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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Issuance:** | 7/11/2022 | | **Solicitation No.** | | 0900000545 | | |
| **Requisition No.** | 0900016526 | | **Amendment No.** | | 1 | | |
| 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. | | | | | | | |
| **RETURN TO:** | | | | | | | |
|  | | 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 Q&A period, which closed on **7/8/2022**. All questions and procurement/agency responses are detailed below:   1. What is the desired claims funding arrangement and frequency of funding between the State and vendor? Currently, we send daily funding to the Debit Card Servicer to reimburse for the previous day’s charges. Paper reimbursements claims are provided to participants of the program weekly, we reimburse the vendor weekly. 2. Will the vendor have ACH access to a State bank account for claims? Yes   If not, will prefunding be provided? N/A   1. Will the State supply the vendor with a payroll file of actual FSA payroll deductions? Yes, If so, will the State  conform to the vendor file specs? We will work with the vendor to create the most streamlined method. 2. Will the State provide an electronic open enrollment and ongoing file for new hires, terminations and changes? There will be an open enrollment eligibility file, then weekly incremental eligibility files throughout the plan year. If so, will the State conform to the vendor file specs? Same as question #3 3. How many eligible employees? Approximately 30,000 employees are benefit eligible, however our current enrollment in the FSA program is 337 Dependent Care; 9889 Medical Reimbursement 4. Can you disclose the current FSA vendor? Current Vendor is HealthScope Benefits 5. Can you disclose the current Per Participant Per Month FSA administrative fee? This information is not available for release. Does this fee include the debit card or is that an additional fee?   This information is not available for release.   1. Does the State desire or expect onsite FSA enrollment meetings? No If yes, approximately how many and how many locations? 2. When is open enrollment? October 1 - 31 3. Tentative award date? To be determined.     **2nd set of questions received 07/05/22**   1. While we were provided the number of accounts as 10,266, considering some employees may be enrolled in more than one, how many employees are enrolled? This is a consistently changing number, we have estimated 1500-2000 combined new hires/terminations monthly. The 10,266 is a consistent average at any given month during the year. How many accounts are Health Care FSA and how many are Dependent Care FSA? Health Care FSA approximately = 9889; Dependent Care = 377 2. What is the average annual spending per account? N/A 3. Do you currently have claims feeds set up with your medical, dental, and vision providers to auto-substantiate debit card confirm transactions? Yes, medical & dental 4. What is the claims funding arrangement and frequency of funding between the State and the vendor? Reimbursement daily for debit card transactions for previous day. Weekly for paper claims. Do you currently use a replenishment account to pre-fund claims payments? No      1. Do you have any pain points with existing vendors and administration today that you would like to be addressed? No 2. Please bidders are indeed required to complete and submit a VPAT or WCAG for this opportunity. Yes     **3rd set of questions 07/08/22**  **1.) General Performance:**Is the State and its employees satisfied with the current FSA plan administration.  If not, are there specific areas of concern the State would like to see addressed? Satisfied with current vendor.    **2.) Exhibit 1, Specifications/Qualifications - A.2.3**:  Are there any specific “enhancements” to the current administration structure/process the State or its participants have identified? No | | | | | | | | |

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