

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 #5

November 21, 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 – Offeror Information to acknowledge this amendment.

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Solicitation Announcement:

All submittal form packets and financial workbooks will be submitted in ProposalTech. Emailed submittal forms and financial workbooks will not be accepted. Please follow the instructions in each section of ProposalTech, on how to complete that section. Sections may have you download a document, complete it, then upload it back into ProposalTech. Other sections will have checkboxes or textboxes to fill in your answer. If you have any questions or concerns regarding submitting your proposal in ProposalTech, please contact ProposalTech customer support (877) 211-8316. Please note: ProposalTech Section 1.1 - RFP Documents, is a bank of printer friendly solicitation documents, they are not to be emailed in as your response.

Questions submitted by potential offerors and answers from the State:

Question 62: Regarding item 1 of Form 7, Contractual Requirements for the Medical RFP:
Can the State of Alaska please provide further detail on the data warehouse services that HDMS provides? For us to confirm that we can administer what HDMS provides, we need additional information on the services they currently provide for the health plans in question.

Answer: A full/comprehensive detailed claims and encounter file is required. We will request a layout for your standard file for review, consideration, and possible discussion during the clarification process.

Question 63: What are SOA employee group current (baseline) rates for these HEDIS measures?

- Cervical Cancer Screening
- Diabetic Attention Nephropathy Diabetic HbA1c Testing
- Colorectal Cancer Screening

Answer: As of March 31, 2018, approximately 54.1% of applicable employee plan members received a cervical cancer screen; 54.5% has received a breast cancer screen, and 38.1% received a colon cancer screen.

Question 64: Regarding Form 7, Contractual Requirements, Section 6, Item 1 of the Dental RFP:
Please provide clarity on what is meant by “Dental Expense Administration Manual.” Is this a type of dental provider manual?

Answer: This requirement has been removed per Amendment 5.

Question 65: Regarding Form 7, Contractual Requirements, Section 5, Item 3 of the Dental RFP:
What specifically would be required of the bidder? Would the bidder be required to enter an outside vendor’s billing activity into our system?

Answer: Yes, the bidder would be required to coordinate with the third-party carrier providing direct bill services.

Question 66: I submitted the ITP-NDA and it was accepted. Where can I find the census information?

Answer: Once ITP/NDA documents are accepted, the data files will be available to you in ProposalTech. ProposalTech will send you an email notifying you of the available files.

Question 67: Regarding the medical submittal form 5- Performance Qualifications: at the bottom of the page we need to add a place for our client references to know who/were to submit the completed form.

Answer: Please use the grey box at the bottom of the performance qualification form. The offeror is required to enter the email address where they would like to receive their completed reference forms:

Please return the completed survey to: << The Vendor should enter a valid fax or email here >>

Question 68: Amendment 4 states that Exhibit 1 of the Dental Financial Workbook has been updated to include the number of employee and retirees, however we do not appear to have the most updated version of Attachment 4 – Dental Financial Workbook. Is the updated workbook now available?

Answer: The proposal tech exhibits have been updated to include the number of employees and retirees. Totals are representative of the census file provided in the data release.

Question 69: Page 16 of Attachment 2 asks to “Confirm you are able to administer prevailing charge rate logic for out-of-network claims.” Please describe the prevailing charge rate logic currently applied, in detail.

Answer: Please provide the out of network reimbursement methodology your organization would recommend.

Question 70: In Attachment 4, “Ex.1 Dental ASO” requests that ID card printing and mailing is included in the services provided for both active and retiree populations. With a Dental plan offered by our company, enrollees and their dependents do not need an ID card to receive services. If the State requires that ID cards are provided, are there any particular specifications that the ID cards must meet (i.e. information these should contain, type of paper, AlaskaCare logo, black and white vs. color, etc.)?

Answer: At a minimum, the state requires the AlaskaCare logo be prominently displayed on the ID card. The state desires dependents be listed as well but will finalize details in the clarification process.

Question 71: Have there been any plan design changes over the past 36 months? If so, please provide the details and dates of any change(s).

Answer: Please review both the current and archived plan booklets for a summary of all amendments, benefit clarifications, and plan booklet changes:

Employee Health Plan (including dental and vision):

<http://doa.alaska.gov/drb/alaskacare/employee/publications/booklet.html>

Defined Benefit Retiree Health Plan (including dental and vision) current version:

<http://doa.alaska.gov/drb/alaskacare/retiree/publications/booklets.html>

Defined Benefit Retiree Health Plan (including dental and vision) past versions:

<http://doa.alaska.gov/drb/alaskacare/retiree/publications/archivedBooklets.html>

Defined Contribution Retiree Health Plan (including dental and vision):

<http://doa.alaska.gov/drb/alaskacare/retiree2/publications/booklets.html>.

Question 72: Please provide the last 36 months of monthly experience with the following items, for each plan and population:

- a. Paid claim dollars split by In-Network and Out-of-Network
- b. Claim counts or EOBs
- c. Employee Lives (eligible and enrolled)

d. Dependent Lives

Answer: The State has released 12 months of detailed claims data for the Dental plan with a plan census. No additional data will be released at this time.

Question 73: Confirm the percentage of claims paid In-Network (if the State is unable to split actual paid claim amounts by In-Network and Out-of-Network) – for each plan and population.

Answer: Offerors who have signed and submitted the necessary documentation have received detailed claims file with 12 months of data. The Offeror is to price these claims using their proposed network solution. In and Out of network claims will be determined based on the individual Offerors network.

Question 74: Confirm count of new hires per year, as well as expected new hires/layoffs.

Answer: Segal estimates 2% increase per year for retiree DVA plan; for employee dental plan the overall population has largely remained stable but experienced slight decreases. No significant changes are planned at this point.

Question 75: Please provide a census file that includes the run date as well as the following key information:

- a. Gender
- b. Zip code
- c. Plan election (Economy/Standard)
- d. Tier enrollment (such as Employee Only, Employee +1, Family, etc.)
- e. Active/Retired status
- f. Date of birth

Answer: Offerors who have signed and submitted the necessary documentation have received a census file with the necessary data elements for this proposal.

Question 76: What are the current, prior, and renewal fees for actives and retirees?

Answer: This information is not necessary to submit your bid.

Question 77: Are there any pass-through or explicit administrative charges included in the current and historical fees?

Answer: This information is not necessary to submit your bid.

Question 78: Is a recent billing invoice available including the lives and current fees?

Answer: This information is not necessary to submit your bid.

Question 79: Does the State expect to pay fees within a 30 day grace period?

Answer: This will be discussed in the clarification process.

Question 80: 2.04: Please clarify what the online system's functions might be, and whether the designated contact is an area or a specific person.

Answer: We understand this question to relate to the *Dental Opportunities* under Section 2.04 of the RFP. Online system providing covered participants and dependents with a designated contact for issue resolution and reconciliation." This is intended to describe an online portal members can use to review their benefits and claims and contact the vendor with questions.

Question 81: 2.08 and 3.02: Please clarify the methods that the State would consider acceptable to satisfy the requirement to have the criteria publicly available. For example, would disclosure of the criteria upon request satisfy the requirement?

Answer: We understand this question to relate to *Dental Opportunities* in section 2.08 and *Goals and Objectives* under Section 3.02 of the RFP. The disclosure of criteria upon request would satisfy this requirement, however the state prefers that criteria be made available through online public access as much as possible. This will be finalized during clarification.

Question 82: 2.10: Please clarify what types of information are most frequently missing?

Answer: We understand this question to relate to question 5 under *Existing Challenges* in Section 2.10 which states "While the State attempts to receive information on all members, there are often cases where they have not been able to attain a member's full information." Examples of missing information could include phone numbers, email addresses or other types of contact information not expressly required.

Question 83: 3.05: Please clarify if provision of an online directory (with the ability to request a paper copy through Customer Service) is sufficient, or is it the State's expectation that paper directories also be produced and distributed to members?

Answer: We understand this question to relate to *Dental Major Deliverables* under Section 3.05 of the RFP. Provision of an online directory with the ability to request a paper copy is sufficient.

Question 84: Dental Submittal Form Packet:
Form 7, Section 4, #1: Please clarify if it is the State's desire that walk-in customer service be available in each location every business day of a week. Would it be permissible to have it available, for example, in Anchorage on Mondays, Wednesdays and Fridays and in Juneau on Tuesdays and Thursdays?

Answer: Alternatives to this answer are permissible and should be described in the area provided. They will be finalized in the clarification process.

Question 85: Dental Submittal Form Packet: Form 7, Section 5, 1: Please clarify if an SFTP site would satisfy this requirement.

Answer: This would be acceptable.

Question 86: Dental Submittal Form Packet: Form 7, Section 5, 3: Please clarify the types of information would this entity be transmitting.

Answer: This would include reports from a third-party vendor for direct billing services including COBRA participants, Health Flexible Spending Account participants or those members paying their premium directly through a third party vendor such as PayFlex.

Question 87: Dental Submittal Form Packet: Form 12: Please confirm our standard to measure performance guarantees quarterly and settle them annually is acceptable.

Answer: This is acceptable.

Question 88: Dental Submittal Form Packet: Form 12: Please clarify if the State will accept proposer-suggested measurement standards.

Answer: The State will accept them for discussion in the clarification process.

Question 89: ProposalTech: 3.7.6.1. Please describe what is expected of a Dental Expense Administration Manual.

Answer: This requirement has been removed per Amendment 5.

Question 90: ProposalTech 3.7.1.2.: Please confirm the current and what is to be quoted out-of-network reimbursement percentile outside Alaska.

Answer: Please provide the out of network reimbursement methodology your organization would recommend.

Question 91: Plan Design: Please confirm dental implant coverage eligibility for the active and retiree dental plans. Is the expectation that all dental implants be submitted to dental first?

Answer: Dental implants require precertification. It is the expectation that the medical TPA conduct the precertification review and make the determination if the individual implant would be covered under the medical plan. Should it not be covered under the medical plan, the implant should be submitted to the dental TPA for consideration. False teeth for use with the implant are always covered under the dental plan as a class III service.

Question 92: Plan Design: Please confirm Delta is using Premier network only (no Delta PPO overlay).

Answer: Offerors are being asked to provide a network solution that meets the requirements of the RFP. The repricing exercise should be completed with this proposed network solution. If an Offeror feels they have an alternative network solution that could be beneficial to the State, the Offeror should provide those details in the appropriate section (e.g. Value Opportunity).

Question 93: Miscellaneous: Please confirm the current dental ASO fee. Please confirm if there is a separate Network Access Fee (NAF) being charged to the State, and if so, what percentage of savings is being charged and what is the PEPM equivalent? Would the State consider such an arrangement?

Answer: The state seeks competitive pricing. Please submit all pricing and any fees as outlined in the financial workbook.

Question 94: Please provide recent dental network utilization and discount reporting for the State.

Answer: Offerors have been provided a claims file with 12 months of data. Network utilization will be determined by the Offerors proposed network solution and their claims repricing submission.

Question 95: SECTION 2. BACKGROUND INFORMATION; SEC. 2.01 ABOUT THE DIVISION - Currently the Division manages eligibility and internally handles some of the work related to customer service, benefits processing, counseling, and appeals.

Please outline the work handled by the Division. Will the Division continue to remain in control of these services?

Answer: Division staff manage eligibility with the exception of direct bill services (members who pay premiums for medical and dental, vision, audio plans and long-term care plans other than through their pension check) and COBRA participants. The Division reports eligibility to the TPAs. The Division manages and staffs a contact center but directs specific benefit questions to the TPAs. The Division does not conduct any process of medical, vision, dental, or long-term care benefits, but does process retirement benefits. The Division provides counseling sessions for members related to their retirement and health selections, with any detailed benefit questions directed to the TPAs. Division staff handles level three appeals as well as represents the Division as necessary to support level 4 appeals. The Division does not anticipate any changes to the services currently being provided by their staff.

Question 96: Section 2. Background Information; Sec. 2.04 About the Existing Medical Administration and Network Management Services – Current medical administration services provided by the contractor include: Monthly universal outbound claims files.

Who receives this information?

Answer: The current distribution list includes the following, however this will change in time and the winning vendor will need to be prepared to support additional recipients; HDMS (data warehouse vendor) OptumRx, PayFlex (current HFSA vendor).

Question 97: Section 2. Background Information; Sec. 2.04 About the Existing Medical Administration and Network Management Services - Other Vendor Services - The Division engages with other external vendors to provides the services listed below: SurgeryPlus - provides travel coordination and administration for certain elective procedures (active employee plan only)

Please provide additional information around the services SurgeryPlus provides and which elective procedures apply.

Answer: Please refer to question 20 in amendment 4.

Question 98: Section 2. Background Information; Sec. 2.06 Current Medical Plan Features and Coverage – The employee plan details can be found in the summary of plan benefits booklet available below. Active Employees:
<http://doa.alaska.gov/drb/pdf/ghlb/akcare/SelectBenefitsEmployeeBooklet-09012018.pdf>

Link provided within the RFP does not connect to a document. Can a new link be provided for access to the employee booklet?

Answer: Here is the link:
<http://doa.alaska.gov/drb/pdf/ghlb/akcare/SelectBenefitsEmployeeBooklet-09012018.pdf>

Question 99: Section 2. Background Information; Sec. 2.09 Background on Health Management and Wellness - The State currently provides the active employee plan members with condition management, and maternity management through the contractor' In Touch Care program.

Please provide details around the Touch Care program currently in place.

Answer: Currently this program only provides access to Disease Management and Case Management programs. Services included one-on-one nurse support for urgent circumstances and/or 24/7 virtual care using online tools for chronic cases.

Question 100: Section 3. Scope of Work & Contract Information; Sec. 3.10 Unique Considerations - Customer service: Alaska is in its own time zone. Member contact centers will need to provide service based on Alaska Standard Time. In addition, approximately 40% of the retiree population live outside of Alaska, including some who live abroad.

Are there specific hours the State will expect the service lines to be open?

Answer: See Medical Submittal Form 6 - Mandatory Requirements, Section 8, Member and Account Services, Question 6. "Confirm your customer service representatives be available at a minimum Monday - Friday 8:00AM -6:00PM Alaska time zone.

Question 101: 2.10 and 2.11 MEDICAL SUBMITTAL FORM 9 - Network Disruption Analysis

When will the disruption files will be made available to bidders?

Answer: Files have been distributed to those Offerors who have completed and submitted the necessary documentation.

Question 102: 2.13 MEDICAL SUBMITTAL FORM 11 - Medical Financial Workbook; 2.13.3 Ex.3 Health Man and Wellness

Summary Pricing Sheet Health and Biometric screenings; which is preferred - puncture or fingerstick?

Answer: An Offeror should provide the solution that they feel best meets the needs of the State. As an optional service, that the State has discretion over including in the contract, these fees will not be included in an Offerors overall total cost score. For the optional services, the State reserves the right to negotiate these services during the clarification period with the chosen Offeror.

Question 103: SECTION 2. BACKGROUND INFORMATION; SEC. 2.10 EXISTING CHALLENGES - 7. administering the statutory eligibility requirements for incapacitated dependents and student verification as outlined for the DB and DC retiree health plans can be challenging.

Do the eligibility requirements found within the plan document sufficiently outline the eligibility requirements for bidders to confirm ability to administer? If not, can a complete outline of the eligibility requirements and procedures be provided?

Answer: In accordance with Alaska Statutes, the State of Alaska offers coverage for dependent children between age 19-23 under the retiree plan(s) if they are “registered at and attending on a full-time basis an accredited educational or technical institution recognized by the Department of Education and Early Development.” The TPA is expected to review the dependents eligibility upon the dependent turning age 19, and annually in July. This is done through largely a manual paper process with results being reported back to the State of Alaska for update on the eligibility files. The State is open to alternative approaches to administering this process.

Question 104: 2.13 MEDICAL SUBMITTAL FORM 11 - Medical Financial Workbook; 2.13.5 Ex. 5 Repriced Claims

Are updated repricing files available with full tax id for accurate repricing of claims?

Answer: A new repricing file has been released with Amendment 5. This file will include additional information including tax ID.

Question 105: 2.13 MEDICAL SUBMITTAL FORM 11 - Medical Financial Workbook; 2.13.5 Ex. 5 Repriced Claims

Is the State willing to sign a non-disclosure agreement to allow release of repriced claim detail?

Answer: Any information that is deemed confidential or proprietary should be marked as so per the instructions in Section 7.09. Additionally, any pricing information will only be shared with the PEC in aggregate. The PEC will not be provided with pricing information based on individual contract arrangements with providers/facilities. The repricing exercise will remain confidential and only used for the purpose of developing the total cost for evaluation as described in Section 5.06.

Question 106: Are current product/service fees available to bidders? If so, please provide for services requested.

Answer: This information is not necessary to submit your bid.

Question 107: Financial workbooks were provided with original release of draft RFP detail. Are these workbooks required to be submitted along with response in ProposalTech, or are fees and network detail entered via ProposalTech tool sufficient?

Answer: The financial workbooks that must be submitted are located in ProposalTech. Section 2.13 will be completed for Medical financial workbook, and section 3.13 will be completed for Dental financial workbook. All proposals will be submitted using ProposalTech tool, no portion of the proposal documents will be submitted via email.

Question 108: Please provide the number of direct contracts held by the State (facilities/providers) and pricing involved.

Answer: Please review the *Other Vendor Services* outlined in Section 2.04 of the RFP. Additional information is not necessary to submit your bid.

Question 109: The plan documents include two separate booklets for Retirees, including the Defined Benefit Retirees and the Defined Contribution Retirees (DVA) please provide a Dental census that includes enrollment for each plan

Answer: Offerors who have signed and submitted the necessary documentation have received a census file with the necessary data elements for this proposal.

Question 110: Looking for confirmation on the Dental/Vision/Audio (DVA) plan: the offeror is quoting claims administration for the dental portion of the RFP and not the medical portion. Starting on page 21, DVA is referenced to coincide with the Medical TPA or Medical/Vision/Audio. It is the intent for vendors be quote the vision and audio alongside the dental plan(s)?

Answer: No. The vision and audio services will fall under the medical Third-Party Administration.

Question 111: Dental Submittal Form Section 9 Appeals #3 asks if we can administer claims appeals as outlined in the Summary of Benefits and Coverage. The Summary of Benefits and Coverage documents were not included with the RFP please provide.

Answer: Dental Submittal Form Section 9, mandatory requirements, appeals section, question 3 has been amended to change the reference from Summary of Benefits and Coverage documents to Summary of Plan Description (SPD) which include the AlaskaCare booklets referenced in Section 2.07, *Current Dental Plan Features and Coverage* in the RFP.

Question 112: Regarding the completed repricing form: We require a non-disclosure agreement (NDA) to be signed by the State before releasing proprietary claims information externally. Should the vendor

send the NDA directly to Verrelli, Eric D (DOA) eric.verrelli@alaska.gov at the State for disbursement and required signature?

Answer: Any information that is deemed confidential or proprietary should be marked as so per the instructions in Section 7.09. Additionally, any pricing information will only be shared with the PEC in aggregate. The PEC will not be provided with pricing information based on individual contract arrangements with providers/facilities. The repricing exercise will remain confidential and only used for the purpose of developing the total cost for evaluation as described in Section 5.06.

Question 113: Will the State provide at least 15 months of claims with enrollment by month per plan?

Answer: The State has released 12 months of detailed claims data for the Dental plan with a plan census. No additional data will be released at this time.

Question 114: Please confirm out-of-network reimbursement amounts for each plan, including active and retirees as percentile? (i.e. DC=80th, DB= 90th)

Answer: This question is assumed to reference dental recognized charge. Please review the recognized charge section and definition of the associated plan booklets. In your proposal, please describe the methodology your organization uses to determine out-of-network reimbursement.

Question 115: Will the State provide current fees and/or fully insured equivalents

Answer: This information is not necessary to submit your bid.

Question 116: SEC. 4.03 Offeror Information and Certifications: Much of this information appears to be duplicate to Attachment 1 Medical Submittal Form Packet - Final.

Are we to respond within Proposal Tech as well as attach the Medical Submittal Form Packet with signature, or is the signature at the bottom of the Alaska Preferences Form sufficient?

Answer: Per this amendment, sections 2.1.5 (Medical) & 3.1.5 (Dental) have been added in ProposalTech for the offeror to provide a signature for submittal form 1. Note this will be the signature that is certifying all the information on submittal form 1 is true and correct. Additionally, the vendor is still required to sign the Alaska preferences form if claiming preferences. All proposals will be submitted in ProposalTech.

Question 117: When will the Power Point presentation from the pre-proposal conference be available in Proposal Tech?

Answer: They are available on the Online Public Notices website:
<https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=191764>

Question 118: Regarding the Standard Agreement Form that bidders must review and comment on: When will the referenced Appendix C be made available?

Answer: Appendix C is developed during the clarification stage with the vendor that's susceptible to award.

Question 119: Regarding the census file provided, please provide definitions of the values for the fields in the census file. For example, in the retiree medical census, the fund field has values E, J, M, P, T. What do these values represent? Similarly, what is the meaning of the fields 'INS_LVL" and "Option"? Is a data dictionary available for the file?

Answer: The "FUND" field represents the retirement system associated with that retiree (Public Employees', Teachers', Judicial, etc). "INS_LVL" and the "MED_DESC" are aligned with each other. "OPTION" data element represents additional fields for information on survivorship benefits. Offerors can exclude these fields in the review of the census information.

Question 120: Regarding the census file provided, how many members are there for the retiree medical plan? The file indicates 1 row per retiree but does not indicate how many dependents for each retiree.

Answer: No additional information will be provided at this time. The retiree census file includes both retiree and spouse information and provides the necessary information to complete the financial sections of the RFP.

Question 121: Regarding the claim's files: The medical claim files provided in .txt format are comma delimited, and some of the fields in the data also have commas in them. Thus, importing the data is problematic (for example; a provider with a comma in the name will split into 2 fields rather than just the name field). Would it be possible for the State to provide pipe delimited (|) .txt files?

Answer: A new file formatted with pipe delimited has been released with Amendment 5.

Question 122: Regarding the claim's files: Regarding claim rows in the medical files that are missing NPI numbers, would it be possible for the State to provide a new file with tax ID numbers added to assist with re-pricing?

Answer: A new repricing file has been released with Amendment 5. This file will include additional information including tax ID.

Question 123: Regarding the claims files: For the dental claims files, would it be possible for the State to add unit counts?

Answer: No additional dental data will be released at this time. The data elements provided in the dental repricing file should be sufficient for Offerors to complete the exercise.

Question 124: Will there be an opportunity to ask questions about these new data files after today, if necessary?

Answer: Although the deadline for questions set in the RFP (November 13) has passed, the state will continue to accept and answer offeror questions if the state determines it is in the best interest of the project.

Question 125: Form 6 - Mandatory Requirements (Sec. 14.2) "Confirm that all rates provided for the services requested during the initial five-year contract will not be re-evaluated due to variations in enrollment below 25% of the enrollment identified in this RFP."

Is the intent to measure a >25% change in the aggregate or if a >25% change in any one of the unique populations (Active, Pre 65, Post 65) could trigger a reevaluation of the rates for the population that experienced the change (or both)?

Answer: The re-evaluation will be measured in aggregate.

Question 126: Section 7.09 Disclosure of Proposal Contents:
Regarding Sec. 7.09 (Disclosure of Proposal Contents), should bidders include the list of items (and corresponding reasoning) that they deem Trade Secret and/or Proprietary as a separate document, and if so, where should we upload?

Answer: Per this amendment, Section 4 has been created in ProposalTech for offerors to upload their proprietary information documents as outlined in section 7.09 of the RFP.

Question 127: General Question - General Information:
Will the state accept a cover letter and/or executive summary with our proposal response, or are we just to submit the Proposal Forms? If so, should we upload it?

Answer: No, anything submitted outside of ProposalTech will not be reviewed or evaluated.

Question 128: Section 4.05 - Risk Assessment Plan
Submittal Form 3 (both the Controllable and Uncontrollable Risk templates for Medical and Dental) has five blanks for Risks. Are vendors required to provide exactly five of each risk, or can they provide more or less risks, assuming they are within the two page limit? Further, can you confirm the two page limit is for all the risks combined (i.e. two pages for all controllable risks and two pages for all uncontrollable risks

Answer: Offerors can provide more or less risks as they see fit as long as the page limits are not exceeded. Offerors may provide up to two pages of controllable risks and two pages of non-controllable risks.

Question 129: Section 4.04 - Service Approach
Can bidders include bold or italic text, bullet points, colored text, charts, etc. in their uploaded Submittal Response Forms to help differentiate different sections and ideas?

Answer: Yes, as long as the page limits are not exceeded.

Question 130: Medical Submittal Form 1 - Entire Forms

Do offerors still need to upload a completed and signed Version of Medical Submittal Form 1 into ProposalTech?

Answer: See answer to question # 116.

Question 131: Proposal Tech Site - Section 2.8.1 and 2.9.1

Can the State have the Geo Access Summary Entry Tables in this section of ProposalTech unlocked, so vendors can enter summary the data?

Answer: Offerors are to complete the GeoAccess and upload it as an attachment in the designated sections within proposal tech. The high-level overview chart should be completed as well and submitted as an attachment with the larger GeoAccess report.

Question 132: Major Deliverables (Sec. 3.03) - 29. Designated account management

Can the State please specify what staffs are required to be 'dedicated' (i.e. Account Manager, Local Reps, Concierge, Claims Processors), and further define the meaning of 'dedicated'?

Answer: Dedicated team members are individuals that have one customer/client. Offerors are to dedicate team members to those positions they feel are needed to service the State's account, and provide explanation in the Service Approach.

Question 133: Existing Medical Administration Services (Sec. 2.04) 32. Local dedicated customer service teams in Anchorage and Juneau

Does the state require a specific number of dedicated Local Reps and specific business office locations?

Answer: Alternatives are permissible and should be described in the area provided. This will be finalized during clarification.

Question 134: Existing Medical Administration Services (Sec. 2.04) 18. Verification of retiree dependent student eligibility. In addition to eligibility verification, does the State require Offerors to provide annual student dependent audits?

Answer: Yes.

Question 135: Contract Requirements, Section 4 #3. "plan design changes"

Please clarify if 'plan design changes' is intended to mean changes to Alaska Care benefits only (i.e. deductibles, coinsurance) or other changes?

Answer: Plan design changes can include those beyond the deductible and coinsurance, including but not limited to changes in the recognized charge or other features subject to the State's discretion.

Question 136: Contract Requirements, Section 4 #5. "any other languages"

Please clarify what languages the State has determined to be necessary to reach the members of the State? Would this follow Sec. 1557 requirements?

Answer: This is intended to include all languages necessary to support members' needs as they arise.

Question 137: Contract Requirements, Section 5 # 7. specific

Please clarify if "specific" is synonymous with "custom" or if the question is simply -- do you have the ability to provide EOBs to Medicare eligible members?

Answer: The State desires EOBs that reflects the coordination of benefits for AlaskaCare members who have Medicare as their primary coverage and receive secondary coverage through the AlaskaCare health plans in a single, concise, and accurate statement.

Question 138: Sec. 5.06 - Evaluation Criteria

What if there are unforeseen or uncontrollable reasons why someone cannot attend an interview date/time set by the State (i.e. travel delays, jury duty)

Answer: The state will make reasonable accommodations to reschedule an interview if the interviewee is unable to attend for sudden personal, medical, or other reasons outside of the interviewee's control. However, offerors must also understand there can be no fill-ins for interviews and if an individual named on Submittal Form A cannot attend an interview, for any reason, the offeror may be required to permanently replace that individual for both the interview and the position itself.

Question 139: M-7 Contractual Requirements - Section 1, #2- integration with Vendors

What would the state's definition of "integration" entail? Does this mean providing them with files, information, etc., or does it just mean coordinating some items?

Answer: The Offeror is expected to work with the State's other vendors as needed and necessary to properly administer the plan. The level of integration may vary dependent on the program/vendor in question, but the Offeror is expected to integrate to the level needed for each.

Question 140: Medical Financial Workbook. Ex. 6 Self-Reported Discounts. Discounts by 3-digit zip. Do the average discounts by service need to reflect discounts in place as of 10/1/2018?

Answer: Yes.

Question 141: Regarding the response to Question #57 in Amendment 4 - the Alaska Administrative Code referenced in the response does not appear to exist. The body of the rule does not apply to the question asked.

2 AAC 12.020. Exclusion of prospective contractor from competition A procurement officer may exclude a prospective contractor from submitting a bid or proposal, or may reject a prospective contractor's bid or proposal, after making a written determination that the prospective contractor

assisted in drafting the invitation to bid or request for proposal, or gained substantial information regarding the invitation to bid or request for proposal that was not available to the public.

Can you please explain why a subcontractor would need to hold an Alaska Business License if the contract is between the State of Alaska and the Offeror?

Answer: Please contact State of Alaska Department of Commerce, Community, and Economic Development, at 907-465-2500, for further explanation of 2 AAC 12.02

Changes to ProposalTech:

In ProposalTech: Section 1.1 RFP Documents

The following documents have been **removed** to decrease confusion. To submit submittal forms, please go to the appropriate section in ProposalTech and follow instructions.

- Attachment 1 – Medical Submittal Form Packet – Final
 - Attachment 2 – Dental Submittal Form Packet – Final
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Medical Submittal Form 1 – Offeror Information

Section 2.1.5 - Offeror Certified Signature **added** in its entirety.

+ 2.1.5 Offeror Certified Signature

Dental Submittal Form 1 – Offeror Information

Section 3.1.5 - Offeror Certified Signature **added** in its entirety.

+ 3.1.5 Offeror Certified Signature

In ProposalTech: Section 4 Confidential and Proprietary Information and Contract Provisions Upload.

The following section has been **added** in its entirety:

+ 4 – Confidential Information and Contract Provisions Upload.

Changes to the RFP:

RFP Section 4.02. Special Formatting Requirements

The following has been **amended**:

Dental TPA Submittal Packet	Anonymous Document	Maximum Page Limits
D-1– Offeror Information and Certifications		
D-2 – Service Approach	YES	5
D-3 – Risk Assessment Plan – Controllable Risks	YES	2
D-3 – Risk Assessment Plan – Non-Controllable Risks	YES	2
D-4 – Value Opportunity Assessment	YES	2
D-5 – Performance Qualifications		
D-6 – Mandatory Requirements		
D-7 – Contractual Requirements		
D-8 – GeoAccess Analysis – Active Employees		
D-8 – GeoAccess Analysis – Non-Medicare All Retirees		
D-9 – Network Disruption Analysis – Active Employees		
D-9 – Network Disruption Analysis – All Retirees		
D-10 – Subcontractors		
D-11 – Financial Workbook (Attachment 4)		
D-12 – Performance Guarantees – Administrative		

Dental Submittal Form 6 – Section 1. Bid Qualifications

No.	CRITERIA	RESPONSE
1.	Confirm you are not a broker or submitting a third-party proposal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Confirm your firm has: <ul style="list-style-type: none"> • Provided claim administration for medical services and managed network services for at least one group of 20,000 or more eligible retirees for at least five years. • Have five years of experience processing at least 125,000 claims per month. • Have at least two million covered lives across your medical book of business. • Have provided claims for a government employer or public retirement plan for medical services and managed network services for at least three years. • Have Alaska clients in your book of business totaling a minimum of 10,000 lives. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Confirm that unless otherwise explained in this RFP, you agree that you will disclose all subcontractor arrangements, and any additional fees associated with the subcontractor arrangements, that involve the services provided to the State of Alaska.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Confirm you agree to disclose to the State any fees, payments, or agreements with brokers, consultants, or other Third Parties related to the AlaskaCare book of business.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Confirm that you will provide no less than 30-day notice to the State of Alaska for any changes involving the sale, merger, data breaches, layoffs, participating provider facility terminations, consolidation or outsourcing of services to foreign workers that will impact the State of Alaska.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Confirm that the contract with the State of Alaska will contain a mutual indemnification/hold harmless provision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Confirm that all member claim records are the sole property of the State of Alaska. Sharing of the State of Alaska’s data to outside entities must be disclosed and approved in writing in advance by the State of Alaska. All claims data obtained during the contract period and for up to seven years after the contract termination, is the property of the State of Alaska and must be available upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Confirm you acknowledge you are compliant with all state and federal applicable regulations and are not currently restricted or prohibited from conducting business in all states where the State’s participants reside or access care.	<input type="checkbox"/> Yes <input type="checkbox"/> No

No.	CRITERIA	RESPONSE
9.	Confirm that you will not assign or transfer the rights or obligations of the contract or any portion thereof, without the prior written approval of the State of Alaska.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Confirm you agree the initial contract has a length of five (5) years beginning January 1, 2020 with up to five (5) years additional renewal options based on mutually agreed upon fees and terms.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Confirm you agree that bid proposal terms are guaranteed for the duration of the procurement process.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dental Submittal Form 6 – Section 9. Appeals

The following question has been **amended** to read as follows:

	Confirm that you will administer the claims appeals process as outlined in the Summary of Benefits and Coverage (SBC) Plan Description (SPD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Dental Submittal Form 7 – Section 6. Claim Processing

The following question has been **deleted** in its entirety:

No	CRITERIA	RESPONSE
1.	Confirm you will prepare, print and furnish to the State, at no cost, a Dental Expense Administration Manual.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dental Submittal Form 8 – GeoAccess Analysis Retirees

The following section has been **amended** as follows:

GeoAccess Instructions: (GeoAccess analysis based on member zip codes in census file)

All reports are to be run using the census file provided. Results for this form should be run by retirees only. Do not exclude any zip codes or subscribers.

Use the following access criteria:

Provider Type	Urban/Suburban	Rural
General and Family Dentist	2 providers within 10 miles	2 providers within 20 miles
Pediatric Dentist	2 providers within 10 miles	2 providers within 20 miles
Endodontists	2 providers within 15 miles	2 providers within 30 miles
Oral Surgeon	2 providers within 15 miles	2 providers within 30 miles
Prosthodontist	2 providers within 15 miles	2 providers within 30 miles
Periodontist	2 providers within 15 miles	2 providers within 30 miles
Other Specialist (Non-Ortho)	2 providers within 15 miles	2 providers within 30 miles
Orthodontists	1 provider within 10 miles	1 provider within 20 miles

Provide your GeoAccess analysis in your proposal showing the number of subscribers that are with and without desired access. GeoAccess analysis should include a list of locations (by city, county, zip code) and **number of subscribers not meeting the access criteria** along with the number of miles to the nearest in-network provider. In addition, please complete the GeoAccess summary table below for key locations and provide as an excel attachment to your response:

Census Data: Retirees Only

Major/Town/City Zip Code	Provider Type	Total Members	Number of Members with Access	Number of Members without Access	Zip Code Urban/Suburban or Rural?
	General Dentist				
	Pediatric Dentist				
	Endodontists				
	Oral Surgeon				
	Prosthodontist				
	Periodontist				
	Other Specialist (Non-Ortho)				
	Orthodontists				

Medical Submittal Form 6 – Section 1. Bid Qualifications

The following question has been **added**:

Section 1 - Bid Qualifications

No.	CRITERIA	RESPONSE
1.	Confirm you are not a broker or submitting a third-party proposal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Confirm your firm has: <ul style="list-style-type: none"> • Provided claim administration for medical services and managed network services for at least one group of 20,000 or more eligible retirees for at least five years. • Have five years of experience processing at least 125,000 claims per month. • Have at least two million covered lives across your medical book of business. • Have provided claims for a government employer or public retirement plan for medical services and managed network services for at least three years. • Have Alaska clients in your book of business totaling a minimum of 10,000 lives. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Confirm that unless otherwise explained in this RFP, you agree that you will disclose all subcontractor arrangements, and any additional fees associated with the subcontractor arrangements, that involve the services provided to the State of Alaska.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Confirm you agree to disclose to the State any fees, payments, or agreements with brokers, consultants, or other Third Parties related to the AlaskaCare book of business.	<input type="checkbox"/> Yes <input type="checkbox"/> No

No.	CRITERIA	RESPONSE
5.	Confirm that you will provide no less than 30-day notice to the State of Alaska for any changes involving the sale, merger, data breaches, layoffs, participating provider facility terminations, consolidation or outsourcing of services to foreign workers that will impact the State of Alaska.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Confirm that the contract with the State of Alaska will contain a mutual indemnification/hold harmless provision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Confirm that all member claim records are the sole property of the State of Alaska. Sharing of the State of Alaska's data to outside entities must be disclosed and approved in writing in advance by the State of Alaska. All claims data obtained during the contract period and for up to seven years after the contract termination, is the property of the State of Alaska and must be available upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Confirm you acknowledge you are compliant with all state and federal applicable regulations and are not currently restricted or prohibited from conducting business in all states where the State's participants reside or access care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Confirm that you will not assign or transfer the rights or obligations of the contract or any portion thereof, without the prior written approval of the State of Alaska.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Confirm you agree the initial contract has a length of five (5) years beginning January 1, 2020 with up to five (5) years additional renewal options based on mutually agreed upon fees and terms.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Confirm you agree that bid proposal terms are guaranteed for the duration of the procurement process.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Submittal Form 7 – Section 2. Miscellaneous Services

The following question has been **added** in its entirety:

10.	Confirm you agree to provide a procurement allotment in the amount of \$325,000 to be used to cover the cost of the proposal process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Medical Data Files

Have been **updated** in ProposalTech.

End of Amendment #5