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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:** | 10/24/2022 | | **Solicitation No.** | | 0900000545-**ReBid** | | |
| **Requisition No.** | 0900016526 | | **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. | | | | | | | |
| **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 **10/21/2022**. All questions and procurement/agency responses are detailed below:     1. Total number of benefit eligible employees? approximately 32,000 employees have eligibility to choose. Typically, around 10,000 actual enrollees per plan year. 2. Please confirm the desired effective date of 1/1/2023 is accurate? yes 1/1/2023 3. Assuming 1/1/2023 is accurate, what is the decision day/timeline? Not determined at this time 4. Is HealthScope still the FSA Incumbent? If not, who is? Yes    1. What is the likelihood of the State moving to a new FSA Administrator? all bids are reviewed equally 5. What are the current rates for the FSA? N/A 6. What is the reason the group is marketing their FSA? current contract will expire 7. What is the State looking for in a new FSA Administrator? see items listed in bid request 8. Does the State utilize any ben admin / HRIS systems or enrollment / payroll platforms? If so, which one? Workday 9. Does the State offer a High Deductible Health Plan? Yes 10. Who are the State’s Medical, Dental, Vision Carriers? HealthChoice Health & Dental; BlueLincs HMO & BlueCare Dental, Global Health, Community Care HMO, Cigra Dental, Delta Dental, MetLife Dental, Sun Life Dental, Primary Vision Care Services, Superior Vision, Vision Care Direct, VSP. 11. Would the State like to see COBRA, HSA and/or Commuter to be included in this quote? No If so, what is the number of participants? 12. Is the State willing to sign an NDA (attached) in order for the proposing vendor to answer the Security Questionnaire? No, it is not necessary as the security assessment is considered confidential. 13. Are there any other projects the State is working on or in the near future (Medical Provider Change, Ben Admin change, etc.) N/A 14. Is the OMES Form Vendor/Payee required to be completed prior to being awarded the State’s business? Yes, if the awarded supplier is not currently and completely registered. 15. Does the State work with a Broker/Consultant Office for overall Benefits Strategies?  No 16. Please confirm the go-live date for services.  Is it January 1, 2023? Yes, proposed date 17. Will OMES be expecting the winning bidder to perform Open Enrollment for the 2023 Plan Year? If yes, what dates are Open Enrollment. October 1 - October 31 18. By what date does OMES expect a contract to be full executed? not determined yet 19. Why is this Request for Proposal being re-issued? changes required in specifications 20. Will the State consider delaying the effective date of 1/1/23 to allow adequate time for implementation? not determined yet 21. Why was the bid cancelled and rebid? changes required in specifications 22. Tentative award date? January 1, 2023 23. Will the State allow daily funding for all transactions (both claims and debit card transactions) and thereby allow daily claim reimbursements? This would streamline the processing and allow the program to operate efficiently for both the State and for participants, and also eliminate the need for weekly intervention by the State. Streamlining the process may also result in new enrollees.   Daily funding for debit card transactions = Yes; Daily funding for claim transactions = No. At this time claims are processed weekly for claim reimbursements and funding.   1. Is prior FSA Administration experience mandatory? Not mandatory but highly preferred 2. Is there an existing knowledge management repository that the vendor will utilize? No 3. Can the workforce be 100% virtual/work from home? N/A 4. Is there an external call center currently in place? If so, who is the incumbent? No 5. What is the current FTE and supervisor(s)? N/A 6. What prompted the Rebid?  review of specifications and executive decisions 7. What options that you were presented with did not meet your needs? None 8. What is the current administrative fee per participant monthly? $1.97 PPPM 9. Who is your current administrator? HealthScope Benefits 10. Are there any specific enhancements to the current plan or process that the State is interested in offering or changing? No 11. Have you considered offering Lifestyle Accounts?  They come as a package with our service.  They create employee loyalty and positive employer vibes. No 12. This is notice a formality of sorts? This is a formal rebid of solicitation 0900000545. Please follow all instructions in the solicitation documents if you wish to submit a bid. | | | | | | | | |

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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 |