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| Oklahoma Pinwheel Logo |  | Amendment of Solicitation |

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| **Date of Issuance:** | September 30, 2021 |  **Solicitation No.** | 0900000511 |
|  **Requisition No.** | 0900015655 |  **Amendment No.** | 1 |
| Hour and date specified for receipt of offers is changed: | [x]  No  | [ ]  Yes, to: |  |       |       | CST |
| Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:(1) Sign and return a copy of this amendment with the solicitation response being submitted; or,(2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email. |
|  **ISSUED FROM:**  |
|  | Stephanie Beshears |  | 405-517-6769 |  | Stephanie.Beshears@omes.ok.gov  |
|  | Contracting Officer |  | Phone Number |  | E-Mail Address |
|  |  |  |
|  | **RETURN TO:** | OMESCPeBID@omes.ok.gov |
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| **Description of Amendment:** |
| a. This is to incorporate the following: |
| **Q.1.** Please provide the layout/data fields for the following reports identified in Exhibit 6:* STD/LTD Open Valuation Data File
* STD/LTD Claim History File
* Annual Overpayment Balance Report
* STD/LTD Annual Payments Report
* Annual Audit Reports Report

**A.1.** Based on what is currently being provided to Milliman and EGID as a reference, the below includes a listing of data fields for each report:* STD/LTD Open Valuation Data File
	+ File Number; Coverage Code ; DOB; Date Of Loss; Gender; Gross Benefit; SSD (Offset); SS Dependent (Offset); SS Retirement (Offset); Ssdib-Estimated (Offset); Workers Compensation (Offset); STD (Offset); State Disability (Offset); Salary Continuance (Offset); Veteran’s Benefits (Offset); Pension (Offset); Overpayment (Offset); State Retirement Offset; Overpayment; Annual Leave; Sick Pay; Other; Disability/Retirement Offset; Shared Leave; Insurance Premium Deduction; Workers Compensation; Elective Deduction – Overpayment; Adjusted Gross Benefit; Annual Base Pay; Date Of Hire; Years Of Service (as of XX); Primary ICD Code; Primary ICD Code Description; ICD Group; Secondary ICD Code; Secondary ICD Code Description; ICD Code2 Group
* STD/LTD Claim History File
	+ File Number; Coverage Code; Claim Status; Claim Sub Status; Denied/ Term Reason; DOB- Current HR; Date Of Loss; Gender - Current HR; GROSS BENEFIT; SS Disability (OFFSET); SS Dependent (OFFSET); SS Retirement (OFFSET); SSDIB-Estimated (OFFSET); Workers Compensation (OFFSET); STD (OFFSET); State Disability (OFFSET); Salary Continuance (OFFSET); Veteran's Benefits (OFFSET); Pension (OFFSET); Overpayment (OFFSET); ALL OTHER OFFSETS; ADJUSTED GROSS BENEFIT; Annual Base Pay – HR; Date of Hire - Current HR; Years of service (as of XX); ICD Code; ICD Code Description; Date Disability Benefits End; Date Claim Closed
* Annual Overpayment Balance Report
	+ File Number; Initial OP Amount; Current Balance; Overpayment Offset; Claim Status
* STD/LTD Annual Payments Report
	+ Claim Number; Date Of Birth; Date Of Hire; Date Of Loss; Gender; ICD Code; ICD Description; Date Issued; Pay From; Pay Thru; Payment Type; Check Number; Gross Benefit Taxable Amount; Offset/Pre Tax/Annual Leave; Offset/Pre Tax/Other Disability/Retirement Of; Offset/Pre Tax/Other Disability/Retirement Offset Offset/Pre Tax/Overpayment; Offset/Pre Tax/Shared Leave; Offset/Pre Tax/Sick Pay Offset/Pre Tax/Social Security Disability Offset/Pre Tax/State Retirement Offset; Offset/Pre Tax/Workers Compensation; Elec.Deduction/Pre Tax/Estate; Op/Pre Tax/Overpayment; Tax/Fica/Federal Tax; Tax/Fica/Medicare Tax; Tax/Fica/Ss Tax; Tax/State Tax; Elec.Deduction/Post Tax/Ok State Insurance Premium; Elec.Deduction/Post Tax/Overpayment; Employer-Tax/E/Ss Tax Employer Portion; Employer-Tax/Q/Medicare Tax Employer Portion; Psp-Adjustment/10; Psp-Adjustment/11; Psp-Adjustment/D/Ss Tax; Psp-Adjustment/F/Medicare Tax; Psp-Adjustment/H/Federal Tax; Psp-Adjustment/L; Psp-Adjustment/Ok/Oklahoma; Psp-Adjustment/Op Net; Psp-Adjustment/S; Psp-Adjustment/Sc/South Carolina; Psp-Adjustment/Tx/Texas; Remarks; Net Amount; Voided?; Date Voided
* Annual Audit Reports Report
	+ Exhibit 6 Annual Audit Reports Report is removed as a requirement of this contract. Refer to Attachment C Section R as the required replacement.

**Q.2.** Please provide the layout/data fields for the following reports, identified in Attachment A:* Executive Summary, Financial Documentation Accuracy, Rehab & Home Visit Summaries, STD Benefit Paid, Packets Requested & Completed.

**A.2.** Attachment A Section D.9.1.1.20. *Executive Summary, Financial Documentation Accuracy, Rehab & Home Visit Summaries, STD Benefit Paid, Packets Requested & Completed* is no longer necessary and is removed as a requirement of this contract.**Q.3.** Does the current administrator withhold benefit premiums from the disability benefits?**A.3.** Yes. **Q.4.** Please confirm what the lives count is for pricing (34,000 or 34,986 lives)? **A.4.** The pricing is based upon the higher of either the actual enrollment or 34,000.**Q.5.** Please confirm the number of open LTD claims for takeover is 369 (as per Appendix B of Exhibit 8) and please provide the number of open STD claims.**A.5.** The number of claims fluctuate from month to month, so it is unknown what 2023 claims count will look like at time of takeover.  Refer to Exhibit 5 for the historical range of claim counts.**Q.6.** How many claims per year are submitted/initiated for STD?**A.6.** Refer below for 2018 through 2021 YTD claims:

|  |  |
| --- | --- |
| **Year**  | **Claim Count** |
| 2018 | 137 |
| 2019 | 329 |
| 2020 | 294 |
| 2021 YTD | 184 |

**Q.7.** How many claims are submitted/initiated for LTD or transition from STD to LTD per year?**A.7.** Refer below for 2018 through 2021 YTD claims:**Claims submitted/initiated for LTD:**

|  |  |
| --- | --- |
| **Year**  | **Claim Count** |
| 2018 | 206 |
| 2019 | 84 |
| 2020 | 73 |
| 2021 YTD | 55 |

**Claims transitioned from STD to LTD:**

|  |  |
| --- | --- |
| **Year**  | **Claim Count** |
| 2018 | 75 |
| 2019 | 186 |
| 2020 | 78 |
| 2021 YTD | 59 |

**Q.8.** Please provide approval rates (%) for both STD and LTD, or provide breakdown of claims that were submitted vs. claims approved.**A.8.** Refer below for rates and claims: **STD Initial Denial/Approval Rates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year Claim Opened** | **Closed Initial Denial Claim Count** | **Denial Rate** | **Approval Rate** |
| 2018 (10/1/18-12/31/18) | 51 | 37% | 63% |
| 2019 | 85 | 26% | 74% |
| 2020 | 65 | 22% | 78% |
| 2021 YTD | 40 | 22% | 78% |

**LTD Initial Denial/Approval Rates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year Claim Opened** | **Closed Initial Denial Claim Count** | **Denial Rate** | **Approval Rate** |
| 2018 (10/1/18-12/31/18) | 69 | 33% | 67% |
| 2019 | 10 | 12% | 88% |
| 2020 | 2 | 3% | 97% |
| 2021 YTD | 0 | 0% | 100% |

**Q.9.** Please provide historical claims durations (average) for both STD and LTD.**A.9.** Refer to Appendix B of Exhibit 8 Actuarial Valuation of EGID Disability Plan provided by Milliman. No additional information will be provided.**Q.10.** Please provide a census.**A.10.** Census information will not be provided, as the Disability TPA would only be administering the plan.**Q.11.** Please confirm that State of Oklahoma has employees only working in Oklahoma. If not, please indicate how many other states employees are working in.**A.11.** There is a limited number of employees working outside of Oklahoma. 218 employees total, as listed below.

|  |  |
| --- | --- |
| AK | 1 |
| AL | 1 |
| AR | 45 |
| CA | 2 |
| CO | 4 |
| FL | 4 |
| IL | 2 |
| KS | 26 |
| LA | 1 |
| MD | 1 |
| MI | 1 |
| MO | 21 |
| MS | 2 |
| NC | 3 |
| NE | 2 |
| NH | 1 |
| NM | 2 |
| NY | 1 |
| OH | 2 |
| SC | 3 |
| TX | 89 |
| VA | 1 |
| WA | 2 |
| WY | 1 |
| **TOTAL** | **218** |

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| b. All other terms and conditions remain unchanged. |
|       |  |       |
| Supplier Company Name (**PRINT**) |  | Date |
|       |  |       |  |  |
| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |