



Addendum No. 2

Date of Addendum No. 2: January 19, 2023

**Arlington Public Schools
Procurement Office**

Request for Proposal 56FY23

Request for Proposal Title: Health Care Services for Arlington Public Schools

Request for Proposal Number: 56FY23

Request for Proposal Issue Date: December 2, 2022

Pre-Proposal Conference: December 8, 2022
Second Pre-Proposal Conference: January 11, 2023

Proposal Due Date and Time: February 3, 2023, No Later Than 11:59 P.M. (EDT)

Procurement Office Representative: Rebecca Hoffman, Procurement Analyst
(571) 317-5354, rebecca.hoffman2@apsva.us

The following information is provided to help Offerors submit a Proposal in response to RFP No.56FY23:

- Q1. Information Item No. 3, Q&A. 42 under Prescription Drug noted that detailed pharmacy claims would not be available for the Kaiser plan. Q. 46 asked for the most recent 12 months of Rx paid claims from both Cigna and Kaiser, and A. 46 noted that this information would be provided in Appendix N. Please confirm if Appendix N includes both Cigna and Kaiser Rx claims.
- A1. Appendix N is Cigna claims only. Detailed Rx information is not available for Kaiser. However, Appendix L provides high level (monthly) Rx claims information for Kaiser.
- Q2. The BAA is required to be completed per the RFP. Is it permissible to return a redlined BAA instead of a fully executed BAA?
- A2. A redlined BAA may be submitted as an exception in Tab 6.

- Q3. I am unsure what Appendices need to be submitted for each Plan.
- A3. Please refer to the “Guide for Submission of Appendices and Documents for APS RFP 56FY23” (Appendix X), which is provided as part of this Addendum No.2 and should be included in Tab 1 of your Proposal Submission

Revision of RFP, Section III. Proposal Requirements, E. Format and Content, is included as part of Addendum No.2 to clarify requirements within Tabs 1, 2, 3, and 4. Revisions are shown below in **red** (with use of track changes):

E. Format and Content

The Proposal should address the items included in the Scope of Services and in the Criteria for Proposal Evaluation. Failure to do so will result in a lowered evaluation. Incomplete Proposals may be determined nonresponsive.

Offerors submitting a Proposal for more than one (1) Medical Coverage Plan (Plan) will be required to provide in those Tabs identified below information specific to the Plan(s) in its Proposal. In those Tabs requiring specific information for each Plan, Offerors are required to create sub-Tabs A, B, and C within those Tabs. Offerors will arrange to provide in sub-Tab A information specific only to the Self-Insured Preferred Provider Organization Plan (SI-PPO). Sub-Tab B will contain information specific only to the Fully-Insured HMO (FI-HMO) Plan and sub-Tab C will contain information specific only to the Self-Insured EPO (SI-EPO)

Offerors should organize their Proposals using the following tabular format:

Tab 1: Administrative (Information requested in Tab 1 is applicable for all Plans. Creating Sub Tabs A, B, & C is not required)

- A fully executed Request for Proposals Title Pages 1 - 5 of this RFP should be included as the first five pages of your Proposal. The name stated on the Request Sheet on, page 5, must be the full legal name of the Offeror and the address must be that of the office which will have the responsibility for the services provided. The following forms should be completed and also provided in this section:
 - The Contactor Certification Regarding Criminal Convictions at Appendix A
 - The Conflict of Interest Statement at Appendix B
 - The Non-Disclosure and Security Agreement at Appendix C
 - The Insurance Checklist at Appendix D
 - Business Associate Agreement at Appendix E
 - A completed W-9 Form showing correct full legal name for award of Contract
 - A completed Guide for Submission of Appendices and Documents for RFP 56FY23 (Appendix X) as provided in Addendum No. 2.**

TAB 2: Executive Summary (pdf) (Information requested in Tab 2 is specific to each Plan. Creating Sub-Tabs A, B & C is required)

a. Group Self-Insured PPO (SI-PPO) Plan

- Provide three (3) current references for provision of each of the services as outlined in C. Scope of Services (found in Section I. Special Provisions and Appendix J. Questionnaire- **FSI-PPO** – References Tab **2A**). References may be the same for

multiple services. Offeror must have provided the services within five (5) years prior to the issue date of the RFP. The services must be of a similar size and nature to the Scope of Services in this solicitation. Indicate organization name, contact name, telephone number and **e-mail address of each reference**. Please verify all information prior to submitting it.

- Address what factors differentiate the Offeror from other potential Offerors for this project?
- What is the Offeror's particular strength in the marketplace?
- Describe the Offeror's experience in providing similar services.
- How long has the Offeror been providing these specific services?
- Is the Offeror's business line solely providing benefits? If not, what other services does the Offeror provide and what percentage of the Offeror's business lines is providing benefits to employees? Please separate business percentage by medical, nurse practitioner, prescription drug, vision, EAP, FSA, COBRA and services unrelated to the scope of the RFP ("other").
- Describe the methodology of the Offeror in successfully providing benefits to public schools' employees.

b. Fully Insured HMO (FI-HMO) Plan.

- Provide three (3) current references for provision of each of the services as outlined in C. Scope of Services (found in Section I. Special Provisions and Appendix J. - Questionnaire - FI-HMO & SI-EPO – References Tab **2B**). References may be the same for multiple services. Offeror must have provided the services within five (5) years prior to the issue date of the RFP. The services must be of a similar size and nature to the Scope of Services in this solicitation. Indicate organization name, contact name, telephone number and **e-mail address of each reference**. Please verify all information prior to submitting it.
- Address what factors differentiate the Offeror from other potential Offerors for this project?
- What is the Offeror's particular strength in the marketplace?
- Describe the Offeror's experience in providing similar services.
- How long has the Offeror been providing these specific services?
- Describe the methodology of the Offeror in successfully providing benefits to public schools' employees.

c. Self-Insured EPO (SI-EPO) Plan.

- Provide three (3) current references for provision of each of the services as outlined in C. Scope of Services (found in Section I. Special Provisions and Appendix J. - Questionnaire - FI-HMO & SI-EPO – References Tab **2C**). References may be the same for multiple services. Offeror must have provided the services within five (5) years prior to the issue date of the RFP. The services must be of a similar size and nature to the Scope of Services in this solicitation. Indicate organization name, contact name, telephone number and **e-mail address of each reference**. Please verify all information prior to submitting it.
- Address what factors differentiate the Offeror from other potential Offerors for this project?
- What is the Offeror's particular strength in the marketplace?
- Describe the Offeror's experience in providing similar services.
- How long has the Offeror been providing these specific services?

- Describe the methodology of the Offeror in successfully providing benefits to public schools' employees.

TAB 3: Technical Proposal (Information requested in Tab 3 is specific to each Plan. Creating Sub-Tabs A, B & C is required)

a. Group Self-Insured PPO (SI-PPO) Plan

The Offeror shall complete the following tabs included in the Appendix J. Questionnaire- SI-PPO and submit into Tab 3A, Technical Proposal.

- 1. General
- 2. Medical
- 3. Rx
- 4. Vision
- 5. EAP
- 6. FSA, COBRA
- 7. Onsite NP
- 8. Explanation
- 9. References
- Attachments (as noted throughout the Questionnaire)

The following tabs are included in the spreadsheet but will be completed in separate Appendices (as indicated) and will be submitted in Tab 3A, Technical Proposal.

- 10. Medical Disruption (Appendix M)
- 11 Pharmacy Request (Appendix N)
- 12. Vision Disruption (Appendix O)

b. Fully Insured HMO (FI-HMO) Plan.

The Offeror shall complete the following tabs included in the Appendix J. - Questionnaire - FI-HMO & SI-EPO and submit into Tab 3B, Technical Proposal.

- 1. General
- 2. Medical
- 3. Rx
- 4. Explanation
- 5. References
- Attachments (as noted throughout the Questionnaire)

c. Self-Insured EPO (SI-EPO) Plan

The Offeror shall complete the following tabs included in the Appendix J. - Questionnaire - FI-HMO & SI-EPO and submit into Tab 3C, Technical Proposal.

- 1. General
- 2. Medical
- 3. Rx
- 4. Explanation
- 5. References
- Attachments (as noted throughout the Questionnaire)

The following tabs are not included in **the spreadsheet** Appendix J – Questionnaire - FI-HMO and SI-EPO. Offeror must complete them in separate Appendixes (as indicated) and will be submitted in Tab 3C, Technical Proposal.

- ~~10.~~ Medical Disruption (Appendix M)
- ~~11.~~ Pharmacy Request (Appendix N)

TAB 4: Cost Proposal (Information requested in Tab 4 is specific to each Plan. Creating Sub-Tabs A, B & C is required)

- a. **Group Self-Insured PPO (SI-PPO) Plan**
 Fee shall include all services required under the Scope of Services (Section I, C.)
 The Offeror shall complete the Pricing tab in Appendix J. Questionnaire Pricing Supplement- ~~FSI~~-PPO (Excel spreadsheet) and submit into Tab 4.A.

- b. **Fully Insured HMO (FI-HMO) Plan**
 Fee shall include all services required under the Scope of Services (Section I, C.)
 The Offeror shall complete the Pricing tab in Appendix J. Questionnaire Pricing Supplement- FI-HMO & -SI-EPO (Excel spreadsheet)- and submit into Tab 4.B.

- c. **Fully Insured HMO (FI-HMO) Plan**
 Fee shall include all services required under the Scope of Services (Section I, C.)
 The Offeror shall complete the Pricing tab in Appendix J. Questionnaire Pricing Supplement- FI-HMO & -SI-EPO (Excel spreadsheet)- and submit into Tab 4.C.

A Guide for Submission of Appendices and Documents for APS RFP 56FY23” (Appendix X), is provided as part of this Addendum No.2 and should be included in Tab 1 of your Proposal Submission.

Addendum No.2 must be signed, dated, and submitted via the secure cloud-based file sharing platform specified in the RFP prior to the Proposal Due Date and Time stated above OR acknowledgment of receipt of this Addendum may be noted on the Request for Proposal- Title Page Two.

Name of Offeror: _____

Signature: _____

Name: _____

Title: _____

Date: _____

Issued By:

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