



Notice of Information Item No. 1

Issue Date June 22, 2022

**Arlington Public Schools
Procurement Office**

Request for Proposal 41FY22

Request for Proposal Title: Medical Retiree Health Benefits

Request for Proposal Number: 41FY22

Request for Proposal Issue Date: June 6, 2022

Pre-Proposal Conference: June 15, 2022

Proposal Due Date and Time: June 28, No Later than 11:59 P.M. (EDT)

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The following information is provided to help Offerors submit a Proposal in response to RFP 41FY22:

- 1) APS has been made aware by potential offerors that they have been contacted directly by a vendor, Labor First, who is claiming to be working on behalf of Arlington Public Schools, and is requesting offerors submit proposals directly to them, and not uploading them into the platform as required in the RFP. I wish to confirm that Labor First is not working on behalf of Arlington Public Schools and that proposals need to be submitted into the platform in accordance with the instructions in the RFP.
- 2) III. Proposal Requirements, E. Format and Content (pages 16-18). It would be helpful to APS when evaluating the Proposals if each of the Tabs 1 – 7 is submitted into the Platform as a separate file.
- 3) Appendix J – A completed Appendix J is to be included in both Tab 3 and in Tab 4 of the Proposal – See Addendum No. 1
Appendix K – Appendix K is For Information Purposes Only – See Addendum No. 1
Appendix L – Appendix L is For Information Purposes Only – See Addendum No. 1
Appendix M – A completed Appendix M is to be included in Tab 3 of the Proposal – See Addendum No. 1

The following questions have been received and may have been edited for clarity and brevity.

Q1. Are companies from outside the United States able to submit a proposal for this work, for example, from India or Canada?

A1. No, Offerors must be located and maintain offices within the United States.

Q2. Can tasks, related to the RFP, be performed from outside the United States, for example from India or Canada?

A2. No, Contractors will perform tasks from within the United States.

Q3. Is it necessary to attend meetings in person?

A3. While meetings are currently being conducted virtually, it may be necessary for the contractor to attend a meeting in person in the future.

Q4. Can we submit the proposals via email?

A4. No. As described on Title Page One, all proposals must be uploaded into the Platform through the link found on the Current Solicitation webpage under the Procurement Office website. A link to the webpage is provided on Title Page Two. To assist Offerors, screenshots of the steps required to submit a Proposal are provided as Appendix I.

Q5. As a full-service Medicare benefits manager, we would contract directly with APS and utilize subcontractors to provide specific services as part of our Medicare product offerings. Can you confirm that we meet the intent of the requirement?

A5. No, this does not meet the requirement of the RFP. The purpose of this RFP is to select a carrier to administer a Medicare Advantage Plan to APS' Medicare retiree population on a direct basis. Per the Minimum Requirements Tab found in Appendix J, "Offeror shall confirm it is the service provider and any resulting contract from the RFP shall be a direct contract between Arlington Public Schools and the Offeror."

Q6. Since Appendix M (Disruption Report) does not include a member ID or number of claims; we are not able to determine Top 50 Acute Care Hospitals and Top 100 Other Providers. Should we provide the network status for all providers listed, or will an updated Appendix M be provided?

A6. Please provide a network status for ALL providers listed in Appendix M.

Q7. Please advise when the Current Solicitations webpage be updated with a link to the Proposal - Submission Platform?

A7. A link to the Proposal Submission Platform is within the Proposal and is available here:

[Link to Submit Proposal - RFP 41FY22](#)

Q8. 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.

A8. If an individual has the authority to bind a contract, as stated, that is sufficient to sign the documents within the RFP.

Q9. Regarding the performance categories listed on the AcctMgt_Report_Implement Tab, in question 28. D. i. – xviii, does APS have specific performance guarantee (PG) metrics required of their retiree benefit plan carrier, or are the PG metrics and percent at risk up to the carrier to offer?

A9. Please submit your standard performance guarantee metrics and fees at risk with your bid. Performance guarantees may be negotiated with Offerors selected for the negotiations stage.

Q10. How is plan eligibility determined? Are Medicare eligible members allowed to freely select between plans?

A10. Eligibility is based on APS retirement guidelines based on age of the retiree. APS directs the retiree to the appropriate plan.

Q11. Should our proposed MAPD plan fully replace all Medicare eligible members? Or will the group keep the Kaiser MAPD plan in place?

A11. Kaiser will remain in place alongside the selected carrier.

Q12. Please provide an indicator on the census that shows which members elect Medical coverage only.

A12. There are approximately 20 members receiving Medical benefits only.

Q13. Please advise if the Formulary Disruption Tab of Appendix J is necessary to complete since the NDC 11 is not provided.

A13. A revised Appendix J, which includes the NDC11 and drug name, is included in Addendum 1. The revised tab on the questionnaire includes the NDC 11 and drug name so that formulary disruption may be completed.

Q14. Please provide the following:

a. 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.

b. If a copy of the formulary is not available, please confirm the name of the current carrier's formulary and information for each pharmacy option in place today.

A14. An APS Prescription Drug Plan Formulary is provided as Attachment One to Addendum One and an APS Additional Drug Coverage list is provided as Attachment Two to Addendum One.

Q15. Does the plan include the most comprehensive formulary available through the incumbent?

A15. The formulary in place covers all Part D medications.

Q16. Is the current formulary considered an Open or Closed Formulary?

A16. The formulary in place is considered an open formulary as it covers all Part D medications.

Q17. Does the formulary exclude any drugs on the Part D drug list?

A17. No, it does not exclude any drugs on the Part D drug list.

Q18. Are generic drugs included on Tier 2 and Tier 3?

A18. Generic medications are spread between Tiers 1 through 4.

Q19. The latest 12-24 months of Rx claims, including corresponding member counts by month for each plan, for Medicare eligible retirees only. (Claims should exclude under 65 spouses/dependents and non-Medicare eligible retirees).

A19. This information is found in Appendix L.

Q20. 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 disableds.

The File should include:

- a. Unique Member ID
- b. Pharmacy ID
- c. NDC-11
- d. AWP
- e. Dispense Date
- f. Retail vs. Mail Indicator
- g. Days supply
- h. Quantity or Units Dispensed
- i. Duplicate record and originals/ reversals should be removed

Not required, but useful information:

- j. Current Formulary Tier (**Should Member Tier disruption be of concern or requested, this information is required**)
- k. Low Income Status (Yes/No indicator)

A20. This information is unavailable.

Q21. Member months: We also need Rx member months for the same year claims have been provided (by month if possible). This should be provided for Medicare eligible members only and will be used to convert insured pricing to a PMPM basis.

A21. Paid claims and member months for Rx are found in Appendix L.

Q22. Please provide a second Rx file that contains member information:

- a. Member ID
- b. Risk Score
- c. DD/MM/YYYY Y of risk score
- d. Zip code

A22. This information is unavailable.

Q23. If member level utilization data is not available, please provide the following for the current Rx plan:

- a. Allowed Claims PMPM
- b. Net Claims PMPM (with a description of what's included/excluded in the net claim amount)
- c. Total Utilization
- d. Generic dispense rate (GDR)
- e. Brand dispense rate (BDR)
- f. Specialty dispense rate (SDR)

A23. This information is unavailable.

Q24. Please provide the current PD rate for the UHC plan.

A24. This information is not provided as part of the RFP.

A25. Within Appendix J. Medicare Retiree Health Questionnaire / Plan Design_Clinical_Formulary tab, Column E does not include a drop-down list with response options. Can you please confirm what the acceptable response options are?

A25. If no drop down is available, please provide a brief response

Q26. The RFP indicates that the current plan is “patterned after Plan N”. Under Plan N, Medicare pays all costs except: Part B deductible, \$20 copay for office and specialists visits, \$50 copay for Emergency Room visit and Part B Excess. On the Questionnaire, Medical Design Deviations - APS tab, there is a \$20 copay for charges such as mental health, routine footcare, and routine vision and hearing exams. These charges would not be covered under Plan N. Is the current plan actually a Plan N or does it mirror the plan design on the Medical Design Deviations - APS tab? Is Vision and Hearing a discount program outside of the medical plan? Or is it part of the medical plan?

A26. Additional current design information is available in Attachments One and Two found in Addendum One.

Q27. In Tab 3, it is requesting vendors to provide attachments C1-C15. There is no reference in the Health Questionnaire Workbook to attachments C12 or C14. Please confirm what information you are requesting in attachments C12 and C14.

A27. C14 can be found in cell C7 of the “Access Standards – APS” tab of Appendix J. There is no C12 being requested.

Q28. Regarding signatures on the proposal documents, will you accept an electronic signature from the appropriate executive at our company?

A28. Yes, an electronic signature from the appropriate executive at your company is acceptable.

Q29. Appendix B – Conflict of Interest Statement requires a notary. Please confirm if we can return this form electronically signed without being notarized since we are required to submit our response via the Platform.

A29. The Conflict of Interest Statement is required to be notarized. Offerors are required to upload a scanned version of the notarized Statement via the Platform.

Q30. Will you grant Offerors a 10 day extension to complete the prescription drug portion of the RFP?

A30. No extension is granted. The Proposal Due Date remains June 28, 2022, no later than 11:59 P.M. (EST)

Q31. Since this is an electronic submission and we are providing electronic signatures, is notary actually required on the Appendix B, Conflict of Interest form?

A31. See answer to Q29.

- Q32. Is there a size limitation for files uploaded to the procurement portal?
A32. There is not a size limitation. However, Section III. Proposal Requirements B. Unnecessary Elaborate Responses, requests that only information sufficient to present a complete and effective response to this RFP is provided.
- Q33. Does the incumbent Part D plan have any non-Part D buy ups that should be included in our quote?
A33. No.
- Q34. Under Appendix J, the Provider Disruption worksheets has the required fields: In-network (Yes/No) and Willing Provider (Yes/No). The companion file that contains the provider data only has In-network (Yes/No) as a required field to complete. Which template should we use for our response?
A34. The Provider Disruption worksheet is revised to include the Willing Provider (Yes/No) field. Please complete the revised Provider Disruption worksheet.
- Q35. Would you be able to provide current rates for the retiree plans?
A35. This information is unavailable
- Q36. Given the quick turnaround time for the proposal response, might we follow up with the reference form or just provide names and contact information for references?
A36. As references will only be checked for those Offerors selected for Shortlist Interviews, Offerors may provide in the Proposal response names and contact information for references. If not already provided in the Proposal, APS will request a completed reference form later in the process.
- Q37. Please confirm the Cigna lives on the census are either pre-65 Retirees or Post-65 Retiree family members that are under 65 and should be excluded.
A37. Confirmed, Cigna lives are to be excluded.
- Q38. It was noted in the pre-conference call that each tab should be submitted separately (one document for each tab). However, some tabs require Excel Documents to be submitted. Would you prefer we convert Excel Documents to PDF documents, so each Tab can be submitted as 1 PDF file, or do you prefer each tab to be a zipped folder with all documents required within?
A38. The preference is for documents to remain in Excel format.
- Q39. Within the Proposal Requirements, Section D Submission of Trade Secrets or Proprietary Information, it states "Offerors shall submit, under Tab 16 of the Proposal, any data or materials it considers to be a trade secret or proprietary information, or falls within the exceptions to the VFOIA and shall state the reason why protection is necessary." However, it seems that Proprietary and Confidential information should be included within Tab 5, not Tab 16. Please confirm we should include any Proprietary and Confidential information within Tab 5.
A39. Proprietary and Confidential information should be included within Tab 5 and not Tab 16. Please see Addendum No. 1.

- Q40. Under Appendix J > Formulary Disruption, the instructions ask to note if each drug falls under the Standard or Enhanced formulary, should this be noted under Column H or should separate worksheets be provided (one for Standard and one for Enhanced)? If the same drug appears on both the standard and enhanced formulary how should it be noted?
- A40. Column H within Appendix J > Formulary Disruption has been revised with drop down options of: Standard, Enhanced, or Both. Please complete this information in the Formulary Disruption worksheet as requested.
- Q42. If the Offeror is providing both a MAPD and Supplement with Part D options, should a second Appendix J > Proposed Rates worksheet be developed for the Supplement with Part D pricing?
- A42. Yes, please complete a second Proposed Rates tab if two quotes are being provided. This can be done by copying the tab and labeling them as Proposed Rates MAPD and Proposed Rates Supplement w PD.
- Q43. Within Title Page Four – Type of Business, is there a MBE/WBE Set aside designated for this contract?
- A43. There is not an MBE/WBE set aside designated for this contract.
- Q44. Scope of Services, 1.2.1 states, “Billing (retiree direct bill, APS and from pension, as applicable)”. Provide clarification around the different billing method(s) applicable to the post-65 retirees population (MAPD). How are pension deductions handled for retirees?
- A44. Pension deductions for retirees vary. Some retirees pay directly, and some have the premium taken from their pension. If covered under the current provider, the retirees pay directly to UHC. If covered under Kaiser, employees can pay directly to APS or have the premium deducted from their pension.
- Q45. Page 16, Submission of Trade Secrets or Proprietary Information, Section D asks that we submit, under Tab 16 of the proposal, any data or materials considered trade secret or proprietary information. Page 17, E. Format and Content/Tab 5: Trade Secrets or Proprietary Information, Section E/Tab 5 asks that we provide information on the data sought to be protected and state the reasons why protection is necessary. Can APS clarify which section (Tab 16 or Tab 5) we should submit our trade secret or proprietary information?
- A45. See answer to Q39.
- Q46. Please confirm that for Tab 4, Cost Proposal, bidders should remove these tabs from Appendix J and submit under the cover of Tab 4 (with these tabs no longer included under Tab 3)
- A46. Offerors are requested to include a complete Appendix J in the Tab 3 submission and a complete Appendix J in the Tab 4 submission. There is no need to separate worksheets (tabs) within Appendix J.
- Q47. In Appendix J, Retiree Services Administration Tab, Section 1, a-e: Confirm it is the intent for APS to send all add/terms/changes through electronic data exchange (EDI file) to the vendor and also require the vendor to accept add/terms/changes directly from retirees?
- A47. With UHC, APS sends a quarterly list of retirees who are turning 65, to confirm their eligibility. This is currently a manual process. Kaiser automatically sends the Medicare forms to members. It is the intention of APS to integrate vendors eligibility and enrollment electronic files upon implementation of a new HRIS. Presently the APS system does not support the EDI file exchange.

- Q48. Appendix J, Formulary Disruption. Please provide a de-identified claims file with unique member identifiers, drugs with NDC, date of service of paid claim for the past 12 months.
- A48. This information is unavailable
- Q49. Appendix J, Formulary Disruptions. Can you please provide a current formulary in Excel format with NDCs and tier for both current plans?
- A49. Please refer to Question 14
- Q50. Appendix J, Plan Design, Clinical Formulary Section 5, Prescription Drugs, Line K. Can you please clarify what medications are currently offered at \$0 copay?
- A50. This information is unavailable
- Q51. Appendix J, Plan Design, Clinical Formulary Section 5 Prescription Drugs, Lines C and D. Can you clarify if the request is to have the member pay a copay PLUS a percentage of cost at each tier or are certain tiers copay only and others are percentage?
- A51. This section is to gauge capabilities – not to request a duplication of any current plan design elements. The existing plans are provided as Attachment 5 - 2022 APS PDP Plan Guide and Attachment 6 – APS Sr Supp Plan Guide. Offerors should mirror the existing plans as closely as possible for these elements.
- Q52. Appendix L, please indicate if the medical claims contain any, or all, of the Part B Rx claims. Please also indicate if the claims data includes any adjustments for COVID utilization.
- A52. The medical data includes all of Part B Rx claims. The data does not include adjustments for COVID utilization.
- Q53. Appendix L, if claims are reflective of incurred dates, please indicate the “paid through” date.
- A53. Appendix L claims are on a paid basis.
- Q54. Please indicate whether the Rx claims in Appendix L have been reduced for the following:
- Pharmaceutical discount in the coverage gap
 - Manufacturer Rebates
 - Catastrophic Reinsurance
 - Member cost share
 - If the Rx claims are not net paid, indicate what is included in the claims data.
 - Indicate if the pharmacy data contains any, or all, of the Part B Rx claims
- A54. The Rx claims have not been adjusted for any of the above. Part B Rx claims are included in the medical data.
- Q55. For Appendix L: If included, please list any Non-Part D drugs or lifestyle drugs covered on the current Part D plan.
- A55. Please refer to Attachment Two, APS Additional Drug Coverage found in Addendum One
- Q56. Appendix L. Are Part B Rx claims included in the claims provided? And if so, are they included in the pharmacy or medical claims data? If not included in medical or pharmacy data, please provide.

- A56. The Part B Rx claims are included in the Appendix L medical claims.
- Q57. In Appendix L, there appears to be a discrepancy in the member count between the Medical claims and Rx claims. Please explain if members are able to select Medical coverage only.
- A57. Members are able to select Medical coverage only.
- Q58. Appendix L. Please indicate if there is a maximum annual benefit on coverage for wigs due to chemotherapy.
- A58. This information is unavailable
- Q59. Please indicate whether retirees are allowed to come back on the plan if they have previously opted out of the employer-sponsored plan.
- A59. No, employees may not re-enroll in the plan after previously opting out.
- Q60. In accordance with *RFP Section II. Instructions to Offerors, subsection C.9*, we are including for your consideration our Insurance Requirements Exceptions Request at least 10 calendar days prior to the proposal submission date.
- A60. APS is waiving this requirement found in Section II, Instructions to Offerors, C9. Instead, Offerors are directed to Section IV, Proposal Evaluation Process, Method of Contract Award and Proposal Evaluation Criteria, A, Proposal Evaluation Process and Method of Contract Award (found on page 19 of the RFP) which states: "The Offeror shall state any exceptions to any provision of the Contract Documents in writing in its Proposal as a part of Tab 6, identifying with specificity the provision to which exception is taken, the exception, the rationale for the exception, and the proposed alternative provision."
- Q61. Is there a file size limit when uploading responses to the eVA procurement portal?
- A61. See answer to Q32.
- Q62. Can we provide the exceptions to the Sample Form Agreement and Contract Terms and Conditions in a separate word document?
- A62. From the RFP, IV, Proposal Evaluation Process, Method of Contract Award and Proposal Evaluation Criteria, A, Proposal Evaluation Process and Method of Contract Award states: "The Offeror shall state any exceptions to any provision of the Contract Documents in writing in its Proposal as a part of Tab 6, identifying with specificity the provision to which exception is taken, the exception, the rationale for the exception, and the proposed alternative provision."
- Q63. Organization and Experience tab, line 137 Because the APS MAPD coverage is fully insured, carriers are not considered to be business associates. Instead, we are considered to be a Covered Entity under HIPAA. Please confirm that a Business Associate Agreement would not be applicable.
- A63. Offerors are required to complete Appendix E, the Business Associate Agreement and include the completed document as part of the Tab 1: Administrative submission.
- Q64. Does the pharmacy claims data include coverage gap discounts, reinsurance payments, and/or rebates?
- A64. See answer to Q54.

Q65. Has the group made any benefit changes in:

1. January 2021
2. January 2022

A65. No benefit changes have been made 2021 or 2022.

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