

STATE OF ALASKA
Department of Administration
Division of Retirement and Benefits



Medical Claims Administrator and Managed Network, Dental Claims Administrator and Network

RFP 190000025

Amendment #2

October 31, 2018

This amendment is being issued to answer questions submitted by potential offerors and to provide additional important information. In addition to adhering to any changes made to the RFP by this amendment, offerors must use Submittal Form 1 within each packet – Offeror Information to acknowledge this amendment.

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RFP Announcement:

RFP #190000025 is now available in ProposalTech: [RFP 190000025 Access](#)

Changes to the RFP

Section 4.02 Special Formatting Requirements

The following sentence has been **deleted**:

Page Limits: Some Submittal Forms listed below have maximum page limit requirements. Offerors must not exceed the maximum page limits. ~~Note, the page limit will likely be converted to a character limit that is roughly equivalent to the maximum page limits listed below, assuming single-sided document.~~

Section 7.02 STANDARD CONTRACT PROVISIONS

This section has been **deleted** and **replaced** with the following:

SEC. 7.02 STANDARD CONTRACT PROVISIONS AND BAA/HIPAA REQUIREMENTS

The contractor will be required to sign the State's Standard Agreement Form for Professional Services Contracts (form 02-093/Appendix A) and Attachment 11, BAA/HIPAA Requirements forms. These forms are attached with the RFP for your review. The contractor must comply with the contract provisions set out in these attachments. No alteration of these provisions will be permitted without prior written approval from the Department of Law, and the State reserves the right to reject a proposal that is non-compliant or takes exception with these provisions. Any requests to change language in these documents (adjust, modify, add, delete, etc.), must be set out in the offeror's proposal in a separate document. Please include the following information with any change that you are proposing:

1. Identify the provision that the offeror takes exception with.
 2. Identify why the provision is unjust, unreasonable, etc.
 3. Identify exactly what suggested changes should be made
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Section 8. ATTACHMENTS

Section amended to include the following attachments:

- Attachment 2: Dental Submittal Form Packet
 - Attachment 3: Medical Financial Workbook
 - Attachment 4: Dental Financial Workbook
 - Attachment 5: Standard Agreement Form
 - Attachment 6: Appendix A
 - Attachment 7: Appendix B2
 - Attachment 8: Non-Financial PEC Exhibits Example
 - Attachment 9: Financial PEC Exhibits Example
 - Attachment 10: ITP/NDA Form
 - Attachment 11: BAA/HIPAA Requirements Form
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Attachment 1 - Medical Submittal Form Packet – FORM 1 Offeror Information and Certifications

-The following portion has been **deleted** and **replaced** with the following:

ADDENDA ACKNOWLEDGEMENT

The offeror acknowledges receipt of the following addenda and has incorporated the requirements of such addenda into their proposal. Failure to identify and sign for all addendum may subject the offeror to disqualification. **This list will be updated when Amendments are made to the RFP. All addenda will be listed by number; offerors must initial and date to confirm that you have received and incorporated them into your proposal. More rows may be added as necessary.**

| | Number | Initials & Date |
|-----------|--------|-----------------|
| Addenda 1 | | |
| Addenda 2 | | |

-The following instructions have been **relocated** to the beginning of the certifications section:

CERTIFICATIONS

Failure to answer or answering “No” may be grounds for disqualification. Please complete the questions below with additional information on any subject where the Offeror responded “No” to the questions above.

The following “No” Answers clarification box has been **removed** from the certification section:

~~“No” Answers Clarification (add rows as necessary)~~

| No. | Clarification |
|-----|---------------|
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Attachment 1 - Medical Submittal Form Packet – FORM 6 Mandatory Requirements

-The following section has been **renumbered**:

Section 12 - Appeals

| No. | CRITERIA | RESPONSE |
|-----|---|--|
| 1. | Confirm you will follow the State’s current appeals process for precertification review, claim review and/or billing appropriateness for the plan. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Confirm you agree to defend claims litigation based on decisions to deny coverage for clinical reasons, and that you will provide evidence-based guidelines for the denial of claims. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Confirm that you will administer the claims appeals process as outlined in the Summary of Benefits and Coverage (SBC). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Confirm you will be able to provide copies of all claim and appeal documents to the State for appeals that reach the State’s level or any other appeals as requested by the State. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|----|---|--|
| 5. | Confirm you will coordinate external review requests with External Review Organizations (EROs). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----|---|--|

Attachment 1 - Medical Submittal Form Packet – FORM 7 Contractual Requirements

-The following sentence has been **deleted** from the instructions:

The following are contractual expectations. The offeror must confirm that they can, or cannot, meet each requirement. A “no” response does not mean automatic rejection, but for each “no” response provide clarification (up to 200 word maximum) in the “Response Clarification and Explanation” section. ~~At the end of the document.~~ The State reserves the right to seek additional clarification and negotiate terms regarding any offeror response.

-The following textbox has been **deleted** after section 13:

~~Response Clarification and Explanation (add rows as necessary)~~

| section | No. | Clarification |
|---------|-----|---------------|
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Attachment 2 - Dental Submittal Form Packet – FORM 1 Offeror Information and Certifications

-The following portion has been **deleted** and **replaced** with the following:

ADDENDA ACKNOWLEDGEMENT

The offeror acknowledges receipt of the following addenda and has incorporated the requirements of such addenda into their proposal. Failure to identify and sign for all addendum may subject the offeror to disqualification. ~~This list will be updated when Amendments are made to the RFP. All addenda will be listed by number; offerors must initial and date to confirm that you have received and incorporated them into your proposal. More rows may be added as necessary.~~

| | Number | Initials & Date |
|-----------|--------|-----------------|
| Addenda 1 | | |
| Addenda 2 | | |

-The following instructions have been **relocated** to the beginning of the certifications section:

CERTIFICATIONS

Failure to answer or answering “No” may be grounds for disqualification. Please complete the questions below with additional information on any subject where the Offeror responded “No” to the questions above.

-The following “No” Answers clarification box has been removed from the certification section:

~~“No” Answers Clarification (add rows as necessary)~~

| No. | Clarification |
|-----|---------------|
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Attachment 1 - Dental Submittal Form Packet – FORM 7 Contractual Requirements

-The following sentence has been **deleted** from the instructions:

The following are contractual expectations. The offeror must confirm that they can, or cannot, meet each requirement. A “no” response does not mean automatic rejection, but for each “no” response provide clarification (up to 200 word maximum) in the “Response Clarification and Explanation” section. ~~At the end of the document.~~ The State reserves the right to seek additional clarification and negotiate terms regarding any offeror response.

-The following textbox has been **deleted** after section 14:

~~Response Clarification and Explanation (add rows as necessary)~~

| section | No. | Clarification |
|---------|-----|---------------|
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Medical Financial Workbook – Directions For Exhibits

Please note that the instructions from the Medical Financial Workbook located on sheet 1 “Directions For Exhibits” have been **redistributed** to their respective sheets. Instructions were not changed, only moved to the sheet they are associated with.

Medical Financial Workbook – Exhibit 5. Repriced claims and Exhibit 6 Self-Reported Discounts

Please note that the instructions have been **corrected** and are now in the proper sheet in Exhibit 5 & 6.

Dental Financial Workbook – Directions For Exhibits

Please note that the instructions from the Dental Financial Workbook located on sheet 1 “Directions For Exhibits” have been **redistributed** to their respective sheets. Instructions were not changed, only moved to the sheet they are associated with.

Dental Financial Workbook – Exhibit 2. Dental ASO Other Public Sector Participation

Please note that this exhibit has been **added** to the Dental Financial Workbook in its entirety.

End of Amendment #2