



PRINCE GEORGE'S COMMUNITY COLLEGE

DATE: October 28, 2022

TO: All Prospective Proposers

FROM: Kris Chewlin
Procurement Compliance Officer, Office of Procurement
301-546-8011

RE: **Addendum 2: RFP 23-04 –
NEW HEALTH CARE PLAN - MEDICAL, PRESCRIPTION
DRUG, DENTAL & VISION**

The following amends the above referenced RFP documents. Receipt of this Addendum 2 is to be acknowledged by completing the enclosed "Acknowledgement of Receipt of Addenda Form" and including it in the Technical Proposal.

1. Questions and Responses & Scoring Criteria

Attached to this Addendum 2 is the Questions and Response Log & Scoring Criteria (which is located immediately below the log). The Questions and Response Log contains all of the questions received. The last day for questions was October 17, 2022 at 10:00 AM ET.

2. Solicitation Schedule

The due date for proposals has been moved to ***Friday November 11, 2022 at 10.00 AM ET***. All other dates reflected on the original solicitation schedule remains the same until further notice.

3. E-mail list of pre-bid conference attendees

Attached to this Addendum 2 is a list of attendees who attended the pre-bid conference held on October 13, 2022. The College does not guarantee the accuracy of the e-mail addresses presented.

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM

RFP NO.: 23-04

TECHNICAL AND FEE PROPOSAL DUE DATE: Friday November 11, 2022, on or before 10:00 AM ET

RFP FOR: RFP 23-04 – NEW HEALTH CARE PLAN - MEDICAL,
PRESCRIPTION DRUG, DENTAL & VISION

NAME OF PROPOSER: _____

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned, hereby acknowledges the receipt of the following addenda:

Addendum No. 1 dated 10-07-22

Addendum No. 2 dated 10-28-22

Addendum No. dated

Addendum No. dated

Addendum No. dated

As stated in the RFP documents, this form is included in our Technical Proposal.

Signature

Name Printed

Title

Date

END OF FORM

Questions and Responses

No.	Question	Response
1	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.	Yes
2	Please confirm the method of submission being requested. Is an email submission with the requested PDF format acceptable?	Yes
3	Please provide a copy of the self-funded pharmacy contract	This contract is considered proprietary and will not be released.
4	Please provide a revised medical repricing file that includes billed eligible charges.	Billed eligible charges will not be provided as it is not needed to provide the allowed charges under carriers contracts.
5	Request for Proposal - Self Funded Medical and Prescription Drug: Data Analytics Questionnaire a. In the Request for Proposal - Self Funded Medical and Prescription Drug Excel workbook in the Data Analytics tab, there is mention of an "attached data file layout" for review. We did not see this attachment with the RFP documents. Can you please provide the mentioned file layouts for enrollment/eligibility, medical claims and pharmacy claims data?	Recommended_Fields.xlsx has been posted to the One Drive link. Additionally we ask the TPAs and PBMs to accommodate using the same member ID for all 3 files so Medical & Rx claims can be linked up if the PBM vendor differs from the Medical carrier.
6	Request for Proposal - Self Funded Medical and Prescription Drug: Carrier TPA Stats a. In the Request for Proposal - Self Funded Medical and Prescription Drug Excel workbook in the Carrier TPA Stats tab, questions #2 - #8 (lines 13 - 20) are formatted so the response would show as a percentage instead of a number as requested. Can you please revise the formatting to allow the response to questions #2 - #8 to show as numbers instead of percentages? Or are carriers allowed to clarify their responses in column G?	Formatting has been fixed. It is available for download from the One drive link provided.

7	Please provide the BCBS CareFirst large claimant reports including diagnosis , paid claims, and date of birth for the following time periods: a. 1/1/2020-12/31/2020 b. 1/1/2021-12/31/2021 c. 1/1/22-current.	Available for download from the One Drive file link.
8	Please confirm if there are any allowances (wellness, communications, etc.) provided by the current vendors. If so, please provide the amounts and frequency.	Currently CareFirst and Kaiser provide \$10k for wellness funds and a wellness consultant for the Wellness Committee. CareFirst & Kaiser both support wellness activities on campus. PGCC would like to have physical activities as well as mental health and wellness.
9	Please provide a list of the current programs included in the medical admin fee (i.e. health coaching, maternity, etc.)	Currently CareFirst provides the following: -CareFirst Wellbeing Platform -Blue Rewards Incentive Management -Real Age Test -Scale Back - Diabetes Prevention and Weight Management Program (billed as a claim) -Craving to Quit - Tobacco Cessation Program -Financial Well-being by Dave Ramsey -Mindfulness -Lifestyle Coaching -Disease Management Coaching -Wellness Strategy and Consultation -Wellness champions and Committee Support -Communications Plan -Member Education Material -Monthly Health Observance Campaign -Wellness Posters -Open Enrollment Wellness Events
10	Proposal/Bid Affidavit on page 23 of the RFP - Please confirm if this form should be notarized.	No, this is not necessary.
11	Page 36 of the RFP - Is this page to be included in the <i>References</i> form or is it a separate form?	It is a separate form and can be placed after the References page.
12	Would standalone proposals for just the Prescription Drug services be accepted?	Yes, PGCC would like to evaluate both stand alone and bundled Rx opportunities.

13	<p>If our proposal that matches the current plan shows savings, would you like to also see an additional plan option with enhanced benefits that gets closer to the current plan premium?</p> <p>While this benefit is being evaluated, are there any additional plan features that the group would like to explore at this time?</p>	Please match current and provide enhancements as alternative.
14	My team has asked that I request a copy of the current existing vision contract.	This contract is considered proprietary and will not be released.
15	Please provide detailed experience on vision, to include identified exams, lenses and frame detail.	Utilizations packets have been posted to One Drive link for Vision RFP through September 2022
16	Please confirm if a Claims Repricing is required for the incumbent Carrier.	Confirmed
17	Can you please provide the full dental booklets for both plans with procedures and frequencies.	Posted for download in One Drive link for dental.
18	Can you please confirm the RFP proposal submission instructions? The main RFP document notes email submission is acceptable (page 6 of 43); the PGCC 7.1.2023 Dental RFP Excel file notes proposals submitted via email will not be accepted (Cover & Instructions tab).	Proposals are to be submitted via email. Dental RFP excel document has been amended to remove the language indicating that email submission would not be accepted.
19	Are there any current performance issues with the dental or vision plans?	No
20	Can you please confirm if the current dental fee of \$3.22 includes any commissions?	Net of Commission
21	It looks like in 2019 PGCC moved to the current active/passive dual option dental plans, and the budget rates have stayed the same since. Were budget rates guaranteed for 5 years or reviewed annually?	Reviewed annually and decision to keep the same made.
22	Term# 2 of Appendix S states PGCC reserves the right to award to multiple offerors. Can you confirm that this is full takeover?	PGCC reserves the right to award to multiple offerors still stands. Current arrangement includes Medical to CareFirst and CareFirst CVS for Prescription Drug, Kaiser for Medical HMO, Aetna for Dental and EyeMed for Vision.
23	For the dental plan's "Composite Filling covered on all teeth" it states "as approved by Aetna". Are composite posterior resins covered at the alternate benefit level? For what teeth are composite resin restorations covered at no alternate benefit?	<p>Are composite posterior resins covered at the alternate benefit level? - No. The Aetna plan designs allow for composite/resin filings on posterior teeth.</p> <p>For what teeth are composite resin restorations covered at no alternate benefit?</p>

		N/A – since the plan designs allow composite/resin fillings on posterior teeth.
24	The dental plan states "Annual Maximum-Class I-IV". Is the lifetime orthodontia maximum counted in the annual maximum? What does the PGCC dental plan count as Class IV?	Booklets including schedule of benefits has added to OneDrive link. Orthodontia lifetime max does not count towards annual max. See booklets for details.
25	For the dental plan, what class is emergency palliative care in?	Basic Restorative Care also known as Class II/Type B
26	Based on the dental ASO fee of \$3.22, is Aetna retaining savings on any portion of their network? If so, what percent or amount are they retaining?	Aetna retains 40% of the negotiated PPO II savings as a network access charge for this subset of the network. Savings are calculated as the difference between the participating provider's fee schedule and the trended Fair Health average charges.
27	Please confirm the funding method(s) requested for the dental portion of the RFP. The PGCC Dental RFP Excel file, Questionnaire tab (row 14 - Proposal Requirements) requests both ASO and fully insured.	Confirm ASO only
28	Please provide the scoring criteria for this RFP.	The Scoring Criteria is attached below this list of responses.
29	Please provide full dental benefit booklets.	Posted to OneDrive Dental RFP link and shared once NDA has been signed
30	Can you please confirm if proposers are required to include budget rates for our self-funded dental pricing?	Confirmed
31	Are the requested repricing files (medical, dental, Rx) to be run on a detailed (line-by-line) basis or would summary results be acceptable? As a note we require a signed and fully executed NDA for all detailed repricing requests.	Detailed line by line is acceptable. Please provide NDA to PGCC for PGCC/PSA to review.

32	<p>The transmittal letter is requested in 2 different places within the RFP: section 1.2 and section 1.5. Each section has different requirements for the Letter of Transmittal. Please clarify which requirements should be followed</p> <ul style="list-style-type: none"> SECTION 1.2: "Transmittal Letter: A transmittal letter prepared on the Offeror's business stationery must accompany the Technical Proposal. The letter should be an executive summary that clearly and concisely summarizes the content of the Technical Proposal. The letter must be signed by an individual who is authorized to bind the firm to all statements, including services and financial statements, contained in the Proposal. Include the Offeror's official business address and state in which it is incorporated or organized (if Offeror is not an individual). An appropriate contact name, title, phone number, and email address should also be provided for PGCC's use during the procurement process. Do not include price information in the transmittal letter." SECTION 1.5: "Tab 2: Transmittal Letter This letter will summarize in a brief and concise manner, the proposer's understanding of the Scope of Work and make a positive commitment to provide the services during the contract term. The letter must be signed by an official authorized to make such commitments and enter into a contract with the College. The letter must indicate the official's title or authority. The letter should not exceed two pages in length." 	Please follow the requirements in Section 1.2
33	In the excel documents, there are pricing tabs, but the excel docs go in the technical section. They want us to leave as is, and are removing requirement to separate technical and pricing as it relates to excel workbooks.	Yes, the requirement to separate technical and pricing as it relates to the Excel workbooks is removed.
34	How would you prefer the Proposal Submission: hard copy or email submission?	Via e-mail only
35	What is the specialty drug supply limit?	The specialty drugs supply limit is 30 days.
36	Is PGCC interested in any specialty drug savings programs?	PGCC currently has Prudent Rx Specialty Drug Program that maximizes manufacturer assistance
37	Is PGCC evaluating carving out their pharmacy benefits? Are you pursuing direct PBM quotes or going through a pharmacy coalition?	This is an open and public bid. PGCC will evaluate all responses including availability to implementation options.

38	Are we required to provide a standalone fully insured Kaiser quote to cover the Kaiser population?	Please quote as takeover for all medical and as takeover for just CareFirst portion of medical/rx.
39	If we are required to quote the Kaiser population, would PGCC consider adding this group to their self-funded policy?	Please quote as takeover for all medical/rx and as takeover for just CareFirst portion of medical/rx.
40	Does PGCC have a wellness fund today and how much do they currently get per year?	\$10k per year
41	Please describe any wellness programs or initiatives PGCC uses today.	Please see our responses to questions #8 and #9. PGCC is interested in mental health, physical activities, health initiatives in addition to other wellness initiatives.
42	Question 35 of the PBM Questionnaire mentions providing data feeds to third party DM and wellness vendors. Can you please let us know who those are?	Currently not in place but 7/1/2022 decisions may require a file be sent between carriers/vendors.
43	We are able to provide a localized network for MD residents enrolled in the plan. Would PGCC be interested in seeing this as a third plan option?	PGCC has 3 plans they offer currently. In those 3 plans both the Kaiser plan is localized and the BlueChoice HMO is localized (regionally). The current third plan allows for taking advantage of lower discounts if receiving service in the regional HMO network while still providing BC PPO as in-network for those receiving care out of the regional service area. PGCC would like all employees and retirees to have access through networks proposed.
44	Can you please provide a high cost claimant file with cost and diagnosis that matches the experience period on the claims report? We are looking for 24 months of data (9/1/2020 - 8/31/2022). This data is required in order to provide pricing.	Available for download from the One Drive file link.
45	What is PGCC's level of tolerance when it comes to medical management? Are they open to programs that requires prior-authorization for inpatient and outpatient procedures?	PGCC is willing to consider all options to control cost and improve health of their members.
46	Is CareFirst funding claims file feeds to Deerwalk? Are they covering file feed costs for any other vendors? If so, please provide the amount of files that are sent monthly.	CareFirst is providing 3 files per month (Medical, Rx and eligibility) at no cost to Deerwalk. It is the expectation that should CareFirst be replaced that vendors do not charge PGCC/PSA fees for these files (sample posted in one drive - see question #5)
47	Does the current self-funded plan include a shared savings program where CareFirst is retaining a portion of the in network	No. CareFirst has OON program for shared savings.

	discounts to provide a lower administration fee?	
48	Please confirm if you would like dental repricing reports to be included with the proposal.	Confirmed
49	Will electronic signatures be acceptable?	Yes
50	Can we obtain the current carrier administration contract(s)?	This contract is considered proprietary and will not be released.
51	In the current dental administration arrangement, is the fee associated with Shared Savings included in the ASO charge, or does the group separately settle/pay this charge?	Aetna retains 40% of the negotiated PPO II savings as a network access charge for this subset of the network. Savings are calculated as the difference between the participating provider's fee schedule and the trended Fair Health average charges.
52	In the Final RFP document, Section 1.12 suggests that the Dental and Vision plans are Voluntary, however the RFP also indicates that PGCC currently funds 80% of these programs, and plans to continue as such. Please confirm that the intent of PGCC is to continue its current funding arrangement.	PGCC plans to continue to pay 80% of Dental and Vision premium equivalents/premium. This will continue to be evaluated on an annual basis.

53	<p>In the file identified as "214597-UMED CLMDATA DentalRFP_20210701_20220630", we have a few questions:</p> <ul style="list-style-type: none"> • Please confirm whether Field 9 identifies Participating/Network Providers as "Y", and Non Participating/Out-of-Network Providers as "N". In the same field, please confirm whether all are dental providers. • In Field 54, please provide an explanation of the "Servicing Provider Type". We are unclear as to the designations shown. • Field 68 seems to denote all rows as dental codes. Please confirm. • In Field 133, please explain the designations used. • In the document "Logic to Apply for Repricing Analysis June 2015 V2.pdf", #9 indicates that "All dental claims should be excluded from the analysis. Keep records where Type of Service (field #74) is not in the 70 to 93 range." This is unclear. Please provide an explanation. • If this document blends dental data with medical, vision or other data, is it possible to obtain an extract specific to dental? 	<p>Use Field 57 for Participating Provider Code (Y= yes in-network, N= N) File only includes claims filed through the dental plan as only coverage available through Aetna is dental.</p> <p>Field 54 - DN= Dentist OR= Orthodontist LB = Lab PH=Physicians</p> <p>Field 68 is all dental codes as file is for dental repricing.</p> <p>Field 133 - D=Dermatology DC=Dentistry FP=Family Practice OS=Oral Surgery P= Pediatrics WLAB=Laboratory Center</p> <p>Additionally, the full data dictionary is linked below:</p> <p>Universal Medical/Dental File Data Dictionary</p> <p>Ignore language in logic to apply for repricing (incumbent provided) as our request is to use this file to reprice dental</p> <p>As expressed above this file only contains claims filed with the dental carrier.</p>
54	<p>On page 36 of the RFP, there is a document regarding fixed or uniform price and a signature is required. The document was not noted in your table of contents and was not referenced in the required submission documents.</p> <p>If this document is required, how should we label/reference it and where should it be placed within our proposal submission.</p>	<p>It is a separate form and can be placed after the References page.</p>
55	<p>On page 11 of the RFP, Section 1.10 Compliance with Specifications - It will be assumed that you have complied with all aspects of the proposal unless deviations are clearly noted on a separate page. Title the page "Deviations from Proposal Specifications" and insert it as the first page in your proposal. Should this page be placed before the Table of Contents in Tab 1 or before the Transmittal letter in Tab 2?</p>	<p>Please place this page before the Transmittal Letter in Tab 2.</p>

56	<p>In Section 4 Proposal Submission 4.1 Technical Proposal Submission. SUBMIT ONE PDF: "FIRM NAME TECHNICAL PROPOSAL" it states that the proposals must be attached to an e-mail in portable document format (pdf). In the Excel document PGCC 7 1 23 Med Rx RFP in the Cover & Instructions Tab, it states on line 35, that Proposals submitted via email will not be accepted. See also section 2.0 with RFP. Please confirm proposal submission will be accepted via email as noted in Section 4.1</p>	Confirmed responses will be accepted via email. Language has been removed from Excel document.
57	Will the questions and answers from the Pre-Bid Call on 10/13 be sent out with in an addendum?	Those questions and answers are included in this document.
58	Should the pdf of the Excel workbook be included in the Technical Proposal submission?	Recommended (must include excel files as well)
59	<p>Section 1.10 - Compliance with Specifications - "Deviations from Proposal Specifications" to be included as the first page of our proposal.</p> <p>a. Should Appendix C exceptions be included in this section as page 1 of our proposal or in Tab 4 as requested on page 15?</p> <p>b. Which tab should any benefit deviations be provided in? Page 1 or Tab 4?</p>	Please place this page before the Transmittal Letter in Tab 2.
60	<p>Please confirm the number of zip codes to be included on the medical, dental and vision GeoAccess reports requested.</p> <p>a. Medical - 826</p> <p>b. Dental - 1,223</p> <p>c. Vision - 1,223</p>	Confirmed
61	<p>Regarding Appendix-C-1-2, please confirm if the referenced Performance and Payment Bonds is required with this procurement or is required upon award.</p> <p>General Conditions, page 76, GC 56 Performance and Payment Bonds, and Mandatory Construction Contract Clauses, page 93, MCC 12 Performance and Payment Bonds</p>	No, this is not required
62	<p>Regarding Appendix-C-1-2, please confirm if the referenced 'Bid Security' is required with this procurement.</p> <p>General Conditions, page 75, GC 63 Bid Security; and Mandatory Construction Contract Clauses, pages 94/95, Bid Security</p>	No, this is not required

63	Please confirm which tab we should include requested samples and network reports.	Please include them in Tab 3
----	---	------------------------------

Scoring Criteria

RFP #23-04 (Medical/Rx Portion) TECHNICAL PHASE RATING/SCORING FORM

The College's Technical Proposal Evaluation team will rate and score the proposals based on the following:

Administrative/Reporting Services	TOTAL MAX. POINTS (20 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> Completion of Vendor Agreement Responses to Claim Operations, Member Services, Client Services, & Performance Guarantee Questions on Carrier/TPA Questionnaire Responses to Questions on Stop Loss Questionnaire Responses to Questions on PBM Questionnaire 			
Cost Analysis	TOTAL MAX. POINTS (25 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> Comparison of Fixed Fees Responses to Benefits Administration and Wellness Questions on Carrier/TPA Questionnaire Allowed Cost tab Stop Loss Pricing Tab Rx Pricing Tab Medical Claims Repricing Rx Claims Repricing 			
Network Superiority	TOTAL MAX. POINTS (15 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> Comparison of Geo Access results among competing bidders Responses to Network Management Information Questions on Carrier/TPA Questionnaire Medical Provider Disruption Rx Provider Disruption 			
Medical Management Capabilities	TOTAL MAX. POINTS (15 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> Carrier TPA Stats tab Responses to Case/Disease Management Services on Carrier/TPA Questionnaire 			
Plan Design	TOTAL MAX. POINTS (15 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> Demonstrated ability to match or offer acceptable deviations to current Plan Design 			
Performance Guarantees	TOTAL MAX. POINTS (5 PTS.)	SCORE	COMMENTS
<ul style="list-style-type: none"> Demonstrated ability to offer competitive Performance Guarantees 			
MBE PARTICIPATION	TOTAL MAX. POINTS (5 PTS.)	SCORE	COMMENTS
<ul style="list-style-type: none"> Bidder demonstrated how he/she plans to meet the minimum MBE participation goal of 15% 			

**RFP #23-04 (Dental Portion)
TECHNICAL PHASE RATING/SCORING FORM**

The College's Technical Proposal Evaluation team will rate and score the proposals based on the following:

Administrative/Reporting Services	TOTAL MAX. POINTS (20 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> • Responses to Questionnaire 			
Cost Analysis	TOTAL MAX. POINTS (30 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> • Proposed Self-Funded Rates Tab • Dental Claims Repricing 			
Network Superiority	TOTAL MAX. POINTS (25 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> • Comparison of Geo Access results among competing bidders • Dental Provider Disruption 			
Plan Design	TOTAL MAX. POINTS (20 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> • Demonstrated ability to match or offer acceptable deviations to current Plan Design 			
MBE PARTICIPATION	TOTAL MAX. POINTS (5 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> • Bidder demonstrated how he/she plans to meet the minimum MBE participation goal of 15% 			

**RFP #23-04 (Vision Portion)
TECHNICAL PHASE RATING/SCORING FORM**

The College's Technical Proposal Evaluation team will rate and score the proposals based on the following:

Administrative/Reporting Services	TOTAL MAX. POINTS (20 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> • Completion of Proposal Requirements & Financial Information tab 			
Cost Analysis	TOTAL MAX. POINTS (30 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> • Rate portion of Vision Plan Design and Rate Tab 			
Network Superiority	TOTAL MAX. POINTS (25 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> • Comparison of Geo Access results among competing bidders • Vision Provider Disruption 			
Plan Design	TOTAL MAX. POINTS (20 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> • Demonstrated ability to match or offer acceptable deviations to current Plan Design 			
MBE PARTICIPATION	TOTAL MAX. POINTS (5 PTS)	SCORE	COMMENTS
<ul style="list-style-type: none"> • Bidder demonstrated how he/she plans to meet the minimum MBE participation goal of 15% 			

E-mail list of pre-bid conference attendees

Email Address

Duckworth@aetna.com
LaRocheN@aetna.com
ingramc@aetna.com
Denise.dunn@carefirst.com
joe.granados@carefirst.com
Susan.Dewitt@cigna.com
DepoloJ@cvshealth.com
NwanmadiJ@cvshealth.com
Eileen.Hillman@kp.org
katrina.e.mcphail@kp.org
janine.hill@kp.org
dseifert@rxbenefits.com
elizabeth.meyers@ucci.com
David.Buckler@ucci.com
michael_sacca@uhc.com