

Cameron County RFP #1460-EH

Questions	Answers
Will the county accept an electronic proposal?	No
Please confirm if the group health plan has an open network. Is the current network open or gated?	The network is open.
Please confirm a Primary Care Physician does not have to be assigned for each member on the current plan/network.	PCP does not have to be assigned for members.
Please confirm the current prescription drug formulary. Does the county utilize the CVS Standard Open Formulary for the Rx plan?	The county uses the CVS Standard formulary
Are there any customizations made to the drug formulary through CVS?	Some members have customized overrides.
We noticed on the questionnaire, it includes tabs for HSA and HSA Fees. Can you confirm if this is included or not included in the RFP #1460-EH?	The County expects the new TPA to administer health savings account when this service is made part of the offering.
I am attempting to provide a competitive bid for the Stop Loss proposal referenced in the subject line. During the inquiry, I did read that the effective date for the policy is a 10/1. The carriers, outside of the current carrier providing the stop loss insurance, are going to more than likely going to decline unless they get a bit more information. If y'all wouldn't mind, I was hoping to get an addendum to be provided additional information and an extension to provide a viable quote for your county. If y'all could provide, at least, through February's claims data for the Stop Loss, that would be extremely appreciated.	All available loss data has been made available. Additional loss data will be released as it becomes available.
Can you confirm that you are willing to receive bids for carve-out pharmacy services in this RFP?	Confirmed
RxBenefits is interested in participating in RFP 1460-EH. Will the County, or its designee, provide a detailed claims file as part of the RFP?	Please refer to document labeled "Claims Experience Med/RX by Month". Please refer to the instructions on how to request repricing data.

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<p>Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.</p>	<p>Yes, however written proof must accompany this RFP submission to verify that authority has been granted to individual signing all applicable documents required to bind contracts.</p>
<p>Please confirm that in order to minimize printing, we can provide large attachments and requested samples and brochures on USB (repricing, GeoAccess Reports, etc.).</p>	<p>Yes</p>
<p>Please confirm if the RFP # needs to be stated on each page of our proposal response or just stated when emailing questions and on the binder cover/box label. This question is in regard to the paragraph on page 2 of the RFP:</p>	<p>Please reference (RFP) #1460 EH ADMINISTRATIVE SERVICES ONLY (ASO), PHARMACY BENEFIT MANAGEMENT, MEDICAL PROVIDER NETWORK, COBRA SERVICES, STOP LOSS INSURANCE in all correspondence pertaining to this proposal and affix this number to the outside front of the proposal envelope or box for identification. Just stated when emailing questions and on the binder cover/box label</p>
<p>Please confirm if we should use the CIQ and Disclosure of Interest forms provided at the link on page 5 or the actual attachments at the end of the RFP?</p>	<p>Use the actual attachments at the end of the RFP</p>
<p>RE: ASO, Pharmacy Benefit Management, Medical Provider Network, COBRA Services, Stop Loss Insurance RFP 1460-EH Referring to the Stop Loss coverage in the RFP , please provide: 1) Current Contract 2) I understand that proposal is due March 29th but since coverage is an October 1st effective date and loss runs are as of December 2021, Carriers are requesting additional three month (January - April) Loss runs.</p>	<p>Available SL information has been posted as part of the original advertisement of this RFP. Additional data will be released as it becomes available. The County will not release any agreements.</p>
<p>We noticed on the questionnaire, it includes tabs for Agent Services, please confirm if this is included or not in the RFP.</p>	<p>If an agent is presenting the proposal on behalf of the respondent, then this tab would need to be completed. If there is no agent representing the Proposer, the tab does not have to be completed.</p>

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<p>How should proprietary information be submitted, since RFP requirements indicates that no part of the proposal response shall be confidential?</p>	<p>For any portion you deem to be confidential, mark that portion as such. If information is requested through the open records act, you will be notified in advance so that you can petition the Attorney General to deem that section confidential and not available for public release.</p>
<p>Is the county currently carving out any certain specialty medications? Does the county receive 340B pricing?</p>	<p>No specialty medications are carved out. Hemlibra is obtained through 340B pricing.</p>
<p>We would like to request the administration contract/fees for the group.</p>	<p>The County is not releasing administrative fees or rebate guarantees.</p>
<p>What is the current Rx rebate share?</p>	<p>Rx rebates are applied to offset administrative expenses. Please respond with your full rebate guarantee offer as either an offset to administrative fees if applicable, full pass through to the County, or both options if available.</p>
<p>What is the current administration fee and what services are included in that fee?</p>	<p>The County will not disclose current administrative fees as part of this RFP.</p>
<p>What is the current pharmacy arrangement, and can you provide a copy of your current plan document?</p>	<p>Plan documents have been made part of this RFP. Please refer to revised Exhibit B for complete SPD.</p>
<p>Can you provide monthly claims data that includes monthly membership enrollment for October 2020 through September 2021 or a rolling 12-month report.</p>	<p>The most current available loss data has been made available with the initial posting of this RFP. More information will be provided when it becomes available.</p>
<p>In regard to the current specific stop loss plan what is the contract based on, i.e. 24/12, 12/15, etc. In addition, what does "paid basis" represent?</p>	<p>The current stop loss application provided explains the terms and conditions</p>
<p>Please confirm on page 14 of the RFP, in regard to proposal set up, can you confirm whether each title (Executive Summary, Introduction, Management Plan, Experience and Qualifications, Price RFP Proposal, and</p>	<p>The Executive Summary is a separate section in RFP</p>

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<p>Evaluation Criteria) is meant to be a separate section in the RFP?</p>	
<p>Full Benefit Summaries SPDs for Current plans – For benefit detail, and compatibility review. Benefit Summaries are very limited on claim payment detail and do not allow us to project future claims accurately</p>	<p>A complete SPD has been attached to this addendum.</p>
<p>Commissions and Fees - With new Transparency rules included in with new Transparency rules included in the Consolidated Appropriations Act of 2021, that require agents and brokers to detail their direct and indirect commissions to current and potential clients. Does the county require carriers to specify any and all commissions, fees, or remuneration of any kind included in their proposal for any agents, brokers or consultants to be?</p> <ul style="list-style-type: none"> • Fully disclosed and clearly defined as a visible line-item expense in any quoted costs, including billed charges or claim wire transfer. • Clearly disclosed and easily visible in RFP Financial Exhibits. • Clearly disclosed and easily visible as projected annual total Annual Cost. • Clearly Stated if the commissions are required or removed at discretion of the County. • Does the County require all carriers provide proposals with and without commissions? 	<p>No commissions are paid to any brokers/consultants. Please provide proposal net of commissions. There is an agent tab in the questionnaire in case an agent is to be included, commissions then have to be disclosed.</p>
<p>Aetna Current Full ASA (Administrative Services Agreement) for medical and pharmacy - Feel free to black out or remove specific pricing data. Your ASA is not proprietary. This information is owned by you as an ASO customer and any carrier stating these files are proprietary and cannot be shared with another carrier likely has something to hide. Feel free to remove any information around fixed costs, administrative costs, or contracted rates with providers. We are not looking for pricing information, we are looking for how your administration is structured and how your</p>	<p>Refer to the Aetna Plan Administration Document provided with this Addendum.</p>

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<p>plan has performed. This information is pertinent to understanding your large claimants, your total paid claims and projecting future claims costs.</p>	
<p>Aetna – Additional Information</p> <ul style="list-style-type: none"> • Aetna NAP (National Advantage Program) Report – <p>1. Does your policy include the Aetna NAP (National Advantage Program)?</p> <p>2. Please confirm amount charged, usually 36% or 50% of savings charged.</p> <p>3. Please provide a NAP report for the last 24 months of the claims period. This information is readily available from your carrier and not considered proprietary.</p> <p style="margin-left: 40px;">a. Aetna Per Use Clinical Programs – Are any clinical programs charged on a per use basis or as a Fixed Fee PEPM Expense?</p> <p style="margin-left: 80px;">i. Please provide reports showing per use charges for any clinical programs included for the last 24 months of the claims period, on a monthly basis.</p> <p style="margin-left: 80px;">ii. Please confirm the programs included, number of utilizers, and the cost per use for these programs.</p>	<p>1. Yes 2. 40% 3. The most recent information is an annual cost of \$112,705 for the twelve months ending September 30, 2020.</p> <p>Ai: NA Aii: NA</p>
<p>4. Networks – Aetna Whole Health Network</p> <p style="margin-left: 40px;">a. Please include a copy of the reconciliation for performance payments made to Whole Health, and/or ACO network Partners.</p> <p style="margin-left: 40px;">b. Please include a description of the Aetna Whole Health Network. Does this network include steerage to providers other than a reduced PCP Copay?</p>	<p>No reconciliation reports are available at this time. Refer to the ACO Benefit Summary attached in the revised Exhibit B released with this Addendum.</p> <p>The County offered the ACO option as of 10/1/2021.</p>

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<ul style="list-style-type: none"> c. Is steerage based on quality measurements, price measurements, or both, d. Did these providers provide an additional discount for the steerage strategy? What additional discount did they provide? e. Did you negotiate the additional discounts, or your carrier? f. What results have you seen with this steerage strategy? 	<p>C:plan selection through open enrollment;</p> <p>D:This is information is confidential.</p> <p>E: Carrier</p> <p>F: Not enough information has been gathered to determine yet.</p>
<p>Large Claims Reports - Please provide large claims reports (>\$25,000) for the last 2 twelve-month periods on a rolling month basis.</p> <ul style="list-style-type: none"> g. Jan 2019 to Dec 2019 h. Jan 2020 to Dec 2020 i. Jan 2021 to Dec 2021 	<p>The large claims report already released in the claims data is the information available for this RFP.</p>
<p>5. General Pharmacy Questions</p> <ul style="list-style-type: none"> 1.Is pharmacy pricing (AWP's) traditional or transparent (pass through)? 2.Are rebates shared? 3.If rebates are shared, please confirm what percent of rebates are shared. 4.Does your PBM retain or share aggregator fees or MAFs? 5.Are rebates included on specialty drugs? 6..Are there any shared savings programs in place? Are pharmacy fees included in the medical administration fee? 7.How is the incumbent PBM defining generics and brands? Are single or dual source generics included in the brand counts? 	<ul style="list-style-type: none"> 1.Traditional 2. Rebates offset admin expenses 3.Guaranteed factors during the life of the agreement 4.N/A 5.N/A 6.No 7.Brand Drug shall mean, drugs or devices for which the Medi-Span Multisource Code field contains "M" (co-branded product), or "N" (single-source brand), or "O" (originator). In limited circumstances, we may preserve the generic status of a product and override the M, N, or O indicators and deem the drug to be a Generic Drug through review of additional information such as: (a) Multisource code; (b) FDA Application Data (NDA/ANDA); (c) Medispan Brand Name Code; (d) Medispan Labeler Code; (e) Medi-Span FDA Reference Listed (Orange Book) and (f) price, and may alter the classification so as to classify the drug as a Generic Drug based on the above criteria. <p>Generic Drug shall mean, drugs or devices for which the Medi-Span Multisource Code</p>

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<p>8.The claim file provided has 10 scripts of Hemlibra, and has a quantity per script of 420, whereas the average expected quantity per script for that drug is only 2.1. Please confirm this information is accurate. If this information is not accurate, please provide the correct dosage information</p>	<p>field contains a “Y” (generic). In limited circumstances, we may preserve the generic status of a product and override the M, N, or O indicators and deem the drug to be a Generic Drug through review of additional information such as: (a) Multisource code; (b) FDA Application Data (NDA/ANDA); (c) Medispan Brand Name Code; (d) Medi-Span Labeler Code; (e) Medispan FDA Reference Listed (Orange Book) and (f) price, and may alter the classification so as to classify the drug as a Generic Drug based on the above criteria.</p> <p>8.The claim file is correct</p>
<p>. Fraud, Waste Abuse</p> <p>1.What programs does your PBM and ASO carrier have in place to avoid and/or prevent fraud, waste, and abuse in your medical and pharmacy plan.</p>	<p>1. Pharmacy Misuse, Waste and Abuse (MWA) programs Through the Misuse, Waste and Abuse (MWA) programs, we want to ensure that the right drugs are prescribed to the right member, at the right time. The following programs focus on ensuring member safety.</p> <p>Drug utilization review</p> <p>Before a pharmacy dispenses a drug for our members, our system reviews the claim to make sure it meets our clinical and administrative criteria. When a claim does not meet the criteria, a hard-coded edit stops the claim and prompts the pharmacist to call us before dispensing the drug. The system can also indicate that the prescribing physician needs to call us. We have listed some of the edit programs that specifically relate to MWA cases.</p> <p>Safety Edits – These edits are quantity limits and prior authorization edits that apply to drugs that have a high potential for abuse. These edits ensure appropriate use and limit the quantity to a specific number of units</p>

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<p>2.How are fraud, waste, and abuse stopped medical and pharmacy plan, and how is the County informed?</p> <p>3.What happens when these programs completely miss potential fraud, waste, and abuse on the County’s medical and pharmacy plans?</p>	<p>for a defined time. Safety edits help members take drugs safely and within clinical guidelines.</p> <p>2.Medical & Pharmacy Fraud, Waste and Abuse response:</p> <p>The Aetna Special Investigations Unit (SIU) detects, investigates, recovers, prevents and reports fraud for our health businesses, including medical and pharmacy. This unit conducts data mining activities using claim information available from our Enterprise Data Warehouse. SIU also pursues suspected fraud referred by areas within or outside of our organization. The SIU maintains a 24-hour toll-free hotline for fraud reporting and receives more than 2,000 calls per year. We subscribe to a zero-tolerance policy on health care fraud. Our Special Investigations Unit (SIU), comprised of more than 160 employees, is responsible for our health care fraud, waste and abuse program.</p> <p>3.See answer above</p>
<p>9. Non-Contracted Providers</p> <p>1.What is the current in-network claim utilization percentage? What percentage of in network claims are paid to non-Contracted providers?</p> <p>2.Please describe in detail the current carrier’s reimbursement strategy for non-contracted providers.</p> <ul style="list-style-type: none"> ○ Non-contracted providers on in-network claims ○ Non-contracted providers on out-of-network claims <p>3.Is balance billing of members allowed?</p>	<p>1.90.6%</p> <p>2.Refer to SPD</p> <p>3.For Out of Network utilization only.</p> <p>4.There no specific programs.</p>

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<p>4. Are there any programs in place to assist members who experience erroneous balance billing from non-contracted providers?</p> <ul style="list-style-type: none"> ○ Non-contracted providers on in-network claims ○ Non-contracted providers on out-of-network claims 	
<p>Can you confirm who the HRIS/Ben Admin, and/or enrollment/payroll partner is for Cameron County?</p>	<p>The County uses Professional Enrollment Concepts, Inc.</p>
<p>Along with being the current COBRA provider, is Payflex also the current HSA administrator?</p>	<p>The County does not offer HSA now but is open to do it in the future.</p>
<p>Do the current HSA/COBRA administrators have a chance at retaining the HSA/COBRA services?</p>	<p>All carriers are being evaluated equally.</p>
<p>Are there any specific pain points or current enhancements that Cameron County is looking for in an HSA or COBRA administrator?</p>	<p>This question is not relevant to the RFP.</p>
<p>Number of current HSA participants:</p>	<p>Zero. The County does not offer this service now but is open to do it in the future.</p>
<p>If available, total HSA assets with current administrator (broken down into cash + investment accounts):</p>	<p>The County does not offer this service now but is open to do it in the future</p>
<p>Current HSA investment threshold:</p> <ul style="list-style-type: none"> • Total HSA contributions in the previous year (employee and employer): • Is there an employer HSA contribution? If so, how much?: • How long has Cameron County had an HSA?: 	<p>The County does not offer HSA at the moment but is open to do it in the future</p>