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 #15

December 20, 2018

Please note:

The deadline for the receipt of proposals for the Dental Services lot is 2:00 p.m., Thursday, December 27, 2018.

The deadline for the receipt of proposals for the Medical/Audio/Vision Services lot is 2:00 p.m., Monday, January 7th, 2019.

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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Questions submitted by potential offerors and answers from the State:

Question 188: How should bidders provide sliding scale penalty information for Section 2.13.5.3? Upload as a separate file? The proposal system currently only accommodates "pass/fail" type responses.

Answer: The response cells in ProposalTech section 2.13.5.3 have been reconfigured to accept text answers.

Changes to ProposalTech:

Medical Data files:

The medical repricing files have been **updated** in ProposalTech.

The State is releasing new claim files to address concerns that the original files provided may not have been a true representation of the AlaskaCare plans. Because of these concerns, new files were requested and have been prepared for each Offeror to complete the repricing exercise.

Offerors will receive three claim files that are representative of AlaskaCare's claims utilization for the active, non-Medicare and Medicare populations. These files are representative of incurred claims for the 12-month period July 2017 – June 2018. The files provided have been scrubbed to remove claims that were not paid, reversals, and claims with a net submitted amount of $0.00 or less. 1,045,832 claim lines were identified and removed across all three files (active, non-Medicare and Medicare). These claims were removed from the files provided to the market, so that all Offerors have a file that is prepared for the repricing exercise.

The Active and Retiree Provider Primary (non-Medicare) claim files represent claims in which the Offeror's proposed network solution would be the primary. Offerors are asked to complete these files using their proposed network solution and provide whether the claim would fall in or out of the proposed network. As with the previous files, Offerors have been provided columns to include the repriced amount for each claim, the network status, and if the claim would fall under a non fee-for-service type of payment arrangement. The repriced claims files should be inclusive of any additional fees that may be associated with that claim, if those fees were not included elsewhere in the financial sections of the proposal.

The Retiree Medicare Primary file has been provided to Offerors for informational purposes only. This file includes all claims that would eligible under Medicare and thus Medicare would be the primary payer. This file is not required to be repriced. Each Offeror will have the same total for Medicare claims applied to their claims total for evaluation. This total will be based on the Medicare allowed amount associated with each eligible claim in the file provided.

Data File Control Total:

	Total Net Submitted Expense	Total Claim Lines
Medical RFP Actives Repricing Data	$176,528,193.56	345,094
Medical RFP Retiree Repricing Data Provider Primary	$612,187,157.32	1,093,064

Medical RFP Retiree Repricing Data Medicare Primary	$1,288,496,789.91	1,842,280

Section 2.13.5.3

The response cells have been **reconfigured** to accept text answers. If you have already completed your response, please review and make any changes necessary to ensure you are satisfied with your response given this change.

<u>End of Amendment #15</u>