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| J:\Function\Branding\- New OMES logo\Horizontal\OMES-logo-horiz-RGB.jpg |  | Amendment of Solicitation |

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| **Date of Issuance:** | 4/27/2022 | | **Solicitation No.** | | 0900000534 | | |
| **Requisition No.** | 0900016237 | | **Amendment No.** | | 2 | | |
| Hour and date specified for receipt of offers is changed: | | | 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 printed clearly on the front of the envelope. | | | | | | | |
| **ISSUED BY and RETURN TO:** | | | | | | | |
| **U.S. Postal Delivery or Personal or Common Carrier Delivery:**  OMES Central Purchasing Will Rogers Building  ATTN: Darlene Saltzman  2401 N. Lincoln Blvd., Ste. 116  Oklahoma City, OK 73105 | | Darlene Saltzman | | | | |  |
|  | | Contracting Officer | | | | |  |
|  | | (405) 694-7016 | | | | |  |
|  | | Phone Number | | | | |  |
|  | | Darlene.saltzman@omes.ok.gov | | | | |  |
|  | | E-Mail Address | | | | |  |
| **Description of Amendment:** | | | | | | | |
| a. This is to incorporate the following: | | | | | | | |
| On behalf of the State of Oklahoma, the Office of Management and Enterprise Services (OMES) gives notice of the following questions concerning this solicitation, received during the QA period, which closed on 4/18/2022. All questions and procurement/agency responses are detailed below:  Questions for Solicitation #0900000534-Set 1   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **Exhibit 24 – OEIBA Program Census Information**   *Census – Sheet 1*  Please provide the following additional components to the census file:   * Date of Birth (MM/DD/YYYY) for each member. * Gender * Date the census was produced or age as of what date * Current plan or option for each member and whether they have Part D or not   **A1: EGID will not provide this level of detailed census information due to the public disclosure requirements of the RFP and individual members could easily be identified.**   1. **Exhibit 24 – OEIBA Program Census Information**   *Census – Sheet 1*  If Date of Birth for each member cannot be added to the census file, please provide member counts for each 75+ age bucket.  **A2: The table below is accurate as of, March 31, 2022:**   |  |  | | --- | --- | |  |  |  |  |  | | --- | --- | | **AGE** | **COUNT** | | 75 | 2,019 | | 76 | 1,501 | | 77 | 1,550 | | 78 | 1,564 | | 79 | 1,486 | | 80 | 1,319 | | 81 | 1,227 | | 82 | 1,134 | | 83 | 999 | | 84 | 932 | | 85 | 839 | | 86 | 702 | | 87 | 627 | | 88 | 532 | | 89 | 486 | | 90 | 421 | | 91 | 361 | | 92 | 319 | | 93 | 235 | | 94 | 176 | | 95 | 116 | | 96 | 93 | | 97 | 68 | | 98 | 50 | | 99 | 26 | | 100 | 19 | | 101 | 12 | | | 1. **Exhibit 24 – OEIBA Program Census Information**   *Census – Sheet 1*  If gender for each member cannot be added to the census file, please provide a male/female percentage or member breakdown.  A3:  The below percentage breakdown is accurate as of March 31, 2022:  38.12%-Male; 61.88%-Female | | 1. **Exhibit 24 – OEIBA Program Census Information**   *Census – Sheet 1*  If enrollment by plan/option cannot be added to the census file, please separately provide current enrollment in each plan offered to Medicare Eligible Retirees.  A4: All eligible members have Part D or other creditable pharmacy coverage. Overall Enrollment for Medicare Eligible Members, Spouses, and Children, as of March 31, 2022, is as follows:   |  |  |  |  | | --- | --- | --- | --- | | PLAN | PRIMARY | SPOUSE | CHILDREN | | Blue Cross Blue Shield MAPD | 400 | 49 | 0 | | BlueSecure MSP | 436 | 40 | 1 | | CommunityCare Senior Plan | 1274 | 148 | 1 | | GlobalHealth Senior Plan | 1752 | 183 | 3 | | HealthChoice | 28447 | 3357 | 46 | | Humana National | 275 | 37 | 0 | |  |  |  |  | |  |  |  |  | | | 1. **Bidder Instructions**   *K.11.7.6.23.*  Please confirm by providing a list of the pharmacies utilized for the OEIBA Program during 2021, with the number of utilizers, the number of prescriptions, and the plan paid dollar amounts the bidder is meeting the requirement to provide a pharmacy disruption.  If not, please clarify the disruption request versus the listing of pharmacies.  A5. Yes,providing a list of the pharmacies utilized for the OEIBA Program during 2021, with the number of utilizers, the number of prescriptions, and the plan paid dollar amounts is sufficient. However, EGID may request further information if EGID decides it is necessary to evaluate the bid. | | 1. **General Question – Medical Claims Inquiry**   *General Question*  In order for bidders to offer the most competitive rates to the State of OK retirees, please provide a medical claims file with the following information for each plan/option that has 1,000 or more enrolled Medicare members:  • Incurred monthly medical claims for most recent 12-24 months for members and dependents who have Medicare as their primary coverage.  • Monthly member counts that tie with the medical claims.  • If claims are reflective of incurred dates, indicate the “paid through” date. If claims are reflective of paid dates, indicate the “incurred through” date.  • The above data needs to be separated by plan/option ensuring the Supplement claims are separate from any Medicare Advantage claims.  • If any of the Medicare Advantage plans have 1,000 or more enrolled members, please provide the following in addition to the claims data:   * For plan/options greater than 1,000 members, Humana prefers medical risk scores to be provided as monthly averages for the corresponding months of claims data provided. Regarding the provided risk scores, the following information is required:   -Time period (e.g., calendar year average, recent month, etc.)  -Estimated or actual mid-year payment and final reconciliation   * Do the MA medical claims include any costs for Non-Medicare Covered Services, Clinical, Quality, Disease Management or Fitness Programs? If not, can you please provide the estimated costs of these programs that were charged by the current carrier? * Claims and member counts for non-Medicare eligible dependents of Medicare members (i.e. Pre-65 spouse, etc.) must be EXCLUDED. * Indicate if the medical claims contain any, or all, of the Part B Rx claims.   Please indicate if the claims data includes any adjustments for COVID utilization  A6: EGID will not be providing this information for multiple reasons. The data supplied by OMES/CP and EGID as part of this RFP is a matter of public record. The information that is available is incomplete because EGID does not have any detailed claims information from other suppliers. This could only be remedied if in the future all suppliers are required to submit all claim information directly to EGID. | | 1. **General Question – Pharmacy Claims Inquiry**   *General Question*  In order for bidders to offer the most competitive rates to the State of OK retirees, please provide a Rx claims data for any plan that has more than 5,000 members; including National Drug Code (NDCs) - In order to provide more competitive MAPD or PDP only quotes, a process has been developed to analyze group specific claims experience in estimating the claims and quoting the group. File layout is available upon request, please refer to your Humana representative.  **A7: EGID will not provide this information. The information that is available is incomplete because EGID does not have any detailed claims information from other suppliers.** | | 1. **Bidder Instructions**   *K.11.7.6.3*  For bidders submitting a proposal for a standalone National Passive MAPD PPO offering, please provide clarification to define “region and location”, with respects to sanction and/or removed providers within the network.  (i.e., National, Tulsa, Oklahoma City, Other/Rural)  A10. “Region or Location” may be satisfied by providing the zip code or City and State. | | 1. **Bidder Instructions**   *K.11.7.6.4*  When referencing “Other/Rural” does that include outside of Oklahoma areas?  **A9: No.** | | 1. **Bidder Instructions**   *K.11.7.5.14*  For bidders that are authorized to cover the entire US under the National Passive MAPD PPO offering, please confirm an excel listing is not required and the bidders can provide a statement that confirms all zip codes are covered.  A 10. Yes, such a statement is acceptable in lieu of listing every single zip code in the United States. | | 1. **Bidder Instructions**   *Exhibit 33 & 34*  Please confirm, that since Humana is offering a National Passive MAPD PPO plan, we do not need to respond to Exhibit 33 & 34 as they are not mentioned in the Bidder Instructions.  A11. Exhibits 33 and 34 are referenced in Exhibit 27 “Minimum Reporting Requirements”. However, Exhibits 33 and 34 do not apply to MAPD offerings. | | 1. **Bidder Instructions**   *Exhibit 2*  Please confirm that a Geo-Request is only applicable to HMO offerings. |     A12. The Geo-Request is only applicable to HMO offerings.    Questions for Solicitation #0900000534-Set 2   1. Several of the Exhibits are reporting templates. Is there anything we need to complete on those for the RFP itself or are we to just confirm we will complete timely?   A1:  Unless requested by the RFP documents to complete said reporting templates as a part of the bid submissions, said templates are to be used by a successful bidder to fulfill the various reporting obligations required by the solicitation. See Exhibit 27 for more information.   1. The questions for K.11.5.22.5 a., b., and c. are identical to the questions for K11.5.22.6 a., b., and c. in the Bidder Instructions PDF. What information are you looking for us to provide for each set of questions?   A2:  K.11.5.22.5 A, B, and C are a scrivener’s error resulting from the format change utilized for this solicitation. This subsection should read as follows:  **K.11.5.22.5. Network Reimbursement**  **A) Describe the Supplier’s hospital reimbursement mechanism or mechanisms, differentiating between acute and psychiatric, and include the mix (percentages of each) for the following methods: fee for service, discounted fee schedule, per diem, DRG, capitation, other**  **B) Describe the Supplier’s physician reimbursement mechanism or mechanisms, differentiating between PCPs and specialists, and include the mix (percentages of each) for the following methods: salary, fee for service, discounted fee schedule, capitation, other**  K.11.5.22.6 needs no correction and bidders are expected to respond to all five requests contained therein.   1. Question F.3. in Attachment A is stating that we must have a process for Option Period data to be downloaded to all pharmacy networks no later than 12/31. What data are we required to download to pharmacies? Is it acceptable to download this information to our PBMs?   A4: All information necessary for an OEIB Program plan participant to utilize their pharmacy benefits at pharmacies must be downloaded to a successful bidder’s pharmacy network no later than 12/31/2022. If downloading said information to the PBM will facilitate the participant’s ability to utilize their pharmacy benefits at any pharmacy within a bidder’s pharmacy network, then this is acceptable as well.   1. Questions K.11.7.15.5. and K.11.7.16.1 in the Bidder Instructions PDF specifically ask about a Medicare Advantage PPO plan. Are the questions only for PPO plan types, or are HMO plans expected to respond to the questions as well?   A4r: PPO in those sentences is a typographical error. MAPD HMO bidders are expected to respond as well.   1. Does the Attachment D, Appendix 2 Directive require our attestation of compliance as a supplier for this type of RFP? We will not be accessing criminal justice information nor will we have hardware or software which interacts with CJI.   A5: If you decide you cannot or will not attest that you will comply as directed in Attachment D, Appendix 2, please note that exception in your response to the solicitation. Such an exception will be subject to the negotiation process.   1. Are there any additional descriptions of each policy area referred to in Attachment D, Policy Requirement Checklist? What is the response expectation?   A6: Yes. Further descriptions of each policy area can be found within the FBI Security Policy, which can be located and downloaded at: <https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center>     1. Could you provide a definition of “eligible services” that must be provided in Attachment A, C.10.1.?   A7: Benefits/services available under a successful bidder’s plan provided to eligible participant dependents residing in the State of Oklahoma should be equivalent to the benefits/services available and provided to eligible dependents living outside of the State of Oklahoma.   1. Please confirm whether the National Health Expenditures growth referenced in Exhibit 39 is the growth in overall expenditures or the growth in Private Health Insurance expenditures.   A8: Overall Expenditures.   1. In the Bid Packet Format, K.14. of the Bidder Instructions, there is no Section Seven. Is that intentional and how should we handle in the response?   **Answer:** Section Seven: Executive Summary was intentionally omitted.   1. In Bidder Instructions, K.14.3, it states that pricing is not considered to be confidential. Are we to include all pricing and supporting documents in the same email without marking them as “confidential”? That would be different from past RFP response requirements.   A10: All proposed HMO and Medicare Supplement confidential rates and copays may be submitted electronically and clearly marked CONFIDENTIAL – RATES AND COPAYS. The qualified actuary certification and adequate shall be attached to the Supplier’s rate sheet.  For MAPD plans, confidential rates and copays shall be submitted under separate cover separate from the bidder’s proposal. Because MAPD rates are dependent on federal rates, the MAPD rates may be submitted separately to the Contracting Officer listed on the front of the solicitation no later than August 5 of the year preceding the Plan Year to which the rates apply or two (2) business days following CMS deadlines for rebate allocation calculations based upon the release of the CMS national average monthly bid amounts. It shall be clearly marked CONFIDENTIAL – RATES AND CO-PAYS, if the bidder desires said rates and copays to be considered confidential.  Questions for Solicitation #0900000534-Set 3   |  |  | | --- | --- | | 1 | In 2019, for the 2020 RFP Solicitation; the State provided a portal where questions like above were submitted by all carriers and the State provided responses. Will there be a similar portal to use during this year’s RFP process? If not, what will be the process for receiving questions and responses for all carriers?  Answer: Questions will be answered and posted as an amendment after the Q&A has closed. | | 2 | Please provide the monthly enrollment and premiums from 2017 - March 2022, or as much of that time period as is available.  Can this data be separated between the self-funded members and HMO members, if not please provide on a combined basis.  See data table below. | | 3 | Please provide a claim lag triangle for claims incurred 2017 - March 2022 and paid through March 2022, or as much of that time period as is available?  Can this data be separated between the self-funded members and HMO members, if not please provide on a combined basis.  A3:  EGID will not be providing this information for multiple reasons. The data supplied by OMES/CP and EGID as part of this RFP is a matter of public record. The information that is available is incomplete because EGID does not have any detailed claims information from other suppliers. This could only be remedied if in the future all suppliers are required to submit all claim information directly to EGID. | | 4 | Please confirm that Exhibits 7 & 8 are to be submitted on an incurral month basis (not a paid month basis).  4A: Incurred monthly basis is correct. | | 5 | In reviewing the 2023 Solicitation, we find where K.11.5.22.5. and K.11.5.22.6. repeats questions a), b) and c) but with different headers. Was it the intent to ask different questions in K.11.5.22.5.? Please provide clarification on intent for response.  A5:  K.11.5.22.5 A, B, and C are a scrivener’s error resulting from the format change utilized for this solicitation. This subsection should read:  **K.11.5.22.5. Network Reimbursement**  **A) Describe the Supplier’s hospital reimbursement mechanism or mechanisms, differentiating between acute and psychiatric, and include the mix (percentages of each) for the following methods: fee for service, discounted fee schedule, per diem, DRG, capitation, other**  **B) Describe the Supplier’s physician reimbursement mechanism or mechanisms, differentiating between PCPs and specialists, and include the mix (percentages of each) for the following methods: salary, fee for service, discounted fee schedule, capitation, other**  K.11.5.22.6 needs no correction and bidders are expected to respond to all five requests contained therein. |   Answer to Question 2: The census data showing “n/a” can be retrieved, if you believe it is necessary for your bid submission. In the interest of time, EGID provides the following in response to your request:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | **Premiums** | |  | **Census** | | |  |  |  |  |  |  |  | |  |  | HMO | HealthChoice |  | HMO | HealthChoice | | Jan-17 |  | 17,204,495.75 | 82,308,127.55 |  | n/a | n/a | | Feb-17 |  | 17,225,848.67 | 82,165,782.41 |  | n/a | n/a | | Mar-17 |  | 17,221,256.55 | 82,107,056.73 |  | n/a | n/a | | Apr-17 |  | 17,234,112.14 | 81,810,528.58 |  | n/a | n/a | | May-17 |  | 17,074,832.51 | 81,531,137.54 |  | n/a | n/a | | Jun-17 |  | 17,076,197.96 | 81,434,297.68 |  | n/a | n/a | | Jul-17 |  | 16,944,437.65 | 81,108,489.84 |  | n/a | n/a | | Aug-17 |  | 16,873,760.61 | 80,560,019.51 |  | n/a | n/a | | Sep-17 |  | 17,069,003.60 | 81,164,724.89 |  | n/a | n/a | | Oct-17 |  | 17,064,288.33 | 81,161,660.66 |  | n/a | n/a | | Nov-17 |  | 16,959,034.34 | 81,240,449.90 |  | n/a | n/a | | Dec-17 |  | 16,987,956.27 | 79,485,256.35 |  | 37,740 | 185,311 | | Jan-18 |  | 17,110,680.87 | 84,922,915.70 |  | 34,265 | 187,941 | | Feb-18 |  | 17,110,699.32 | 84,953,459.14 |  | 34,227 | 187,955 | | Mar-18 |  | 17,085,037.49 | 84,620,967.75 |  | 34,164 | 187,553 | | Apr-18 |  | 17,026,988.14 | 84,350,821.15 |  | 34,022 | 186,629 | | May-18 |  | 16,878,855.50 | 84,102,255.68 |  | 33,905 | 186,311 | | Jun-18 |  | 16,807,709.14 | 83,888,457.30 |  | 33,787 | 185,799 | | Jul-18 |  | 16,763,628.38 | 83,474,246.22 |  | 33,642 | 185,116 | | Aug-18 |  | 16,663,469.00 | 82,871,962.31 |  | 33,500 | 183,913 | | Sep-18 |  | 16,725,108.88 | 83,720,596.59 |  | 33,720 | 185,981 | | Oct-18 |  | 16,797,111.82 | 83,987,271.93 |  | 33,728 | 186,147 | | Nov-18 |  | 16,737,335.78 | 84,098,667.21 |  | 33,704 | 186,261 | | Dec-18 |  | 16,588,745.08 | 83,889,826.56 |  | 33,582 | 186,409 | | Jan-19 |  | 17,437,142.78 | 83,199,405.29 |  | 35,479 | 184,880 | | Feb-19 |  | 17,507,341.60 | 83,346,324.41 |  | 35,603 | 184,879 | | Mar-19 |  | 17,426,631.78 | 83,028,947.67 |  | 35,632 | 184,753 | | Apr-19 |  | 17,534,197.82 | 83,210,687.11 |  | 35,712 | 184,572 | | May-19 |  | 17,525,222.96 | 82,899,583.02 |  | 35,775 | 184,313 | | Jun-19 |  | 17,506,262.08 | 82,776,181.27 |  | 35,709 | 183,940 | | Jul-19 |  | 17,453,277.62 | 82,587,336.78 |  | 35,760 | 183,510 | | Aug-19 |  | 17,448,020.76 | 82,208,339.72 |  | 35,772 | 182,823 | | Sep-19 |  | 17,941,913.14 | 83,216,300.23 |  | 36,719 | 184,829 | | Oct-19 |  | 17,954,635.44 | 83,130,485.26 |  | 36,923 | 184,835 | | Nov-19 |  | 18,074,380.28 | 83,089,261.57 |  | 37,108 | 184,701 | | Dec-19 |  | 18,160,126.44 | 82,943,565.40 |  | 37,266 | 184,513 | | Jan-20 |  | 20,120,478.94 | 84,716,273.82 |  | 40,793 | 180,714 | | Feb-20 |  | 20,168,813.56 | 84,361,260.95 |  | 41,033 | 180,488 | | Mar-20 |  | 20,294,449.42 | 84,453,492.49 |  | 41,246 | 180,375 | | Apr-20 |  | 20,364,090.36 | 84,274,886.10 |  | 41,406 | 180,174 | | May-20 |  | 20,436,105.58 | 84,234,801.96 |  | 41,510 | 180,014 | | Jun-20 |  | 20,431,940.96 | 84,134,642.57 |  | 41,585 | 179,679 | | Jul-20 |  | 20,405,663.02 | 83,702,542.31 |  | 41,551 | 179,016 | | Aug-20 |  | 20,434,776.44 | 83,277,414.25 |  | 41,712 | 178,248 | | Sep-20 |  | 20,875,114.22 | 83,292,615.63 |  | 42,636 | 178,350 | | Oct-20 |  | 20,978,186.50 | 83,105,768.37 |  | 42,948 | 178,197 | | Nov-20 |  | 20,923,613.96 | 82,835,257.97 |  | 42,942 | 177,712 | | Dec-20 |  | 21,071,002.50 | 82,650,936.75 |  | 43,069 | 177,404 | | Jan-21 |  | 22,508,258.40 | 82,588,018.51 |  | 43,916 | 177,357 | | Feb-21 |  | 22,454,652.40 | 82,086,330.85 |  | 43,927 | 176,814 | | Mar-21 |  | 22,481,177.54 | 81,927,129.81 |  | 43,955 | 176,345 | | Apr-21 |  | 22,526,016.62 | 81,754,156.53 |  | 44,041 | 175,905 | | May-21 |  | 22,439,477.32 | 81,626,391.83 |  | 43,971 | 175,496 | | Jun-21 |  | 22,410,430.58 | 81,412,758.65 |  | 43,870 | 175,080 | | Jul-21 |  | 22,349,629.46 | 81,138,328.20 |  | 43,782 | 174,509 | | Aug-21 |  | 22,360,272.06 | 80,625,646.17 |  | 43,808 | 173,546 | | Sep-21 |  | 22,914,505.92 | 80,977,988.93 |  | 44,917 | 174,690 | | Oct-21 |  | 22,792,706.92 | 80,752,430.40 |  | 44,919 | 174,281 | | Nov-21 |  | 22,411,547.84 | 80,040,832.02 |  | 44,676 | 173,974 | | Dec-21 |  | 22,028,892.12 | 80,692,275.83 |  | 44,583 | 173,806 |   Questions for Solicitation #0900000534-Set 4   1. **Bidders Instruction:** Can you please incorporate the below additional components to the census file originally provided?    * Exact age of all members over the age of 75 listed on the census.  In total there are ~16,000 without their exact age.    * Gender    * Benefit Plan election for each member   1A: EGID will not provide detailed census information due to the public disclosure requirements of the RFP and individual members could be easily identified. However, please find below the data EGID can provide pursuant to your request:   1. As of March 31,2022:  |  |  | | --- | --- | | **AGE** | **COUNT** | | 75 | 2,019 | | 76 | 1,501 | | 77 | 1,550 | | 78 | 1,564 | | 79 | 1,486 | | 80 | 1,319 | | 81 | 1,227 | | 82 | 1,134 | | 83 | 999 | | 84 | 932 | | 85 | 839 | | 86 | 702 | | 87 | 627 | | 88 | 532 | | 89 | 486 | | 90 | 421 | | 91 | 361 | | 92 | 319 | | 93 | 235 | | 94 | 176 | | 95 | 116 | | 96 | 93 | | 97 | 68 | | 98 | 50 | | 99 | 26 | | 100 | 19 | | 101 | 12 | | 102 | 12 | | 103 | 5 | | 104 | 2 | | 105 | 1 | | 107 | 1 |  1. As of March 31, 2022, the total OEIBA gender percentage breakdown is as follows:   Male: 38.12%; Female: 61.88%   1. Enrollment for Non-Medicare Eligible Health Plans as of March 31, 2022:  |  |  |  | | --- | --- | --- | | PLAN | PLAN OPTION | PRIMARY MEMBER COUNT | | BlueLincs | HMO | 18174 | | CommunityCare | HMO | 240 | | GlobalHealth | HMO | 2298 | | HealthChoice | Basic | 15237 | | HealthChoice | Basic Alternative | 5597 | | HealthChoice | HDHP | 11830 | | HealthChoice | High | 41694 | | HealthChoice | High Alternative | 14066 | | Tricare | Tricare | 75 |  1. Enrollment for Medicare Eligible members, as of March 31, 2022  |  |  | | --- | --- | | PLAN | PRIMARY MEMBER COUNT | | Blue Cross Blue Shield MAPD | 400 | | BlueSecure MSP | 436 | | CommunityCare Senior Plan | 1274 | | GlobalHealth Senior Plan | 1752 | | HealthChoice | 28447 | | Humana National | 275 | |  |  | |  |  |  1. **Bidder Instructions:** Is the GEO report required for both the HMO and the MAPD plan? It appears in the past GEO was only provided for the HMO but wanted to confirm.   A2**:** The Geo Report (Exhibit 2) is only required for HMO proposals.   1. **Bidders Instructions:** K.9 The header references subsection K.15.8, however this section could not be located. Please advise if this section was omitted or updated in a different section?   A3: This is a scrivener’s error resulting from the format change undertook for this solicitation. Various provisions of the previous solicitation were combined into Section K.9. A bidder need not refer to another section to provide the information required by Section K.9.   1. **Bidder Instructions:** K.11.7.5(I)Can the State define the activities associated with the Management information system?   A4: Each Bidder may have a different organizational structure where MIS employees or methodologies are utilized. This can be answered by Bidder describing how technology is being used to ensure/monitor healthcare compliance, methods of targeting service areas, or similar MIS usage.   1. **Bidder Instructions:** K.14.6 (Section six) and K.14.7 (Section 8) The sections went from six to eight, was section 7 omitted from the RFP? Please confirm.   A5: This is a scrivener’s error. “K.14.7. Section 8” should read “K.14.7 Section 7”.   1. **Attachment A:** B.2.4 Indicates that EGID shall provide the supplier with a premium report each month. In the past RFP the wording stated that the “bidder” shall provide EGID with a premium report each month. Please confirm if the new wording is correct?   A6: In Attachment A, Section B.2.4, the word supplier can be used interchangeably with bidder. The Section is attempting to convey to the bidder that should said bidder be awarded a contract pursuant to this solicitation, EGID will supply said successful bidder a monthly premium report each month in plan year 2023.   1. **Attachment A:** E.1.2.1.1 We believe this section should be in exhibit 10 instead of what is listed this section as Exhibit 9. Can you please confirm?   A7: Yes, Exhibit 10 is the correct exhibit and should have been referenced instead of Exhibit 9.   1. **Attachment A:** E.1.9 We believe this should be exhibit 29 for recon. instead of what is listed in the section as Exhibit 10. Can you please confirm?   A8: No, Exhibit 10 is the correct reference.   1. **Exhibit 5 HMO Premium Quote** lists the EGID administrative cost rate as $4.477 PMPM while Exhibit 6 Tabs 2 and 3 list the fee as $4.624 PMPM.  Can you please clarify what is the correct admin to use?   A9: The correct administrative cost is $4.477   1. When opening Exhibit 26 the header indicated Exhibit 3. Please confirm the header for should indicate Exhibit 26.   A10: The Exhibit 26 header should read Exhibit 26.   1. If the HMO is not awarded will the OEIBA program award a standalone national MAPD contract?   A11: See Section K.1.2.4 of the bidder instructions.   1. If MAPD/Medicare is not awarded with the OEIBA program allow the HMO to be awarded?   A12: Please see 74 O.S. Section 1366.1(b) and Section K.8.5 of the bidder instructions.   1. Bidder Instructions: K.3 – We acknowledge the requirement is to submit rates for the current plan design, but are we allowed to change the drug formulary for the current plan design?   A13:: Routine changes to the formulary are allowed. However, said changes can not result in a dramatic restructuring and/or narrowing of the formulary such that member’s pharmacy benefits are significantly restricted. We require similar tier placement of an equivalent product or therapeutic alternative coverage and access to current therapies under grandfathering for 90 days or longer when medical exception is required, and similar brand options within current categories be provided. IE – it is not expected to offer only Brands if generics are offered in classes today, unless the market changes during the benefit period, as part of normal market updates. | | | | | | | | |

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