



Department of Purchasing & Contract Compliance

Felicia Strong-Whitaker, Interim Director

Fulton County, GA

May 8, 2015

Re: 16RFP82557C-MT – Employee Healthcare Benefits Plan

Dear Bidders:

Attached is one (1) copy of **Addendum 1**, hereby made a part of the above referenced 16RFP82557C-MT – Employee Healthcare Benefits Plan.

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

Sincerely,

Malcolm Tyson

Malcolm Tyson
Assistant Purchasing Agent

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This Addendum forms a part of the contract documents and **modifies** the original RFP documents as noted below:

- 1. Appendices 1-7 have been revised and will be provided via e-mail.**
- 2. Exhibits 6 and 11-17 have been revised and will be provided via e-mail.**
- 3. Exhibit B, Employment Report has been revised and is attached.**
- 4. The word copy of the Purchasing Forms and Contract Compliance Forms will be provided via e-mail.**
5. Section 3.1.2 Number of Copies states that the Financial Information is to be provided in a separate sealed envelope. Yet, the instructions in 3.4: Technical Proposal Format and Content indicate that the Financial Information should be provided as Section 5. Can you advise as to where the Financial Information should be placed?
Response: The Financial Information should be provided in a separate sealed envelope in accordance to Section 3.1.2 – Envelope # 4.
6. Please indicate where the Submittal Check List should be placed?
Response: The submittal checklist should be placed in the Technical Proposal.
7. Section 6 of the RFP Refers to Exhibit B Employment Report. There is nothing clearly noted as “Exhibit B” or “Employment Report”. There is a chart **on pages 6-5 and 6-6** with a header: “The following demographic employment information must be submitted with this quote” (Pages 60-61 of 127 in the RFP).
Response: The correct Exhibit B, Employment Report has been revised and is attached.
8. In verifying instructions for Section 3.1.2. Number of Copies, should Proposers include 4 separate sealed envelopes and all their contents for each proposal submission? For example, if a Proposer only responds to 2 of the 6 proposals (i.e., Medical/Pharmacy Proposal and the MA-PDP Proposal), does the Proposer have to submit 4 separate sealed envelopes for each of these 2 products?
Response: Correct.
9. Do Proposers need to submit all the forms even if they do not apply? Or, do they need to submit them with Not Applicable - Intentionally Left Blank typed on the forms?
Response: Please submit a response of “Not Applicable.”



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10. Please confirm where the financial information (audited statements) is to be included in the response. Should they be included in the technical response or in envelope 4?

Response: The Financial Information should be provided in a separate sealed envelope in accordance to Section 3.1.2 – Envelope # 4.

11. Where are the Proposal Forms to be included in the response? Is it acceptable to have them included in a separate envelope as we are doing with the Contract Compliance forms

Response: In Accordance with Section 3.1.2 Number of Copies, Section 5, Proposal Forms, should be included in the Technical Proposal.

Due to the timing of obtaining the proposal bid documents, is there any chance there will be an extension granted?

Response: There will be no extension for this RFP.

12. In regard to Form F Georgia Security and Immigration Subcontractor Affidavit, please confirm the subcontractor portion of the form is not required during this bid proposal.

Response: The Georgia Security and Immigration Subcontractor Affidavit must be submitted if the prime contractor has a subcontractor.

13. Exhibit C Schedule of Intended Subcontractor Utilization, is the dollar value and percentage of work needed at this time? If so is an estimate sufficient?

Response: Subcontract figures should be provided in the form.

14. Please confirm Exhibit G does not need to be completed during this bid process.

Response: If the form does not apply to your firm, please reply as “Not Applicable.”

15. Please confirm whether claims can be processed offshore.

Response: The County requests that all operations having direct client-interface be performed inside the United States of America.”

16. Brown & Moore is a minority company that has developed our own Dental and Vision Product and we will be submitting as a Prime Contractor does it require us to register with Fulton County?

Response: You do not have to be registered with Fulton County Government to submit a RFP response.

17. Will we be required to have a minority or local subcontractor?

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Response: There is no requirement to have a minority or local subcontractor. However, an Equal Business Opportunity Plan (EBO Plan) must be submitted with your proposal.

18. If possible, please provide RFP Forms that require completion to be provided in PDF edit format or Word?

Response: Please see question number 4.

19. Please confirm if there are any requirements or goals for MWBE subcontractors for this bid proposal.

Response: There are no requirements or goals for the MWBE subcontractors. However, an Equal Business Opportunity Plan (EBO Plan) must be submitted with your proposal.

20. Will Proposers have an opportunity for best and final offers and interviews?

Response: The purchasing agent shall negotiate a contract with the most responsible and responsive short-listed offeror that the purchasing agent determines to be fair and reasonable to the County.

21. Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.

Response: Confirmed

22. Please confirm if CD-ROM's can be used in place of the requested Flash Drives.

Response: Confirmed

23. Please confirm that in order to minimize printing, we can provide large attachments and requested samples and brochures on CD-ROM.

Response: Confirmed.

24. Please provide a detailed outline of the proposed 2016 Plan Designs.

Response: This information is released via Secure File Transmission.

25. Section 3 – 3.1.2 Number of Binder Copies – can you please clarify what information is being requested under binder #4 Financial Information?

Response: Please see Section 3.4, Section 5 of Proposal Requirements.

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26. Please clarify the submission requirements:

- a. There will be 6 submissions of 4 binders/envelopes for each requested coverage.

Response: Correct

- b. Documents applicable to multiple submissions should be included in each submission (ex. Financial Statements)

Response: Correct

- c. The RFP references providing the cost materials on CD, however it also references flash drives, please confirm you would like CD's or flash drives.

Response: You may submit CD'S of flash drives.

- d. Please confirm that the disruption and repricing excel files will be the only files that are not included as a hard copy. The cost proposal spreadsheets will be included as hard copy.

Response: The repricing summary grids included in the medical and dental cost exhibits must be submitted as hard-copy; however, the supporting data files can be submitted electronically.

- e. Will each RFP have the same RFP number (provided by Fulton County) and will be differentiated by the line of coverage (ex. Medical/PBM)?

Response: Please use the same RFP number.

27. We are not applicable for Service Disabled Veterans Preference or Joint Venture, do we need to complete the form with "not applicable" or do we omit the form all together.

Response: Please indicate "Not Applicable."

28. Do we need to provide duplicates of each form in each proposal submission? Or is it acceptable to include the forms only once. If so, where are they to be included?

Response: Please provide the number of copies required in Section 3.1.2

29. Are we to complete Exhibit G or is this just an example of a report that will be provided each month?

Response: Exhibit G, Prime Contractor/Sub-contractor Utilization Report, must be completed if awarded the contract.

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30. Do we need to include the Georgia Security and Immigration Subcontractor Affidavit for each MBE at this time?

Response: Yes.

31. Please confirm where the financial information (audited statements) is to be included in the response. Should they be included in the technical response or in envelope 4?

Response: Per Section 3.1.2, the information must be submitted in a separate sealed envelope number 4.

32. Where are the Proposal Forms to be included in the response? Is it acceptable to have them included in a separate envelope as we are doing with the Contract Compliance forms?

Response: Per Section 3.1.2, the Proposal Forms should be included with the Technical Proposal.

33. Is it your intent to have Appendix 1 duplicated in each proposal response?

Response: Yes.

34. How should Proposers respond to questionnaires for products that they are not quoting? Should the questionnaires that aren't being quoted be included with the deliverables but with language stating that they are Not Applicable or Not Quoting? Or, can the questionnaires be excluded and the products not quoting be called out in the Deviations document?

Response: Provide language stating that they are not applicable.

35. What is the primary motivation for the County going to bid this year for spending accounts? (Service Issues, internal procurement mandate, etc.).

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

36. If chosen, will the new administrator assume claim adjudication for run out claims associated with the 2015 calendar, or will that be the responsibility of the current administrator?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

37. Will the County consider negotiating Service Level Agreements with the chosen vendor?

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Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

38. Are you looking to have your commuter benefits program as part of this RFP response?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

39. How many participants do you have enrolled in your spending account programs? Note: we expect to get these once they send us their volumes.

Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

- a. Healthcare FSA & Dependent Care FSA = Excluded from this RFP
- b. Health Reimbursement Arrangement (HRA) = Approximately 700
- c. Health Savings Account (What count should we assume for the proposal)= 1,000
- d. Commuter Spending Accounts = Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

40. How will participants enroll in each of the spending account programs for your next plan year?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

41. Will Benefit Harbor be providing your online enrollment for the next plan year? Under whatever method you use, do you contemplate your system providing the chosen vendor with ongoing eligibility files?

Response: A final decision has not been made on the open enrollment system and vendor for plan year 2016.

42. If the #9 above doesn't apply, will you expect an online enrollment tool from your new spending account administrator?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

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43. How much, if any, manual paper enrollment do you expect the new spending account administrator to manage?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

44. What payroll system(s) does the County utilize?

Response: CGI - AMS HR Advantage

45. Are you aiming to increase spending account enrollment? If so, what are you currently doing to help drive enrollment increases?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

46. What has been most effective method of communicating the benefits of spending accounts for your previous enrollments?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

47. Do you currently offer any tools, calculators, or modeling software to communicate the benefits of spending accounts to your employees?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

48. Concerning your current spending account claim substantiation process, does the County provide a co-pay/deductible file to your administrator?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

49. Does your administrator receive claim files from your health care providers?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

50. Were the County to decide to change spending account administrator, what do you believe will be your biggest challenges? For current participants and eligible employees? For internal operations?

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Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

51. Other than English, what language(s) will the administrator be required to support for your population? If appropriate, please provide an estimated language percentage break down for your entire population.

Response; Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

52. Are you experiencing any service issues or administrative shortcomings that you require to be addressed by the new administrator?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

53. In what time frames do you typically conduct your open enrollment sessions that require attendance by the administrator?

Response: Please disregard the Flexible Spending Account administration – the decision has been made to exclude this service from this RFP.

54. Please provide a detailed outline of the proposed 2016 Plan Designs.

Response: This information is released via Secure File Transmission.

55. Appendix 2: *Member Services – please define ‘dedicated’. Is Fulton receiving ‘dedicated’ member services currently?

Response: Dedicated implies that member services reps are assigned solely to Fulton County – no other client. Fulton County has a customer service team assigned in addition to dedicated toll-free line.

56. Appendix 2: *Communications – please clarify ‘access’ to hard copy directories. Are web site services or calling customer service for a directory to be mailed the intent.....or is the intent actual hard copy delivery?

Response: Directories should be available via the website or accessible to employees through calling a customer service representative. The intent is for employees to have the most up to date information on providers.

57. Appendix 2: *Utilization Review (UR) Savings – please describe what you mean for #30 ‘How are UR costs billed. (by a third party? By in house UR mgmt.?)’

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Response: Are UR costs billed on a Per Employee Per Month (PEPM) basis, percent-of-savings basis, or other?

58. Appendix 3 #15 – please describe what is meant for ‘member participant statement’ sample Enrollment form.

Response: A member participant statement for the Health Reimbursement Account (HRA) or the Health Savings Account (HAS) may be issued quarterly, and would provide initial balance, transactions, and remaining balance.

59. Appendix 4 Wellness #43 Grid: Does ‘personal cyberfile’ mean Personal Health Record? What is the intent?

Response: The term ‘personal cyberfile’ references a personal health record.

60. Appendix 4 Wellness # 46- what services are intended to be provided by ‘kiosk’ option?

Response: A kiosk at the employer’s location, would have a dedicated computer/tablet for completing an Health Risk Assessment (HRA), completing an online program, etc.

61. Appendix 5 Dental #4 – are attachments allowed or can the response grid be extended to allow a full listing of subs?

Response: Yes, you may extend the table to accommodate a full listing of sub-contractors.

62. Appendix 5 Dental – what Reasonable and Customary (R&C) percentage is desired?

Response: 80th percentile R&C.

63. Appendix Dental #58 – Please indicate what capabilities the ‘swipe card’ should provide.

Response: The intent of this question is to determine what resource/methods are used by your network providers to verifying member eligibility and benefits – website/portal, ID card, swipe card, call to member services, etc.?

64. Appendix 6- Vision - Is a fully insured vision quote allowed?

Response: No. You must submit as specified in the RFP.

65. The Medical Provider file for the repricing is missing the provider names. Can you please provide an updated repricing file that includes the provider names? Otherwise, our repricing will not be as accurate as possible.

Response: The Medical provider file for repricing includes the provider tax ID. The file will not be updated to include provider names.

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66. Please confirm that you will accept alternative Performance Guarantees for the MAPD.
Response: Yes, you may submit alternative Performance Guarantees for the MAPD – please note as a deviation.
67. Have any plan design changes been made within the last 12 months?
Response: There have been no plan design changes during the last 12 months.
68. Please provide a rolling 12 large claim report for March 2014-February 2015 to align with the most recent 12 months of claim data
Response: Released via Secure File Transmission.
69. Please provide monthly subscriber counts in lieu of members for the monthly claim data for January 2015-February 2015.
Response: Released via Secure File Transmission.
70. Please provide the current administration fees.
Response: Current fees will not be provided.
71. Does the County currently have stop loss? If yes, will we be required to integrate with the 3rd party vendor?
Response: Currently, there is no stop loss; however, it is possible that stop loss will be purchased in the future. At such time that stop loss is purchased, yes, you will be required to integrate with the stop loss vendor.
72. Exhibit 2A- Medical (Actives) Current plans grid shows columns E, H, K, and N for HDHP/H.S.A. Since current HDHP is a H.R.A, please confirm it is acceptable to input proposed H.R.A plan fees in those columns.
Response: See revised medical cost exhibit: Exhibits 2-5.
73. Exhibit 2B Medical (Retired>65) Fee grid only has columns for PPO Plus and Indemnity for current Post-65s. The census indicates that there are 580 Over 65 retirees in a HMO plan. Please confirm where we should input those fees.
Response: See revised medical cost exhibit: Exhibit 2-5
74. Per Exhibit 2-5 Medical and Rx Cost Proposal, Note #1 please confirm the number and frequency of the claim data extracts required.
Response: 1-2 per year, based on project requirements.

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75. Please provide a list of current disease management and wellness services included in your current administration fees.

Response: Fulton County's current Wellness and Disease Management offerings are provided through BCBS-GA's Health 360 program. A description of the services may be found on the BCBS-GA website.

76. Please provide a facility utilization report with paid claim amounts.

Response: This information has been requested and will be forwarded if/when received.

77. What is the EAP model requested? Number of face-to-face visits?

Response: The EAP program should allow up to 8 face-to-face visits.

78. Is the County requesting worklife services?

Response: Yes, please include work-life services.

79. Please provide EAP utilization for the past two years.

Response: Released via Secure File Transmission.

80. How many onsite training hours is the County requesting?

Response: Please quote your standard/recommended onsite training hours.

81. Please provide onsite training utilization for the past two years.

Response: To be released via Secure File Transmission, during the week of 5/4/15.

82. Please provide Critical Incident Service and Debriefing (CISD) or Crisis Response Services utilization for the past two years.

Response: Released via Secure File Transmission.

83. Please provide the current PEPM that is charged for EAP services.

Response: Current fees will not be provided.

84. Please confirm where the EAP financial information/cost should go in the RFP Response.

Response: In the medical cost exhibit, you may add 'EAP' to the additional lines available for 'other' costs.

85. Average number of initial COBRA notices per month.

Response: Approximately 70.

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86. Average number of COBRA Qualifying Event Notices per month.

Response: During the past year, approximately 61 notices per month.

87. How many pending COBRA?

Response: Approximately 124 have received COBRA notices and are still within their 60-day window for making an election.

88. What is average Turn-over Rate?

Response: Our average turn-over rate is 8% based on approximately 10,300 covered lives. This is based on 2014 data.

89. How would you like us to quote COBRA? Per Occurrence pricing? Per Employee Per Month pricing (PEPM)? Or both?

Response: PEPM is preferred. If you quote on a per-occurrence bases, please note it as a deviation, and detail all assumptions used in developing your quote.

90. Per Enrollment/Claim Data, is it correct to assume – approx. 33 COBRA active participants?

Response: There are 22 currently COBRA participants.

91. Is the County considering making enrollment in the Medicare Advantage plan mandatory for all post 65 retirees? If so, should our response include rates and plans design for the retirees on the current indemnity plan and match benefits as close as possible?

Response: The Medicare Advantage Plan is currently mandatory for post 65 retirees and spouses in the HMO Plan unless they opt out during open enrollment. At this time, Fulton County is not considering making it mandatory for all post 65 retirees/spouses. The Medicare Advantage Plan offered would need to be equal to or greater than all plans currently offered to retirees over age 65 based on current plan design.

92. Are we able to get pharmacy experience in this format for the Post-65 Medicare-eligible retirees that are not currently enrolled in the Medicare Advantage plan?

Response: There will be no format changes to the current Pharmacy (Rx) file.

93. 1. Unique Member ID (can be Member1, Member2, Member3, and so on, do not need a real SSN or HICN so there are no privacy issues)

94. 2. Pharmacy ID (industry

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standard)
95.3. NDC-11 (industry standard)
96.4. AWP (industry standard)
97.5. Dispense Date
98.6. Retail vs. Mail indicator
99.7. Days Supply
100. 8. Quantity or Units Dispensed
101. 9. Duplicate records and originals/reversals should be removed
102. 10. Tier
103. 11. Low Income Status (Yes/No indicator)

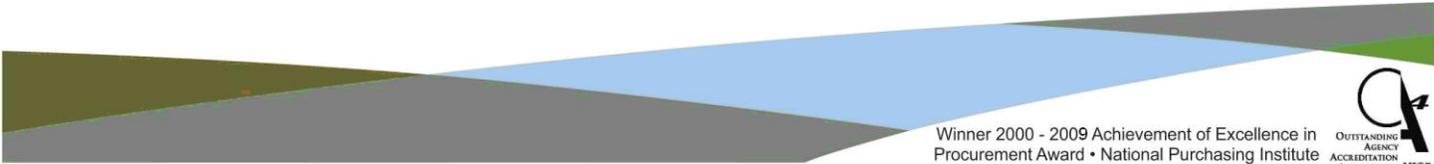
104. Current census including enrollment by tier and waivers
Response: Please see Census data released via Secure File Transmission.

105. Please provide the latest 12 months of claim experience and utilization data including:
a. In-network vs. out-of-network claims
b. Lens type: single, bifocal, trifocal/lenticular and progressives (either in dollars or percentages)
c. Percentage of claims by exams and materials
d. Materials utilization (eyewear vs. contacts)

Response: This information is released via Secure File Transmission.

106. What is the current vision contribution level?
Response: The current contribution level for vision is 58% Employer 42% Employee.

107. If caveats are needed on the cost spreadsheets, where are we to include those? Are we able to modify the spreadsheets? For example, merge cells?
Response: You may add a tab labeled 'Deviations', or, you may list deviations under the applicable cost grid.





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108. Please confirm the census totals for active and under 65 retirees for medical, Rx, dental and vision on the files provided. The RFP states that we are to base the GeoAccess reports on 7377 total eligible subscribers (active and retiree under 65), however the census does not provide an indicator for the under 65 retirees. When attempting to calculate, we are unable to match the total eligible number of 7377 that is provided in the RFP. Also, the RFP specifies that the GeoAccess reports are to be based on eligible subscribers, however the census files seem to only include enrolled members. Please provide census files that match the control totals or control totals that match the census.

Response: Please disregard the 7,377 noted in the RFP, and use the most recent census data, with coverage codes for all eligible employees, released 4/28/15. See the coverage code legends on the first 3 tabs of the census file – coverage codes indicate the plan, over/under 65, and coverage tier. You should have approximately 4,900 actives, 1,700 early retirees, and 2,100 Medicare-eligible retirees, for an approximate total of 8,700 eligibles.

109. The Medical Cost Proposal form has a row to be completed for “Wellness and Disease Management (DM)”, what is to be placed here since there is a whole RFP submission dedicated to Wellness and Disease Management.

Response: You may quote your basic integrated Wellness/DM program on the appropriate line in the medical cost exhibit. If you are proposing a more robust (possibly stand-alone) Wellness/DM plan, please complete the more extensive Wellness/DM cost proposal exhibit.

110. In the Rx disruption analysis (repricing file), the formulary column asks for a “y/n” response. However, are we able to provide the tier that the drug is included in on the proposed formulary?

Response: Yes, you may add a column for tier info, if you desire. Please provide corresponding definitions for each tier code.

111. Please provide the commission amount that is to be included.

Response: No commission.

112. Please provide the commission amount that is to be included.

Response: No commission.

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113. Are you able to provide any vision claims experience?

Response: Released via Secure File Transmission.

114. Please confirm if the current Eye Med plan is Fully Insured or Administrative Services Only (ASO)?

Response: The current funding basis is ASO.

115. We are proposing two different medical HMO networks; however there is only space on the grid in the questionnaire, for one. Are we able to modify this grid?

Response: Yes, you may increase the number of columns to accommodate the number of networks you are quoting.

116. Please provide an RFP timeline with dates such as award date and open enrollment, if possible.

Response: A RFP timeline is not available. Award date is subject to the Board of Commissioners approval of the vendor recommendations which currently is schedule to be presented for approval in July – subject to change. Open enrollment is contingent to Board of Commissioners approval of the 2016 premiums which is usually presented for approval in August – subject to change.

117. The Rx cost sheet provides a footnote (4) that references question 171 in the questionnaire; however, there is not a question 171. Can you provide the question number that this footnote is referencing?

Response; Please disregard the reference to question #171. See revised Medical Cost Exhibits 2-5.

118. Is pricing for the hard copy assessment to be provided on a total population basis or on an ad hoc basis?

Response: Heath risk assessments should be electronic (web-based). Pricing for hard-copy (paper) assessments should reflect an ad-hoc assumption.

119. Response: What is the current ASO fee?

Response: Current fees will not be provided.

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120. Are the employees enrolled in COBRA included on the census and claims data?

Response: Yes, census and experience data include COBRA participants.

121. Please confirm current premium funding level for the vision plan as “contributory” - 50% Employer paid and 50% Employee paid?

Response: The current contribution split is 58% County 42% Employee.

122. Do Retirees pay 100% of their monthly premiums? If no, please confirm % paid by The County for retirees?

Response: The percentage paid by the County for retirees varies and based on the cost share in place at the time they retired. The percentages are listed in Attachment 4 – Fulton 2015 Healthcare Plan Retirees.

123. Will the same vision contribution percentage levels continue for the plan year effective 1/1/2016 for both actives and retirees?

Response: It is the County’s intent that the same contribution split continue; however, the contribution strategy is evaluated and set each August -- change is possible.

124. Do current vision rates include any broker commissions? IF yes, what dollar amount or percentage?

Response: Vision rates do not include commission.

125. If current rates include commission, who is the Broker of Record?

Response: Segal Consulting is the Consultant/Broker of Record – vision rates are net of commission.

126. Please provide a vision rate history for past 3 years?

Response: Current rates will not be provided.

127. Does The County expect proposing carriers to “match” current vision benefits which appear to be a maximum reimbursement schedule plan?

Response: Yes, please match the current vision benefits.

128. Will The County consider alternate plan design options and reimbursement methods?

Response: You must respond as specified in the RFP. You may quote 1 alternative plan option - please note as a deviation.



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129. Why is The County bidding vision and other products?

Response: The County usually bid the entire healthcare plan every 3 years to encourage competition while balancing cost and value for both the County and employees.

130. Is there improvement opportunities for the vision coverage that The County wishes to implement?

Response: Responses as specified in the RFP are required. You may quote 1 alternative plan option - please note as a deviation.

131. We also want to know what **Recognized Charge** or maximum amount Aetna will pay for covered out-of-network expenses. In the 2015 Benefit Guide, it states "you are responsible for paying the difference in cost if your dentist charges more than Aetna's pre-approved network fees". Is the out-of-network reimbursement the PPO schedule?

Response: The definition of 'Recognized Charge' is provided on page 40, of the Dental Summary Plan Description. Out of network charges are reimbursed at the lesser of 80th percentile Reasonable & Customary (R&C), or the provider's billed charges.

132. Please provide written documentation of the dental plans out-of-network reimbursement

Response: Out of network charges are reimbursed at the lesser of 80th percentile Reasonable & Customary (R&C) or the provider's billed charges.

133. Is a Geo Access required? If so, please provide the access standards and providers such as: General Dentist, All Specialists or Specialist type

Response: Yes, a Geo Access is required. See Appendix 5 – Dental Questionnaire, question #85.

134. Is the incumbent carrier the claims fiduciary or is Fulton County BOC?

Response: The Incumbent Carrier.

135. Please provide additional detail as to how the Repricing should be performed? Will

orthodontic claims be eliminated from the determination since 100% of the benefit is paid out to an enrollee over a defined time period?

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Response: Orthodontic claims should be excluded from the repricing exercise.

136. Does the current carrier provide a secondary (rental/leased) PPO network?

Response: The current directly contracted Dental PPO network is supplemented by vendor based networks.

137. Is a network access fee or percentage amount applied/charged/deducted in addition to the actual claims expense(s) incurred for a leased, rental or proprietary network?

Response: There is no additional network access charge/deduction/etc.

138. Are there additional monthly costs/fees to Fulton County BOC beyond the ASC fee?

Response: There are no additional costs/fees beyond the ASC fee.

139. Is a separate fee or charge made to Fulton County BOC for processing claims incurred before termination but paid after termination?

Response: See response to question, regarding charges for processing run-out claims.

140. Should Fulton County BOC terminate the current contract will the incumbent carrier process run-out claims w/o additional charge to the county?

Response: The current fee is a mature fee, and includes 12 months of run out.

141. Please request that Aetna provide the dental provider claims file for the claims re-pricing requested for Fulton County's RFP for the calendar period 2014 or 3/1/214-2/29/15. Listed below is the minimum information necessary to complete a repricing.

- a. Benefits during analysis period
- b. Dentist Name
- c. Dentist TIN
- d. Dentist Zip Code
- e. Date of Service
- f. Procedure Codes
- g. Submitted Fee
- h. *Approved Fee* (after discounts before processing)
- i. Paid amount

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- j. Deductibles
- k. Coinsurance applied

Response: There will be no revisions to the data/format of the dental repricing file.

142. Do Proposers quote both the Current 2015 Plan Designs and the Proposed 2016 Plan Designs?

Response: Yes, proposers should quote both the current and the proposed plan designs.

143. How should a Proposer respond if their Wellness & Disease Management program is embedded in their Medical/Pharmacy or MA-PDP products?

Response: Please complete all relevant questionnaires and cost exhibits – Medical/Rx, Wellness & Disease Management (DM), and MA-PD. For the Wellness & DM, if, because it is an embedded product (not available as a stand-alone offering) you are unable to provide the level of detail requested in the cost exhibit, you may note that the program cost is embedded in the Medical offering, and list the services provided. Include the representative Wellness & DM PEPM fee in the Medical & Rx and MA-PD cost exhibits, on the appropriate lines – “Wellness and DM” cost line in Medical & Rx exhibit, and the “Other” cost line in the MA-PD exhibit.

144. Do Proposers need to submit all the forms even if they do not apply? Or, do they need to submit them with Not Applicable - Intentionally Left Blank typed on the forms?

Response: Please submit them as Not Applicable.

145. DM & Wellness PGs – Does Fulton County indeed want a customer and client satisfaction conducted monthly?

Response: The customer satisfaction survey should be conducted at the end of select member calls and will be measured monthly and the penalty assessed quarterly. The client satisfaction survey should read “measured and assessed annually”.

- a. Is Fulton County doing in-house or with a vendor? If vendor, who would that be?

Response: Currently the customer satisfaction survey is conducted by the medical claims administrator and Wellness and Disease Management administrator, BCBS GA.

- b. Please clarify the roll out and frequency.

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Response: The current client satisfaction survey is conducted on an Annual Basis.

146. Can Fulton County provide the existing participation in their DM and Wellness programs? Do they have a vendor providing those programs? Or, are they provided by the current medical carrier? If a vendor, can they provide the name of the vendor they are using currently?
Response: Current Wellness and Disease Management programs are offered through BCBS' Health 360. Program participation has been requested and will be provided upon receipt.
147. May proposers submit alternate plan designs for the Actives & Pre-65 Retirees HMO plan?
Response: At this time, you may submit one alternate plan design, in addition to the current and proposed designs. Please ensure that all deviations are noted.
148. What is Fulton County's contribution strategy for 2016?
Response: The intent is to maintain the overall contribution split that is currently in place. However, the contribution strategy is evaluated and set each August -- change is possible.
149. Regarding Eligibility Loads (initial and OE), what day of the week will the file be received. The RFP states the file will be received by 12 midnight but doesn't give a day of the week.
Response: This will be determined and addressed after contract is awarded and is contingent to the timeline that will be established for open enrollment.
150. Regarding Eligibility updates (monthly), is the 24hrs clock hours or business hours? Will this be a monthly full file or change file?
Response: Will be addressed after contract is awarded.
151. Can you provide clarification around when your eligibility file will arrive at the carrier?
Response: Will be determined after contract is awarded. Files are sent via secure file transmission on a bi-weekly basis for active employees and monthly basis for retirees, based on our payroll schedule.
152. How would Fulton County prefer carriers to handle any deviations? on PGs, Benefits, etc?
Response: Deviations should be clearly noted on a separate page or tab.

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153. Can you please confirm if the County offers a dental DHMO plan to its employees? I see mention of it in the questionnaire file, disruption and cost exhibits, but I did not see any certificates or plan designs detailing the dental DHMO plan(s) offered.

Response: The County is not currently offering a DHMO plan – this is a new consideration for 2016. Please submit a proposal for your standard/recommended DHMO plan.

154. Within the charts for all Geo Access requests the total count of eligible employees states 7,377. The census that was provided does not equal this amount. Can you confirm the correct number or can we change this in the bid questionnaires to match the census?

Response: Please disregard the 7,377 noted in the RFP, and use the most recent census data, with coverage codes for all eligible employees, released 4/28/15. See the coverage code legends on the first 3 tabs of the census file – coverage codes indicate the plan, over/under 65, and coverage tier. You should have approximately 4,900 actives, 1,700 early retirees, and 2,100 Medicare-eligible retirees, for an approximate total of 8,700 eligibles.

155. Exhibit 11 Performance Guarantees: Data Transmission: Can you provide the Data Transmission layout and file exchange being requested.

Response: This information will be provided after award is made.

156. Exhibit 11 Performance Guarantees: Reporting: Can you provide the Reporting requirements for this performance guarantee request

Response: This refers to the Standard Reporting Package referenced in the RFP.

157. Exhibit 11 Performance Guarantees: Client Satisfaction: can you provide s sample of the current survey and also confirm this is for implementation only

Response: The current survey is not available for release. This is not only for implementation; it is an on-going client satisfaction survey of the program, as well as the Account Management Team.

158. Can you please provide NDC for the MA Rx Formulary analysis document?

Response: No, there will be no MA Rx Formulary data file revisions.

159. Will Proposers have an opportunity for best and final offers and interviews?

Response; Yes, there will be a 'best and final' opportunity.

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160. The Cost Proposal is requesting rates on a 4-tier basis but the fully insured equivalent rates are 3-tier. Do you want Proposer to convert the rates to 4 -tier or should we make the template work for 3-tier rates?

Response: Please provide on a 4-tier basis.

161. Cobra admin was requested in the general RFP, are carriers being asked to handle the Cobra admin for dental and vision?

Response: Yes.

162. What is the original effective date with Aetna?

Response: Aetna's original date for dental coverage was 1/1/2013.

163. Please provide three years of experience split between actives and retirees.

Response: One year of experience (provided) is sufficient for an Administrative Services Only (ASO) quote.

164. Please provide the retiree premium equivalent rates.

Response: Rates and fees will not be provided.

165. If there have been plan changes please list when and what changed.

Response: There have been no plan design changes.

166. Currently, we do not provide self-insured vision, is the county only interested in self insured plan options, or will you consider fully insured vision plan options?

Response: The County is only interested in self-insured for vision.

167. Please provide the current full plan booklet, and also provide the exam, frame, and contact co-pay amounts if not listed in the booklet.

Response: See attachments 3 and 4 in section 11 of the RFP.

168. What is the original effective date with EyeMed?

Response: January 1, 2006.

169. Please provide 3 or more years of experience by month to include premium, paid claims, and lives.

Response: Two years of utilization information (provided) is sufficient for an Administrative Services Only (ASO) quote.

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170. Please provide the historical rates.

Response: Historical fees will not be provided.

171. If there have been plan changes please list when and what changed.

Response: There have been no plan design changes.

172. What are the current lives by tier for actives and retirees?

Response: Census data and current enrolled member/eligibility files have been provided.

ACKNOWLEDGEMENT OF ADDENDUM NO. 1

The undersigned proposer acknowledges receipt of this addendum by returning one (1) copy of this form with the proposal package to the Department of Purchasing & Contract Compliance, Fulton County Public Safety Building, 130 Peachtree Street, Suite 1168, Atlanta, Georgia 30303 by the **RFP** due date and time of **May 15, 2015 at 11:00 A.M.**

This is to acknowledge receipt of Addendum No. 1, _____ day of _____, 20__.

Legal Name of Bidder

Signature of Authorized Representative

Title

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EXHIBIT B - EMPLOYMENT REPORT

The demographic employment make-up for the bidder must be identified and submitted with this bid/proposal. In addition, if subcontractors will be utilized by the bidder/proposer to complete this project, then the demographic employment make-up of the subcontractor(s) must be identified and submitted with this bid.

JOB CATEGORIES	TOTAL EMPLOYED		TOTAL MINORITIES		WHITE (Not Hispanic Origin)		BLACK or AFRICAN AMERICAN (Not of Hispanic Origin)		HISPANIC or LATINO		AMERICAN INDIAN or ALASKAN NATIVE (AIAN)		ASIAN		NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (NHOP)		TWO or MORE RACES		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
EXECUTIVE/SENIOR LEVEL OFFICIALS and MANAGERS																			
FIRST/MID LEVEL OFFICIALS and MANAGERS																			
PROFESSIONALS																			
TECHNICIANS																			
SALES WORKERS																			
ADMINISTRATIVE SUPPORT WORKERS																			
CRAFT WORKERS																			
OPERATIVES																			
LABORERS & HELPERS																			
SERVICE WORKERS																			
TOTAL																			

FIRMS'S NAME
 ADDRESS
 TELEPHONE

This completed form is for (Check only one):
 Submitted by:

Bidder/Proposer

Subcontractor

Date Completed: