STATE OF ALASKA RFP NUMBER 2013-0200-1396 AMENDMENT NUMBER FIVE



Department of Administration Division of Administrative Services 333 Willoughby Avenue, 10th Floor PO Box 110208 Juneau, Alaska 99811-0208

THIS IS NOT AN ORDER

DATE AMENDMENT ISSUED: December 28, 2012

RFP TITLE: (1) Medical Claims Administration and Managed Network, (2) Pharmacy Benefit Management Services, (3) Healthcare Management, and (4) Dental Claims Administration and Managed Network RFP

IMPORTANT NOTE TO OFFERORS: Only the following items/sections referenced in this amendment are to be changed. All other terms and conditions of the original Request for Proposals remain the same. The State is currently compiling responses to Offeror Questions received.

This amendment is being issued to update the timeline, as well as to add or update previously provided data.

The updated timeline is as follows:

•	Offeror Q & A posted	January 4, 2013
•	Deadline for Receipt of Proposals	January 25, 2013
•	Phone Interviews	February 11 – 15, 2013
•	PEC completes evaluation of proposals	March 1, 2013
	and Best and Final Offers if required	
•	Notice of Intent to Award a Contract issued	March 8, 2013
•	State of Alaska issues contract	March 22, 2013
•	Delivery of Implementation/Transition Plan	March 29, 2013
•	Transition Period through:	TBD
•	Actual services start:	TBD (the State will work with the
	Offeror(s) selected to identify a mutually agreed upon start date)	

Additional and Updated Attachments:

• Updated Attachments J1 - Medical Active Network Claims and Disruption Worksheet and J2- Medical Retiree Network Claims and Disruption Worksheet, with the following additional fields:

Employee ID	Begin Service Date	Diagnosis 1
Dependent ID	End Service Date	Diagnosis 3
Gender	Discharge Date	DRG
Age	Discharge Status	CPT4
Claim Number	Place of Service	CPT4_MOD1
Claim Line	Bill Type	Revenue
Inpatient	ICD9	

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• Updated Attachments J3 - Dental Active Network Claims and Disruption Worksheet and J4 - Dental Retiree Network Claims and Disruption Worksheet, with the following additional fields

Employee ID	Claim Line
Dependent ID	Begin Service Date
Gender	End Service Date
Age	Paid Date
Plan	Place of Service
Claim Number	Type of Service

- Addition of Attachment J8 Place of service codes, provider codes and specialist codes for Medical Network Claims and Disruption Files
- Updated Attachments K1 Census Active and K2 Census Retiree, which includes Medical and Dental coverage and the following additional fields:

Unique ID	Med Plan 1 Other Insurance Eff 2	Med Plan 2 Other Insurance Eff 2
Med Plan 1	Med Plan 1 Other Insurance End 2	Med Plan 2 Other Insurance End 2
Med Coverage 1	Med Coverage 2	Den Plan #
Med Plan 1 Eff	Med Plan 2 Eff	Den Coverage
Med Plan 1 Term	Med Plan 2 Term	Den Eff
Med Plan 1 Other Insurance Code 1	Med Plan 2 Other Insurance Code 1	Den Term
Med Plan 1 Other Insurance Eff 1	Med Plan 2 Other Insurance Eff 1	
Med Plan 1 Other Insurance End 1	Med Plan 2 Other Insurance End 1	
Med Plan 1 Other Insurance Code 2	Med Plan 2 Other Insurance Code 2	

Note that the updated Retiree Census is not split out by Single and Family, as was the original.

• Updated Attachment K4 - Active and Retiree Census Structure