ADDENDUM NO. 2

REQUEST FOR PROPOSALS (RFP) 040-PP10 FOR
DISTRICT HEALTHCARE BENEFITS PROGRAM
FOR
THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
July 3, 2014

PURPOSE OF ADDENDUM

This Addendum has been prepared to provide additional proposal information.

ACKNOWLEDGMENT OF ADDENDUM TO RFP

As required in the RFP, proposers are reminded that they should either acknowledge receipt of this addendum on their proposal, or attach this addendum to their proposal. In order to acknowledge receipt of this addendum on their proposal, proposers should properly complete Proposal Forms.

ADDITIONAL DOCUMENTATION

- Large claims file (MDCPS Large Claims.zip)
- Rx Repricing files to replace original (70204 Rx RFP 1.txt, 70204 Rx RFP 2.txt, 70204 Rx RFP 3.txt and 70204 Rx RFP 4).txt
- MDCPS 2013 CAP Report (MDCPS 2013 CAP ReportV2.pdf)
- MDCPS Q1 2013 Rx Review 06132013 (MDCPS Q1 2013 Rx Review 06132013.pdf)
- Cigna payroll report sample
- Cigna Test File sample

STATUS OF ADDENDUM

To date, this is the second (2nd) addendum that has been issued for Request for Proposals 040-PP10, District Healthcare Benefits Program.

ADDITIONAL INFORMATION REQUESTED

The following is provided in response to proposers' specific requests for additional information:

Health

1. Q: 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.

A: An officer on the company signature is required.

2. Q: Census file – it does not appear that the census file contains retiree employees. Can you provide a revised plan that provides the Human Retiree enrollment

A: A retiree census is posted as part of addendum # 2.

3. Q: #15 – Is the $75K cost per audit? Is this a per year $75K – please clarify.

A: Yes, per year.

4. Q: Disclosure of Employment of Former School Board Employees (page 16). We hired in the past month a former member of the MDCPS Risk Management Staff as on Onsite Representative for M-DCPS. Please confirm this is the type of information you are requesting for this form.

A. Yes

5. Overview and Instructions Document-Section I- Page 4- In regard to the "Piggybacking" option can you clarify if this is a specific requirement and also does the contractor have the ability to decide if they wish to enter into the contract? If it is a requirement- please advise of the following:

a. Would the expectation be that the pricing be the same? Admin, stop loss etc.?
b. Who would be responsible for paying/funding claims account?
c. Who will be the "contractor"?
d. Are claims paid out of the same claims account?
e. Who would be fiduciary?
f. Who will provide eligibility?

A: Per Florida statute Government entities can piggyback on the terms of the contract. It is up to the piggybacking entity and service provider to agree on pricing and terms. There would be no comingling of funds or fiduciary oversight by M-DCPS.

6. Q: Healthcare Questionnaire- Section XVIII Offshoring- Please provide a definition of what is considered to be onshore i.e. within Florida, within the continental U.S. or specifically out of the country. If a carrier has employees outside of the US- are these considered "offshore"?

A: Services provided outside of the 50 U.S. states are considered offshore.

7. Q: Healthcare Questionnaire- Section X – Please provide the banking process that is currently in place as referenced in question 10." Please describe your banking arrangements for the self-insured medical plans. Confirm you are agreeable to M-DCPS current banking processes as described in the General and Requirements Section."

A: Vendor must be agreeable to utilizing M-DCPS bank of choice and that the account is a zero balance non impress balance account. A specific bank account is designated to receive daily payment clearings, with electronic reporting notification of total amounts paid from the account. Based on the daily report, the account is funded each day via wire transfer for the total payments cleared.

8. Q: Healthcare Questionnaire- Section X- Please provide the sample eligibility file layout referenced in question 15 "Confirm your company is willing to pull the eligibility file from the M-DCPS server."

A: Please see zip file which contains two master data eligibility sample file layouts and a payroll sample report.

9. Q: Healthcare Questionnaire- Section XI- Please define what is to be customized for these two questions: 9. Does M-DCPS have the ability to have input or customize claims system edits for in network claims? And 10. Does M-DCPS have the ability to have input or customize claims system edits for out of network claims?

A: Please answer yes or no. Any customization will be negotiated with the carrier

10. Q: Healthcare Questionnaire- XII Claims Administration Please define what is to be customized for this question. 1. Does M-DCPS has the ability to customize the claims payment system at case set up on an in and out of network basis: auto adjudication, condition and dollar amount thresholds, when human review and interaction is required? Describe the customization and flexibility your company has administratively.

A: Please answer yes or no. Any customization will be negotiated with the carrier

11. Q: Healthcare Questionnaire- Section XII- Question 1, please provide the sample eligibility file layout needed.

A: Please see answer to question # 8 above.

12. Q: Healthcare Questionnaire- Section XV- Question 1. Please clarify if this is the same role as the onsite account manager.

A: Yes.

13. Q: Healthcare Questionnaire- Section XVI- Question 5. Please clarify if the intent to have the actual service center on location at M-DCPS. "5. Please indicate if you are willing to provide M-DCPS with a dedicated call center located in M-DCPS."

A: The location of call center may be negotiated with the vendor. Do not assume intent.

14. Q: Healthcare Questionnaire- Section XIX- Please clarify that all these Vendor Integration are intended to be outsourced and not administered by the quoting vendor? i.e. Data warehouse and transparency.

A: The RFP does not dictate whether the vendor integration is intended to be outsourced or administered by the quoting vendor. Do not assume intent.

15. Q: Healthcare Questionnaire- Section XXII- Question 5, please clarify what status report is needed. "5. If the relationship is terminated, do you have the ability to provide M-DCPS with a detailed report of the status of each participant, to transition these participants to another health plan?"

A: Status would be reporting eligibility and transition of care information.

16. Q: Healthcare Questionnaire- Medical Questionnaire- can you confirm if there are any other languages other than English that you will need member communication materials delivered in?

A: Spanish required, Creole preferred

17. Q: Healthcare Questionnaire- Medical Disruption- Please confirm we should disregard this tab and complete the disruption accordingly. These seem to be instructions for the incumbent carrier to pull current utilization.

A: correct.

18. Q: Healthcare Questionnaire- Medical Geo- Please confirm that there is intentionally not a request for a Hospital Rural Geo Access? If you would like one please confirm the parameters required.

A: Hospital GEO parameters should be 1 in 20 miles for rural.

19. Q: Healthcare Questionnaire- Medical Geo- please confirm if these same parameters should be run for the Medicare Advantage population. Or if a Medicare Geo is not being requested at this time.

A: The Medicare Advantage GEO Access should mirror the same parameters within the Healthcare questionnaire to include #18 hospital GEO parameters above.

20. Q: Healthcare Questionnaire -Will Cigna or MDCPS provide a report identifying Fraudulent claims? Can we be provided a report taking out fraudulent claims?

A: Medical claims information has been provided within the disruption file.

21. Q; Healthcare Questionnaire-XXIII- Performance Guarantee #37 seems to be an exact duplicate of #17 can you please confirm.

A: Answer # 17 and omit # 37.

22. Q: Healthcare Questionnaire-XXIII- Performance Guarantee #36 seems to be very similar to #16 but worded slightly different can you please confirm this is a duplicate? If not, please clarify the difference in #34 from #16.

A: Answer both questions.

23. Q: Healthcare Questionnaire-XXIII- Performance Guarantee #23 seems to be a duplicate of Wellness Guarantee #4 in the Wellness Questionnaire Tab.

A: Answer both questions.

24. Q: Healthcare Census- Please clearly define the Medicare population within the census files. In addition, can you confirm if those who have "waived" coverage are to be included in the census counts?

A: The Medicare population was not included in the employee census. A retiree census of the currently enrolled retirees has been included within this addendum.

25. Q: Healthcare Questionnaire- Rx Questionnaire Tab- There are some cells that we are not able to enter information in that are locked, for example lines 230 and 231. Can you send an updated tab that is unlocked?

A: Only answer questions that are available to answer.

26. Q: Healthcare Questionnaire- Rx Questionnaire- how often are we able to update the PDL?

A:The PDL should only be updated once a year as part of the renewal for the following year.

27. Q: In regard to Exhibit D, please confirm this is not applicable to Medicare or if it is we are able to deviate according to CMS guidelines.

A: Not applicable

28. Q: In regard to the Client Specific Network, can you please provide the provider TINS associated with these facilities?

A: This information is not available at this time but will include UM providers related to the M-DPCS to be run by UM.

29. Q: Pharmacy Narrow Network- Is the intent to keep this narrow network moving forward?

A: Yes, however it is subject to negotiations.

30. Q: Repricing- Please confirm there is no request for a Medical or Dental repricing at this time.

A: Confirmed.

31. Q: Are you accepting separate, stand-alone proposal responses for prescription drug, wellness, and stop loss? If so please advise how best to respond- In one response or a totally different submission for any stand lone basis?

A: Yes. It is up to your firm on how best to respond. Please do not include coupled or decoupled contingencies that do not allow M-DCPS to purchase services separate or combined.

32. Q: Should a vendor provide separate RFP responses if products are available both on an integrated/bundled basis with our medical carrier partner and on a standalone/carve-out basis? (example would be medical and wellness) Or can we just provide a brief description within the integrated/bundled proposal outlining any product offering and pricing differences should you choose our wellness offering on a standalone/carve out basis?

A: Respond accordingly based on your company's willingness to provide services to M-DCPS.

33. Q: Please describe your current Case Management & Disease Management offering in greater detail.

A: All program information is provided within the data provided.

34. Q: What is the prevalence rate by disease state?

A: Assume your company's normative data based on industry and M-DCPS demographic data.

35. Q: What is the current reach/engagement rate for Case & Disease Management?

A: Assume your company's normative data based on industry and M-DCPS demographic data.

36. Q: What percent of members with a chronic illness are identified as high risk, moderate risk and low risk? Of those, what percent are engaged telephonically?

A: Assume your company's normative data based on industry and M-DCPS demographic data.

37. Q: Please provide the current ROI attained as well as clinical care and utilization improvement statistics by disease state.

A: Assume your company's normative data based on industry and M-DCPS demographic data.

38. Q: Please provide additional insight into what is working well in Case & Disease Management and what you would like to see improved.

A: M-CPS is interested in increasing case and disease management participation and is interested in your company's innovative solutions.

39. Q: Please describe your current wellness offering.

A: All program information is provided within the data provided.

40. Q: Do you plan to extend the 2014 Wellness Initiative to include further incentives? What are the current wellness incentives and what do you anticipate them being for 2015?

A: M-DCPS is interested in increasing wellness participation and is interested in your company's innovative solutions.

41. Q: Do you perform on-site biometric screenings each year? If so, how many locations are they held at, and how many people participate?

A: Onsite screenings are offered to multiple locations throughout the year. M-DCPS is interested in increasing screening participation and your company's innovative solutions.

42. Q: What percent of members complete a Health Assessment each year?

A: Assume your company's normative data based on industry and M-DCPS demographic data.

43. Q: Of those that complete a Health Assessment, what percent participate in lifestyle modification programs?

A: Assume your company's normative data based on industry and M-DCPS demographic data.

44. Q: What percent of members are outreached to by a Health Coach for telephonic counseling, and what percent perform their lifestyle modification programs online?

A: Assume your company's normative data based on industry and M-DCPS demographic data.

45. Q: What results have been achieved with the current Wellness programs? Please provide actual results including risk reduction improvement and improvements in lifestyle modifications.

A: Assume your company's normative data based on industry and M-DCPS demographic data.

46. Q: Please describe in greater detail your current on site clinic design, philosophy, approach and future vision.

A: M-DCPS desires to provide coverage for employees that may not seek medical care through primary care. The vision is to increase access to preventive care and screenings and improve overall employee health.

47. Q: How do you envision the Wellness program fitting/working with the onsite clinic personnel?

A: The wellness programs will be incorporated into the onsite clinic to improve overall employee health.

48. Q: Who is the current Behavioral Health vendor? Who is the current EAP vendor?

A: Cigna provides behavioral health. The District currently staffs an internal EAP Department.

49. Q: Please provide Behavioral Health utilization data.

A: Assume your company's normative data based on industry and M-DCPS demographic data.

50. Q: Please provide detail of the roles and responsibilities of the on-site wellness coordinator.

A: Conduct Wellness presentations throughout the District, educate employees on wellness programs, Create monthly newsletters, flyers and communication campaigns, Complete and attend ongoing trainings, Prepare health fair and presentation materials, Keep an updated inventory log of materials ordered, Research various health topics and ideas for newsletter or wellness related events, Create summaries from all wellness attended events, Research

requested inquiries and prepare documents, Update wellness binders with new information, Create calendar activity for M-DCPS

51. Q: When does your Employee Healthcare Center open? Do you have assumptions as to how many members will utilize? What type of vendor integration do you envision for this clinic?

A: Planned for 2014 with conservative participation assumptions. The medical administrator and wellness provider will be integrated to enhance clinic services. The employer healthcare center is available to all 36,000 benefits eligible employees.

52. Q: Can you provide further details on the roles and responsibilities of the onsite representatives?

A: Onsite representatives provide troubleshooting and customer service to members regarding medical and pharmacy claims and provider and benefit information.

53. Q: Please explain in further details your Well Way Program?

A: Refer to the M-DCPS employee wellness website.

http://riskmanagement.dadeschools.net/wellway/index.asp

54. Q: What challenges are you currently experiencing with you wellness programs?

A: Like most entities, engaging employees to participate in the program.

55. Q: Who is your data warehouse vendor and are you currently open to proposals for that component?

A:The district currently outsources its data warehouse component to its vendors. It is expected that this will continue.

56. Q: What resources do vendors currently have dedicated to M-DCPS?

A: The information is included in the District RFP documents and questionnaires.

57. Q: Please confirm whether an Aggregate Stop Loss proposal is being requested.

A: Not requested.

58. Q: Please confirm whether Miami-Dade is subject to runout administration cost with the current carrier upon termination. If so, what are the runout costs?

A: Yes, administrative costs for three months paid over six months.

59. Q: Please provide a monthly claim report with corresponding enrollment.

A: This information is not provided as Aon Hewitt forecasts claims projections for M-DCPS. Enrollment has been provided within the stop loss information.

60. Q: Several programs/services are being billed through the customer bank account. Can you please provide the costs associated with these programs?

A: Provide all your service pricing on a PEPM basis. All ASO medical services will be based on a fixed cost PEPM.

61. Q: Please confirm rebate credits achieved for 2013 reconciliation.

A: Rebate reconciliation for 2013 is $1,714,911.14

62. Q: Please confirm the amount of the cash flow rebate arrangement that has been applied to the administration fees.

A: $6.13 pepm credit.

63. Q: The RFP indicates, "Proposals for the plans must closely match the plan design and co-pays included in the RFP as requested by county." But in the proposals being sought section it asks for, "Fully-insured, customized group Medicare Advantage HMO plan and a Medicare Advantage PPO, POS or PFFS." Since there are currently 2 HMO Medicare Advantage plans offers by the district, are they looking for two HMO plans or one? If one, which plan should we try to match?

A: Please provide your proposal based on your current offering.

64. Q: UHC provided MAPD proposals similar to your current plans in our response through the IBC bid. Would you accept those plans as our response for the Medicare portion of the RFP?

A: Each proposer needs to submit the offering they wish M-DCPS to consider.

65. Q: 2014 Healthcare Benefit Rates- page 113 – please clarify if the rates for the retirees are the same as the rates for spouses. "Regular over age 65…." It has a three row grid with rates for Spouse/Domestic Partner.

A: The rate is tied to Medicare eligibility. These monthly rates apply to each Medicare eligible recipient.

66. Q: Can you please advise how many "medical" on sites are in place today?

A: Seven, including the on-site Wellness Coordinator.

67. Q: Will the medical continue to be a full takeover- is there any chance of slice offering of carriers? We see mention of onsite's per enrolled employees?

A: Slice offering is not an option the District is considering. Please refer to section II, page 6 of the RFP for on-site representative requirements.

68. Q: Healthcare Questionnaire – All RFP Proposer Spec Tab- It appears the revised line has new information for Vendors to complete – lines 7 – 50. Can you please confirm this is correct or is this an error in the revised file?

A: Please ignore lines 7-50.

69. Q: Healthcare Questionnaire – RX Questionnaire Tab-Lines 240 & 241 - Why the $50K penalty when there's a minimum rebate guarantee and 100% transparent payout on rebates.

A: Performance based penalty.

70. Q: Healthcare Questionnaire – Stop Loss Questionnaire Tab-It appears that rows 114 – 189 are locked cells and we cannot provide any response in. Can you please confirm this is due to this data being informational only for Vendors to provide their quotes on those specific designs only? Please confirm we should only be providing responses rows 190 – 217 for this tab.

A: Confirmed.

71. Q: Regarding Employee Health Centers Please define what is meant by "create and maintain" a Client Specific Network. Does this involve contracting, credentialing, and staffing of clinical and non-clinical personnel? If staffing is involved, what types of services are offered in the clinic?

A: At this time the clinic staff will be in network providers. Your company will need to provide in network verification and credentialing services. The proposer would be responsible for creating an infrastructure to process any claims emanating from specific health centers. The proposer is not responsible for the staffing of the health centers.

72. Q: Medical Utilization Management, Section XXIV, #3, g & h-Is it the intent of the question to provide data related to the proposers network quality improvement processes or the internal utilization management decision-making quality improvement processes?

A: Provide data related to the proposers network QI processes.

73. Q: Gaps In Care-Member/Physician Messaging, Section XXVIII, #11-Does this question refer to logic rules in the programming? If not, which rules does this question refer to? Please clarify what is meant by the frequency of EBM updates. Are these programmatic updates or updates to guidelines or specifications?

A: Yes. Updates to guidelines

74. Q: Performance Guarantees – Medical Administration, #4-Regarding claim adjustment processing: Claim adjustment: Does the measure refer to a request for an adjustment made by the member (rather than a provider) to the plan?

A: Regardless of who is requesting the adjustment, the measurement applies to every claim that requires an adjustment.

75. Q: Administration Requirements, Section X #10- What are the M-DCPS current banking arrangements? What bank are you currently using?

A: A specific bank account is designated to receive daily payment clearings, with electronic reporting notification of total amounts paid from the account. Based on the daily report, the account is funded each day via wire transfer for the total payments cleared. Citibank

76. Q: Medical Claims Administration, IV, #34-Please confirm that the request for assistance involves filing of forms and/or fees and not the actual funding of any provisions of ACA.

A: Confirmed.

77. Q: Exhibit C-If a proposer doesn't quality as a Business Enterprise Program should the form be submitted as N/A or excluded from the proposal?

A: Submitted as NA.

78. Q: Medical Top 50 CPT Cost Count-Should proposers include non-participating providers in the calculation for Average Reimbursement by the Top 50 CPT Codes?

A: For Average Reimbursement please only include non-participating providers. Also provide information on the Top 50 Medical CPT codes for participating and non-participating providers (separately).

79. Q: Legal/Contractual Considerations, Section IV, #11 b. - Please explain "treaty details" and "ceded risk"

A: Please consult with legal staff.

80. Q: General Requirements, #11-Regarding use of Subcontractors, does this include IT vendor contracts?

A: Yes.

81. Q: Administrative and Operations Issues, Section XXX, 2c -Please describe how you will audit the requirement to "load, audit and insure claim eligibility data."

A: The Audit will be performed by Aon Hewitt and will be performed pursuant to industry standards.

82. Q: What services are included in the $3.08 fee charged by Cigna in the ASO Agreement?

A: PHS Plus with medical management. Please refer to the Cigna 2013 ASO agreement file contained in this RFP.

86. Q: If a proposer doesn't quality as a Business Enterprise Program should the form be submitted as N/A or excluded from the proposal?

A: Submit form as N/A.

87. Q: If a carrier does not respond to the proposal for the Medicare Advantage plan, but does respond to the Medical Administration, how does one answer the Confirmation Statements on the Proposal Specifications for numbers 13, 14, and 15? Responses are "will" or "will not"

A: Complete a Confirmation Statement per each line of coverage. If your company is not responding to the Medicare offer respond "will not".

88. Q: What are the specifications to provide for a self-funded arrangement for MH/SA benefits? Would you be willing to enter into a risk sharing agreement?

A: Respond to the medical administration questionnaire and pricing exhibit according to the requested information.

90. Q: Please clarify if you are seeking a stand-along MH/SA benefit. If not, what specifications are you looking for?

A: M-DCPS is not seeking a stand along MH/SA benefit.

91. Q: Regarding Healthcare Benefit Program RFP Number: 040-PP10 if a carrier is not offering all products, is that carrier permitted to submit separate responses by product (i.e. Wellness only response in its own binder, Pharmacy response in its own binder, Group Medicare in its own binder) or is Miami-Dade expecting the carrier's response to Wellness, Pharmacy, and Group Medicare to be included all in one binder?

A: Multiple responses can be included in one master binder.

Stop Loss

1. Q: Claims Experience – given the virtual size of your group, the credibility is such that the claims experience will be utilized mainly to develop our projections. With that being said, it is possible to secure claims for the 1/1/2011-12/31/2011 and 1/1/2014-5/31/2014 time frames. It is crucial to secure the current year's large claims to get a sense of the current ongoing claims liability moving forward.

A: 2011 and YTD 2014 claims have been included with this addendum.

2. Q: Network Savings Report(s) – as we seek to establish our base rate in our experience evaluation, we want to ensure that we are applying the appropriate network discount information in our calculations. We are able to achieve this goal through our review of the network savings reports as provided by the carrier/administrator. If available, please provide the applicable report(s) for the policy periods matching the experience reports.

   A: Utilize network discount information for South Florida based on your book of business and discount information provided to your company by the health insurers/TPAs.

3. Q: No Laser Contract – please confirm if there is a no laser contract in place at this time. If so, please advise as to % renewal rate cap.

   A: Confirmed, no Laser contract in place.

4. Q: Are the board considering any other TPAs besides their current arrangement with CIGNA?

   A: M-DCPS will consider all offers provided by health insurer TPA's and standalone TPA's.

5. Q: Please provide a network discount report for CIGNA including a breakout of inpatient vs. outpatient charges?

   A: Utilize network discount information for South Florida based on your book of business and discount information provided to your company by the health insurers/TPAs.

6. Q: Please provide a current membership report? It appears that only an employee census was included and having the exact number of members would allow for more accurate pricing.

   A: Total 34,548 ees, 50,946 mbrs.

7. Q: What stop loss contract basis would the District like us to quote?

   A: incurred in 18 and paid in 12.

8. Q: Please include updated large claim information for the most recent 12 months

   A: Claims information has been provided with this addendum.

Pharmacy

1. Q: Will the employee health clinic include a pharmacy?

   A: No.

2. Section II, page #4 discusses the funding of a $75K for each audit. Please confirm if this apply to a standalone PBM bid. If yes, please indicate the expected number of PBM audits over the 3 year term

   A: Yes, one per year.

3. Q: Section II, Page #12 and 13, includes the Deviations from the RFP Provisions chart. Does the entire chart apply to a standalone PBM bid?

   A: It needs to be completed for each line of coverage.

4. Q: Exhibit D is entitled Sample Contract. Are you requesting a sample contract template with the proposal?

   A: Exhibit D is a sample M-DCPS contract. You should also submit your company's sample contract per line of coverage(s).

5. Q: Section III, Page #1 states that proposals are being sought for self-insured medical plans with PBM noted as a component under the ASO medical plan arrangement. If this is correct, than it appears that you are not requesting a standalone PBM bid carve-out from medical. Please clarify.

   A: M-DCPS will consider integrated medical TPA offers and standalone PBM offers.

6. Q: Is there a request for a fully insured MAPD plan only or would you consider a standalone fully insured PDP offering?

   A: Fully Insured MAPD plans only.

7. Q: Please confirm if the request is to keep the current narrow pharmacy network in place? Is there interest for a 90-day at retail network or is the intent to keep mandatory mail in place?

   A: The intent is to match the current administration and benefits that are in place. Your company can propose a 90 day at retail for maintenance medications. All options will be considered.

8. Q: Please provide a list of current pharmacy benefit PAs and UMs. Please include the number of annual Pas.

   A: The current pharmacy benefit administered through Cigna is an open formulary. Refer to the PA, ST and QL list provided with this addendum.

9. Q: Please provide pharmacy claims for the most recent 12 months

   A: An Rx claims file has been provided for disruption and repricing purposes.

10. Q: Please provide a copy of the current formulary.

    A: It is Cigna's current national open formulary.

11. Q: Please confirm the enrollment in the pharmacy benefit plan (actives, non-Medicare retirees and Medicare retirees).

    A: enrollment is active employees/dependents and non-Medicare retirees/dependents.

12. Q: Is the RFP simply a state requirement or is the RFP a result of service or financial issues?

    A: The RFP has been posted based on the current contract end date.

13. Q: In the **Proposer Specifications** worksheet, bidders are asked to select either "Will" or "Will Not" to indicate our adherence to the RFP conditions. If a particular RFP condition is not applicable to the service(s) we are quoting, should we leave this blank and indicate "Not Applicable" on the Exceptions worksheet?

    A: Indicate NA.

14. Q: In the **Rx Pricing – Transparent** worksheet, Rebate Section (Line 94), please confirm that M-DCPS wants rebates to be paid on all brand claims, not just claims that are at least partially paid by the plan sponsor (i.e. the rebates guarantee should still apply even if a member pays the full cost of a brand drug)?

    A: Rebates should be remitted to M-DCPS based on the most advantageous terms for M-DCPS and its employees.

15. Q: In the **Rx Questionnaire** worksheet, Row 200 refers to four pricing worksheets. We see one "Rx Pricing - Transparent" worksheet. However, we see the need to submit multiple offers. For example, one for the requested narrow network and one for our standard network. Please clarify how or where alternate pricing scenarios should be submitted.

    A: Submit one narrow network offer in the pricing worksheet. To submit an additional pricing scenario include in explanation tab.

16. Q: In the **Plan Design** worksheet, line 65, it is noted that the group has mandatory mail after three retail refills. Is it the intent of M-DCPS to continue with this plan design?

    A: Yes, however all options will be considered.

17. Q: Would a mandatory mail program be in place in conjunction with a new option for a Retail-90 network?

    A: All options will be considered.

18. Q: Please provide a detailed pharmacy claim file. -Claim file data elements: Claim Information by Drug dispensed for a 12 month period, Date of Service, National Drug Code (NDC) = 11 digit number, NABP (Pharmacy) Number , Quantity Dispensed, Days Supply, Retail/Mail Indicator, Brand/Generic Indicator.

    A: Please refer to Rx Repricing.csv Excel file within the Zip File-Rx Repricing.zip

19. Q:Summary data if claim file is not available: (i.e. some or all of the following: Retail Avg Days Supply, Mail Avg Days Supply, Rx PCTs/ee/yr, Mail Order %, Specialty %, Retail Generic Dispense rate, Mail Generic Dispense rate, Retail average AWP (brand, generic MAC, generic non-MAC), Mail avg AWP (brand, generic, single source generics).
    A: See answer #18 above.

20. Q: Will Pharmacy-medications be provided@ the on-site clinic?

    A: No.

21. Q: Healthcare Questionnaire, Rx Pricing-Transparent Tab. The RFP is requesting "transparent traditional" pricing offer on the broadest network. We do not see a place to input value/narrow network guarantees, which was also discussed on the call earlier. Do they want a formal value/narrow network quote or are the just inquiring about our capabilities?

    A: The questionnaire is requesting a narrow network with transparent pricing.

22. Q: Health Questionnaire, Rx Pricing-Transparent Tab. Credits/Allowances. Can M-DCPS provide further clarification as to what you are expecting in terms of these allowances:

    - Program Implementation Credit/Allowance
    - Pre-implementation Audit Credit
    - Pharmacy Management Fund Allowance
    - Market check allowance

- Annual Audit Allowance
- Pharmacy management fund Allowance

A: Answer according to M-DCPS size and industry standards.

23. Q: The Cigna M-DCPS Rx Data, e Reconciliation Report Tab does not appear to line up with Cigna's guaranteed rates. Is there a reason for this (different data period)?

    A: An updated file has been provided within this addendum.

24. Q: Healthcare Questionnaire, Rx Questionnaire Tab, Line 206, in a separate attachment, please provide a detailed three year trend guarantee with all relevant conditions. Please confirm if this is a requirement for the RX bid.

    A: Confirmed.

25. Q: Healthcare Questionnaire, Rx Questionnaire Tab, Line 250, Administrative Fees. In regard to customized messages included in our admin fee, please provide the scope of what would need to be customized

    A: Customized messages would be at the point of sale, through telephonic support or on your company's internet portal.

26. Q: Healthcare Questionnaire, Rx Questionnaire Tab, Line 56. You agree that your proposed pricing for clinical programs will allow M-DCPS to elect specific programs for certain populations only. What is meant by the question? Can we request clarification for this question, perhaps an example?

    A: M-DCPS has the ability to customize clinical programs within your capabilities at no additional cost other than the cost for the clinical programs if applicable, i.e., Diabetes program for a specific population within the district.

27. Q: As Envision is a pharmacy benefit manager (PBM) and will only be bidding on such applicable portions of the RFP, is it permissible to delete the tabs of the spreadsheet that do not apply to PBM services?

    A: Only complete the tabs applicable to your bid.

28. Q: Regarding plan designs, can you please confirm the number of employees and members (employees plus dependents) currently enrolled in medical and pharmacy benefits, broken out by plan group?

    A: OAP 10 2014-2,447 ee's, 4,198 mbrs, OAP 20 2014-26,821 ees, 38,826 mbrs, Local Plus 2014-5,281 ees, 7,921 mbrs. Total 34,548 ees, 50,946 mbrs.

29. Q: The Cigna Rx Data file, the Plan Design tab, shows one plan design. Please confirm there is only one Rx plan design for each benefit group (OAP 10, OAP 20, LocalPlus).

    A: Confirmed

29. Q: How much does the plan expect plan enrollment to differ in 2015 – 2016? For instance, does M-DCPS expect to move to a full replacement CDH plan?

    A: There are no expectations to move to a full replacement CDH plan.

30. Q: Can you please add de-identified patient/member ID on the detailed Rx claims file?

    A: This information is not available.

31. Q: What is the grandfather status for the plan design(s) under Health Care Reform?

    A: All plans are non-grandfathered plans.

32. Q: Other than lower generic copays, does the plan have any additional programs to increase utilization of generics?

    A: Yes

33. Q: In addition, please provide information on the following: The RFP (Cigna Rx Data File) indicates that there are no step therapies in place for pharmacy benefits. Can you please confirm **the plan has no step therapies? If any step therapy edits are in place, please provide details by drug class.**

    A: Refer to the Cigna ST, PA and QL list provided with this addendum.

34. Q: Does the plan have DAW penalties?

    A: No.

35. Q: Does the plan have mandatory generics?

    A: Yes

36. Q: Regarding formulary:-Does the current PBM's standard formulary include exclusions for certain drugs? Did the plan implement any new drug exclusions for 2014 (not noted in the RFP for 2013 claims data)? How many specialty drugs were excluded?

    A: It is an open formulary based on a broad universe of FDA approved drugs. Exclusions are primarily OTC equivalents.

37. Q: On the Rx formulary tab of the Cigna Rx data file, there are drugs listed as non-formulary. Are these drugs excluded from coverage, or are they just covered at tier 3? Please clarify any drug exclusions on the claims file and how coverage was granted.

    A: Covered in tier 3.

38. Q: Is the Plan interested in adopting a standard formulary with a limited number of "me-too" drug exclusions to help reduce pharmacy costs?

A: Yes, however all options will be considered.

39. Q: Regarding specialty drugs: Please provide details of any specialty pharmacy clinical management programs the plan has in place, including any preferred drug program or step program.

    A: Refer to the Cigna ST, PA and QL list provided with this addendum

40. Q: Does M-DCPS plan to continue an open specialty network?

    A: At this time, however all option will be considered.

41. Q: Would the Plan consider an exclusive specialty arrangement?

    A: All options will be considered.

42. Q: In the Healthcare Questionnaire, for pharmacy networks, there is a request in the Rx Network Access tab for a Narrow Retail Network of Walgreen's, WalMart, Publix, Navarro and a few select independent pharmacies. Is the plan requesting bidders to match this network specifically, or would a network with similar number of pharmacies and/or pharmacy access be acceptable?

    A: All options will be considered.

43. Q: Can you please provide the eligibility format you would like to use for pharmacy benefits? Would you consider using the PBM's standard eligibility 5.1 format?

    A: Yes.

44. Q: In the Healthcare Questionnaire, Section XIV, #7, there is a request to for the PBM and medical TPA to share 50% of the cost of plan implementation. Please explain the total amount of cost to be shared.

    A: Post implementation audit costs would be the responsibility of each vendor. Each audit is estimated to be less than $50,000. The district would seek reasonable financial support for Open Enrollment activities.

45. Q: Please explain the nature/scope of the work to be shared between the PBM and TPA.

    A: Implementation and testing of data to update and integrate ALL IN medical deductibles, out of pocket maximums and accumulators

46. Q: Would the inclusion of an implementation credit suffice (e.g. a certain dollar amount per member)?

    A: An implementation credit would be considered.

47. Q: Please provide details on the scoring process the Board will use to determine the finalist/short list and/or the successful proposer.

    A: Please refer to the Section 4 page 1, Selection Criteria of the document-Request For Proposals for District Healthcare Benefits Program.

48. Q: Does the plan have programs in place to encourage members to use low cost generics?

    A: Yes, through communications and messaging at the point of sale.

49. Q: If so, are member ID cards used to fill prescriptions for these drugs?

    A: Member ID cards are used.

50. Q: Are these prescriptions captured in the claims data?

    A: Yes.

51. Q: Can you confirm whether any of the Medicare eligible population currently participates in a Medicare Part D only arrangement, or whether they are all in the medical benefit? If not, can you please indicate what the preferred/requested arrangement would be for Medicare Part D only proposals?

    A: They are all in the Medicare Advantage plans.

52. Q: Are the 3,012 Medicare-entitled retirees who are currently enrolled in the M-DCPS sponsored plan the total number of retirees to be included in Medicare Part D-only proposals?

    A: No. The Medicare retirees are offered MAPD plans.

53. Q: Please provide the proposed date, time, and expected number of attendees for each of the 25 benefit fairs noted in the RFP. If this information is not available for the 2014 meetings, please provide this information for the 2013 meetings as an example of what will be expected.

    A: This has not been determined at this time and was a flexibility question requested of vendors proposing.

54. Q: Is M-DCPS interested in receiving savings analysis opportunities based on the pharmacy claims data provided in the RFP? If so, please confirm it is acceptable to submit with the RFP response.

    A: Confirmed it is acceptable to submit.

55. Q: In the Healthcare Questionnaire, the RFP requests a dedicated account team: "You will provide a dedicated, experienced account management team to M-DCPS including: A communications specialist to customize standard member communications and developing custom member communications that reflect M-DCPS's preferred style." Does "dedicated"

refer to a designated person to work only with M-DCPS, or may this person service accounts in addition to M-DCPS?

A: Dedicated service to M-DCPS based on your company's ability to provide uncompromised prospective service.

56. Q: In the Healthcare Questionnaire, line 392, the RFP states: "Are you willing to create a custom retail network with fewer participating pharmacies without compromising member access (at least 97% of participants shall reside within the access standards described in the next question)?" We did not see the "next question". Please provide the access standard(s) for a custom retail pharmacy network.

    A: The access standards are within the Rx network tab within the questionnaire.

57. Q: Please provide the number of appeals for 2013, by type of appeal (level I, II, III, IRO)

    A: This information is not available.

58. Q: Please provide the number of prior authorizations in 2013 that required additional review for approval.

    A: Refer to the Cigna Rx Cap report within this addendum.

59. Q: Please describe the specific needs of the plan and type of work detail that would require a PBM representative to work onsite 100% of the time, as noted in the Healthcare Questionnaire. Would a bidder be disqualified for not offering an onsite PBM representative to work at M-DCPS 100% of the time if services can otherwise be adequately managed? Would the plan also consider having a PBM representative work onsite less than 5 days per week?

    A: The question should be answered to the best of your company's ability to service M-DCPS based on the questions and requirements of the RFP.

60. Q: On page 4 of Section I of the RFP it states that Miami-Dade County Board of County Commissioner could exercise an option to utilize either contract language from this procurement, RFP language and any subsequent addenda, subsequent correspondence and/or proposal response language. It is the bidder's understanding that such election would need to be agreeable to all parties (i.e., the PBM would have an opportunity to review the County Board's claims history, plan design, utilization patterns, etc. to determine that it can offer the same terms to the County Board). Can M-DCPS confirm this will be the case?

    A: Both parties would have to be agreeable to enter into a business relationship.

61. Q: Proposal Specification No. 16 on page 4 of Section II of the RFP refers to the vendor(s) funding audits. Can the M-DCPS please advise whether this is an annual expense or a one-time expense during the contract term and how this amount will be split between vendors if the medical contract and PBM contract are awarded separately?

A: This refers to the specific coverage provided by your company. It would apply separately if there was a separate contract for Pharmacy and Medical benefits and the board reserves the option to conduct annual audits.

62. Q: The RFP direction regarding Public Records Law on page 15 of Section II indicates that M-DCPS will not accept any trade secret information as part of the proposal and it recommends that none be submitted. However, to completely respond to the RFP, certain trade secret information would be required. Additionally, M-DCPS seems to indicate it will refuse to be bound to maintain the confidentiality of trade secret information contained in a proposal. This creates significant concerns for bidder, as such action could have implications on proposals bidder submits in response to other procurements in other jurisdictions. This direction seems to leave bidder with three options: (1) do not bid, which decreases and competitiveness and therefore the effectiveness of this procurement; (2) follow the recommendation and not include any trade secret information, however, doing this will result in submitting an incomplete proposal (in which case, how does M-DCPS anticipate scoring our proposal fairly if, in following the recommendation, our proposal contains no trade secret information and is therefore incomplete?); or (3) bidder can identify the trade secret information, propose an alternate way for M-DCPS to fulfill its goal of transparency (such as having the trade secret details reviewed and evaluated by Aon Hewitt, with summary analysis provided to M-DCPS), and make the submission of the proposal contingent upon M-DCPS's acceptance of the markings and the alternate approach, with the proposal to be returned if you do not accept the approach. If a bidder were to take the third approach, would M-DCPS consider the proposal in good faith or would it be disqualified?

    A: Trade secret information provided with your proposal submission can be sent directly to Susan Grimm at Aon Hewitt (susan.grimm@aonhewitt.com) and a redacted version may be included within the submission to M-DCPS.

63. Q: The RFP Background Screening Requirements on page 17 of Section II discuss background check and fingerprinting requirements. The cited Florida Statute sections (1012.32; 1012.465; 1012.467 & 1012.468) all appear to apply to personnel that will have contact with students, access to schools grounds while student are present or control of District funds. As none of these conditions will exist, except, possibly, with respect to the one required onsite staff member, for the PBM vendor, please confirm that the requirements of this section will not apply to this procurement, except as to the onsite staff, as applicable. Bidder does perform background checks on its entire staff, however, it performs them based on its own established criteria and most personnel are not required to be fingerprinted.

    A: This would apply to staff located onsite at M-DCPS or attending any event at an M-DCPS location.

64. Q: Could you please confirm that the RFP is requesting a traditional pricing arrangement on drug discounts and a transparent offer (100% pass-through) on rebates, not a fully transparent offer?

    A: The RFP is requesting a fully transparent pricing offer.

65. Q: Can you please clarify the intent of the “mail at retail” cost section. Is this section seeking 90 day retail rates?

    A: Yes, and all options will be considered.

66. Q: In the Healthcare Questionnaire, Rx Network Access, can you please clarify which locations you wish in include in a narrow network offer? Can you please provide the NCPDP or NPI of the Navarro and independent pharmacies you wish to include?

    A: Assume narrow network pharmacy listings with Rx Questionnaire.

67. Q: Does "Network #2 - Typical Retail Network" refer to a broad national network?

    A: Yes.

68. Q: Can you provide a census file in order to complete the Rx Geo Access?

    A: Utilize medical census included in RFP posting on M-DCPS procurement site.

69. Q: Please also advise if the following is available in Word format: RFP Document (Exh A Proposer Warranty is within the RFP Doc) and other exhibits (B-F)?

    A: It is not available in Word format.

Wellness

70. Q: Please verify total eligible employees and total eligible spouses included in the wellness program.

    A: Please refer to this Addendum, page 16, question #28.

71. Q: Are services offered to all employees or only those that are enrolled in benefits?

    A: Those that are enrolled in benefits.

72. Q: Will spouse/partner have the same incentive available for participation?

    A: To be determined.

73. Q: What condition management programs are currently offered to M-DCPS members?

    A: Programs are offered through Cigna’s life management program. Refer to the M-DCPS Benefits Guide provided with the RFP.

74. Q: Can you also detail the number of enrollees by chronic condition?

    A: This information can be found in the Cigna CAP report included within this addendum.

75. Q: How many members are enrolled in Lifestyle Management programs?

A: Assume your company's standard book of business metrics applicable to M-DCPS demographics

76. Q: In Section VII of the Wellness Questionnaire, you reference that M-DCPS may require reporting at a business level unit and perhaps sub-unit. How many business units and sub-units does M-DCPS have?

77. A: For purposes of your proposal assume between 5-10 business units.

78. Q: In Section X question 1 of the Wellness Questionnaire, you reference Fitness Center Management. Does M-DCPS have Fitness Centers at any of their locations? If so, how many? Is there an incentive for accessing a fitness center regardless if onsite or remote center?

    A: The District has an employee fitness center located in the administration building which is funded by a grant from the Health Department. At each of our full service high schools there is equipment that is utilized for physical education programs as well as other various sports. It has been a challenge for staff to use these locations, as students are scheduled to use it throughout the calendar year.

79. Q: In Section XIV question 27 of the Wellness Questionnaire, you refer to on-site health seminars/fairs. How many locations do you intend to offer on-site health seminars/fairs in 2015?

    A: To be determined.

80. Q: RFP Section I – Page 2 - Proposer Submission Requirements-The first paragraph of this section states: "The following describes the anticipated proposal process, timing, expected response format, requirements for interaction regarding questions, and contract information." Please confirm that the following proposal format is acceptable:

Section I	Transmittal Letter
Section II	Acknowledgment of Addenda
Section III	Executive Summary
Section IV	Responses to Questionnaire
Section V	Attachments and Exhibits

    If this format is incorrect, please clarify the required proposal layout.

    A: This format is correct.

81. Q: RFP Section II – Entire Section-Section II of your main RFP document lists requirements for the delivery of this program. In many instances, these requirements are replicated in the Healthcare Questionnaire. Should bidders address the Section II requirements in the "All RFP Proposer Specifications" tab of the questionnaire only or should we address those requirements both in the questionnaire and in a separate, line-by-line document?

A: In the ALL RFP Proposer Specifications tab.

82. Q: RFP Section II – Page 2 - Transmittal Letter-This section states: "Each proposal must contain a transmittal letter and outline all of the desired vendor qualifications which are detailed in Section II and Section III of this RFP". Please clarify what is being requested with regards to outlining the vendor qualifications for Section II and Section III. Are vendors required to address each item in these sections, or provide a statement addressing the entire section?

    A: Refer to the All RFP Proposer Specifications Tab with the questionnaire.

83. Q: Item 1 of this section states: "Confirm that all requested information is included as part of the RFP response. Include the signed (in blue ink) Proposal Certification Form in your response. This form is included as an attachment in the RFP." Is the form to which you refer the same as the "All Officer RFP Statement" tab in the questionnaire? If no, please advise where the Proposal Certification Form is located as it does not appear in the exhibits received.

    A: Refer to the All RFP Proposer Specifications Tab with the questionnaire.

84. Q: RFP Section II – Page 4 – Audit Funds-The proposal specification related to M-DCPS' right to audit specifies a cost of up to $75,000 to be borne by the vendor to fund these audits.
    - Does M-DCPS expect these audits to be conducted annually?
    - Does the $75,000 vendor-borne cost apply for EACH audit, or for all audits conducted in total during the initial contract term?
    - Since such audit costs must be considered within our proposal, is there a lower funding threshold for Wellness-only proposals?
    - Are your expectations for the number and frequency of audits for a Wellness-only vendor different from those of the Medical/Rx vendors? If so, how?
    - How does this section's audit requirement and funding limit relate to the Wellness Questionnaire's Section XII Questions 10 and 11, which ask about funding of third-party audits for wellness/health promotion programs, and pre-/post-implementation audits of the wellness program?
    - Does M-DCPS expect to conduct pre- and/or post-implementation audits in addition to annual program audits?
    - Is there an expected funding amount by the vendor for pre-/post-implementation audits?
    - Even if such funding is simply a request and not a requirement, can you share an amount that you expect to be sufficient to cover such audit costs?

    A: We would expect a wellness audit to be under $50,000 and M-DCPS would require one audit within the contract term.

85. Q: RFP Section II – Page 13 - Proposal Submission-Please clarify the following: "Your proposal must include the contact name for local service and account management which M-DCPS may contact directly."

    A: This is the person that will be assigned to M-DCPS.

86. Q: RFP Section III – Page 35 – Purpose of Solicitation-If a vendor is submitting a proposal for a specific component of the overall healthcare benefits program (e.g., the wellness program), are there specific instructions that we should follow? For example, should we only complete the "All RFP Proposer Specifications" tab, the "Wellness Questionnaire" tab, the "Wellness Fees" tab, the "Explanation" tab, and the "All RFP Officer Statement" tab of the healthcare questionnaire? Are there any other components that are or are not required if we are not bidding on specific components of the overall RFP? If so, how should we address requirements that may not be applicable?

    A: The example and your company's interpretation is correct.

87. Q: RFP Section VI – Page 1 – Selection Criteria-If a vendor is bidding on a specific component of this RFP (e.g. wellness, stop loss, etc.) what are the selection criteria for individual components?

    A: The decision is based on a consensus by the Ad Hoc Committee based on the best interests of M-DCPS.

88. Q: Healthcare Questionnaire – General Question-The Healthcare Questionnaire document is locked. If a bidder enters text into a cell and the cell will not expand (but is within the 400 character limit), are there specific instructions to address this to ensure all of the text is visible in a printed format? Additionally, if a vendor requires more rows for the "Explanation" tab, how can those be added?

    A: The revised Questionnaires addressed the printed format question. There cannot be additional rows added to the Explanation tab.

89. Q: Healthcare Questionnaire – All RFP Proposer Specifications-If a bidder selects "Will Not" for a given "confirmation statement," is the bidder permitted to explain a "Will Not" answer (i.e., an item is not applicable to the bidder's services) and, if so, can such explanations be provided in the "Explanation" tab of the questionnaire?

    A: The bidder can use the Explanations tab.

90. Q: Healthcare Questionnaire – Incentives (Wellness)-Does M-DCPS have a defined incentive plan for strategy for 2015?

    A. The strategy is to be determined and M-DCPS will be seeking input from winning bidders.

91. Q: Can you please elaborate on question 59.d and e regarding incentive fulfillment risk, percentage passed to other firms, and treaty details of ceded risk?

    A: Question 59c asks the proposer to confirm that the risk is held entirely by their organization. (Applicable to fully-insured coverage.) However, the same question is asked for self-funded arrangements. The District is seeking proposals on a Self-funded platform.

    Question 59d ask if the proposer doesn't hold the risk entirely then please indicate the percentage of the risk that is passed on to other firms in the answer field.

Question 59e asks the proposer to provide any treaty details of any ceded risk in the answer field and if you eed more space, please use the "Explanation" column and/or Worksheet.

92. Q: Exhibit A – Proposer's Warranty-Item 4 of this exhibit states: "The Proposer authorizes the Board, its staff or consultants to contact any of the references provided in the proposal and specifically authorizes such references to release either orally or in writing any appropriate data with respect to the insurer offering this proposal." Please clarify the number and types of references M-DPS wishes to receive from bidders and where those should be noted.

    A: Three current references and one terminated reference should be provided within the explanation tab(s) for each service; medical, wellness, etc. Provide: entity name, number of employees, contract inception date, contact name and phone number.

93. Q: Exhibit C – Business Enterprise Program Certification Application-Is Exhibit C required for all bidders or only for those seeking certification as small or minority owned business?

    A: It is required that this form be completed. If not applicable insert NA.

94. Q: Exhibit D - Page 4 - Section 17-The following components are included in our current background check process: social security number verification; seven year criminal record search, including national criminal search; education – verify highest degree earned; employment verification – seven years or three employers; drug screening; OIG/GSA (FACIS) healthcare sanctions; and professional license verification, as applicable. Will this process satisfy M-DCPS's requirements?

    A: M-DCPS Exhibit D requirements must be met for onsite personnel at M-DCPS and any staff attending any event at an M-DCPS location.

95. Q: Healthcare Questionnaire - Wellness Program Eligibility-Please identify the types of adult members (Employees, Spouses/DPs, Retirees) who will be eligible for each of the following Wellness Program services:

    - Health Assessment
    - Web Portal
    - Telephonic Health Coaching
    - Biometric Screenings
    - Will employee eligibility for the Wellness Program include ALL employees, regardless of medical plan enrollment status, or will certain employees be excluded (e.g., those who waive coverage, inactive status, etc.)

    A: To be determined but assume all medical plan participants for your RFP response.

96. Q: Healthcare Questionnaire - Wellness Program Fees-The Wellness Program Fees spreadsheet indicates a "PEPM Basis". Please confirm if PEPM refer to a Per Employee Per Month basis, or a Per Eligible (Member) Per Month basis. If only employees are eligible, the rate is effectively the same with either definition, but the distinction is critical if spouses/DPs and/or Retirees are eligible for any of these services.

A: Per employee per month.

97. Q: Please provide the exact population number you intend to use in calculating the fees priced on a PEPM basis. For example, what would one year of fees total for a $1.00 PEPM?

A: 34,548 employees (50,946 members).

98. Q: Do you expect all Wellness Services to be priced on a PEPM basis in the contract, or are you simply seeking a convenient method of totaling and comparing fees? A true PEPM price structure is problematic for many Wellness Services, especially highly variable services such as biometric screenings and health coaching.

A: Biometric screenings and health coaching can be priced on an occurrence or event basis.

99. Q: Since implementation fees are one-time fees paid in Year 1, should the Grand Total exclude these one-time fees and instead only reflect the ongoing fees?

A: Yes.

100. Q: Wellness Program Utilization Assumptions-Please provide utilization data from the most recent program year for the following:

Health Assessment participation and risk identification
Telephonic health coaching enrollments
Biometric screening participation

A: Please refer to Cigna CAP report provided within this addendum.

101. Q: Can you provide utilization estimates for the 2015 program for the following components?

- Health Assessment participation and risk identification
- Telephonic health coaching enrollments
- Biometric screening participation

A: Not available at this time.

102. Q: General Questions - Biometric Screenings-Approximately how many biometric screening events/locations were held in the most recent program year and how many are expected for 2015? If available, can you provide the associated number of eligible lives and/or actual participants by location?

A: The district is seeking competitive proposals inclusive of recommended programs and metrics.

103. Q: Does M-DCPS have a preference for finger stick or venipuncture blood draw methods? Which method was used in the most recent program year?

A: Provide your company's recommendation.

104. Q: Please describe the extent to which the following screening options have been used previously and whether they are desired for the future program:

- Physician screening forms
- Clinic-bases screenings
- Self-administered kits
- Exit counseling

A: Provide your company's recommendation.

105. Q: General Questions - Data Management-Do you anticipate sending eligibility data for the Wellness Program from one source, such as directly from M-DCPS, or from multiple sources, such as your health plans? Will monthly file transfer frequencies be sufficient?

A: You will receive eligibility information from one source. Frequency is to be determined.

106. Q: Please detail as much as possible the number and types of files that you anticipate needing to be sent from the Wellness Vendor to M-DCPS or its designated third-party vendor (e.g., a Health Plan, a data warehouse vendor, etc.), and what frequency of file transfers you expect for each. For instance, you may require a monthly file of incentive data in order to administer member incentives, or you may need health assessment results to be provided to a data warehouse vendor on a monthly basis.

A: The two examples above are relevant.

107. Q: Since the County issued the Addendum on 6/25 with the Wellness Questionnaire with significantly more questions would the County consider extending the RFP response deadline to accommodate and allow ample time to provide the most robust response?

A: The addendum did not add or delete any questions only output formatting changes. No extension necessary.