. Who is the carrier? What is the current fee? What services are provided? **Blue Cross provides the EAP services within the Health Benefit administration services fee. The current fees will not be shared. EAP benefits are listed in the SPD.**
65. What are your communication requirements for EAP distribution (frequency and manner)? **We would expect the vendors to respond**



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using their best practices in EAP communication regardless of the County's current practice.

66. Regarding EAP, what needs have not been met by the current carrier? **We have good experience with the current carrier and would expect the vendors to respond using their best practices in EAP communication regardless of the County's current practice.**
67. Regarding EAP, what are your current and renewal rates, if willing to share? **The EAP services are currently being performed by Blue Cross, the Health Benefit Administrator in the last renewal year. A new contract will be awarded to the successful vendor as a result of this RFP process. The current rates will not be shared.**

Medicare

68. Would Fulton County consider a fully-insured Medical Indemnity proposal for post-65 retirees? **The County may consider alternate quotes/plans in addition to the quotes/plans required in the RFP.**
69. Can we obtain the most recent 24 months of prescription drug claim experience for post 65 retirees broken out by plan - containing allowed amount, retiree cost share (copays, ded, etc) by month and plan paid claims with corresponding monthly membership? Please include plan design changes and dates of plan design changes **A revised prescription drug repricing file with dates of birth will be provided through secure email to vendors who signed a confidentiality agreement. Vendors can extract post-65 data from this file. Only one year is currently available.**

Please note a revised pharmacy repricing file will be sent to all vendors who signed a confidentiality agreement. This file has additional information. Please note that the pharmacy ID number in this file is a pharmacy ID number specific to BCBS GA coding. A cross walk to a more universal pharmacy ID number will be provided, if possible.

70. Can we obtain the current value of the RDS subsidy amounts on a PMPM basis? **Below please find the last 3 years of RDS payments:**



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Date	BFY	Line Amount
01/16/2008	2008	\$110,304.45
03/31/2008	2008	\$89,202.20
09/29/2008	2008	\$476,818.85
02/23/2009	2009	\$213,828.61
03/23/2009	2009	\$18,193.27
09/25/2009	2009	\$34,767.04
11/18/2009	2009	\$95,178.80
12/21/2009	2009	\$36,062.24
03/08/2010	2010	\$91,869.54
04/18/2011	2011	\$767,964.77

- 71. Can we obtain a member level claim line detail report for post 65 retirees only that contains the following information: member ID, member plan code, employer entity identifier, script count, days' supply, NDC code, formulary tier, prescription filled date, generic/brand indicator, retail/mail indicator, ingredient cost, dispensing fee, member cost share, quantity dispensed. **The requested information with the exception of ingredient cost, dispensing fee and member cost share, will be sent to vendors who signed a confidentiality agreement via secure e-mail.**
- 72. What is the current employer subsidy for post-65 retirees for medical and pharmacy (subsidy formula)? **Retiree contribution rates and the percent of costs paid by the County are included in the enrollment packages. A recap of the contribution rates are shown at the end of this document.**
- 73. Can we obtain medical claims experience broken out for post-65 retirees only for the past 24 months on a monthly basis- containing allowed, retiree cost share (copays, ded, etc) and plan paid claims with corresponding monthly membership. Please include plan design changes and dates of plan design changes. **The repricing file includes one year of charge data for all plans. The data is not available on a monthly basis. The 2011 SPD includes the current level of benefits available for the 2012 calendar year.**



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74. Can you please confirm the current Medicare Coordination of Benefits methodology- Come out whole (COB), Non-Duplication (carve out), Government Exclusion (Medicare Exclusion). **The county uses coordination of benefits (COB). For non-working participants age 65 and over, Medicare is the primary insurer and Fulton is the secondary insurer up to the plan design benefit.**
75. What are current equivalent rates for post-65 medical and pharmacy? **The total EE and ER premium equivalent rates allocated for 2012 are included in the enrollment package. A recap of the contribution rates are shown at the end of this document.**
76. Will you accept alternatives to the requested Medicare Advantage Plan? **The County may consider alternate quotes/plans in addition to the quotes required in the RFP.**
77. Since only a few of the questionnaire questions deal with retiree Medicare Advantage and Medicare Part D (EGWP) coverage, would it be acceptable to include summary information regarding the benefits and cost savings associated with these products? Into which section of the RFP response should this be included (Executive Summary, separate document, etc.)? **Please provide responses to the section labeled Medicare Advantage. Additional clarification information may be requested from vendors at a later date.**
78. Can you please provide an updated census with full date of birth? **The current census data is sufficient.**
79. Can you please confirm that those on listed as "Retirees Over 65" on census are all Medicare eligible. If not, please provide a Medicare eligibility indicator? **This is confirmed**
80. In light of recent CMS guidance for 2013, please confirm you are ok with plan design changes to the proposed MA plan design:
 - a) OOP max cannot be greater than \$6,700
 - b) ER cannot be greater than \$65
 - c) Is the intent to offer the same copay for outpatient surgery and IP hospital?
 - d) Should we assume full gap coverage for Part D?**Confirmed.**
81. Is the county willing to review a Medicare Advantage PPO plan with in and out of network coverage as long as the in-network coverage was



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equal to or greater benefit richness compared to the proposed Medicare Advantage plan design? **The County may consider alternate quotes in addition to the quotes requested in the RFP.**

82. In order to calculate employer contribution, can you please provide the total HMO and Indemnity rates for Medicare retirees? **These rates are included in the enrollment packages. A recap of the contribution rates are shown at the end of this document.**
83. Is the County willing to provide a higher subsidy to incent enrollment in the new Medicare Advantage plan? **Employer/Employee premium rates will be recommended and approved by the Board of Commissioners outside of this RFP process.**
84. Can you please provide the current method of coordination with Medicare (COB-coordination, carve-out/maintenance of benefits, or government exclusion)? **Coordination of benefits (COB). For non-working participants age 65 and over, Medicare is the primary insurer and Fulton is the secondary insurer up to the plan design benefit.**
85. Have any medical or Rx plan design changes been made for the HMO or Indemnity within the past 12 months? If yes, please specify. **No changes have been made.**
86. Are requested performance guarantees in the Cost Proposal applicable to Medicare Advantage? **No, most of them are not applicable.**
87. Please confirm that our Medicare Advantage quote should cover all "Retirees Over 65" enrolled in both the HMO and Indemnity plans? **Confirmed**
88. Please confirm that the new Medicare Advantage plan will not replace any of the current offerings and will be offered alongside the existing plans. **That is correct but we expect this program to have the lowest contribution rate and heavily incented.**
89. Please provide the most recent 12 months of medical and Rx claims and enrollment, by plan, for Medicare retirees only. Claims should exclude under 65 spouses and children. **This information can be derived from the repricing file within the file available through secure email.**



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90. Have any HMO or Indemnity plan design changes been made within the past 12 months? **No changes have been made**
91. Are pharmacy claims on an allowed or paid basis? Are rebates included or excluded? Do the Rx plans include or exclude step therapy and mandatory generics? **Paid basis and includes all pharmacy expenses. Rebate information is not included. The Rx plans include step therapy and generics are not mandatory.**
92. Please confirm if the current plans offered to Medicare eligible retirees include a formulary. If it does, please provide a copy of the formulary. **BCBS GA administers the same formulary for the post 65 retiree Indemnity plan as it does for the other plans. This information can be derived from the revised repricing file within the file available through secure email.**
93. In order to provide the most favorable Part D Pricing please provide the following. We will need one file that contains claim level information. The Information should be provided in summary as well as in detail format. The detail format file should be in delimited text format, inclusive of a header row.
- Unique Member ID
 - Pharmacy ID
 - NDC-11
 - AWP (industry standard)
 - Dispense Date
 - Retail vs. Mail indicator
 - Days supply
 - Quantity or units dispensed
 - Duplicate records or originals/reversals should be removed
 - Tier
 - Low Income Status (yes/no indicator)

Most of this information is available in the revised re-pricing file. The vendors will need to make reasonable assumptions to develop their quote.

94. We will need a second file that contains member level information:
- Member ID
 - Risk Score



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- DD/MM/YYYY of Risk Score
- Zip Code

This information is not available.

95. The county has requested a Medicare Advantage plan offering, but also has a “Medicare Indemnity Plan” and a PPO Plus plan that retirees age 65+ can enroll in that we believe are on a major medical platform currently. Would the county be receptive if we quoted Medicare Advantage plans (matching the requested benefits of course) for the PPO Plus and/or Medicare Indemnity Plan? Or does the county want those plans to remain on a major medical platform? **The County may consider alternate quotes in addition to the quotes required in the RFP.**
96. Can plans be unbundled and be deemed responsive by the county? Example – provide a Medicare Advantage proposal but not quote the comprehensive major medical plans, and would this be deemed responsive or non-responsive? **It is the county’s desire to have the same vendors available to all retirees.**
97. In reference to the Repricing section 1.1.7 of the cost proposal and the Eligibility (1.2.45), Member Services (1.3), Care Management (1.4), Claims Mgt (1.5), Member tools (1.8), Member Communications (1.9), UM 1.10, Medical provider networks (1.13) are also to be answered for the Medicare Advantage quote or just the ones that mention Medicare Advantage. **Please provide responses to the section labeled Medicare Advantage. Additional clarification information may be requested from vendors at a later date if necessary.**
98. Should the Medicare Advantage quote include pharmacy (Part C and D)? **Yes, please include pharmacy.**
99. Is a Copay for Grady required in the Medicare advantage plan? **If possible, no copay would be preferred but not required.**
100. Is Fulton County making any contribution to the retirees coverage? **The enrollment guide lists the retiree contribution and county percent share. A recap of the contribution rates are shown at the end of this document.**



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101. Must all Medicare employees be offered a Medicare Advantage plan?
Yes
102. Could changes be made to the requested plan design (i.e. \$65 ER copay per CMS guidelines)? **Yes, but only changes required by recent CMS guidance.**

Compliance

103. Where do we place the Form E: Georgia Security and Immigration Contractor Affidavit. Section 2.22 states a completed affidavit must be submitted on the top of the bid/proposal. Does this mean we should place it in the front of the Original Technical Proposal? **Form E should be placed in the Technical Proposal along with the Purchasing Forms.**
104. Please confirm the County will accept fully-insured quotes (these will be listed as optional quotes and will be submitted in addition to self-insured rate quotes). **The County may consider alternate quotes in addition to the quotes requested in the RFP.**
105. The general RFP specifications say that EACH PRODUCT should have a technical, cost, and contract compliance components. Specific to the contract compliance components, are you specifically asking that each product have a separate set of contract compliance documents tied to that specific product? What is the contract compliance documents are relevant to multiple products like medical, prescription drug, vision, and dental --- can we include the same documents for each product section? **Correct. The County is only requiring one set of contract compliance documents per vendor, regardless of how many proposals are received from that vendor.**
106. Can you confirm that we are to submit the signed addenda acknowledgements along with the proposal response (and not prior)? **Confirmed**
107. If Exhibit E and Exhibit F in the Contract Compliance requirements are not applicable to us, should we just state "N/A" on the forms? **Yes, However, All forms must be signed and stamped accordingly.**
108. Confirm that we can put large samples on CD-ROM? **Yes**



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109. Can the County confirm that the proposal response set for each of the four products (medical, dental, pharmacy, vision) should be in separate binders? **Confirmed. As outlined in Addendum 1 to this RFP, each Technical proposal for each separate product should be submitted in separate envelopes (or packages) and each Cost proposal for each product should be submitted in separate envelopes (or packages).**
110. Would the County like each of the proposal response sets for each of the four products (medical, dental, pharmacy, vision) in separate sealed shipment boxes (for example, one box would contain the medical, one dental, one vision, and one pharmacy)? **Yes, see Addendum 1 to this RFP.**
111. Can you confirm only Segal would have access to/ review the repricing files (for all products), and that they would be willing to sign an NDA, due to the confidential nature of this information? **The repricing files are directed to be copied on the CDs and included with the cost portion of the proposal. The Segal Company as well as the County will have access to the information in the repricing file.**

The RFP directs that the claim by claim repricing response and the provider by provider displacement response not be included in the hard copy of your proposal response. Additionally, we would recommend that you mark any portion of your proposal that you deem to be confidential and the county will secure this information and not make the information subject to open record requests Section 2.15 of the RFP, Confidential Information, shall govern all proposals regarding Confidential Information.

Neither Segal nor the County will sign a separate non-disclosure agreement provided by the vendor at this time. If marked confidential this should not be necessary.

112. If the county will review the files, can you confirm they will also sign an NDA, due to the confidential nature of this information? **If marked confidential this should not be necessary**

Miscellaneous



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113. Would you like for us to red-line the contract included with this proposal or can we attach a sample of our own contract? **Yes, redline is preferred.**
114. In regard to the CPT Code Exhibit, please confirm these are the only zip codes you would like for us to provide the analysis for. **Confirmed.**
115. Would you kindly provide the NABP, NCPDP, and NPI numbers? We believe the numbers may have possibly been scrambled in the file previously provided to us. **It is our understanding that the pharmacy ID numbers in the data file are not scrambled. However the ID Numbers are specific to BCBS GA coding. We will provide a crosswalk to universal pharmacy ID coding, if possible, through secure e-mail.**
116. Can I get the list of certified contractors for Fulton County? **Vendors may go to the Fulton County Government website at www.fultoncountyga.gov and click on Bid Opportunities to view the M/FBE Directory. Next, click on the type of goods and/or services.**
117. Given that this is a very comprehensive RFP with a tight deadline, would the county consider an extension to the due date? **Unfortunately in order to meet certain internal deadlines and allow for an adequate implementation timeframe, we cannot extend the proposal due date.**

MW/BE

118. Are you requiring a certain percentage goal? **No. We expect the vendors to respond using their best practices and recommendations.**



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FELICIA STRONG-WHITAKER, INTERIM DIRECTOR

2012 HEALTH INSURANCE RATES

EMPLOYEES					
2012	March 2012 Enrollment	Total medical costs	Monthly county cont.	Monthly employee cont.	County cost share
HMO Plan					
Employee	1,916	\$490.46	\$382.56	\$107.90	78%
Employee + 1	1,036	\$937.54	\$731.28	\$206.26	78%
Family	1,569	\$1,222.25	\$953.36	\$268.90	78%
PPO Plan					
Employee	66	\$987.49	\$720.87	\$266.62	73%
Employee + 1	38	\$1,822.62	\$1,330.52	\$492.11	73%
Family	15	\$2,473.11	\$1,805.37	\$667.74	73%
Total	4,640				



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FELICIA STRONG-WHITAKER, INTERIM DIRECTOR

2004 RETIREES & EARLIER					
2012	March 2012 Enrollment	Total medical costs	Monthly county cont.	Monthly employee cont.	County cost share
UNDER 65					
HMO Plan					
Employee	136	\$628.09	\$565.28	\$62.81	90%
Employee + 1	171	\$1,200.64	\$1,080.57	\$120.06	90%
Family	67	\$1,603.38	\$1,443.04	\$160.34	90%
PPO Plan					
Employee	41	\$877.50	\$702.00	\$175.50	80%
Employee + 1	19	\$1,619.60	\$1,295.68	\$323.92	80%
Family	11	\$2,197.63	\$1,758.11	\$439.53	80%
PPO Plus Plan					
Employee	-	\$1,826.36	\$1,643.72	\$182.64	90%
Employee + 1	-	\$3,184.11	\$2,865.70	\$318.41	90%
Family	-	\$4,578.34	\$4,120.50	\$457.83	90%
Total	445				
OVER 65					
HMO/Medicare					
Employee	324	\$574.14	\$516.73	\$57.41	90%
Family	271	\$1,084.54	\$976.08	\$108.45	90%
Indemnity/Medicare					
Employee	342	\$439.16	\$351.33	\$87.83	80%
Family	160	\$1,125.07	\$900.06	\$225.01	80%
PPO Plus Medicare					
Employee	2	\$439.16	\$395.24	\$43.92	90%
Family	7	\$1,125.07	\$1,012.57	\$112.51	90%
Total	1,106				



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2005 RETIREES					
2012	March 2012 Enrollment	Total medical costs	Monthly county cont.	Monthly employee cont.	County cost share
UNDER 65					
HMO Plan					
Employee	38	\$628.09	\$533.88	\$94.21	85%
Employee + 1	37	\$1,200.64	\$1,020.54	\$180.10	85%
Family	18	\$1,603.38	\$1,362.88	\$240.51	85%
PPO Plan					
Employee	4	\$877.50	\$684.45	\$193.05	78%
Employee + 1	2	\$1,619.60	\$1,263.29	\$356.31	78%
Family	-	\$2,197.63	\$1,714.15	\$483.48	78%
Total	99				
OVER 65					
HMO/Medicare					
Employee	10	\$574.14	\$488.02	\$86.12	85%
Family	14	\$1,084.54	\$921.85	\$162.68	85%
Indemnity/Medicare					
Employee	2	\$439.16	\$342.54	\$96.61	78%
Family	-	\$1,125.07	\$877.56	\$247.52	78%
Total	26				



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2006 RETIREES					
2012	March 2012 Enrollment	Total medical costs	Monthly county cont.	Monthly employee cont.	County cost share
UNDER 65					
HMO Plan					
Employee	50	\$628.09	\$521.32	\$106.78	83%
Employee + 1	53	\$1,200.64	\$996.53	\$204.11	83%
Family	45	\$1,603.38	\$1,330.81	\$272.58	83%
PPO Plan					
Employee	3	\$877.50	\$675.67	\$201.82	77%
Employee + 1	4	\$1,619.60	\$1,247.10	\$372.51	77%
Family	1	\$2,197.63	\$1,692.18	\$505.46	77%
Total	156				
OVER 65					
HMO/Medicare					
Employee	23	\$574.14	\$476.54	\$97.60	83%
Family	15	\$1,084.54	\$900.16	\$184.37	83%
Indemnity/Medicare					
Employee	2	\$439.16	\$338.15	\$101.01	77%
Family	5	\$1,125.07	\$866.31	\$258.77	77%
Total	45				



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2007 RETIREES					
2012	March 2012 Enrollment	Total medical costs	Monthly county cont.	Monthly employee cont.	County cost share
UNDER 65					
HMO Plan					
Employee	262	\$628.09	\$502.47	\$125.62	80%
Employee + 1	224	\$1,200.64	\$960.51	\$240.13	80%
Family	231	\$1,603.38	\$1,282.71	\$320.68	80%
PPO Plan					
Employee	18	\$877.50	\$658.12	\$219.37	75%
Employee + 1	13	\$1,619.60	\$1,214.70	\$404.90	75%
Family	7	\$2,197.63	\$1,648.23	\$549.41	75%
Total	755				
OVER 65					
HMO/Medicare					
Employee	59	\$574.14	\$459.31	\$114.83	80%
Family	55	\$1,084.54	\$867.63	\$216.91	80%
Indemnity/Medicare					
Employee	15	\$439.16	\$329.37	\$109.79	75%
Family	5	\$1,125.07	\$843.81	\$281.27	75%
Total	134				
Total Medical 7,406					



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DENTAL EMPLOYEES					
2012	March 2012 Enrollment	Total medical costs	Monthly county cont.	Monthly employee cont.	County cost share
DENTAL ACTIVES					
Employee	1,922	\$31.71	\$23.78	\$7.93	75%
Employee + 1	1,152	\$64.84	\$48.63	\$16.21	75%
Family	1,712	\$84.97	\$63.73	\$21.24	75%
Total	4,786				
DENTAL RETIREES					
Employee	1,227	\$31.71	\$0.00	\$31.71	0%
Family	1,147	\$71.96	\$0.00	\$71.96	0%
Total	2,374				
Total Dental	7,160				

VISION EMPLOYEES/RETIREES					
2012	March 2012 Enrollment	Total medical costs	Monthly county cont.	Monthly employee cont.	County cost share
Employee	2,885	\$16.09	\$9.33	\$6.76	58%
Employee + 1	2,156	\$16.09	\$9.33	\$6.76	58%
Family	2,209	\$16.09	\$9.33	\$6.76	58%
Total Vision	7,250				



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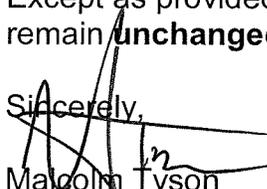
FELICIA STRONG-WHITAKER, INTERIM DIRECTOR

For additional information regarding this addendum, contact Malcolm Tyson,
Assistant Purchasing Agent at (404) 612-5811 or e-mail at
malcolm.tyson@fultoncountyga.gov.

The undersigned propose acknowledges receipt of this addendum by returning
one (1) copy with their bid. Failure to return a signed copy of this addendum with
your bid may render your bid to be non-responsive.

Except as provided herein, all terms and conditions in the bid referenced above
remain **unchanged** and in full force and effect.

Sincerely,


Malcolm Tyson
Assistant Purchasing Agent

ACKNOWLEDGEMENT OF ADDENDUM

COMPANY NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____