



SEDGWICK COUNTY, KANSAS  
DIVISION OF FINANCE  
*Purchasing Department*  
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<http://sedgwickcounty.org/finance/purchasing.asp>

**ADDENDUM #1  
RFP #24-0019  
EMPLOYEE MEDICAL AND PHARMACY BENEFITS**

March 7, 2024

The following is to ensure that vendors have complete information prior to submitting a proposal. Here are some clarifications regarding the proposal for **Employee Medical and Pharmacy Benefits**.

Questions and/or statements of clarification are in **bold** font, and answers to specific questions are *italicized*.

**1. Regarding plan design:**

- a) **Pg 18,24 PPO plans- There is a Premium Specialist and Non-Premium Specialist benefit. We need an understanding of how these providers are identified. Typically, we see one benefit for specialist per tier.**

*These designations are aligned by the current network and are proprietary, however, the designations do have cost and quality requirements.*

- b) **There is a Designated Network, Network, and Out of Network. It appears Virtual Care Services, Cellular and Gene therapy, and Transplants have Designated Network rules.**

*These are carrier centers of excellence.*

- c) **We need to understand how providers are identified if SG County chooses to keep this benefit.**

*Please provide any information on centers of excellence available with your offering.*

- 2. In section J. Insurance Requirements, “Professional liability/errors and omissions insurance shall... be maintained for a minimum of three (3) years past completion of the project.” Can you please confirm why PL/ E&O insurance would need to be maintained three years after the project?**

*Yes, three (3) years will be needed for PL/E&O. If there is a professional liability claim that is discovered after the services are rendered the county needs to know that coverage is still in place.*

- 3. The RFP pricing sheet does not have a line for entering medical administration fee.**

*See below for corrected table. The correction was made to the second row in the table.*

**Can you please confirm where you would like for this fee to be notated within the questionnaire?**

Medical Administration	Years 1 – 3 PEPM (or specify fee)	Years 4 PEPM (or specify fee)	Years 5 PEPM (or specify fee)
Initial Set-up Fee			
<u>Administration Fee</u>	<- correction		
Utilization Review			
Disease Management			
Large Case Management			
Maternity Management			
COBRA Administration			
Network Access			
Stop Loss Interface			
ID Cards/Mailing			
Create/Maintain Plan Documents			
Flexible Spending Account Admin			
Health Savings Account Admin			
TeleMedicine			
Wellness Program			
Biometric Screenings			
Incentive Management			
Advanced Reporting			
24-Hour Nurse Line			
Subrogation			
Fees to access Narrow Network			
Fees for 2 <sup>nd</sup> level appeals			
Data feeds to external vendors			
Rate Guarantees			
Other Fees (specify):			

**4. We do not see pricing worksheets or a pricing schedule in the RFP. Will you be providing these?**

*The pricing schedule needing to be filled out are on pages (32 to 33 and 50 to 51) on the respective TPA and PBM RFP documents. Please also reference question 3 in this addendum for the pricing worksheet needing to be filled out for the medical TPA RFP as a correction is needed to the second row in the table.*

**RFP questions related to this ask:**

- a) Provide completed pricing worksheets.
- b) Detail the vendor's cost of services by completing the pricing schedule at end of each RFP. The first pricing schedule is reflective of administrative fees with a PBM contract through a carrier. The second pricing schedule is to be completed for administrative fees if the PBM is carved out and is direct with a PBM.
- c) Detail the vendor's cost of services by completing the pricing schedule. Please identify if the pricing changes based on medical vendor selected.

**5. Are electronic signatures acceptable or are original signatures required?**

*Electronic signature by a current employee with authority to bind contracts is acceptable.*

- 6. The website states that proposal and supplemental documents can be submitted electronically (Should you elect to participate with a physical response, the response must be sealed and marked on the lower left-hand corner with the firm name and address, RFB/RFP number, and the response due date. Submit one (1) original AND one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to: Buyer's Name [Joseph Thomas], Sedgwick County Purchasing Department, 100 N. Broadway, Suite 610, Wichita, KS, 67202.) However, the RFP states that we are "submit one (1) original, 12 copies and a flash drive of the entire document with any supplementary materials to:"...**

**Can you please confirm the exact amount of hard copies needed, and if we are able to submit electronically? If so, are the hard copies and thumb drive also required?**

*Please submit a revised amount of three (3) physical copies and two (2) electronic copies via USB. These are to be delivered by the deadline of 1:45 PM CST, March 19, 2024. Any questions on delivery should be directed to Joseph Thomas, Joseph.Thomas@sedgwick.gov. Electronic only submissions will not be considered.*

- 7. SUBMITTAL – Page 1: It states that all documents should be sent back in either word or PDF format however some of the files being requested (disruption, repricing) are in excel. Please confirm that we can send files back in either word, PDF or Excel?**

*Files can be provided in word, PDF or Excel.*

- 8. PROPOSAL CONTENT and FORMAT – Page 14: Please confirm that all requested samples, brochures, repricing, disruption and other large files only need to be provided on USB and not printed.**

*All large files listed can be included in the USB and are not necessary to be printed.*

- 9. CURRENT PLAN WORKSHEETS – REQUIRED TO BID - Pharmacy Benefit Management Administrator Bid- Page 14: It states that the pharmacy portion of this RFP is separate from the medical RFP however the RFPs have been submitted in the same RFP PDF as well as under the same RFP number. Please confirm they can be submitted together as one response?**

*Yes, but each RFP (medical and PBM) should be fully responded to, and each should have all the required submittals and requirements for proposers (on page 18 and 36). However, they can be delivered together (in the same binder and on the same USBs) but must be clearly identified.*

**Or is the expectation that the pharmacy submission be provided completely separate from the medical submission? If that is the assumption then are we providing separate binders for medical and pharmacy?**

*The same binder can be submitted but all TPA and PBM RFP questions must be answered in sequential order as indicated in the selection criteria on page 6 of the RFP.*

**10. What sections should appear in the medical proposal and what sections should be provided in the pharmacy proposal?**

*All questions from both RFPs should be answered if a quote is being provided for both Medical TPA and PBM RFPs. See submittals required and requirements for proposers on page 18 and 36.*

**11. PROPOSAL CONTENT and FORMAT – Page 14: Should each numbered item be their own tab in our binder submission or can we provide all the requested items listed in this section behind the first tab?**

*Tab for each section is acceptable with all questions numbered to match the RFP document.*

**12. PROPOSAL CONTENT and FORMAT – Page 14: May we provide additional information we feel is pertinent to our proposal after all requested documents?**

*Yes.*

**13. PROPOSAL CONDITIONS – Page 15: The first link (<https://www.sedgwickcounty.org/media/31338/proposal-terms-conditions.pdf>) does not work. Please provide a useable link.**

*The link is an active link. Please try a different internet browser. If you still experience difficulties, please contact Sedgwick County Purchasing.*

**14. Hormone therapy isn't typically an area of therapy that we have previously received questions. Please advise if you are asking about bioidentical hormone therapy replacement, transgender hormonal therapy, or otherwise?**

*Please verify all offerings related to hormone therapy.*

**RFP related ask:**

**Explain how you manage hormone therapy treatments.**

**15. Administration Fees with PBM through Carrier Grid and Administration Fees with PBM Carved-out Grid – Pages 32 and 33: Each grid lists out FSA, COBRA and HSA. Would you like pricing for those services or is the line item to note any type of integration fee with your current vendors?**

*The line item is to note any integration fees.*

- a) Requirements for Proposers – Item 5 - Page 36: It notes that a GeoAccess analysis is one of the requirements however parameters for how the report should be run have not been provided. i.e. 1 pharmacy in 10 miles. Please provide the parameters we should use to run the report.**

*As stated in question 18, for the TPA RFP provide a GeoAccess report as follows: Within 10 miles – 2 Primary Care Physicians, 2 Specialists, 2 Obstetricians/Gynecologists, and 2 Pediatricians; Within 10 miles – 1 Hospital.*

*For the PBM RFP provide GeoAccess report as follows: 1 pharmacy in 10 miles.*

**16. Please confirm whether you are looking for line by line or summary results for the medical and pharmacy repricing? If you are requesting line by line results, we consider our medical and pharmacy results confidential and proprietary therefore in order to release we will need the attached NDA signed and returned.**

*For the repricing results, a summary is acceptable. Line by line results are not required. If claims are excluded from the reprice analysis, please include detail on why those claims were ineligible to be repriced.*

**17. 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.**

*Yes, signature by a current employee with authority to bind contracts is acceptable.*

**18. What are the most important gaps and/or issues with the current benefits program and vendors that you are trying address with this RFP?**

*Sedgwick County is required to market every 5 years to determine if the current medical TPA and PBM solution is the best for Sedgwick County and their employees.*

**19. Is the stipulation that Sedgwick County be named as a covered insured for professional liability/errors and omissions insurance, a requirement to be further considered?**

*The requirement for additional insured status on the PL/E&O coverage can be disregarded. Most PL/E&O policies will not allow for additional insured status.*

**20. The form entitled Federal Certifications Addendum Sedgwick County, link provided on page 15/52 of the RFP, had additional notes added to the federal certification, in parenthesis and in green. Please further clarify what those notes mean. As a provider of insurance services, should we respond to each of those provisions?**

*No, please disregard.*

**21. We need the attachments called out for the below questions – similar in nature, referenced twice:**

- a) **Question 21 of the “R. Proposal Content and Format” section on page 14**
  - i. **For the PBM RFP, please accept or decline all information listed in the “Terms” and “Drug Classification” section.**

*On the PBM RFP document, the terms needing acceptance or declination are questions #84-113 (pages 45 - 48).*

- b) **Question #4 of the “Requirements for Proposers” section on page 36**
  - i. **Please accept of decline all information listed in the “Terms” and “Drug Classification” section.**

*On the PBM RFP document, the terms needing acceptance or declination are questions #84-113. (pages 45 - 48).*

### **General RFP Questions**

**22. By What will the format of a finalist presentation be?**

*In person presentation.*

**23. Beyond the physical copies mentioned in the RFP, should we prepare an electronic and/or physical presentation?**

*Yes, prepare electronic presentation with fifteen (15) handouts. Further details will be provided to selected finalists.*

**24. Does the county have a preference on the structure of this presentation?**

*Details will be provided to vendors selected as finalists.*

**25. How much time will the finalists be allotted?**

*Details will be provided to vendors selected as finalists.*

**26. Will the committee be scoring the presentation in real time with physical scorecard/notes? Will these be collected at the conclusion of our presentation?**

*Scoring takes place in two phases. The first phase is to determine finalists, and second to determine the awarded vendor after finalist presentations. If there are additional questions, please contact Sedgwick County Purchasing.*

**27. Will the county please provide all documentation and correspondence subject to the Open Records Act for the last RFP (01/01/2020) conducted for these services?**

*Please contact Sedgwick County's Purchasing Office with your specific questions/requests.*

**a) What is the current base administrative fee? (annualized)**

*\$20,445.00*

**i. What services does this base administrative fee include?**

*Administrative fees include services for medical, pharmacy, mental health/abuse services, transplant claims payment & management, and client specific provider (CSP) for ambulance.*

**b) What services are provided outside of the base fee?**

**i. Which of these buy up' or 'a la carte' services do Sedgwick County participate in today?**

*None*

**c) What is the current fee for use of UHC network? (annualized)**

*\$0, included in base administration fee.*

**d) What wellness fund is included by your current administrator? Is this funded exclusively by the carrier or through a monthly fee, shared savings arrangement, etc.? Is this fund comprised of carrier credit or cash? (annualized)**

*\$75,000 reimbursed back to Sedgwick County and would expect to continue this with any new partner.*

- e) **What current implementation fund is provided? Is this funded exclusively by the carrier or through a monthly fee, shared savings arrangement, etc.? Is this fund comprised of carrier credit or cash? (annualized)**

*None currently, not applicable currently.*

- 28. Section R, Question 6, Pg. 14- Would the references from question 5 provide what is being requested here?**

*Yes, if they meet the listed requirements.*

- 29. Section R, Question 7, Pg. 14 - Would the references from question 5 be able to be used for this portion? When you mention transition, is this to or away from the carrier?**

*If applicable to the reference company, yes. Transition should be to you as the vendor (i.e. the references mentioned in this answer should be new clients).*

- 30. Is there an onsite health clinic? Who can utilize these services? What services are provided? Are there common services required of employees annually?**

*No.*

- 31. Can you provide a list of all vendor/solutions that the county utilizes in the management of the health plan?**

*No outside vendors are being utilized.*

- a) In addition to a list of vendors, can you provide the degree of integration and reporting capabilities of each?**

*N/A*

- b) In addition to a list of vendors, can you provide which of these vendors is getting an inbound, outbound, or combination of the two types of feeds.**

*N/A*

- c) In addition to a list of vendors, can you provide the length of the relationship with each?**

*N/A*

- 32. Can you clarify what provider specialties need to be measured in the disruption report?**

*All providers listed in the files (HCFA\_EXTERNAL\_REPRICING) and (UB92\_EXTERNAL\_REPRICING) need to be measured for the disruption analysis.*

**Can you also provide any specific measurement criteria (i.e. number of providers, distance, etc.)?**

*For disruption report, provide network status of each provider. For the TPA RFP provide a geoaccess report as follows: Within 10 miles – 2 Primary Care Physicians, 2 Specialists, 2 Obstetricians/Gynecologists, and 2 Pediatricians; Within 10 miles – 1 Hospital.*

*For the PBM RFP provide geoaccess report as follows: 1 pharmacy in 10 miles.*

*(see addendum question 15 above).*

**33. Is any shared savings present in the current administration agreement?**

No.

**If so, what is shared savings applicable to? How is it structured (i.e. percentage, PEPM, etc.)? Is there a maximum limit? If so, what is this limit?**

N/A

**34. What performance guarantees exist under your current agreement?**

Yes, see below for detail.

**Does a subjective performance guarantee exist?**

No, but the county would be open to ideas.

Claim Operations			
Time to Process in 10 Days			
Definition	The percentage of all claims United receives will be processed within the designated number of business days of receipt.		
Measurement	Percentage of claims processed		94%
	Time to process, in business days or less after receipt of claim	business days	10
Criteria	Standard claim operations reports		
Level	Site Level		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$5,857
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	11 business days 12 business days 13 business days 14 business days 15 business days or more		
Procedural Accuracy			
Definition	Procedural accuracy rate of not less than the designated percent.		
Measurement	Percentage of claims processed without procedural (i.e. non-financial) errors		97%
Criteria	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed without procedural (i.e. non-financial) errors.		
Level	Office Level		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$5,857
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	96.99% - 96.50% 96.49% - 96.00% 95.99% - 95.50% 95.49% - 95.00% Below 95.00%		
Dollar Accuracy (DAR)			
Definition	Dollar accuracy rate of not less than the designated percent in any quarter.		
Measurement	Percentage of claims dollars processed accurately		99%
Criteria	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed correctly out of the total claim dollars paid.		
Level	Office Level		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$5,857

Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	98.99% - 98.50% 98.49% - 98.00% 97.99% - 97.50% 97.49% - 97.00 Below 97.00%	
<b>Member Phone Service</b>		
Phone service guarantees and standards apply to Participant calls made to the customer care center that primarily services Customer's Participants. If Customer elects a specialized phone service model the results may be blended with more than one call center and/or level. They do not include calls made to care management personnel and/or calls to the senior center for Medicare Participants, nor do they include calls for services/products other than medical, such as mental health/substance abuse, pharmacy (except when United is Customer's pharmacy benefit services administrator), dental, vision, Health Savings Account, etc.		
<b>Average Speed of Answer</b>		
Definition	Calls will sequence through United's phone system and be answered by customer service within the parameters set forth.	
Measurement	Percentage of calls answered	100%
	Time answered in seconds, on average	seconds 30
Criteria	Standard tracking reports produced by the phone system for all calls	
Level	Team that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$5,857
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	32 seconds or less 34 seconds or less 36 seconds or less 38 seconds or less Greater than 38 seconds	
<b>Abandonment Rate</b>		
Definition	The average call abandonment rate will be no greater than the percentage set forth	
Measurement	Percentage of total incoming calls to customer service abandoned, on average	1.80%
Criteria	Standard tracking reports produced by the phone system for all calls	
Level	Team that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$5,857
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	1.81%-2.30% 2.31%-2.80% 2.81%-3.30% 3.31%-3.80% Greater than 3.80%	
<b>Call Quality Score</b>		
Definition	Maintain a call quality score of not less than the percent set forth	
Measurement	Call quality score to meet or exceed	93%
Criteria	Random sampling of calls is each assigned a customer service quality score, using United's standard internal call quality assurance program.	
Level	Office that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$5,857
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%

Gradients	92.99% - 91.00%	
	90.99% - 89.00%	
	88.99% - 87.00%	
	86.99% - 85.00%	
	Below 85.00%	
<b>Satisfaction</b>		
<b>Employee (Member) Satisfaction</b>		
Definition	The overall satisfaction will be determined by the question that reads “Overall, how satisfied are you with the way we administer your medical health insurance plan?”	
Measurement	Percentage of respondents, on average, indicating a grade of satisfied or higher	80%
Criteria	Operations standard survey, conducted over the course of the year; may be customer specific for an additional charge.	
Level	Office that services Customer’s account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$2,929
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	
<b>Customer Satisfaction</b>		
Definition	The overall satisfaction will be determined by the question that reads “How satisfied are you overall with UnitedHealthcare?”	
Measurement	Minimum score on a 10-point scale	score 5
Criteria	Standard Customer Scorecard Survey	
Level	Customer specific	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$2,929
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	

**35. Is there any dedicated, local account management that resides in Sedgwick County?**

*No.*

**How often is your account management team onsite with the county?**

*As often as needed.*

**Do they attend your open enrollment events?**

*Yes, if requested by the client.*

**36. Are there any direct network contracts that exist between the County and either Wesley Medical Center, Ascension Via Christi, or any other medical systems?**

*No.*

**37. Are there any tiered benefits or steerage in plan design or based on different networks within UHC’s network?**

*There is a tiered network arrangement for premium and non-premium specialists which is managed by the current network.*

**38. TPA/Administrative Services RFP, Pg.16 & 17 - What type of reporting is considered ‘Advanced Reporting’ as noted in the fee schedule.**

*Ad hoc reporting requests.*

**39. Could the county provide a description of current case and disease management programs offered?**

*CLINICAL MANAGEMENT PROGRAMS*

- *Personal Health Support (highest level of support)*
- *Virtual Visits*
- *eSync technology*
- *Treatment Decision Support*
- *Disease Management – (Asthma, Coronary Artery Disease, Diabetes and Congestive Heart Failure)*
- *Preventive Care Reminder Programs*
- *United Behavioral Health Full Care Management and consumer website–  
www.liveandworkwell.com*
- *Transplant Resources Services Program*
- *Cancer Resource Services*
- *Congenital Heart Disease Resource Services*
- *Kidney Resource Services*
- *Maternity Support Program.*

**What are the current engagement levels of each of these programs? Is there a particular disease state or chronic condition(s) that the county is focused on?**

*832 members qualified, 165 members touched, and 108 members enrolled in the disease management programs. For the Personal Health Support there was 9.5% members targets for outreach, 54.7% targeted members engaged. There is a total of 399 members engaged across the following clinical management programs: case management, advocacy support services, inpatient care advocacy, condition management, and complex medical conditions. Note, that within the 399 total members that some members may be counted multiple times if they are engaged in multiple programs. There is no disease state or chronic conditions that the county is focused on.*

**PBM RFP Questions**

**40. Is the county's current contract with Optum bundled through UHC/UMR or direct with Optum?**

*Bundled with UHC.*

**41. What formulary is the county on with Optum?**

*Traditional PDL.*

**Is this a customized formulary?**

*No.*

**If yes, could you please detail what custom aspects exist? Was there an additional fee for the custom formulary? If so, please explain.**

*N/A*

**42. Does the county currently use any specialty drug vendors facilitated by the current PBM or outside of your current PBM relationship?**

*Facilitated by current PBM.*

**If so, what is the company name? Could you provide a description of their services?**

*Optum Rx*

**43. What is the county's stance on utilization of patient assistance programs? What is the county's stance on utilization of internationally sourced drugs programs? Do either of these programs operate on behalf of your health plan today?**

*Not in place today, the county is open to cost saving programs available.*

**44. Could the county please provide a Rx Claims file that includes tier description of drug? Although we can price using the current report and format, we are not able to assess disruption. This additional data field of information will allow us to provide an accurate Rx disruption report.**

*Incumbent carrier is unwilling to provide.*

**45. Please confirm we can submit a CarelonRx pricing summary, if no additional documents will be provided by the county.**

*Yes, you can submit.*

Firms interested in submitting a proposal must respond with complete information and **deliver on or before 1:45 pm CST, Tuesday, March 19, 2024**. Late proposals will not be accepted and will not receive consideration for final award.

**“PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE PROPOSAL RESPONSE PAGE.”**

Sincerely,

*Joseph Thomas*

Joe Thomas, NIGP-CPP, CPSM, CPSD, C.P.M.  
Director of Purchasing

JT/ch