

Specification No.: CBO-2019-01

Addendum Release Date September 11, 2019



**Fourth Addendum
To Request for Proposal for
Healthcare PPO/HMO, Medical Review Services,
Vision, Dental PPO/HMO**

For the City of Chicago (the "City" or the "Lead Agency")

And

Active Employees—Cook County, Illinois ("Cook County"), Chicago Park District, City Colleges of Chicago, and the Officers' Annuity and Benefit Fund of Cook County and Forest Preserve District Employees' Annuity and Benefit Fund of Cook County (the "Cook County Pension Fund"),

(which are sometimes referred to individually as an Agency or a Municipal Agency,
and collectively as the Agencies or Municipal Agencies)

Data Files

Answers To Second Round of Questions

Addendum Four

Data Files

The following five data files will be emailed on September 11, 2019 to all potential proposers who have registered.

Park District Addendum Four Benefit Reports.xlsx	Chicago Park District The tabs at the bottom of the spreadsheet are separated for Vision, Dental HMO, Dental PPO.
CityBluCrossPPOMEDICALClaims.xlsx	City of Chicago. A corrected version of the PPO Medical claims for repricing file provided earlier. The earlier file mistakenly included dental claims with blank zip codes. These have been removed.
CookCountyMedDenCensusDetail.xlsx	Cook County. A new file with 2 tabs, 1 tab for a medical census and 1 tab for a dental census. The data is anonymized but includes a line per life. Families are logically joined together because they share the same number in EEDanon, which is an anonymized version of the employee number
CityHMO Provider Match File2.xlsx	City of Chicago. A new file, listing HMO providers for the City, enabling proposers to indicate whether the provider would be in the bidder's network
City of Chicago Vision - Claims Enrollment.pdf	City of Chicago Vision claim data.

Questions and Answers

	Questions	Response
1)	Please provide details regarding any charges paid by the agencies through their claims accounts. Please detail what services the charges are for and the terms of the charges. Please provide a response that will provide us with a better understanding of the agency's preferred methods of funding and understanding of what portion of the paid claims reports provided are for payments to providers vs. other items billed via the claims account.	For the City of Chicago, the amounts are claim payments and do not include administrative fees unless they are part of a medical home or other program which requires a per participant fee which is billed as part of a claim charge; for certain out-of-state arrangements access and other fees may be billed as part of the claim charge. For practical purposes, they are de minimis compared to the claim charges. In general, all administrative fees are paid separately upon invoice.
2)	Would unsecured CD's be acceptable in place of the USB proposal copies?	No. Please respond to the RFP as instructed.

3)	For Cook County Pension Fund please clarify what the exclusion method of coordination of benefits for Medicare primary plan participants entails. What COB method should we assume on each of the HMO and PPO plans currently covering Medicare eligible retirees?	If the Plan is secondary to Medicare, it determines the amount it will pay for a covered health service by following the steps below:- 1.) The Plan determines the amount it would have paid based on the PPO's negotiated rate with the provider 2.) If the Plan would have paid more than Medicare paid, the Plan will pay the difference less any applicable deductible, coinsurance and copay amounts required by the Plan.
4)	Will an extension be provided for submission?	The deadline for submission is Tuesday October 1 at 10:30 a.m. It is not the intention of the Agencies to extend this deadline.
5)	BCBS Rolling 12 monthly reports show "Net Claims". Please define net claims. Do they equal the plan claim liability often referred to as Paid Claims? Do they include all dollars charged to the agencies via their claims accounts?	Yes, "Net Claims" are Paid claims not inclusive of the patient obligation. Administrative fees are not paid via the claim account.
6)	Please provide large claim (paid amounts over \$100,000) details (paid amount, diagnosis, plan) for the most recent 12 months of monthly claims provided, for all agencies.	To be addressed in an upcoming Addendum.
7)	The Summary of Quotes Requested by Agencies document indicates that the some agencies are looking for proposals on a PMPM basis. The Pricing Proposal Document all Products but EAP document calls for Fees on a PEPM basis. We would bill on a PEPM basis. Should we present fees on a PEPM basis or modify the proposal document to illustrate PMPM fees?	<u>All</u> : Specify the basis of fees clearly for each agency. An individual agency may reserve the right to seek quotes on an alternative basis. <u>Cook County</u> : Provide a PEPM basis please.
8)	We would like to gain a better understanding of the level of medical management being requested. Which of the current plans are subject to all outpatient precertification, including for high tech radiology (HTR)?	<u>All</u> : Please review main RFP document for which Agencies are seeking Medical Review Services. Also review the clarification in the Third Addendum. Then review the Agency Exhibits for those Agencies. Also, please review the certificates of coverage or other plan documents provided by the Agencies to determine which services are subject to precertification. Plans differ by Agency and within Agency. <u>CCPF</u> : Cook County Pension Fund – no precertification requirement for all outpatient services.
9)	Please confirm that there are no required signature forms for Cook County Pension Fund. There did not appear to be any required signature forms for this agency provided in the Agency Exhibits PDF.	There are no required signature forms for Cook County Pension Fund

10)	Please confirm that a BAA was not provided for review for City Colleges of Chicago. There did not appear to be a BAA provided within the Agency Documents PDF for this agency.	Confirmed. To be negotiated at the time of contracting.
11)	Please confirm that there are no MBE/WBE forms provided for Cook County Pension Fund. There did not appear to be any required forms for this agency provided in the Agency Exhibits PDF.	There are no MBE/WBE forms for Cook County Pension Fund.
12)	Please confirm the individual agency MBE/WBE goals for City of Chicago, Cook County, and Cook County Pension fund. The goals for City Colleges of Chicago and Chicago Park District were clearly listed, however, we were not able to locate the specific goals for the other agencies.	<u>All</u> : See Third Addendum, item #8. <u>CCPF</u> : Refer to page 281 of Agency Exhibits for a description of the Cook County Pension Fund MBE/WBE Requirements
13)	The completed provider disruption, repricing and GEO access files will be over 20 pages per report. Would it be acceptable to include these reports on the CD/USB copies of the proposal and not include them in the hard copy binders?	No it would not. Please include this response in both the hard copy and on the USB drives.
14)	Please provide a revised All Agencies PPO&EPO Provider Match file that includes the following: Provider 9-Digit Tax ID, National Provider ID (NPI), Full Name, Address, City, State, Zip, Incumbent Carrier, Utilization, HCP Specialty, Par/Non-Par Indicator	No additional data will be provided for Provider Match purposes. Please work with the data that has been provided with the RFP and subsequent Addenda.
15)	What is the employer contribution by agency for the DPPO and DHMO offerings? Is the dental a voluntary offering (employee pays 100% of the premium)?	See Third Addendum item #24. Cook County will not provide rates. Both DHMO and DPPO are 100% employer paid
16)	Please confirm what services are provided through the MWBE relationships today.	Please review Third Addendum item #9 for a listing of MBE/WBE certified vendors to derive a general understanding of the types of services currently available to be performed by such vendors. Note, however, that the types of services performed or available to be performed in the past does not represent a limitation on the types of services MBE/WBE certified vendors may perform in the future. Additionally, proposers using subcontractors meeting MBE/WBE requirements but not yet certified may suggest certification to those subcontractors.

17)	Do the Agencies currently communicate with members through an internal intranet based web page, or a mobile app? Please describe what internal mobile and intranet based communication applications that the Agencies currently utilize today.	<p>No uniform communication method is shared by all Agencies.</p> <p>Agency practices may vary but in general, if a vendor (PPO, HMO, etc.) has a mobile app or internet presence, employees may take advantage of it. Employees also communicate with vendors via toll free numbers.</p> <p>Outbound communications also vary by Agency but may include newsletters (either hard copy or electronic), postcards, letters, etc. Be advised that large portions of many Agencies' employees do not have employer email addresses, or have them but do not use them, so email messaging may be discouraged or prohibited by an Agency. Further, while many employees are highly computer and mobile device literate, for portions of the Agencies' workforce, digital communications are inappropriate for outbound communications.</p>
18)	Please confirm what services are provided through the MWBE relationships today.	Please review Third Addendum item #9 for a listing of MBE/WBE certified vendors to derive a general understanding of the types of services currently available to be performed by such vendors. Note, however, that the types of services performed or available to be performed in the past does not represent a limitation on the types of services MBE/WBE certified vendors may perform in the future. Additionally, proposers using subcontractors meeting MBE/WBE requirements but not yet certified may suggest certification to those subcontractors.
19)	Please provide an actual dental census.	<p><u>In General:</u> See Addendum Three items #34, #66, #75 and #110.</p> <p><u>Cook County:</u> A revised dental census format is provided in this Fourth Addendum.</p>
20)	Can the Agencies please provide additional data elements for the "Dental Provider Match File"? At a minimum, we would prefer TIN and full addresses, including zip code.	See item #14 above.
21)	Can each Agency please provide a web link to a list of their MBE/WBE/DBE vendors?	See Addendum Three, item #9.

22)	<p>For the Data Requests Section of the Interrogatives, question 3 is asking for information on our clients. Many of our largest clients have confidentiality clauses in their agreements with us so would it be acceptable to provide the requested information without disclosing the actual client name?</p>	<p>Yes, this is acceptable if you: 1) include in your response your representation that a confidentiality agreement precludes such disclosure and 2) you provide additional information that will assist the Agencies in understanding the relevance of your response, e.g. the nature of the workforce such as blue collar vs high tech, union vs non-union, private sector vs governmental, etc.</p>
23)	<p>For the HIPAA Compliance Section of the Interrogatives, question 6 asks the following: <i>How is security set up in the system? What are the different levels of security?</i></p> <p>Can the Agencies please clarify what they mean by the levels of security? Do they mean the different levels of confidentiality that is assigned?</p>	<p>There is no specific answer desired here. It is a general question about security safeguards to support HIPAA compliance. Accordingly, describe whether all aspects of your system are viewable/searchable by all people with access to your system or whether you partition access based on organization specific variables (define variables for content access).</p>
24)	<p>RFP Section A. Utilization Management Services states the following: <i>Outpatient chemical dependency and mental health programs including group therapy, except that with respect to Actives and their Dependents, precertification is only required after a number of visits per calendar year specified by the Agency's plan document.</i></p> <p>Can the Agencies please clarify if there is a number of visits/calendar year outlined by each of the Agency's plan documents, after which these services would be subject to preauthorization?</p>	<p>This varies by Agency.</p> <p>Please refer to the description of various benefit plans found in the Agency Exhibits and Third Addendum.</p> <p>Also see item #8 above.</p>
25)	<p>The following question is intended for the Chicago Park District: Please confirm the approach, intent, and expectation for pharmacy under the Chicago Park District's plan designs.</p>	<p><u>CPD</u>: For all plans except the high deductible plan which currently has less than 50 enrollees, pharmacy is carved out. For the high deductible plan CPD expects pharmacy to be included so member prescription covered services costs can be integrated.</p>

26)	The following question is intended for the Cook County Pension Fund: for the repricing claims file, can you please include the data elements referenced in the Milliman Data Layout Requirements included as an attachment with our vendor questions?	<p>Please note that CCPF provided two separate repricing files – a facility file and a professional file. The facility file contains a few extra fields, such as revenue code and DRG code.</p> <p>CCPF believes the information provided in the facility and professional repricing files is sufficient for bidders to reprice the charges. Most fields in the Milliman layout are present; we believe that those that are not present are not necessary for repricing of the charges. If a proposer has a specific issue that it believes materially impacts repricing, that can be noted in the repricing results returned in response to the RFP.</p>
27)	Will the Agencies be sending pricing templates to complete for each Agency?	Use the template provided for each Agency for each product for which you are proposing. Name the templates to include the Agency name in your response file. The templates allow you to name the agency on each proposal page.
28)	Can the Agencies please clarify the contract terms being requested by each Agency? The SPEC_CBO_2019_01MainRFPDocument.PDF file does not clearly define the requested contract terms for each Agency.	<p>The contract terms being requested by each Agency are not set forth in the referenced main document.</p> <p>The contract terms vary by Agency and accordingly are set forth in the Agency Exhibits.</p>
29)	When will the additional Agency RFP documents be provided?	See Addenda One and Three.
30)	For the Vision Provider Match File, can the Agencies please include the following information: TIN (Tax ID), NPI (National Provider Identifier), Facility Name, Provider Name, Address, City, State, Zip, and Phone so we can provide an accurate disruption?	Please work with the information as provided in the original files and/or as amended by subsequent files.

<p>31)</p>	<p>Can the Agencies please provide the following census files?</p> <ul style="list-style-type: none"> • City Colleges of Chicago <ul style="list-style-type: none"> ○ Retiree HMO Census: please provide coverage tiers. ○ Retiree PPO Census: please provide coverage tiers. • City of Chicago <ul style="list-style-type: none"> ○ Please provide an actual medical census. ○ Please provide an actual dental census. • Chicago Park District <ul style="list-style-type: none"> ○ Please provide a census. • Cook County Pension Fund <ul style="list-style-type: none"> ○ Please provide coverage tier for census. • Cook County <ul style="list-style-type: none"> ○ Please provide a dental and vision census. <p>Please see the requirements below for each subscriber:</p> <ul style="list-style-type: none"> • Birthdate or age. • Status (Active, Cobra, Retiree). • Gender. • Zip Code. • Medical Population (plan currently enrolled in). • Medical Tier. • Dental Population (plan current enrolled in) (Cook County only). • Dental Tier (Cook County Only). 	<p><u>CCC:</u> This has been provided This has been provided:</p> <p><u>City:</u> See file on USB drive. The data that has been provided in summary tables should be used . An individual by individual census will not be provided.</p> <p><u>CPD:</u> The census file was provided on the USB drive.</p> <p><u>CCPF:</u> The CCPF Census File contains a record for each individual life. As such, there is no tier election field</p> <p><u>Cook County:</u> See the Cook County census provided. We are not seeking a proposal for vision benefits.:</p>
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The following questions are intended for the City of Chicago:

- The City included PSFs on the City of Chicago HMO Rolling 12; however, we were asked to exclude this from the data. Can the City please confirm the approach to rating?
- The City of Chicago PPO Rolling 12 claims do not match to what was provided. Can the City please confirm the changes made and confirm if all group numbers were provided?
- The City of Chicago PPO Rolling 12 membership and subscribers don't match to what was provided. Can the City please confirm the changes made and confirm that all group numbers are included?
- The City of Chicago PPO Rolling 12 claim counts don't match to what was provided. Can the City please confirm the changes made and that all group numbers were provided?
- Can the City please confirm the City of Chicago HMO Rolling 12 worksheet (see below). Is this correct?

	\$3,208,749	\$7,581,282
	\$3,205,901	\$7,491,495
Notes	\$3,195,359	\$7,945,547
*12 Month Claim Cost reflects monthly average of 2164368	780245	
	2192299.91	7822737.25
*Employee and Member counts are pulled from 0	3162746	7173591
	3159968.37	7963171.42
*BA HMO Prescription Drug Claims are under a \$	3142887.22	776818.43
	31509516	7558919
*Starting 4/1/2016, the City of Chicago went	29444546	72638208
	3221215.15	8737470.57
* 1/1/2017 the group lost grandfather status on c	3191692.35	883262.97
	3184781.67	8182782.7
	3174402.66	11287871.75
	3170098	1944371
	3148751	612340
	3136095	7518288
	3131225	738234
	3118248	7977388
	3105604	9319736
	3106490	8920633
	3053313	9652013
	3036882	7969504

City of Chicago:

See Addendum Three, item #111.

32)

33)

For City of Chicago Vision Services:

How long has Davis been the incumbent vision provider?

City of Chicago:

See Addendum Three, item #116.

34)	For City of Chicago Vision Services: Please confirm that Davis Plan A and Davis Plan B are the same.	<u>City of Chicago:</u> See Addendum Three, item #116.
35)	For City of Chicago Vision Services: Please advise if there have been any plan changes in last 36 months.	<u>City of Chicago:</u> See Addendum Three, item #116.
36)	For City of Chicago Vision Services: What percentages of premium does the city pay and the member pay for vision?	<u>City of Chicago:</u> See Addendum Three, item #116.
37)	For City of Chicago Vision Services: What are the current rates for all plans?	<u>City of Chicago:</u> See Addendum Three, item #116.
38)	For City of Chicago Vision Services: What are the renewal rates for all plans?	<u>City of Chicago:</u> See Addendum Three, item #116.
39)	For City of Chicago Vision Services: “City vision Census” only provides summary data: <ul style="list-style-type: none">○ Please confirm on Tier tab:<ul style="list-style-type: none">▪ Units = employees.▪ Lives = Units + dependents.▪ Number of units are actively enrolled in vision and does not include those who have waived coverage.○ Please confirm zip tab:<ul style="list-style-type: none">▪ Is the Zip code the members’ home address?	See also City of Chicago Vision - Claims Enrollment.pdf (Fourth Addendum) Yes to all three Yes

40)	<p>For City of Chicago Vision Services:</p> <p>Please provide the following Experience Data:</p> <ul style="list-style-type: none"> ○ At least the last 24 months of Monthly Vision Premium. ○ At least the last 24 months of Monthly Paid Vision Claims. ○ Claim counts for the following: <ul style="list-style-type: none"> ▪ # of Exams. ▪ # of materials detailed by type. ▪ # of frames. ▪ # of lenses detailed by type – single, bifocal, trifocal, and Progressive. ▪ # of contacts ▪ # of lens options by type – scratch, polycarb, AR, ultraviolet, tint, etc. 	<p><u>City of Chicago:</u> See Addendum Three, item #116.</p>
41)	<p>For Chicago Park District Vision Services:</p> <p>How long has VSP been the incumbent vision provider?</p>	<p><u>Chicago Park District (CPD):</u> See Addendum Three, item #118.</p>
42)	<p>For Chicago Park District Vision Services:</p> <p>Which VSP network is utilized today?</p>	<p><u>CPD:</u> See Addendum Three, item #118.</p>
43)	<p>For Chicago Park District Vision Services:</p> <p>Please provide the VSP benefit summary supplied to the Chicago Park District by VSP.</p>	<p><u>CPD:</u> See Addendum Three, item #118.</p>
44)	<p>For Chicago Park District Vision Services:</p> <p>What percentages of premium does the employer pay and the employee pay for vision?</p>	<p><u>CPD:</u> See Addendum Three, item #118.</p>
45)	<p>For Chicago Park District Vision Services:</p> <p>What are the current rates for all plans?</p>	<p><u>CPD:</u> See Addendum Three, item #118.</p>
46)	<p>For Chicago Park District Vision Services:</p> <p>What are the renewal rates for all plans?</p>	<p><u>CPD:</u> See Addendum Three, item #118.</p>

47)	<p>For Chicago Park District Vision Services:</p> <p>Please provide a census file including the following information:</p> <ul style="list-style-type: none"> ○ Vision enrollment by rating tier. <ul style="list-style-type: none"> ▪ At a minimum of the employee level, if dependents are included, please identify. ○ Zip code of residence. 	<p><u>CPD:</u> See Addendum Three, item #118.</p>
48)	<p>For Chicago Park District Vision Services:</p> <p>Please provide the following Experience Data:</p> <ul style="list-style-type: none"> ○ At least the last 24 months of Monthly Vision Premium. ○ At least the last 24 months of Monthly Paid Vision Claims. ○ Claim counts for the following: <ul style="list-style-type: none"> ▪ # of Exams. ▪ # of materials detailed by type. ▪ # of frames. ▪ # of lenses detailed by type – single, bifocal, trifocal, and Progressive. ▪ # of contacts ▪ # of lens options by type – scratch, polycarb, AR, ultraviolet, tint, etc. 	<p><u>CPD:</u> 2016-2019 same premium which has been provided See Addendum Three, item #118.</p>
49)	<p>For City Colleges of Chicago Vision Services:</p> <p>Would a fully insured Vision Option be considered for this agency? The in-force arrangement appears to be self-funded.</p>	<p>See Third Addendum #19</p>

50)	<p>General RFP Question How shall addenda be acknowledged in the proposal?</p>	<p>Page 64 of the RFP is hereby modified by deleting this paragraph: <i>“ _____ [insert name of Proposer] (A) represents and warrants that all responses to all interrogatives are true and correct, (B) proposes to perform each and every element of the Scope unless specifically excepted in its response, (C) hereby commits that, if selected will faithfully comply with all elements of its proposal unless otherwise accepted by the Agencies or with respect to an Agency by that Agency and (D) authorizes release of information under the Freedom of Information Act to the extend not redacted in accordance with the submittal requirements of the RFP.”</i></p> <p>, and replacing it with the following:</p> <p><i>“ _____ [insert name of Proposer] (A) represents and warrants that all responses to all interrogatives are true and correct, (B) proposes to perform each and every element of the Scope unless specifically excepted in its response, (C) hereby commits that, if selected will faithfully comply with all elements of its proposal unless otherwise accepted by the Agencies or with respect to an Agency by that Agency (D) authorizes release of information under the Freedom of Information Act to the extend not redacted in accordance with the submittal requirements of the RFP, and (E) acknowledges receipt of Addenda One, Two, Three, Four, and _____ .” (Fill in the blank with all Addenda as of the date of submission).</i></p>
51)	<p>General RFP Question As the Cost Proposal is to be prepared for each agency, would it be permissible to prepare responses to the Scope of Services and Interrogatives similarly at the agency level (i.e., each agency would have a separate response)?</p>	<p>To the extent that a proposer wishes to offer different terms and conditions for a particular Agency, the proposer can provide that information as part of a general response to the questions and/or terms and conditions of the RFP. The proposer should expect that all Agencies will review and observe any such differential responses/offers.</p>
52)	<p>General RFP Question The General Scope of services asks if vendors are willing to underwrite the cost of any computer programming or systems development on an Agency’s benefits management information system, or that of its benefits management outsourced vendor, that is necessary to implement the services being proposed. By agency, what amount would likely cover these expenses for each requested coverage?</p>	<p>A proposer may respond by providing the dollar amount of an implementation credit that an Agency may elect to apply to system modifications if it so elects or it can respond with any limits it wishes to apply. No per Agency estimate of such costs is available.</p>

53)	General RFP Question Please confirm rates should not include any commissions.	Confirmed, rates should not include any commissions. Proposers are reminded that page 3 of the RFP provides: "The selected Proposer shall perform the services directly. Proposals submitted by brokers and by others not capable of directly performing the services specified herein will not be accepted."
54)	City of Chicago - Dental In order to provide GeoAccess reporting, please provide a revised Dental census which includes all lives. The current censuses do not include ZIPs with 10 or fewer lives.	Please navigate to the Third Addendum and open the file named City Dental Census addl.xlsx. Please refer to the tab named "Zip". Please prepare your report based on the data provided.
55)	City of Chicago - Dental Please list any historical plan changes and when they took place.	<u>Dental Plans for Group B (aka FOP):</u> No changes. <u>Plan A (aka LMCC):</u> Effective 1/1/2017 the following changes became applicable: For dental PPO: the PPO annual maximum increased to \$1,500, sealants became covered every 5 years for a child under age 14; plan dropped semi-annual bite-wing X-rays, in-network coverage increased from 60% to 80% for basic and restorative services, and crowns covering an abutment were added while other services related to implants are not covered. For dental HMO, orthodontia copay for a child dropped from \$2,300 to \$1,800, and copays for periodontal surgery and endodontic services were reduced. At the same time, a separate payroll deduction for vision and a separate payroll deduction for dental was created.
56)	City of Chicago – Vision Please provide the utilization reports similar to what was provided for City Colleges.	See City of Chicago Vision - Claims Enrollment.pdf (Fourth Addendum)
57)	City of Chicago – Vision Please provide historical experience to include lives, premium, and paid claims.	See City of Chicago Vision - Claims Enrollment.pdf (Fourth Addendum)
58)	City of Chicago – Vision Please list any historical plan changes and when they took place.	1-1-2017 for LMCC (not for FOP): Improve contact lens formulary to Premiere Formulary Eliminate \$18 co-payment for scratch coating for plan provided lenses
59)	City of Chicago – Vision Please list the percentage of City/Employer contribution towards the employee vision rates, if any.	<u>Plan B (FOP):</u> 100% employer paid at the present time. <u>Plan A (LMCC):</u> Effective 1-1-2017 employee contributions were instituted. See employee premiums explained in the City's Agency Exhibit, in the Open Enrollment Guide section.
60)	City of Chicago – Vision In order to provide GeoAccess reporting, please provide a revised Vision census which includes all lives. The current censuses do not include ZIPs with 10 or fewer lives.	Please work with what has been provided.
61)	Cook County – Dental In order to provide GeoAccess reporting, please provide a revised Dental census which include all lives. The current census does not include ZIPs with 10 or fewer lives.	Please open the file in this Addendum Four named Cook County Dental Census addl.xlsx. This file has a zip code for each record.

62)	Cook County – Dental Please list any historical plan changes and when they took place.	The County has not made any bargained changes to the dental plans for the last two contracts. Prior information is not available.
63)	Chicago Park District – Dental Please provide the current rates by plan.	Please derive from the direct pay rates. See Addendum 3.
64)	Chicago Park District – Dental Please provide the carrier history. When was the group initially effective with Blue Cross Blue Shield?	CPD does not use BCBS for dental; Compbenefits provided dental from 1998, Humana took over in 2014.
65)	Chicago Park District – Dental How many dental plans are there currently? Please provide a census with the employees including tier, gender, ZIP, date of birth, and plan election.	Two – one HMO (DMO) and one PPO Census is provided with this Addendum Four.
66)	Chicago Park District – Dental Please provide a copy of the most recent bill.	Rates have been provided
67)	Chicago Park District – Dental Please provide a census for the individuals enrolled in the HMO plan.	Census is provided with this Addendum Four.
68)	Chicago Park District – Dental What are the current commissions and what should be quoted?	Commissions: n/a
69)	Chicago Park District – Dental Have there been any plan changes during the experience periods provided? If so, what was the change and effective date?	No, in 2017 CPD switched from one Humana dental HMO to another.
70)	Chicago Park District – Dental How are the Out of network claims reimbursed (e.g., MAC, R&C? If R&C, what percentile?)?	N/A
71)	Chicago Park District – Dental Are the claims under the DPPO Rolling 12 Report for the active and retiree dental plans (combined)?	Yes
72)	Chicago Park District – Dental Is the retiree plan the same as the active plan?	Yes
73)	Chicago Park District – Dental Please provide an SPD.	This was provided
74)	Chicago Park District – Vision 1. Please provide the current rates by plan.	This was provided
75)	Chicago Park District – Vision Please provide the carrier history. When was the group initially effective with Blue Cross Blue Shield?	Do not have BC. Have had VSP since 2003
76)	Chicago Park District – Vision Please provide a copy of the most recent bill.	Rates provided
77)	Chicago Park District – Vision Please provide at least 24 months of experience including premium, lives and claims by month.	See addendum 3 #118
78)	Chicago Park District – Vision Please list any historical plan changes and when they took place.	none

79)	Chicago Park District – Vision Confirm if active/retirees have the same benefits.	No retiree vision
80)	Chicago Park District – Vision Please provide an SPD.	Summary of benefits has been provided
81)	Chicago Park District – Vision Please provide a census with the employees including tier, gender, ZIP, date of birth, and plan election.	Zip and count by single, ee plus one and family is attached to this Addendum Four.
82)	Chicago Park District – Vision Please list the percentage of contribution towards the employee vision rates, if any.	Employees pay all
83)	Chicago City Colleges - Dental Dental HMO is marked as included, though the plan provided shows Dental PPO only. Please confirm if this is a PPO only quote, or if it is side-by-side PPO & DHMO.	Side by side PPO & DHMO. DHMO would be a new plan offering.
84)	Chicago City Colleges - Dental Is there DHMO today?	No
85)	Chicago City Colleges - Dental Please provide the current rates by plan.	There is currently only one plan, a Dental PPO.
86)	Chicago City Colleges - Dental Please provide the carrier history. When was the group initially effective with Blue Cross Blue Shield?	Already provided.
87)	Chicago City Colleges - Dental How many dental plans are there currently? Please provide a census with the employees by plan.	One
88)	Chicago City Colleges - Dental Please provide a copy of the most recent bill.	Self-Insured, we pay claims and administrative fees.
89)	Chicago City Colleges - Dental Have there been any plan changes during the experience periods provided? If so, what was the change and effective date?	No
90)	Chicago City Colleges - Dental How are the Out of network claims reimbursed (e.g., MAC, R&C? If R&C, what percentile?)?	Already provided.
91)	Chicago City Colleges - Dental Are the claims under the DPPO Rolling 12 Report for the active and retiree dental plans (combined)?	Yes
92)	Chicago City Colleges - Dental Is the retiree plan the same as the active plan?	Yes
93)	Chicago City Colleges - Dental Please provide an SPD.	Already provided
94)	Chicago City Colleges - Vision Please provide the current rates by plan.	See CCC website
95)	Chicago City Colleges - Vision Please provide an SPD.	Does not exist
96)	Chicago City Colleges - Vision Please provide a copy of the most recent bill.	Self-Insured, we pay claims and administrative fees.
97)	Chicago City Colleges - Vision Please provide at least 24 months of experience including premium, lives and claims by month.	Already provided

98)	Chicago City Colleges - Vision Please list any historical plan changes and when they took place.	N/A
99)	Chicago City Colleges - Vision Please list the percentage of contribution towards the employee vision rates, if any.	See CCC website
100)	All AGENCIES: Please confirm Claim Fiduciary (Carrier or Agency) for each agency	<u>City of Chicago:</u> Medical PPO, Medical HMO, Dental PPO and Dental HMO carrier is BCBSIL; for vision carrier is Davis Vision. <u>CCPF:</u> Agency <u>Cook County:</u> See upcoming addendum <u>CPD:</u> See upcoming addendum <u>CCC:</u> See upcoming addendum
101)	All AGENCIES: Please confirm whether claims provided for each Agency are Paid or Incurred.	<u>City of Chicago:</u> Paid <u>Cook County:</u> Paid <u>CPD:</u> Paid <u>CCPF:</u> Cook County Pension Fund sent summary claims on a paid basis; the re-pricing file was based on incurred claims <u>CCC:</u> Paid
102)	All AGENCIES: Please confirm that the utilization, disease management, maternity management, and reporting sections of the RFP apply to each agency and that all plans would be subject to the same programs and services from those perspectives.	No, not confirmed. The Agencies are not uniform in this regard. Each Agency has entered into collective bargaining agreements with many unions, and the criteria applicable to UM, DM, MM and other programs, and reporting thereon, varies by Agency, and varies in some cases by different populations within an Agency. Furthermore, criteria can be expected to vary over time.
103)	All AGENCIES: Please list any current onsite resources, allowances, or budgets each Agency has in place today.	Please prepare your proposal for communications, and the cost of communications, without regard to prior years practice or budget. With regarding to onsite resources, no Agency houses vendor employees onsite at the Agency. With regard to Agency resources, expect at a minimum that Agencies will desire to devote resources to review communications you propose, correct errors, seek input in some cases and in other cases exercise final approval of the communications.

104)	All AGENCIES: Please confirm bracketed fees are acceptable, or whether each Agency is required to be rated individually (not including stop loss- that would be Agency specific for those requesting it)	If by “bracketed fees” you mean a fee for service based on ultimate enrollment, the answer is No.
105)	All AGENCIES: RFP –Page 37 -Third Party Liability section clarification is needed on the type of recovery you are referencing. Are we responding for overpayment recovery, subrogation recovery, or both?	1) Subrogation includes broad categories of third-party liability including but not limited to: subrogation, medical payments coverage (med pay), Personal Injury Protection (PIP), and product liability recovery and workers compensation reimbursement. 2) A claim overpayment recovery is not considered part of the subrogation feature; it is, however, expected that proposers will make every reasonable attempt to collect overpayments or as otherwise directed by the Agency, or as specifically required in the scope of services.
106)	All AGENCIES: RFP - Page 41 Systems Support #16 – please clarify or provide an example.	See item # 52 above.
107)	ALL AGENCIES: The Pricing Proposal Document (Line 5) States “Agency for Which Proposal is For”- Does that mean we should have 5 ASO PPO tabs- one for each Agency? Same with the HMO? Can each individual Agency have its own fees or are all the Agencies expecting a single fee for each product?	Yes, each Agency would have its own Pricing Proposal document for each product for which a proposer is responding. An Agency may have an individual fee.
108)	City Colleges Please provide plan code on the HMO retiree census, designating which plan the retirees are in	Already provided
109)	City Colleges The benefit booklet outlines one HMO plan, but it appears that there may be more than one according to the census and claim reports. Please confirm the number of HMO plans (active and retirees) and supply additional benefit booklets as needed.	N/A, there were previously separate plans but now only one HMO effective 7/1/19.
110)	City Colleges Please confirm whether or not retirees should be included in the quote and the stop loss.	Yes
111)	City Colleges Please confirm if the stop loss proposal needs to apply to pharmacy claims. If so, please include claim reports with pharmacy claims.	No, Rx is carved out.
112)	City Colleges Please confirm whether or not the “Net Claims” column on the Experience report includes Medical claims only or Medical and Pharmacy claims.	Medical only

113)	<p><u>City Colleges</u> Please provide a large claim report for the HMO and PPO plans that corresponds to the latest 12 month experience period (4/18-3/19)</p> <ul style="list-style-type: none"> • Please provide a census for each subgroup/agency with columns for zip code, vision tier, DOB, and vision plan selection • Please provide monthly vision claims and lives by plan for each subgroup/agency 	CCC is reviewing this.
114)	<p><u>City of Chicago</u> Please provide a medical census file that contains DOB, TIER, GENDER, PLAN CODE, ZIP CODE and ACTIVE/RETIREE STATUS for all subscribers (see City Colleges census for reference).</p>	Please work with the census summary data tables that have been provided.
115)	<p><u>City of Chicago</u> Please provide a large claim report for the HMO and PPO plans that corresponds to the latest 12 month experience period (4/18-3/19)</p>	<p><u>City PPO</u>: See Third Addendum item #81. <u>City HMO</u>: <i>See upcoming addendum</i></p>
116)	<p><u>City of Chicago</u> Please confirm whether or not retirees should be included in the quote and the stop loss.</p>	<p><u>Retiree Plans</u>: A small number of City employees who retired prior to 8/23/89 and their dependents are in retiree plans. The non Medicare population is under 90 and the Medicare Supplement population is under 2400. As these are PPO plans, no stop loss is applicable. See Third Addendum item #81.</p> <p><u>Employee Plans</u>: For the HMO all members should be included for the stop-loss quote.</p>
117)	<p><u>City of Chicago</u> Please confirm if the stop loss proposal needs to apply to pharmacy claims. If so, please include claim reports with pharmacy claims (split out from the medical)</p>	<p><u>In general</u>: No, not confirmed. <u>Retail and Mail Order</u>: Pharmacy claims are carved out to a Pharmacy Benefit Manager. <u>Exception</u>: Note that some prescriptions drugs are not dispensed from a pharmacy, but are dispensed by providers (e.g. hospitals, medical doctors, etc.). Where covered under the Medical HMO plan, the stop loss proposal should cover these expenses. They are already included in the provided exhibits.</p>
118)	<p><u>City of Chicago</u> Please confirm whether or not the “Net Claims” column on the Experience report includes Medical claims only or Medical and Pharmacy claims.</p>	Mail order and retail pharmacy claims are not included.

119)	<p>City of Chicago Repricing File - BluCrossPPOMEDICALClaims</p> <ul style="list-style-type: none"> a. Provider location data (i.e. zip code, city, state, address) is for the provider’s billing location – not servicing location. Please provide the billing location. b. Approximately 3.8% of the charges are not assigned a zip code which accounts for about \$5.8M in claim dollars; please provide zip codes for those claims. c. Please confirm that the <i>Place of Treatment</i> field should be used to define place of service. 	<ul style="list-style-type: none"> a. Please use the data as provided. b. Please see file provided with this Addendum Four c. Confirmed.
120)	<p>City of Chicago On the Dental repricing file is either column A or B provider TINs? If not, please provide. The file is also missing zip code data. Without the provider zip code information we are unable to complete the repricing request.</p>	To be provided in an upcoming addendum
121)	<p>City of Chicago Please provide a census for each subgroup/agency with columns for zip code, vision tier, DOB, and vision plan selection</p>	Please work with the summary data tables that have been provided.
122)	<p>City of Chicago Please provide monthly vision claims and lives by plan for each subgroup/agency</p>	To be provided in an upcoming addendum
123)	Can you provide a census for the Cook County opportunity that has enrollment broken out by member including gender, age and enrollment tier?	Please see the Cook County census provided.
124)	Is there an opportunity to satisfy the vision reporting requirement utilizing de-identified data in order to remain compliant with HIPAA requirements?	<p>You must comply with HIPAA:</p> <p>You must provide summary level reports de-identified as required under HIPAA.</p> <p>In addition, you must provide detailed reports containing requested information. This detailed reporting is to be provided to the Agency encrypted as required under HIPAA, and is required by the Agency for permitted uses under HIPAA including but not limited to eligibility audits, claims audits data analysis, fraud audits, etc.</p>

125)	Can you provide your OON reimbursement for each of the agencies? (MNRP, R&C etc.)	<p>We assume this question relates to vision.</p> <p><u>City:</u> Maximum Allowances Out of Network are: Eye Examination \$35; Single Vision Lens \$35 per pair; Bifocal Lens \$50 per pair; Trifocal Lens \$60 per pair; Lenticular Lens \$60 per pair; Contact; Lens Up to \$105 (per pair or per total dispensed); Frames \$50;</p> <p><u>CCPF:</u> Out of Network Vision Benefits are: Eye exam – once every 12 months; \$40 allowance Frames – once every 24 months; \$40 allowance Lenses – once every 12 months; \$40 to \$80 allowance, depending on type of lens Contact lenses (in lieu of eyeglasses, once every 12 months); \$75 allowance</p> <p><u>CPD:</u> Exam up to \$50. Single Vision Lenses up to \$50. Lined Trifocal Lenses up to \$100. Contacts up to \$105. Frame up to \$70. Lined Bifocal Lenses up to \$75. Progressive Lenses up to \$75.</p> <p><u>CCC:</u> Exam – Up to \$35 Frame – Up to \$40 Single Vision Lenses – Up to \$30 Lined Bifocal Lenses – Up to \$40 Lined Trifocal Lenses – Up to \$50 Progressive Lenses – Up to \$50 Elective Contacts – Up to \$105 Necessary Contacts – Up to \$300 Tints – Up to \$5</p> <p><u>Cook County:</u> n/a not seeking a vision proposal.</p>
126)	Please confirm if you have any offshoring requirements within any of the agencies?	<p>We assume you are asking whether call centers or other services can be provided by workers located outside of the geographical United States.</p> <p>Each Agency has specific policies which may bear upon this question. Proposers are responsible for reading the Agency Exhibits which generally set forth these policies or incorporate them by reference. For example, if your offshoring arrangements involve unfair treatment of minorities in Northern Ireland, slavery, sweatshop labor, etc. you may be impacted by policies of one or more Agency.</p>

127)	If a DMO is not available at this time would you like a proposal for the DMO population to be included with the DPPO population?	See Addendum Three items #11, 12, 13 and 21. Further, proposers are reminded that most Agency employees are members of labor unions and Agency CBAs address benefits provided, including D-PPO and DMO benefits. Please review Addendum Three item #19.
128)	Offer a base package of services including Critical Incidence Support, Management Support, Unlimited Wellness Coaching (phone and video), and a Bank of Work-Life Training Hours (40 hours). Please explain what you mean by wellness coaching as it relates to the employee assistance program base offering and please define work life training. What types of trainings are included?	<u>Cook County</u> : There is no specific current offering to be replaced. This is a general question as to what is available.
129)	What onsite resources are available to the agencies today (i.e., onsite EAP resources, onsite wellness ambassadors, etc.)? Who are the agency's current wellness and EAP vendors?	<u>Cook County</u> : Currently there is an in-house resource and two union plans. Effective 12/1/19 the County will be utilizing Magellan through the health benefit plan.
130)	Please confirm that all of the plans have the pharmacy carved out for all the agencies. If not please confirm which plan and agency has pharmacy.	<u>City of Chicago</u> : Confirmed, except as described in item 117 above. <u>CPD</u> : For all plans except the high deductible plan which currently has less than 50 enrollees, pharmacy is carved out. For the high deductible plan CPD expects pharmacy to be included so member prescription covered services costs can be integrated. <u>Cook County</u> : Carved out for all plans. <u>CCPF</u> : Carved out for all plans. <u>CCC</u> : Rx is currently carved out for PPO only.
131)	Describe your communication program. What is the current budget? How do you communicate? On line, home mailers, etc	See Item #17 above in this Fourth Addendum.
132)	Can we receive the "All Agencies" dental Provider file with TIN number, Provider Name and Full Provider Address? This will provide for a more accurate report.	File was included with Addendum Three
133)	For each Agency requesting DHMO, can we receive the DHMO provider file for each agency independently, including Provider TIN number, Provider Name, Full Provider Address?	If to be provided, will be addressed in an upcoming Addendum.

134)	Per EAP, how do they define wellness coaching?	The County is seeking information on options, whether in-person or digital.
135)	Per EAP, are they looking for onsite EAP?	The County is open to a combination of telephonic, digital and on-site resources, with corresponding pricing.
136)	Can you confirm which documents need to be signed by a Notary?	Page 64 of the RFP contains the submittal requirements and requires one document, the proposer's execution page, be signed. This is the one document that the main RFP requires to be notarized. Further, each Agency's Agency Exhibits may require other documents to be submitted. Some of them may need to be signed and notarized. Please comply with these requirements.
137)	In the scopes document letter II. Can you elaborate on what kind of computer systems or programs the agencies currently have in place or desire to have? (IE. Electronic Eligibility Vendor etc.)	See Third Addendum item #20.
138)	Please clarify the RFP request for "Medical Review Services" that will be part of the City of Chicago quote. Can you please confirm what services fall under "medical review services" and how you define this request?	<u>City of Chicago</u> . Please review the Scope of Services. Please review the City's Agency Exhibit. Please review the pricing documents.
139)	Cost Proposal Template (Medical review service) require the rates to be provided at PEPM including Specialty Case Management. Do we need to provide PEPM or hourly rate for specialty case management?	You may provide an hourly rate as an alternative. If you do, please estimate a range of expected billings.
140)	Total Bundled Fee on a PMPM basis as given at the total fee line at the bottom of the cost proposal template. Are PEPM and PMPM being used interchangeably or do they have different definitions?	PEPM is Per Employee Per Month; PMPM is Per Member Per Month. Be specific as to what basis you are proposing. If you are indifferent as to which basis an Agency selects, please so state and provide a quote on both bases.
141)	RFP Cover page (pg. 1) "Submit 12 Physical Proposals: Submit 12 physical proposals in 3-ring binders, signed and sworn to before a notary public." Does this mean 1 original proposal that has been notarized, with 11 copies of the original?	No. Each of the 12 physical proposals must be signed and notarized.

142)	<p>Cost Proposal (pg. 68) 1) Complete each data request on the USB-drive for the Services with respect to which the Proposer is proposing. Can you clarify that only one USB drive is required to submit the Cost Proposal?</p>	<p>Not confirmed.</p> <p>Each USB drive should include a complete response to the RFP (or to a component of the RFP, see below). Accordingly the USB drives shall each contain the cost proposal.</p> <p>You are not required to submit responses to all RFP components on the same USB drive. For example, if you are proposing on the medical PPO component and the dental HMO component, and you have different departments preparing the responses, we understand you may find it convenient to submit separate USB drives. This is permitted, however: 1) they should be clearly marked, and 2) each USB drive for a component should be complete including its cost proposal.</p>
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