

**ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT**

**INVITATION TO BID NO. 21-HRD-RFP-566**

**ADDENDUM NO. 1**

Arlington County Request for **Proposal No. 21-HRD-RFP-566** for **COMPREHENSIVE MEDICAL AND PRESCRIPTION DRUG SERVICES FOR MEDICARE ENROLLED COUNTY RETIREES AND THEIR MEDICE ENROLLED ELIGIBLE DEPENDENTS** is amended as follows:

- **THE PROPOSAL DUE DATE IS EXTENDED TO MAY 21, 2021 AT 5:00 P.M.**
- **AMEND Attachment A.** Technical Excel Workbook; Tab AcctMgt\_Report\_Implement; Excel line 55; is amended as follows:  
  
    “Please provide a copy of an Implementation plan assuming a kickoff meeting in July **the first week of August** 2021. Name the file: [offeror's Name] Implementation Plan as Attachment A5.
- **AMEND ATTACHMENT B.** A new corrected version of Attachment B is provided. Use the attached version for your response.
- **AMEND SECTION V: PROPOSAL REQUIREMENTS; SECTION 7.** Proposal Evaluation Criteria and Points table is amended as follows:

Prescription Drug Clinical Programs	8
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- **AMEND ATTACHMENT F.** Medicare RFP Companion File. This file is being revised to include dates of birth and will be emailed automatically to all offerors who have previously contacted Aon to request this specific file.
- **ADD THE FOLLOWING ADDITIONAL ATTACHMENTS:**
  - Attachment G - AmWINS Enrollment Packet and Plan Summary
  - Attachment H – AmWINS EOC 2021
  - Attachment I – 2021 AmWINS Rx Formulary
  - Attachment J – AmWINS ANOC 2021
  - Attachment K – Buy-Up List – Drugs included as covered on the formulary to ease the transition to Medicare coverage.

- **THE COUNTY RECEIVED THE FOLLOWING QUESTIONS IN RESPONSE TO THIS RFP:**

1. QUESTION: Are the claims provided on a paid or incurred basis?  
**RESPONSE: Paid basis.**
2. QUESTION: Confirm if the current medical plan coordinates with Medicare as a true COB (100% covered), carve out or exclusion?  
**RESPONSE: As exclusion; please see attached 2021 enrollment packet and plan summary.**
3. QUESTION: In the past three years, have there been any material changes to the benefits for either the medical or drug? If so, can you provide those changes?  
**RESPONSE: No.**
4. QUESTION: Can the census file be updated to include the retirees and dependents date of birth? If available, provide an updated census that includes dates of birth.  
**RESPONSE: Yes, birth dates will be provided as available. Aon will automatically send a revised Attachment F- Medicare Retiree RFP Companion File to all who have previously requested it.**
5. QUESTION: Which if any, of the members on the census under age 65 have Medicare Parts A&B as primary.  
**RESPONSE: Every individual listed in Attachment F- Companion File on Tab "Demographic Census" is enrolled in Medicare Part A &B.**
6. QUESTION: Is the medical claims data provided reflective of incurred or paid dates? If claims are reflective of incurred dates, indicate the 'paid through' date.  
**RESPONSE: Reflective of paid dates.**
7. QUESTION: If paid claims was provided, please provide incurred monthly medical claims for CY2019 (required) and YTD 2020 (highly recommended) with minimum of 12 months of data for members and dependents who have Medicare as their primary coverage  
**RESPONSE: Paid claims provided; Please note the population is stable and because of the stability the paid claims and incurred claims are roughly equivalent.**
8. QUESTION: Indicate if the 2020 claims data includes any adjustments for depressed utilization due to COVID-19.  
**RESPONSE: No adjustments were made.**
9. QUESTION: Are Part B Rx claims included in the claims provided? If so, are they included in the pharmacy or medical claims data? If not, included in medical or pharmacy data can it be provided? If included, can the County list any Non-Part D drugs or lifestyle drugs covered on the current Part D plan.  
**RESPONSE: Part B Rx claims are included in the medical claims. Please see "Buy-Up List." Please see "Pharmacy Utilization" tab in Attachment F- Medicare Retiree RFP Companion File to see all drugs used by our retiree population under Part D.**
10. QUESTION: Does attachment B need to be populated with the 3 columns (Brand or Generic, Formulary status as of 1/1/21) if those same fields are already in the ACG\_2021 document?  
**RESPONSE: Yes, Attachment B, Formulary Disruption tab must be completely filled out. Please fill in all columns, using the County's pharmacy utilization data in Attachment F, tab "Pharmacy Utilization."**

11. QUESTION: Part B drugs and supplies at \$0...does this include diabetic supplies covered under Part B?  
**RESPONSE: Yes, AmWINS Enrollment Packet and Plan Summary; Page 2. See Attachment G, Medical Design tab.**
12. QUESTION: What is the benefit design for continuous glucose monitors? Is it \$0 as listed for DME?  
**RESPONSE: Yes, for continuous glucose monitors covered under Part B.**
13. QUESTION: What buy-ups are currently offered?  
**RESPONSE: Reference Attachment K "Buy-Up list."**
14. QUESTION: Is anything custom about Part D vaccine coverage?  
**RESPONSE: No.**
15. QUESTION: The RFP states that all proposals should be submitted electronically through the Procurement Portal but the Technical Proposal workbook states: "The Offeror's proposal must address the Proposal Submittal Elements below, in the order listed, and must not exceed the stated page limitations. The proposal must be on 8 ½"x11" paper, single-spaced, and the type size must not be less than 10 point.' Confirm the intent of this requirement on the Technical Proposal Workbook.  
**RESPONSE: The Offeror's Proposal must be on 8 ½ x11 paper, single spaced, and the type size must not be less than 10 point (this is the County's requirement for formatting consistency. The Offeror's Proposal is electronically submitted by uploading the Proposal to Vendor Registry.**
16. QUESTION: Can the County provide a complete certificate of coverage or SPD for the current AmWINS Medicare Supplement and PDP benefits.  
**RESPONSE: EOC and ANOC; Enrollment packet.**
17. QUESTION: The Terms and Conditions refer to "Exhibit A – Scope of Work'. The 'Exhibit A' that is attached to this RFP is a Business Associate Agreement. If there is a 'Scope of Work' Exhibit that applies to this RFP, can Arlington County please provide?  
**RESPONSE: The text from RFP "Section IV. Scope of Services" will be used as the basis to create an Exhibit entitled "Scope of Work" for the final the contract. This text will be modified as needed as a result of negotiations. All Exhibits in the final contract will be labeled and in order.**
18. QUESTION: Is it permissible to submit additional documents such as a cover letter and executive summary?  
**RESPONSE: YES, it is permissible to submit a cover letter and executive summary.**
19. QUESTION: The RFP documents formulary and provider disruption reports; please provide full claims & utilization files in order to produce the following data fields:
- Claims data (Rx) please provide the latest 12-24 months of Rx claims, including corresponding member counts by month for each product/plan for Medicare eligible retirees only (claims should exclude under 65 spouses/dependents and non-Medicare eligible retirees).
  - In order to properly price the Part D plans, please provide a member level RX claim file for all Medicare retirees for each RX plan. We will need one file that contains claim level information. The information should be provided in summary as well as in detail format. The detail format file should be in delimited text format, inclusive of a header row. The data

should be provided for the Medicare eligible population we are quoting, such as both Medicare eligible pre- and post-65's, including disabled. Duplicate records and originals/reversals should be removed. The File should include: Unique Member ID, Pharmacy ID, NDC-11, AWP (average wholesale price), Dispense Date, Retail vs. mail indicator, Days' Supply, Quantity or Units Dispensed, Low Income Status (not required)

- o Please provide a second Rx file that contains member information: Member ID, Risk Score, DD/MM/YYYY of risk score, Zip code. If member level utilization data is not available, please provide the generic dispense rate (GDR) for the current Rx plan.

**RESPONSE:**

**Claims data is provided in Attachment F; Aon will provide a revised Attachment F- Medicare Retiree RFP Companion File.**

**Member level claims will not be provided; Please use provided data in Attachment F.**

**CY 2019 Generic Dispense Rate: 82.09%**

**CY 2020 Generic Dispense Rate: 82.83%**

20. QUESTION: Formulary Confirmation: In an effort to minimize disruption and quote our closest matching formulary, please provide a copy of the current formulary that applies for each of the pharmacy plan options in place today. If a copy of the formulary is not available, please confirm the name of the current carrier's formulary and the following information for each pharmacy option in place today: o Does the plan include the most comprehensive formulary available through the incumbent? o Is the current formulary considered an Open or Closed Formulary? o Does the formulary exclude any drugs on the Part D drug list? o Are generic drugs included on Tier 2 and Tier 3? o Does the current plan cover any additional non-part D drugs such as agents when used for weight loss, weight gain or anorexia, prescription vitamins and mineral products, drugs for sexual or erectile dysfunction, cough and cold drugs, agents used to promote fertility, and/or agents used for cosmetic purposes or hair growth?

**RESPONSE: The AmWINS Rx formulary is included in additional documents; this is an Open formulary. Offerors should propose their broadest formulary, as requested in the RFP. Please see the "Buy-Up List" of drugs (Attachment K) included under additional documents.**

21. QUESTION: Does the current plan include any additional requirements such as step therapy?

**RESPONSE: Yes, step therapy is required. Reference Attachment I 2021 AmWINS Rx Formulary for additional information.**

22. QUESTION: Per the RFP instructions, we will include Part D Catastrophic coverage at "5% of the cost or \$3.70 for generic (including brands treated as generic) and \$9.20 for all other drugs. Retiree pays no more than the Stage 1-3 cost shares". Please confirm whether the current in-force catastrophic phase benefit limits the cost share to the Stage 1-3 cost shares, or whether the current benefit is "CMS standard" (not capped at the Stage 1-3 cost shares).

**RESPONSE: Confirming that the catastrophic phase benefit limits the cost share to the Stage 1-3 cost shares.**

The balance of the solicitation remains unchanged.

Arlington County, Virginia

Vanessa Moorehead  
Procurement Officer

**RETURN THIS PAGE, FULLY COMPLETED AND SIGNED, WITH YOUR BID:**

**BIDDER ACKNOWLEDGES RECEIPT OF ADDENDUM NUMBER 1.**

**FIRM NAME:** \_\_\_\_\_

**AUTHORIZED  
SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_