

**LEWIS AND CLARK COUNTY, MONTANA
REQUEST FOR PROPOSALS
THIRD-PARTY HEALTH PLAN CLAIMS ADMINISTRATION SERVICES
QUESTIONS & RESPONSES**

1. May we get zip codes and gender added to the census please?

Response: This information is provided in the file named "UPDATED-Exhibit-C-Census.xlsx" located on the solicitation's webpage.

2. Would you please provide your desired Stop Loss contract terms?

Response: Contract for Policy year beginning 07/01/2025 through 06/30/2026. Same deductible and terms as current.

3. Can the County provide the RFP and questionnaire document in a Word or other editable format?

Response: This is provided in the file named "Third-party-Health Plan Claims-Administration-Services-RFP.docx" located on the solicitation's webpage.

4. We recommend that digital RFP copies are provided via a secure email versus a USB flash drive to ensure maximum security and ease of access for the County. Will the County accept a secure email delivery of the digital copy to the County's designated point of contact?

Response: The County cannot accept secure email delivery of the digital copies of proposals. File size limitations related to the County's email network servers capabilities could result in the email being rejected, thus causing the proposal to be incomplete and, therefore, nonresponsive.

5. For the requested repricing, disruption and other network analyses: we recommend that only summaries are provided in the hardcopy responses with full detailed files provided in the digital copy. This saves considerable space in the hardcopies and makes them easier to read. Will the County accept this recommendation?

Response: It is acceptable for offerors to provide a summary of the repricing, disruption, and other network analyses in the hard copies of their proposals so long as a full detailed file is provided in the digital copy, as well. If an offeror only provides a summary, and does not include the full details as required, the proposal may be determined to be nonresponsive.

6. Is the County considering unbundled Medical, Pharmacy, and/or Stop-Loss arrangements? Or should all bidders provide quotes for Medical, Pharmacy and Stop-Loss?

Response: The County is open to an unbundled plan but is offering the opportunity for offerors to present their preferred partners as a packaged response to this RFP. The County reserves the right to select all, some, or none of the vendors offered as partners in a packaged response.

7. If it is possible for the Pharmacy services to be carved out, is it expected that all bidders are able to accommodate a 340B Pharmacy pricing arrangement in coordination with the third-party PBM?

Response: It is not mandatory, but is preferred since the County believes a 340B pricing arrangement is favorable financially. Offerors' proposed Rx program structure will be subject to the selection criteria, including expected claim costs.

8. The RFP mentions Stop-Loss and provides points for Stop-Loss pricing. Carriers will not provide firm proposals further than 90 days out from the contract effective date. Please confirm that the County will accept illustrative Stop-Loss proposals.

Response: Please disregard all questions pertaining to providing stop loss insurance pricing.

9. Could you send us a copy of the census that includes the employee's zip codes?

Response: This information is provided in the file named "UPDATED-Exhibit-C-Census.xlsx" located on the solicitation's webpage.

10. Could we also have the census indicate who is enrolled in the dental and vision coverage?

Response: This information is provided in the file named "UPDATED-Exhibit-C-Census.xlsx" located on the solicitation's webpage.

11. Could we get dental and vision enrollment/claims information for the last 24 months?

Response: This information is provided in the file names "Dental and Vision Claims 23-24.xlsx" located on the solicitation's webpage.

12. The RFP for Lewis & Clark County has asked for a disruption report on the top providers for your members. In order to provide this report, we will need some additional information. Could you please provide the following information?

- Provider Tax ID
- NPI
- Name
- ZIP Code

Additional fields that would be helpful:

- Provider address
- City
- State
- Provider specialty

Response: This information is provided in the file named “UPDATED-Exhibit-E-Top-Providers-List.xlsx” located on the solicitation’s webpage. For the *provider address* information, the billing address was provided.

13. Would you please confirm that that any responses for the RFP – Third-party Health Plan Claims Administration Services will be added under the Related Information on the county website?

Response: All responses to questions asked, and any additional information or addenda, will be posted under the Related Information section of the solicitation’s webpage. Additionally, requests/questions will be replied to individually to let offerors know of updates.

- ~~14. Can you confirm that the questions included on the RFP document are referencing medical if they do not specifically call out vision and dental?~~

~~**Response:** This question was withdrawn.~~

15. Is the County interested in seeing fully insured dental and vision quotes as well as ASO quotes?

Response: No, not at this time.

16. What is the County’s open enrollment period?

Response: The County’s open enrollment period is May 15 – June 15.

17. What systems does the County use to manage their benefits administration?

Response: UKG Ready is the software system for our payroll and benefits management. We attach benefit plans and deductions to employees, but official record of enrollment is managed by Allegiance. Paper enrollment forms are provided throughout the year. A master spreadsheet with new enrollments, health plan enrollment changes, and flexible spending account elections is provided to Allegiance after each open enrollment period.

18. What vendors does the County currently share electronic data with?

Response: The County has shared spreadsheets containing census data (without PHI) to auditors and to life insurance carriers. We also send spreadsheets of open enrollment elections annually after open enrollment each year to Allegiance, as indicated above. Flex spending account contributions are uploaded through Allegiance website and HSA contributions are uploaded to Health Equity each pay period. Spreadsheets are provided twice a year with wellness credits earned by health plan members. Enrollment forms completed by employees are sent to Allegiance for them to enter.

19. Member Level Census for Dental

Response: This information is provided in the file named "UPDATED-Exhibit-C-Census.xlsx" located on the solicitation's webpage.

20. Medical Census, Gender, Zip Codes, plan selection

Response: This information is provided in the file named "UPDATED-Exhibit-C-Census.xlsx" located on the solicitation's webpage.

21. Large Claims Report with Prognosis (November 1, 2022-October 31, 2023 & November 1, 2023, to October 31, 2024-broken into the same 12-month periods.

Response: Offers shall disregard any questions in the solicitation regarding quotes or pricing for stop loss insurance.

22. Current SF Agreement including the following:

- Current fixed costs, Med/Vision/Dental Admin, Commission, SSL PEPM, & ASL PEPM
- Additional Optional Services selected.
- SSL Contract Basis
- Aggregate Contract Basis
- Expected Claims PEPM

- ASL Attachment or Agg Corridor
- Network Access fees (not really an add on)

Response:

- Current fixed costs, Med/Vision/Dental Admin, Commission, SSL PEPM, & ASL PEPM
 - This information cannot be provided due to the confidentiality conditions of the agreement with Allegiance.
- Additional Optional Services selected.
 - Rx coordination, case management, COBRA services
- SSL Contract Basis
 - 24/12
- Aggregate Contract Basis
 - 24/12
- Expected Claims PEPM
 - \$1,469.50
- ASL Attachment or Agg Corridor
 - Stop loss reimbursement begins with covered expenses that are in excess of the Specific Deductible (\$160,000) plus the Split Funded Liability (\$300,000)
- Network Access fees (not really an add on)
 - This information cannot be provided due to the confidentiality conditions of the agreement with Allegiance.

23. To complete the requested GeoAccess report, we will need employee zip codes added to the census.

Response: This information is provided in the file named "UPDATED-Exhibit-C-Census.xlsx" located on the solicitation's webpage.

24. Are there any specific parameters being requested for the GeoAccess report?

Response: No

25. Regarding question 3 in the Network Access section: Fee schedules are unique to each provider and these amounts can vary depending on the negotiated agreement between the provider and the insurer. Can you clarify how you would like to see this question responded to?

Response: The County requests:

1. Average overall PPO discount

2. Repricing of the claim file provided with the RFP
3. Disregard the fee schedule question, since the results of your fee schedule will be automatically included in the repriced claim file.

26. Regarding question 18 in the Account Management section: Can you clarify what fees are being referred to? Is it pertaining to protection against TPA claim payment errors?

Response: This pertains to protection against errors and non-payment.

27. Regarding the second part of question 21 in the Account Management section: Is this question referring to the immediate funding of stoploss claims, or is “accommodation” referring to a monthly cap on claims liability?

Response: This question refers to the immediate funding of stoploss claims.

28. Regarding question 16 in the Services Capabilities section: Can you clarify on the two claims files? Are you referring to providing a Prior Authorization file to manage the transition of care?

Response: It could be used for this purpose; also to ensure claims history, deductible/OOP accumulators, and claim lag report data is made available to the County or new TPA.

29. Regarding question 10 in the Claim Adjudication section: Can you provide more information about how this program works? Will accumulator credits be coming in throughout the year as members participate in screenings? How would the carrier receive the information to credit and how much would the credit be?

Response: The County offers wellness screenings twice per plan year. The screenings offered in February and March earn members and enrolled dependents credits starting in at the beginning of the plan year (July). An additional opportunity for new employees or employees that want to improve upon their previous credits is offered in September, for an effective date of January 1. Following are the incentives earned for each of the plan options:

Traditional Plan: Employees are responsible for \$50/month of the health plan premium.

- \$25 credit for participating in the screening process
- \$5 credit for each health criteria or alternative met. There are a total of 5 health standards.
- \$25 per month credit toward the spouse premium if the spouse participates in the screenings. This credit applies to premium only as the deductible and OOP credits are based on EE results.

The following incentives are provided only at the beginning of the plan year, or at mid-year for new hires:

- \$20 per criteria met toward in-network deductible reduction (for a possible total of \$100 reduction)
- \$100 per criteria met toward out-of-pocket max reduction (for a possible total of \$500 reduction)
- These reductions to the deductible and OOP max apply to spouse/dependents enrolled under the participating member.

HDHP option: EEs do not pay for any of the premium.

- Participating EEs receive a \$50 contribution to their HSA account for their participation or their enrolled spouse's participation.

A spreadsheet is sent to Allegiance in late June containing the wellness credits earned for all members that participated. Allegiance enters the enrollment level/deductible/OOP for each member and enrolled dependent based on this list. Another list is sent in December with credits for employees hired between the March and September screenings, and for employees that earned additional credits through the fall screenings. The fall screening participation is much smaller than the spring screenings.

30. In reviewing past Allegiance contracts, it appears that Allegiance retains 20% of network savings. This retention is in addition to your Administrative Fees. The best way to ensure that a Pacific Source bid is on par we would ask for 24 months of raw claims. This allows us to analyze the approximate discounts which would give us a clearer picture of the true costs to the Lewis & Clark County Health Plan. In addition, we are happy to share our findings with Lewis & Clark County.

Response: Offerors can quote based on their preferred structure, either 100% PEPM or PEPM + shared savings. The County will conduct a cost comparison as part of the evaluation process.