



Information Item No. 3

Date of Information Item No. 3: January 6, 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)

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Offerors should note that a second Pre-Proposal Conference is scheduled for January 11, 2023.

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

General:

- Q1. What other vendors are participating in the RFP?
A1. For the integrity of the process, this information is not provided. A Pre-Proposal Attendance List is provided on the APS Procurement website.
- Q2. May we receive an extension to today's deadline for questions, given the release of the disruption data will not be until later this week?
A2. Addendum One provides revisions to the RFP; the deadline for questions is extended to January 13, 2023.
- Q3. Could you please confirm, since only electronic copies are being requested, will Arlington County Public Schools accept electronic signature in lieu of a wet signature.

- A3. A scanned copy of an original signature is acceptable.
- Q4. Please confirm if electronic notary is acceptable.
- A4. A scanned copy of an original notary signature is acceptable.
- Q5. Could you please confirm the dates for open enrollment for Arlington County Public Schools.
- A5. Open enrollment occurs in October each year.
- Q6. Please advise where references should be listed. Pages 19-20 of the RFP have them listed under Tab 2: Executive Summary. However, Appendix J, Questionnaire, has a worksheet for “9. References”.
- A6. Please provide references in both documents, revised Appendix J Questionnaire (included as part of Addendum One) and Tab 2: Executive Summary (specific to each Plan for which the Offeror is submitting with Sub-Tabs as described), as requested.
- Q7. Could you please review Page 19, Section E. “Format and Content” notes that we should address the items in the Scope of Services and Criteria for Proposal Evaluation. Please advise if this should be a line-by-line response for both the Scope and the Criteria.
- A7. Responses must address services requested (specific to each Plan for which the Offeror is submitting with Sub-Tabs as described), in a complete manner to include all information requested.
- Q8. Please advise which tab these documents [refers to questions 6 and 7] should be included – they are not currently listed in Tabs 1-7.
- A8. Information detailing the Scope of Services should be provided in Tab 3 (specific to each Plan for which the Offeror is submitting with Sub-Tabs as described), as part of your Technical Proposal.
- Q9. Could you please review page 2, under Pre-Proposal Conference, it states “...answer general questions concerning the two RFP’s”. Please confirm if this was a typo and there is only one RFP out for health plan services, RFP # 56FY23.
- A9. This is a typo – only one RFP has been issued for health plan services.
- Q10. Is there a specific issue that APS is trying to resolve by selecting one contractor?
- A10. Addendum One amends the RFP for establishment of a minimum of one (1) and a maximum of two (2) Contracts.
- Q11. How are APS’s post 65 retirees covered currently? Are we quoting both active and retirees (over and under 65)?
- A11. Pre-65 retirees are listed on the census and marked by a retiree indicator. Pre-65 retirees are included in this RFP. Post-65 (Medicare) retirees are not being considered as part of this RFP.
- Q12. The RFP states that APS currently does not have an onsite nurse practitioner, please share why APS has decided to add this component.
- A12. APS seeks the addition of an onsite nurse practitioner as a benefit to its employees. The intent is to help maintain a healthy workforce by providing quick, convenient care onsite.
- Q13. What is the expected release date of the Appendices M, N, and O?
- A13. Appendices M, N, and O added to the RFP as part of Addendum One.

- Q14. Please confirm if a stop loss quote should be included as part of this RFP.
A14. APS does not currently have stop loss. Individual stop loss is currently being considered, but not as part of this RFP. A stop loss RFP may be released in 2023.
- Q15. What tool is used to evaluate network discounts?
A15. This information is not provided as part of this RFP.
- Q16. Will you be considering healthcare navigation as a part of this RFP process? If no, will healthcare navigation be considered in the future?
A16. Healthcare navigation is not being considered as part of this RFP process. It may be considered at a future time as part of a separate RFP.

Medical

- Q17. May we receive a copy of Cigna's prior year and current year ASO contracts? If the contracts will not be provided, please provide the prior year and current medical and Pharmacy ASO fees.
A17. This information is not available.
- Q18. Please provide us the prior and current renewal rates for the fully insured Kaiser plan.
A18. This information is not available.
- Q19. Please provide us with the current year and previous year premium equivalents for the SI Cigna plans.
A19. This information is not available.
- Q20. Please provide us with at least two renewals from both current carriers.
A20. This information is not available.
- Q21. Where in the desired layout should plan benefit deviations be included?
A21. There are questions pertaining to deviations to the proposed plan design in the revised Appendix J. Questionnaire, included as part of Addendum One. Additional space to list deviations is allowed on the Explanations tab as well.
- Q22. Please describe APS's current Wellness initiatives. What are your current credits? Any specific amount requested?
A22. Please outline any offered wellness credits as part of your cover letter/executive summary. The goal of APS's wellness initiatives is to increase health care knowledge and education to prevent illnesses and chronic conditions. APS is requesting a minimum of \$100K in wellness credits.
- Q23. May we please receive the top facility utilization with amount paid by facility?
A23. Financial utilization information by provider or facility is not available. Appendix M, added to the RFP as part of Addendum One, includes a list of all providers utilized by APS in the last year.
- Q24. Please confirm if there is a separate Network Access fee and if so, please provide us the amount.
A24. This information will not be provided as part of the RFP process. If you charge a network access fee, please note it as part of your financial quote.

- Q25. Please provide us with additional month over month of claims data and enrollment data for the Cigna plans for two years.
A25. Claims and enrollment information are provided in revised Appendix L, as part of Addendum One.
- Q26. Please confirm if any broker commission should be included in this proposal.
A26. No commissions should be included in this proposal.
- Q27. Please provide us with High-Cost claims for the Cigna plans for the same month over month as the claims and enrollment data.
A27. This information is included in revised Appendix L, as part of Addendum One.
- Q28. Please provide us with a census key or additional details to be able to determine the tier structure for all the tiers that include Medicare (with and without spouses).
A28. APS's Medicare population is not included in this proposal.
- Q29. Please provide updated claims information for the Kaiser population that runs through October 2022.
A29. Additional information is provided in revised Appendix L, as part of Addendum One.
- Q30. Please provide a full SPD (or EOC) for the Kaiser HMO plan.
A30. Appendix V is added to the RFP as part of Addendum One.
- Q31. Please provide an up-to-date claims experience (rolling 12 & prior 12) to include high cost claimants matching same time period.
A31. High cost claim experience is provided in revised Appendix L, as part of Addendum One.
- Q32. What is Cigna's and Kaiser's current pooling/ISL levels?
A32. APS does not currently have Individual Stop Loss on the self-insured Cigna plan. Information for the Kaiser pooling point is not available.
- Q33. Do we need a repricing completed? Or just disruption?
A33. Completed disruption reports are to be submitted as Appendices M, N, O as appropriate to the submitted Proposal.
- Q34. Have there been any plan changes in the last 12-24 months?
A34. Yes, added reproductive (fertility) services to all medical insurance plans.
- Q35. Please provide APS's current fees and what programs are included?
A35. Rates for 2023 are available through this link:
<https://www.apsva.us/careers-aps/retiree-medical-and-dental/>
- Q36. Can you please provide the current Cigna admin fees?
A36. This information will not be provided as part of the RFP process
- Q37. Can you please provide a list of programs and services included in Cigna's admin fees?
A37. This information will not be provided as part of the RFP process. Please quote based on your best practice.

- Q38. Can you please provide 12 additional months of Cigna monthly claims and enrollment (July 2020 through June 2021)?
- A38. Additional claims experience provided in revised Appendix L, as part of Addendum One .
- Q39. What is the current OON reimbursement method/rate for your PPO population?
- A39. This information will not be provided as part of the RFP process.. Please quote on your standard OON claim reimbursement practices.
- Q40. Should the ASO proposal include both the active and retiree populations?
- A40. The proposal should include actives and pre-65 retirees. The pre-65 retirees were included in the census provided, and there is a field indicating which subscribers are retirees.
- Q41. Will a combined OAP/PPO and HMO Self funded proposal response be sufficient or are you requesting that all carriers quote FI? Is the intention for this to be carrier replace or will slice be allowed between OAP/PPO and EPO/HMO?
- A41. The RFP has been amended to allow for one contract to be awarded for a PPO plan and a separate contract to be awarded for either a HMO plan or an EPO plan .

Prescription Drug

- Q42. Please provide pharmacy claims for the Kaiser HMO plan that includes:
- a. Line-by-Line claim Information by Drug dispensed for a 12-month period (i.e. Calendar Year or Rolling 12)
 - b. Date of Service/Drug Fill Date
 - c. National Drug Code (NDC) = 11-digit number
 - d. Pharmacy Number: NABP, NCPDP = 7-digit number or NPI = 10-digit number
 - e. Quantity Dispensed (Total Unit Dosage in Metric Units/Number of Metric Units of Medication Dispensed)
 - f. Days' Supply
 - g. Retail/Mail Indicator
 - h. Brand/Generic Indicator
 - i. Unique Member Identifier (Not Social Security #)
- A42. Kaiser detailed data is not available.
- Q43. What is your current formulary type – Open or exclusionary? If exclusionary, how many exclusions?
- A43. The Standard prescription drug list is open, with some classes having drugs that are excluded from coverage unless medical necessity criteria are met. Exclusions – approximately 559.
- Q44. How many pharmacies are in the retail 90 network? Is it voluntary to obtain maintenance meds at a retail 90 network or mandatory?
- A44. The Cigna 90 Now (Mandatory) Pharmacy Network is a full-service network for both 30- and 90-day prescriptions. It includes approximately 63,000 pharmacies that can fill 30-day prescriptions. Of those, more than 29,000 can also fill 90-day prescriptions.
- Q45. Please provide members by month for the same period as the pharmacy claims report.
- A45. This information is available in the revised Appendix L, as part of Addendum One .
- Q46. Could you please provide us with the most recent 12 months of Rx paid claims to include drug name, amount paid, units, tier and channel from both Cigna and Kaiser.
- A46. This information will be provided in Appendix N is added to the RFP as part of Addendum One.

- Q47. Can you please provide a copy of the current Cigna PBM contract?
A47. This information will not be provided as part of the RFP process.
- Q48. Can you please provide 12 additional months of Cigna monthly claims and enrollment (July 2020 through June 2021)?
A48. Additional claims experience is provided in revised Appendix L, as part of Addendum One.
- Q49. Can you please provide details on any allowances provided by the current PBM?
A49. There is currently an annual health improvement fund provided to the client that can be used to offset the cost of clinical programs. Offerors should note any similar funds or offsets in the executive summary of their proposal.
- Q50. Could you please provide us with the most recent 12 months of Rx paid claims to include drug name, amount paid, units, tier and channel from both Cigna and Kaiser.
A50. This information is provided in Appendix N which is added to the RFP as part of Addendum One.
- Q51. Please confirm if there is any Rx rebate to be included in the ASO fee or if it is passed back to Arlington County Public Schools outside of the ASO.
A51. Rebate guarantees are requested as part of the revised Appendix J. Questionnaire Pricing Supplement, included as part of Addendum One.
- Q52. Can the group provide 12 months of Rx claims data for a tailored offer. Data to include the following:
- Date of Service
 - NABP / NPI (Needed if pass thru pricing quoted)
 - NDC - 11
 - Mail / Retail Indicator
 - Total Qty Dispensed
 - Total Days Supply
 - Total Ingredient Cost
 - Total Dispensing Fee
- A52. Data that is available is in Appendix N, added to the RFP as part of Addendum One.

Vision:

- Q53. Is there a Vision benefit summary that includes out of network allowances? The benefit summary in the RFP doesn't list any out of network benefits for the vision plan. Or does the current plan not provide for out of network benefits?
A53. This information is available in Appendix W is added to the RFP as part of Addendum One
- Q54. The current vision claims data only provides aggregate data – claims amount and number of subscribers per month. Please provide more detailed information that includes: Number of exams/costs, number of frames/costs, numbers and type lenses/costs.
A54. Additional data is provided in revised Appendix L, as part of Addendum One.
- Q55. What is the requested effective date of coverage? In the RFP it states the award date is 5/1/23, but the VSP benefit summary started 1/1/23.

- A55. 1/1/2024. It is anticipated the contract will be awarded in May of 2023. Implementation will begin immediately following contract award for a plan effective date of 1/1/2024.
- Q56. VSP is a standalone vision care provider. Is APS willing to accept a proposal from VSP as a standalone vision provider?
- A56. A standalone proposal will not be accepted for vision care services, as stated in the RFP, Special Provisions, I. A. 1.2.
- Q57. The effective date on the last contract is 1/1/22 can you tell us why the RFP is being sent out again?
- A57. The current contract will expire December 2023.
- Q58. Is APS looking to make changes with their current vision plan?
- A58. No, unless coverage enhancements are offered.
- Q59. Is APS satisfied with their current vision care provider?
- A59. The current contract will expire December 2023. APS seeks to have vision care services as described in the RFP.
- Q60. Please provide a full vision SPD that includes out-of-network benefit information
- A60. Additional information is provided in Appendix W is added to the RFP as part of Addendum One.
- Q61. Please provide 24 months of monthly vision claims and enrollment
- A61. Additional data is provided in revised Appendix L, as part of Addendum One.
- Q62. Please provide current Vision rates.
- A62. This information may be found here:
https://www.apsva.us/wp-content/uploads/2023/01/2023-Vision-Rate-Chart_.pdf
- Q63. Can APS provide the vision contract from VSP that outlines both in and out of network coverage?
- Q63. The current APS Contract for vision benefit services may be found here:
[24FY18 Fully Executed Contract.pdf](#)
- Q64. Would you please confirm whether the current vision plan is Fully Insured or Self Funded?
- A64. The vision plan is Fully Insured
- EAP**
- Q65. With respect to the EAP quote, please provide the number of EAP sessions you are looking for on the EAP contract. Either 3 or 5 sessions?
- A65. The current model provides 3 sessions. In the Appendix J. Questionnaire Pricing Supplement, APS is requesting pricing for 3, 6, and 10 session models.
- Q66. Please provide us with specific information that you are looking for under the concierge services.
- A66. Please quote your best practice for concierge services
- Q67. Can you please provide the name of the current EAP vendor and length of relationship?
- A67. The current EAP provider is Cigna
- Q68. Please provide us with current EAP utilization and pricing.

- A68. This information will not be provided as part of the RFP process. A utilization report is provided in revised Appendix L, as part of Addendum One
- Q69. Can you please provide the current PEPM rates?
A69. This information will not be provided as part of the RFP process.
- Q70. Can you please detail the current plan, including the number of on-site training hours and on-site crisis response hours? Please also specify if work-life services are included.
A70. Employer Service Hours 63.5 / YTD 6 hours used
- Q71. Can you please supply 2 years of historical utilization data to include:
a. Number of calls placed to the call center
b. Number of authorizations for counseling
c. Number of face-to-face/telephonic counseling sessions provided
d. Average number of enrolled employees
A71. a. 155 calls placed to the call center
b. 155 authorizations for counseling
c. 62 face-to-face/telephonic counseling sessions provided
d. 6,960 average number of enrolled employees
- Q72. Can you please supply the number of on-site crisis response hours used in each of the last 2 years?
A72. Please see the utilization report provided in the revised Appendix L, as part of Addendum One.
- Q73. Please provide the number of Critical Incidents.
A73. Zero Critical Incidents
- Q74. Can you please supply the number of on-site training hours used in each of the last 2 years?
A74. Please see the utilization report provided in the revised Appendix L, as part of Addendum One .
- Q75. Can you please provide the number of on-site training hours we should include in our pricing?
A75. Please quote your best practice.
- Q76. Please provide the number of SAP cases.
A76. Zero number of SAP cases.

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