



WILLIAMSON COUNTY GOVERNMENT

February 20, 2019

Addendum #4 Benefits RFP Medical and Prescription

Williamson County has received the following questions:

1. Although Williamson County Government has advised monthly claims data will not be provided, it is needed in order for a carrier to provide the suggested Aggregate claims funding factors requested in the Summary and Instructions section of the RFP. We need the most recent 24 months of monthly claims experience along with the enrollment for those months.
Suggested aggregate claims funding factors will be required annually. Acknowledgement of #15 with the Intent to Bid is all that is needed at this time.

2. Please provide the number of retirees to be covered under the medical plan.
311 pre 65 retirees.

3. Does Williamson County currently have a plan year with a start date in July?
Plan year is January to December.

4. In regards to the Question 24 below, please indicate the current eligibility format.

24. Confirm vendor will receive and maintain eligibility files in the format currently provided by the County's eligibility provider and other third party vendors or work to reach a mutually agreed upon format.

We are currently using the 834 5010 file layout.

5. In regards to Question 25 below, please indicate if this question pertains solely to medical bidders.

25. Vendor confirms that its systems will be in full compliance with PPACA requirements, including its ability to accurately coordinate with the County's Rx administrator on member out-of-pocket balance requirements without additional fees to the County.



All bidders, both medical and pharmacy, are required to cover cost incurred for all data exchanges, including but not limited to, real time sharing of customer accumulators, eligibility, and utilization reporting to support clinical programs.

6. In regards to Question 26 below, please indicate if this question pertains solely to medical bidders.

26. Vendor confirms that they will perform real-time information / data exchanges with other vendor partners including the Rx administrator as necessary to share account balances (deductibles and out-of-pocket expenses). Such information / data will be provided in a HIPAA-compliant format directly to the designated vendor(s) contracted by the County or within the required time intervals without additional fees to the County.

Please see response to question #2.

7. In regards to Question 96 below, please clarify what type of “maximum” you are referring to. Is this maximum out of pocket? Maximum days’ supply?

96. What does your system transmit to the pharmacy when the maximum is reached?

Please respond with what is transmitted to the pharmacy when any maximum is reached.

8. In regards to “initial setup cost” within the Pharmacy Pricing Table, please specify the type of set up cost you are referencing.

Any and all cost associated implementing the pharmacy plan set up, including the cost of files to transfer history, customer communications, in person meetings, etc.

9. Considering only brand name drugs, what is the % of Formulary brands to all Brands given average utilization?

This information is not being provided at this time.