

STATE OF ALASKA
Department of Administration
Division of Retirement and Benefits



ALASKACARE TRAVEL COORDINATION AND ADMINISTRATION

RFP 180000015

Amendment #3

Issued February 20, 2018

This amendment is being issued to amend information regarding the evaluation criteria of this RFP. In addition to adhering to any changes made to the RFP by this amendment, offerors must use Attachment B – Intent to Propose to acknowledge this amendment.

Matt Meienberg
Procurement Manager
Phone: (907) 465-5758
Email: matthew.meienberg@alaska.gov

Questions and Answers from Pre-proposal Conference:

1. **Q:** Please describe how the travel benefit is currently communicated to eligible members (Section 1.01, Section 3.01, and Section 3.03)?

A: Currently the travel benefit is communicated through health plan booklets for the AlaskaCare employee and retiree populations as outlined in the RFP, Section 2.01 below:

AlaskaCare Employee Plan: Pages 18-19, 65-67, and 71-73 contain existing coverage provisions specific to travel.

AlaskaCare Defined Benefit Retiree Plan: Pages *vii-viii*, *xiv*, and 41-44 describe detailed coverage requirements for travel benefits.

AlaskaCare Defined Contribution Retiree Plan: Pages 20, 67-69, and 73-74 describe detailed coverage requirements for travel benefits.

Members may also call the Aetna Concierge to gain additional information about travel benefits and to pre-authorize travel.

Additionally, travel benefits are periodically outlined in our semi-annual *HealthMatters* newsletter.

-
2. **Q:** With regard to Contractual Expectations, is the RFP bid intended to cover travel for all eligible AlaskaCare services. For example: Medical services, surgical services, behavioral health, dental, vision, if applicable (Section 5.08)?

A: The bid does not envision covering services provided for in the AlaskaCare dental or vision plans. However, the State is seeking to assist members in accessing high-value services outside of their community.

3. **Q:** As it relates to the number of Retirees in your program, what is the percentage with existing medical insurance coverage with another health plan other than AlaskaCare (Section 2.01)?

A: Approximately 63.6% of retiree members (subscribers and dependents) are Medicare-age eligible. 13.2% of members have another form of coverage.

4. **Q:** What percentage of the Retirees live in the 48 contiguous United States (Section 2.01)?

A: Approximately 40% of the retiree membership, including those who are Medicare-age eligible and those under 65 years of age.

5. **Q:** What percentage of the Retirees live outside the United States? Are they eligible for travel benefits (Section 2.01)?

A: Less than 1% live outside the United States. The State is willing to consider travel benefits for out-of-country members on a case-by-case basis, however the State is not interested in pursuing international medical tourism.

6. **Q:** What percentage of your populations travel for medical care in a given year (2016/2017) (Section 2.01)?

A: This information is not fully available. From January through October of 2017, the plans reimbursed approximately \$250,000 in travel expenses. Members in the AlaskaCare employee plan accounted for \$50,000 and AlaskaCare retiree plan members accounted for \$200,000. Additional information regarding services performed outside of Alaska can be found within the provided claims data.

7. **Q:** Is the scope of this RFP intended only for those members that qualify for travel outside of the Community or does this also include the administration of services locally? If outside of the Community, how do you define a local provider vs a non-local provider (or one where travel is required)? Is there a mileage limit, must it require air transport, etc. (Section 2.01)?

A: The scope provides only for services related to travel outside of member's community. Member eligibility for travel reimbursement is described in the AlaskaCare health plan booklets below. Requirements vary between employee and retiree plans.

Defined Contribution Retiree health plan booklet at:

<http://doa.alaska.gov/dr/pd/ghlb/retiree/AlaskaDcrRetireeHealthPlan-Final-0118.pdf>

Defined Benefit Retiree health plan booklet at:

<http://doa.alaska.gov/dr/pd/ghlb/retiree/RetireeInsuranceBooklet2003with2018amendment.pdf>

AlaskaCare Employee health plan booklet at:

<http://doa.alaska.gov/drb/pdf/ghlb/akcare/SelectBenefitsEmployeeBooklet2018.pdf>

- 8. Q:** What are the expectations or requirements to coordinate coverage with Medicare for those retirees who have both programs (Section 2.01)?

A: In the case where Medicare is the primary payer, eligible travel expenses may be reimbursed for members if services meet the requirements outlined in the AlaskaCare Retiree plan book, page 44.

- 9. Q:** We seek to clarify whether or not the bidder preference / offeror preference is all or none with respect to awarding points? (Section 5.03, then as amended in RFP 180000015, Amendment #2 and Section 5.14)

A: Bidder and Offeror Preferences are all/none scoring as there is no partial qualification criteria.

- 10. Q:** Is the expectation that the successful bidder will perform all or part of the following healthcare functions such as: utilization management (Precert), case management, disease management, telehealth, provider credentialing, member services/benefit verification, etc. (Section 1.01, Section 3.01 and Section 3.03)?

A: While additional services that enhance value to the Plan or membership will be considered, SEC 3.01 outlines the expectations of a successful bidder below:

This request for proposals seeks a firm capable of:

- Providing excellent customer service and coordinating all necessary arrangements with an understanding of Alaska's unique geographic challenges;
- Ensuring members have access to adequate follow-up care;
- Maintaining and ensuring the quality and cost standards of the providers within their networks.

In addition to the main deliverables described above, the State seeks a firm that can support travel coordination as a stand-alone service for:

- 1) Members who are Medicare eligible: and
- 2) Members seeking travel benefits which may not be contracted as a part of a bidder's network.

The State does not expect a bidder to provide services unrelated to the products being offered, but does expect that the bidder will provide all services necessary to perform the scope of work (e.g. credentialing of providers in the network being proposed to the State, verifying member's participation in the plan, etc.).

- 11. Q:** Attachment F Section 4.1 asks for a chart. Is this still limited to 250 words and should it be a separate attachment?

A: The chart in Attachment F, SEC 4.1 is not limited to 250 words, it is instead requested to be graphical for easy information review. It should be a separate document placed at the end of Attachment F when the proposal is submitted.

- 12. Q:** Attachment E on the cost proposal section asks for the fee structure for Retirees; can we offer two different pricing proposals for Medicare population vs non-Medicare eligible Retirees?

A: Yes.

13. Q: For the RFP document under Section 3.03 for “Additional Information” is there a format or limit to what can be provided?

A: There is no limit, though mindfulness of the available review time and overall proposal length is strongly suggested.

14. Q: Attachment H seems to now be called Appendix B2, is this different than the original Appendix H – Indemnity and Insurance attachment?

A: Attachment H and Appendix B2 are the same document.

15. Q: On the call, Emily mentioned that submitting non-identifiable responses was preferred – is this requested for the entire RFP response or just the sections noted anonymous?

A: Just the sections required to be anonymous.

16. Q: Attachment G references five survey responses but I thought I heard the mention of just three on the call – can we confirm how many surveys need to be submitted?

A: Three survey responses.