

HAMILTON COUNTY DEPARTMENT OF EDUCATION
3074 Hickory Valley Road
Chattanooga, TN 37421
Main Line: (423) 498-7030
Email: doe_purchasing@hcde.org

Posted Date: May 4, 2023

Solicitation No.: Bid 23-39

Solicitation Name: Employer Medical Benefit Plans

Subject: Addendum Number 1

The following represents clarification, additions, deletions, and/or modifications to the above referenced bid. This addendum shall hereafter be regarded as part of the solicitation. Items not referenced herein remain unchanged, including the response date. Words, phrases, or sentences with a strikethrough represent deletions to the original solicitation. Underlined words and bolded phrases or sentences represent additions to the original solicitation.

1. ATTACHMENT: NONE

2. QUESTIONS/ANSWERS

1.	1. For responses within Attachment A that span larger than the response cell, is it acceptable to add columns or rows within the Excel file? If not, is it acceptable to supply the additional information as a separate attachment?
Answer	Excel columns may be adjusted as long as all requested material is included and no material change is made to the prompts. Vendor must ensure that hardcopy submission includes a complete version of full excel document and that USB contains digital copy.

2.	<p>2. Attachment A: Tab 5 – Medical Costs If a bidder would like to provide a combined PPO and HDHP quote, and/or a full replacement quote (HDHP, PPO and HMO combined), is it acceptable to add a new section to Tab 5 such as the one below?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #003366; color: white;"> <th style="width: 40%;">PPO/HDHP/HMO (name as applicable)</th> <th>Proposed Monthly Rates</th> </tr> </thead> <tbody> <tr> <td>Base Administration Fee PEPM</td> <td>Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____ Year 5: _____</td> </tr> <tr> <td>Network Access/Clinical Programs PEPM</td> <td>Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____ Year 5: _____</td> </tr> <tr> <td>Stop Loss Interface Fee</td> <td></td> </tr> <tr> <td>Any additional Fees Must be disclosed and listed</td> <td></td> </tr> <tr> <td>List any Implementation/Wellness Credits</td> <td></td> </tr> </tbody> </table>	PPO/HDHP/HMO (name as applicable)	Proposed Monthly Rates	Base Administration Fee PEPM	Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____ Year 5: _____	Network Access/Clinical Programs PEPM	Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____ Year 5: _____	Stop Loss Interface Fee		Any additional Fees Must be disclosed and listed		List any Implementation/Wellness Credits	
PPO/HDHP/HMO (name as applicable)	Proposed Monthly Rates												
Base Administration Fee PEPM	Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____ Year 5: _____												
Network Access/Clinical Programs PEPM	Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____ Year 5: _____												
Stop Loss Interface Fee													
Any additional Fees Must be disclosed and listed													
List any Implementation/Wellness Credits													

Answer	YES

3.	3. Attachment A: Tab 2 – Service Capabilities On the request for a list of subcontractors, will the bidder be penalized if the NAIC codes are not supplied for each subcontractor?
Answer	No. NAIC codes where known or applicable are encouraged to be provided, but are not required.

4.	4. Please clarify HCS’ expectation for the inclusion of an Engagement Consultant.
Answer	HCS is looking for resources to help drive member engagement in the health plan as well as engagement in Health and Wellness activities.

5.	5. Attachment A: Tab 5 – Questionnaire Pharmacy Question 1: What are your Pharmacy exclusions? Please clarify what type of exclusions should be provided here.
Answer	Please list all standard exclusions including drugs or drugs classes excluded. Also indicate your ability to not exclude these if desired by HCS

6.	6. Disruption/Reprice	<p>Medical:</p> <p>6a. There are 2 claim files provided. Please confirm if both are to be run for disruption and repricing. If not, please identify which is for disruption versus repricing.</p> <p>6b. Also is the file inclusive with “BROKER” in the file naming to be returned with the package to the County or should go to the consultant.</p> <p>6c. Please confirm “summary” repricing is acceptable.</p>
Answer	<p>6a. Yes, both should be used and your response should include a file for each. Please do not combine your analysis into one file.</p> <p>6b. All information is to be returned to HCS</p> <p>6c. Yes, this is acceptable for the bid response, but a detailed report may be requested to support your analysis.</p>	

7.	7. Disruption/Reprice	<p>Pharmacy:</p> <p>7a. There are 2 claim files provided. Please confirm if both are to be run for disruption and repricing. If not, please identify which is for disruption versus repricing.</p> <p>7b. Please confirm “summary” repricing is acceptable.</p>
Answer	7a. Yes, both should be used.	

	7b. Yes, this is acceptable for the bid response, but a detailed report may be requested to support your analysis.
--	---

8.	8. Census	Please provide some type of ledger to the Plan coding column.
Answer	FTB – full time with benefits PROV – Provisional with benefits INTB – interim with benefits PTB – part-time with benefits RET - Retiree RTF – retiree returned to work fulltime. RTIN – retiree returned working an interim assignment RTP – retiree returned working part-time PTCB – part-time contract bus driver (eligible for benefits) CBRA - Cobra CBRD – cobra dependent RTDE – retiree dependent	

9.	9. Questionnaire	Tab 4-Medical network. Please clarify lines 26-28. The section is titled Network Access and Disruption. Is line 26 to be responded with Network Access based on Disruption and lines 27-28 for repricing response?
Answer	YES	

10.	10. 5-Cost Pharmacy	Cigna would like to propose three separate pricing scenarios. Are we able to copy tab 5 and identify each offer separately?
Answer	YES	

11.	11. 5-Cost Pharmacy	Please advise if pharmacy administration fee should be on a per script/claim or PEPM basis.
Answer	A PEPM is preferred but HCS will consider per script/claim. If providing different than PEPM please make sure to provide the volume you are basing your fee on.	

12.	12. BCBS PPO Summary	Can you verify what the mailorder benefits are on the pharmacy? Would a full SPD be available by chance for this plan as the summary also does not provide some day limit information?
-----	----------------------	--

Answer

Prescription Drugs for Retail Network and Home Delivery Network					
Prescription Drugs	Preferred Generic Drug	Non-Preferred Generic Drug	Preferred Brand Drug	Non-Preferred Brand Drug	Out-of-Network
RX04 Retail Network – Up to a 30 day supply	\$5 Copay	\$5 Copay	\$20 Copay	\$30 Copay	Not Covered
RX04 Retail Network - Greater than a 30 day supply	Not Covered; must utilize either Home Delivery Network or Plus90 Retail Network				
Home Delivery Network and Plus90 Retail Network – Up to a 30 day supply	\$5 Copay	\$5 Copay	\$20 Copay	\$30 Copay	Not Covered
Home Delivery Network and Plus90 Retail Network – For a 90 day supply	\$5 Copay	\$5 Copay	\$20 Copay	\$30 Copay	Not Covered
Onsite Pharmacy – Up to a 30 day supply	\$0 Copay	\$0 Copay	\$10 Copay	\$20 Copay	Not Covered

Self-Administered Specialty Drugs - To receive benefits for self-administered Specialty Drugs, You must use a Preferred Pharmacy in Our Specialty Pharmacy Network. Self-administered Specialty Drugs are limited up to a 30 day supply per Prescription.				
Self-administered Specialty Drugs	Generic Drug	Preferred Brand Drug	Non-Preferred Brand Drug	Out-of-Network
Preferred Specialty Pharmacy Network	\$5 Copay	\$20 Copay	\$30 Copay	Not Covered

Additional Provisions

90 day supplies are available through the Mail Order Network and the Plus90 Network. See bcbst.com to locate network pharmacies and to learn more about the Mail Order Network.

At the Network Pharmacy, You will pay the lesser of Your applicable Copayment Coinsurance, or the Maximum Allowable Charge. Our discounted rate or the Network Pharmacy's charge for the Prescription Drug.

For both Prescription Drugs and self-administered Specialty Drugs, if You choose a Preferred Brand Drug, or Non-Preferred Brand Drug when a Generic Drug equivalent is available, You will be financially responsible for the Generic Drug Copay or Coinsurance plus a Penalty. The Penalty is the difference between the cost of the Preferred Brand Drug or Non-Preferred Brand Drug and the Generic Drug. You may request an exception by completing the Pharmaceutical Exception Request form available on Our website at bcbst.com.

If You have a Prescription filled at an Out-of-Network Pharmacy, You must pay all expenses and file a claim for reimbursement with the administrator. You will be reimbursed based on the Maximum Allowable Charge, less any applicable out-of-network Deductible, Coinsurance, and/or Drug Copayment amount.

In the Self-administered Specialty Drugs section, Out-of-Network refers to outside the Specialty Pharmacy Network, not outside the standard retail Pharmacy Network.

13.	13. E-Commerce Payments	Please clarify this request so we can ensure we respond accordingly to what Hamilton is seeking.
-----	-------------------------	--

Answer	HCS is seeking to know whether your entity will accept ACH/EFT and/or Credit Card Payments.	
--------	--	--

14.	14. Binders	Please clarify the request for 10 point font and 8 ½ x 11 paper stock only applies to the “client specific documents such as cover letter, questionnaire, financials, GeoAccess and disruption type items and not to any generic attachments (sample reporting, communications, etc.).
-----	-------------	--

Answer	Yes, this is correct.	
--------	------------------------------	--

BIDDER/PROPOSER IS ADVISED, YOU ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THIS ADDENDUM WHEN SUBMITTING A BID/PROPOSAL. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE BIDDER/PROPOSER BEING CONSIDERED NON-RESPONSIVE.

ALL OTHER TERMS AND CONDITIONS OF THE SOLICITATION DOCUMENTS ARE AND SHALL REMAIN THE SAME.

Debbie Jackson

Procurement Specialist III
Procurement Specialist Phone: 423-498-7030
Hamilton County Department of Education
doe_purchasing@hcde.org