Commonwealth of Virginia
Department of Human Resource Management
Administrative Services and Fully Insured Health Benefits Plans
RFP # OHB19-01

Addendum # 2
September 7, 2018

This addendum is issued to respond to questions received after the mandatory pre-proposal meeting held on August 20, 2018. The submission date remains unchanged.

Please sign this form and include as a part of your submission.

X_____

1. In item II.27 of the MISA Tab, in the medical workbook, you ask us to "provide separate counts of the number of psychiatrists, clinical psychologists, and licensed social workers in the five locations in which you serve the most members of the Commonwealth for the locations shown in the worksheet entitled "Provcnt" ".

   Please disregard this question as the provider counts will be furnished concurrent with the geo-access report.

   a. We can't find the referenced worksheet, so can you please provide?
   b. Can we also include the category of "All other Master's level providers" as this is another significant component of our behavioral health network?

   Yes

2. Section 2.5.13 - Provide Department's Consultant an electronic file of claims that support the most recent bill – usually weekly. Format will be provided to the finalists to produce a test file as part of the Offeror selection process as described in 2.8.5 below.

   2.8.5 Before issuing a contract, the Offeror must submit a paid claims test file containing at least 500 claims in a format that will be provided. The Department will evaluate the test file and may require additional submissions until the format is acceptable. PLEASE NOTE: Standard vendor files might not be acceptable to fulfill this requirement.

   What data elements and products would be included in this file? Who would be the data recipient?

   When we receive the weekly claims billing we would like to see each line of business (State and TLC) broken out by Active, Retirees and Medicare Retirees. We can further discuss during negotiations.

3. Does the Commonwealth currently have in place a 24-hour behavioral health crisis line staffed to have calls answered within 10 seconds, 24 hours a day? If so, what is the current utilization? How is this line staffed: behavioral clinical teams, EAP specialists, triaged through non-clinical staff first?

There is a 24-Hour behavioral health crisis line answered by licensed clinicians. 2018 YTD call volume is 84 calls.

4. Please clarify how vendors should respond to rows 10-50 of the EAP tab in the Questionnaire Excel document. Do you want vendors to supply rates for, notations whether the items are included, or descriptions of these services?

A response of included/not included will suffice but succinct responses that provide clarification/detail are acceptable.

5. Section 2.8 - GENERAL MANDATORY QUALIFICATIONS FOR OFFERORS (Please note that in addition to these general mandatory qualifications, there are also mandatory qualifications below in section 2.9 for specific products). The Offeror must have at least one client, with 25,000 employees, requiring similar services as those for which the Offeror is bidding in this RFP, and include it as a reference as directed in applicable Attachment 2 questionnaires.

1) Is section 2.8 true only of all medical components (1,2 and 5) or all components?

We believe the 25k EE requirement might restrict the number of offerors. If they must administer benefits for the majority of groups or a group with 25K EE's they might be excluded due to the dearth of large clients in their region (Sentara). If the 25K threshold cannot be met then provide a roster of your largest clients (policyholders) for review by the Commonwealth.

2) Is 25,000 employees referring to health plan policyholders or all employees?

As stated, 25,000 employees.

3) Would a client with 25,000 employees (covered or otherwise, based on the answer to #2 above) count if the offeror only had a slice of that client's business – or would 25,000 be the entire entity? For example, if a health carrier covered 1,000 employees of a company that covered 25,000 employees, would that client render the offeror eligible in this bid?

We are looking for examples of experience administering benefit plans for large employers. The example provided above does not meet that requirement. If you don't meet the 25,000 employee threshold, please provide examples of your largest clients.

6. Section 2.4.1 - All network-based plans shall demonstrate that sufficient access is available as demonstrated by the geo-access response in Attachment 2.

Are you referring to the geo-access response in Attachment 2 as the standard referenced in the Minimum Requirements tab, or the standards referenced in the geo-access request documents received from Aon?

Refer to the Aon geo-access documents.

7. Section 2.5.14 - Provide, on a schedule to be determined, an electronic claim file to a designated data warehouse.

Is COVA currently utilizing any data warehousing services to evaluate and analyze the total population? If so, what is being done with that data today and is there a different strategy for 2019?

Yes. The intent of the data warehouse will be to continue to provide insight into emerging trends and heighten pricing capabilities in response to potential plan design changes.

COVA currently uses data warehouse services for develop claims and provide ad hoc reporting. We will continue to analyze data to meet our needs.

8. Section 6.3 - Legally Correct Description of the Benefits

Please confirm and provide samples of the dental benefits carriers are to provide descriptions of.

Work with the information you have.

9. Section 6.4 - Benefits Brochure

Does this requirement apply to the standalone dental plans (Component 4)? If so, how should carriers handle certain requirements that do not pertain to dental insurance (i.e. optionally, the plan may include practice guidelines covering those outpatient procedures representing about one-half of outpatient professional costs)?

Provide a summary with dental-specific information.

10. Section 6.4 - Benefits Brochure

Will this be a new requirement for the 2019 plan year? If not, can you please provide a copy or a link to what is in place today?

No. New programs will be determined via discussions with finalists. Current information is provided based on the format of the current plan.

11. Regarding Delta benefits summaries - For the dental plans, can you confirm the allowance currently in place for out-of-network claims? Is it MAC (Maximum Allowable Charge) or a version of UCR (Usual Reasonable and Customary) at a certain percentile such as 80^{th} or 90^{th}?

Use the information that you have.

12. Regarding the Total Population Health program - Will the current Total Population Health programs currently administered by Active Health stay in place for 2019? If not, can you provide additional information on any new programs that are designed to manage chronic medical conditions such as diabetes, heart disease, stroke risk, pregnancy, etc.?

Use the information that you have.

13. Wellness - How does The Commonwealth measure success in their programs for both the business overall and with respect to their wellness program?

The Commonwealth is looking for documentation of measureable success in all programs.

14. Wellness - What is the overall intent, strategy and goal for the Workforce Health/Wellness program for The Commonwealth?

Provide your ideas for promoting wellness with measurable success.

15. Wellness - What are The Commonwealth's biggest concerns and/ or pain points/health risks around the health of your employees (all employees)?

We are interested in your ideas for wellness programs.

16. Wellness - Is there a strong engagement and buy-in from leadership for your wellness program?

This is not related to the RFP process.

17. Wellness - Please describe your current Wellness offering in further detail and identify any differences between the three entities. What wellness programs do you currently offer to your population? What conditions/issues are targeted today? Please provide additional insight into what is working well and what you would like to see improved.

Please use the available information regarding current plans. We are interested in your ideas for wellness programs.

18. Wellness - Please confirm, if we are bidding less than statewide and Dental and Behavioral Health, Vision and Hearing are all bundled into our plan, do we have to complete the behavioral health tab and Dental RFP?

Please complete the behavioral health tab and dental RFP.

19. Wellness - Please confirm that the fully-insured, less than state-wide plan does not need to complete the Mental Illness Substance Abuse MISA RFP, since it is part of our integrated medical plan.

This must be completed.

20. Wellness - Will the fully-insured, less than state-wide plan need to complete and submit to the NAPD mailbox Geo-Access reporting for Self-funded EAP and MHCD although these components are bundled with our fully-insured Medical Surgical plan?

Please provide this information.

21. Wellness - Please confirm the fully-insured, less than state-wide plan will only complete the following:
    - One requesting Medical Network Access
    - One requesting Medical Provider Disruption

See answer above.

22. COVA MEDICAL RFP QUESTIONNAIRE 2019 V2 - III. Qualifications

Number 2. This question requests a PPO naming convention and refers to a PPO product. Will the fully-insured, less than state-wide plan need to provide the Org chart as well? If so, what naming convention should we use?

An organization chart should be provided. Use your standard naming convention.

23. COVA MEDICAL RFP QUESTIONNAIRE 2019 V2 - IV. Network Service and Quality

Number 9. Does the CAHPS and group-specific satisfaction survey requirement apply to the fully-insured, less than state-wide plan?

Yes

24. COVA MEDICAL RFP QUESTIONNAIRE 2019 V2 - V. Administrative Capabilities

Number 27. Does the fully-insured, less than state-wide plan need to provide the Sample EOB?

Yes

25. COVA MEDICAL RFP QUESTIONNAIRE 2019 V2 - VII. Comprehensiveness of Integrated Bundled Offering – Program Bundling

Number 11. Please clarify the types of Guarantees CVE is requesting and describe the type of partnering with other plans required.

An example would be the timeliness and accuracy of data provision to the data warehouse manager.

26. Section 2.5.1 – Pay all claims incurred under the contract. Can you please confirm the requested run-out time period for the contract?

Runout period is 24 months.

27. Section - 8.13 – Employer Contribution Towards Premium – Can you please confirm what the employers contributions for the state health plan and what are the parameters for the TLC employers?

COVA pays approximately 88% for the State plan.
TLC requires at least a 80% employer contribution for EE only and 20% for dependents

28. The Financial Questionnaire includes an overall network discount guarantee. Will this apply to COVA/LODA/TLC combined or will this be separate for COVA/LODA and TLC?

All plans combined

29. Attachment 2: Can you please confirm if this is the entire workbook? The PDF RFP section 4.1.1 references the Rate and Administrative Expense Buildup Schedule. The self-insured fee schedule tab includes monthly fees and claims pepm entries but is titled Questionnaire. Can you confirm if the buildup schedules have already been released or will be released later?

Use the financial exhibit provided in the questionnaire.

30. Since we are proposing a less than state wide HMO, are we expected to completed these for Medical Surgical, Dental, Behavioral Health, EAP etc?

Yes

31. Medical RFP - Please confirm the current ASO fee for Anthem and Aetna. Please confirm if there is a separate Network Access Fee (NAF) being charged to the Commonwealth for either carrier, and if so, what % of savings is being charged and what is the PEPM equivalent?

Please use the data provided. Please provide your proposal.

32. Medical RFP, Section 2.2.2 - Please confirm if a fully insured regional proposal will be allowed to expand into other regions in future contract years, if awarded a contract for 7/1/2019? Is it a requirement that the expansion areas be contiguous?

Please provide your proposal for this RFP. We will consider allowing growth in a contiguous area in the future.

33. Pharmacy - It appears the formulary disruption and network disruption tabs are locked. Can you please resend the tabs unlocked for editing?

This issue has been addressed and revised questionnaires were distributed to all interested bidders.

34. Medical RFP Financial - Under a fully insured, regional program offering, what is the expectation for the proposed fully insured rates with respect to the state employee plan and TLC? Should there be a set of proposed fully insured rates for the state employee plan and a separate set of proposed rates for the TLC program?

Rates should be separate

35. GeoAccess and Provider Disruption - Under a fully insured, regional program offering please confirm if the expectation is to provide a GeoAccess report and Network Disruption report for the statewide employee population or limited to the region in which we are proposing a fully insured plan?

Complete the Access and Network Disruption as outlined in the instructions. Provide detail for the specified region you are proposing.

36. Medical RFP - In preparation for a response to Component Number 5, Fully Insured regional plans, we understand we are able to partner with other vendors to propose a single offering, such as dental. Please confirm which components of the RFP the other vendor should complete, specifically dental, as part of our single offering. Is there a separate Dental questionnaire, Geo Access, and Provider Disruption being requested as part of our single offering?

The partner firm should complete the separate questionnaire, geo-access and disruption reports.

37. GeoAccess - Geo Access Report Instructions for GeoNetworks software only request Accessibility Detail pages—should these pages include city or county information in addition to zip codes? Are any other pages preferred for summary purposes such as the Accessibility Summary, Accessibility Overview, or the Accessibility Matrix?

Only zip code information is included. We are not requesting anything other than what the instructions outline.

38. Provider Disruption - Please confirm that Provider Disruption reports need only be submitted in electronic format to the email address provided.

Confirmed

39. Can the Commonwealth offer guidance on the type/name of potential/existing 3rd party vendors that might be supplied funds from any vendor supplied wellness credit allowance (health management tab, wellbeing section, question 3)?

For example, vendors who conduct bio-metric screenings.

40. RFP Line item 2.9.1.1 (b): Does the Commonwealth of Virginia propose each Contract offeror (assuming more than 1 vendor) would provide an onsite lifestyle coach? Are there any minimum membership thresholds envisioned before a winning vendor would be required to post a coach?

Respond to the information provided in the RFP.

41. In the case where the state may offer two vendors for medical services, are the medical vendors expected to offer/implement identical population health/wellness programs? Would the Commonwealth allow one vendor to offer different programs from another?

Using the existing programs as a model, we are interested in your ideas.

42. Does the Commonwealth expect each contractor (assuming more than one offeror) to offer their own onsite biometrics and develop their own internal onsite wellness champions?

Using available information as a starting point, we are interested in your ideas.

43. Is there any scenario where the Commonwealth would allow a single vendor to provide the total population health/wellness programming?

Refer to the components of the RFP.

44. Section 2.5.12 requires Medical/Surgical/Behavioral Health, Pharmacy, and Dental Offerors to submit claims in the specified format and at the specified frequency in support of the Virginia All-Payer Claims Database (APCD). Please provide an example file layout and the frequency of reporting so we can assess the support needed to comply with this requirement.

This requires monthly submissions in the layout dictated by the standardized Virginia APCD Data Submission Manual. A copy of this manual is attached, VHI Data Submission Manual v 1.3 3_19_15.docx.

45. Can you please confirm if a Pass Through of all drug acquisition costs to the PBM are required to be passed through to the Commonwealth for both mail service and specialty pharmacy claims?

Aon – Confirmed

46. In your response to bidder question #80, you note that the State will accept pricing on a tiered enrollment (bracketed) basis, and that we should include this as an addendum. Is there a particular format for this addendum that the Commonwealth would like us to use, or any specific area in which we should include the addendum?

We do not have a particular format, please add as an addendum.

47. In your response to bidder question #82, you note that the Commonwealth would "consider an integrated Med/Rx approach". We understand that this is the current arrangement today, and the RFP seems to be structured for a separate medical and separate pharmacy approach. How should we show this integrated quote in the Medical RFP Questionnaire?

Respond to Rx RFP.

48. Regarding items 2.5.11 and 8.4.8, is the intent to have a separate bank account in the name of Commonwealth of Virginia to administer claim payments and reimbursements? If the intent is to use the current SAMP account process, then there is no interest on float over banking charges. Claims are processed out of the SAMP account and

Commonwealth reimburses the SAMP for only those claims that have recorded, therefore there is no float to pay interest on.

The Commonwealth has an EDI process that currently works well with the Vendors. We may revisit this during the negotiation process.

49. There are several blocks in the revised "FSA RFP Component 6 v2 8.21.18" file that are still locked: FSA Financial Quote- line 34, #17 (Fee for expedited check or direct deposit) and line 19, #3 (Initial Set up Fee); FSA Questionnaire, line 21, #6 (methods to submit participant eligibility). Should we provide this information in the Explanation Worksheet, or could you reissue the file with these items unlocked?

These have been addressed in the revised questionnaire.

50. Would you allow us to offer an additional alternate Dental Network for Component 4 that offers additional savings to your members and your overall claims? If so, can we discuss this in the Explanation worksheet and provide supplemental information on it?

We are interested in your ideas.

51. In Medical Section IV, #2, you ask us to include the Geo Access Report with the proposal being sent to the State. We want to confirm that we only need to send the Geo Access Reports directly to AON (per prior bidder question response #47)?

Please send only to Aon.

52. Would the State consider giving bidders a one week extension (to September 25th, rather than September 18th), since additional information that could modify or enhance our response will be forthcoming in the next addendum?

No

53. Medical RFP - On the first tab it states: All Exhibits should be clearly labeled as indicated and attached as a separate Excel file titled "Medical RFP Exhibits.xls". Can we provide the electronic exhibits as individual files on the CD rather than imbedding links in an excel document?

Follow the instructions in the RFP

54. FSA - In the Exhibits tab, the new version will not allow file/object insert. Can we provide the electronic exhibits as individual files on the CD rather than imbedding in this worksheet?

These issues have been addressed in the revised questionnaire

55. Is it required to print the large file exhibits received from Aon, e.g. Geo Access, Disruption, Discount Analysis, etc. or are these only to be sent to the Aon mailbox?

1) Can the Commonwealth offer guidance on the type/name of potential/existing 3rd party vendors that might be supplied funds from any vendor supplied wellness credit allowance (health management tab, wellbeing section, question 3)?

   These funds would be used at the Commonwealth's discretion for health management and/or wellness programs that are not included in the medical plan administrative fee. We ask that your response be as comprehensive as possible regarding health management and wellness activities. The funds would be used for something the medical vendor is unable to provide under their scope of services.

2) Re: RFP Line item 2.9.1.1 (b): Does the Commonwealth of Virginia propose each Contract offeror (assuming more than 1 vendor) would provide an onsite lifestyle coach? Are there any minimum membership thresholds envisioned before a winning vendor would be required to post a coach?

   Respond to the information provided in the RFP.

3) In the case where the state may offer two vendors for medical services, are the medical vendors expected to offer/implement identical population health/wellness programs? Would the Commonwealth allow one vendor to offer different programs from another?

   Using the existing programs as a model, we are interested in your ideas.

4) Does the Commonwealth expect each contractor (assuming more than one offeror) to offer their own onsite biometrics and develop their own internal onsite wellness champions?

   Using available information as a starting point, we are interested in your ideas.

5) Is there any scenario where the Commonwealth would allow a single vendor to provide the total population health/wellness programming?

   Refer to the components of the RFP.

56. Section 8.2.3 - Medical RFP - Because CPI-W does not measure changes in medical utilization, our assumption is that the requested renewal Rate Cap Guarantee limited by CPI-W mentioned in 8.2.3 is not applicable to a fully insured rate in response to Component Number 5.

    Confirmed

57. Medical RFP - In preparation for a response to Component Number 5, Fully Insured regional plans, we understand we are able to partner with other vendors to propose a single offering, such as dental. Please confirm which components of the RFP the other vendor should complete, specifically dental, as part of our single offering. Is there a separate Dental questionnaire, Geo Access, and Provider Disruption being requested as part of our single offering?

Yes, the dental questionnaire must be completed.

58. Provider Disruption - Please confirm that Provider Disruption reports need only be submitted in electronic format to the email address provided.

Confirmed

59. Do all 219 state agencies enroll in FSA benefits via the Benefits Eligibility System (BES)?

YES

60. In regards to 2.9.6.1, can you confirm what system is used for FSA enrollment?

Please note following correction to 2.9.6.1 – The Department shall construct appropriate master files from enrollment information. All enrollment records will be retrieved by the Contractor from the Department's File Transfer Protocol (FTP) file.

61. Is an FSA enrollment engine required from the FSA administrator to enroll participants directly?

NO

62. Will the BES send eligibility and coverage to the FSA vendor via electronic file transfer?

See Section 3.4 and Appendix 5 of the RFP.

63. Will all state agencies have the same plan provisions for all FSA eligible participants?

Yes

64. Will claims funding be provided by the state or will each agency need to have mutually exclusive funding and reporting requirements?

The state will provide funding.

65. Would the FSA program be eligible to "The Local Choice" which is offered to localities statewide as a replacement option to other health benefits program choices?

The state does not administer FSAs for The Local Choice.

66. In regards to 2.7.3, is there a cap on the legal defense and/or indemnification or is the Commonwealth of Virginia willing to explore a cap?

Respond to the information in the RFP.

67. Is the Commonwealth of Virginia consenting to non-participant and non-client facing activities to be supported out of a global resource center? Or is a US only solution required?

A Continental US-only solution is required.

68. In regards to 2.8.3, is a customer service staff that's dedicated to reimbursement account administration sufficient to meet this requirement?

Respond to the information in the RFP.

69. In regards to 2.8.4, is the Commonwealth of Virginia willing to agree to a website live date of 7/1/2019 in lieu of 4/1/2019?

Respond to information in the RFP.

70. In regards to 2.8.5, can you provide a sample report or the data elements that the Commonwealth is looking to obtain on the paid claims file?

As noted, the format will be provided.

71. In regards to 2.9.6.3, you mention decentralized payroll systems. Can you confirm how many mutually exclusive payroll files are required to support your FSA administration?

There are 10 decentralized agencies that will be sending contributions in addition to the centralized agencies.

72. In regards to 2.9.6.3, the provision mentions a "suspended account" if a contribution is missed. Does the Commonwealth currently suspend an account if an FSA contribution is not received from payroll?

No the accounts are not suspended unless there is unexplained repetitive activity.

73. 15. In regards to 2.9.6.7 and 2.9.6.8, is the Commonwealth willing to consider alternative service commitments?

Respond to information in the RFP.

74. In regards to 2.9.6.26, Section 125 of FSA administration does not require escheatment of stale-dated checks. Would the Commonwealth be willing to amend/change their FSA escheatment requirements as this is not federally required? If not, is the Commonwealth willing to perform the escheatment with appropriate reporting being provided?

No

75. In regards to 2.9.6.29, does the Commonwealth hire and pay for the outside audit requested in this provision?

No, The Offeror shall pay.

76. In regards to 2.9.6.32, can you provide the current participant count for the Transportation Fringe Benefit Program?

Refer to current benefit design.

77. Can you please confirm if a Pass Through of all drug acquisition costs to the PBM are required to be passed through to the Commonwealth for both mail service and specialty pharmacy claims?

Confirmed

78. In your response to bidder question #80, you note that the State will accept pricing on a tiered enrollment (bracketed) basis, and that we should include this as an addendum. Is there a particular format for this addendum that the Commonwealth would like us to use, or any specific area in which we should include the addendum?

There is no specific format. The bracketed costs should be incorporated into the financial exhibit.

79. In your response to bidder question #82, you note that the Commonwealth would "consider an integrated Med/Rx approach". We understand that this is the current arrangement today, and the RFP seems to be structured for a separate medical and separate pharmacy approach. How should we show this integrated quote in the Medical RFP Questionnaire?

The RFP is structured so that each component is separate or standalone. Bid responses are to reflect separate offers as an integrated quote will not be considered.

80. There are several blocks in the revised "FSA RFP Component 6 v2 8.21.18" file that are still locked: FSA Financial Quote- line 34, #17 (Fee for expedited check or direct deposit) and line 19, #3 (Initial Set up Fee); FSA Questionnaire, line 21, #6 (methods to submit participant eligibility). Should we provide this information in the Explanation Worksheet, or could you reissue the file with these items unlocked?

The technical issues have been addressed and revised files have been sent.

81. Would you allow us to offer an additional alternate Dental Network for Component 4 that offers additional savings to your members and your overall claims? If so, can we discuss this in the Explanation worksheet and provide supplemental information on it?

We are interested in your ideas.

82. Could we get additional clarification on what is needed for the 6.4 Sample Benefits Brochure? Do all those requirements from Section 6.4 need to be on that brochure or should it be customer facing only?

Please propose a benefits overview for use of employees (e.g., open enrollment, new employee orientations).

83. Can you clarify if you are referring to one-time participant (employee) confirmation statements or a one-time confirmation of enrollment and related contributions back to the customer?

Respond to information provided.

84. Item 36 of the Rx RFP stipulates that the transparent pricing offer include "transparent value" for all distribution channels. How should bidders interpret this requirement for mail order and specialty pharmacies?

COVA is not requesting acquisition cost proposals.

85. Do the reporting requirements of Item 310 V of the 2017 Appropriations Act (and items 16-17 of the Rx RFP) apply to retail pharmacy claims only, or to mail order and specialty pharmacy claims as well? If so, what value should be used for "payment to dispensing pharmacy"? The pharmacy vendor reimbursement or pharmacy acquisition cost? How should this be handled by bidders with contracted external mail/specialty vendors in comparison to bidders with owned mail/specialty pharmacies? Differently, or the same?

Bidding Requirement #16 remains and its intention is to ensure COVA will receive all monies due from guarantees regardless of the status of a contract.Pharmacy questionnaire Bidding Requirement #17 applies to all claims and is referring to the pharmacy vendor reimbursement. The pharmacy vendor reimbursement is the contracted rate at mail order and specialty, and not acquisition cost.

86. If the pharmacy benefit is awarded to a new vendor, does COVA expect the new vendor to grandfather any of the existing formularies? If so, for how long, and for which populations?

Refer to coverage information in the Member Handbooks.

87. Did we ever receive claim-level Rx data? Q&A responses indicated that they had already provided it.

This information has been provided but will be sent again to this party.

88. Some of the dental network reports that are requested will include Confidential & Proprietary information. Since the network reports will be sent to AON, would AON be willing to enter in a Non-Disclosure Agreement so these documents can be released? We have included our NDA for your review.

The information is consistent to the data requested on all other dental RFP's from Aon and is handled by the same unit. This request is unusual and additional explanation is necessary as to why Aon needs to sign a client specific NDA.

89. In addendum 1, the following was asked - RFP Section attachment 2: Please provide a breakout of the medical claims data by county. Would we be able to receive this data?

This information was previously provided.

90. Is it the expectation that the 2% surcharge outlined in 8.5.3 be included in our base ASO administrative fee or line itemed under "Other Services" on the AON financial template?

Please place it in the "Other services" line.

91. In 8.24 Mailings and Notices - would this only apply to the Pre-65 retirees or would it also apply to the active population also?

Only the first sentence of the first paragraph is limited to Retiree Group Participants (retirees, survivors and LTD participants) and COBRA participants.

92. Please confirm definition of “contract price” as it relates to the request to tie renewal action to CPI-W (8.2.3 and 8.2.4) for self-funded plans refers to total administrative cost only.

Confirmed

93. Please confirm the distinction between 8.2.3 and 8.2.4.

8.2.3 refers to the first renewal and 8.2.4 refers to subsequent renewals.

94. Please confirm definition of “contract expenses” in 8.4.7 for self-funded plans refers to total administrative cost only.

For self insured arrangements that is confirmed. For fully insured it applies to all expenses.

95. Please provide the sample reports as mentioned as Attachment 3 - Report Formats.

The intent of this request is to have interested bidders provide sample formats for the Commonwealth's review. Revisions, if necessary, will be addressed with the finalists.