



# MANATEE COUNTY FLORIDA

September 1, 2011

TO: All Proposers

SUBJECT:

Request For Proposal (RFP) #11-2671FL  
Third Party Administration (TPA) Services For  
Medical, Dental, Flex Spending and Provider Network

## ADDENDUM #2

The following items are issued to add to, modify and clarify the Request For Proposal document. Proposals are to be submitted on the specified time and date due, in conformance with the additions and revision listed herein.

- A. The proposal due date is changed from 4:00 p.m., Wednesday, September 7, 2011, to **4:00 p.m., Tuesday, September 13, 2011.**
- B. Responses to the following questions:
  - 1. Does the county require any hard coding of the claims system for steerage to certain providers?  
  
No.
  - 2. On pg.25 of the RFP, section titled; Summary of Services Needed, what is meant by the term "DSA"?  
  
Dependent Care Spending Account (DCSA).

(Continue to next page)

Financial Management Department  
Mailing Address: P. O. Box 1000 Street Address: 1112 Manatee Avenue West, Ste. 803, Bradenton, FL 34206-1000  
WEB: [www.myanatee.org](http://www.myanatee.org) \* PHONE: 941.749.3014 \* FAX: 941.749.3034

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LARRY BUSTLE \* MICHAEL GALLEN \* JOHN R. CHAPPIE \* ROBIN DiSABATINO \* DONNA HAYES \* CAROL WHITMORE \* JOE McCLASH  
*District 1      District 2      District 3      District 4      District 5      District 6      District 7*

3. Are Mental Health and Substance Abuse services to be covered, or is this carved out?

These services are covered with a separate benefit structure from the medical plan as reflected in Section 8 of the provided Plan Document. The utilization review and case management of these services are handled by the in-house health management team which is the section of the RFP that we are asking proposers to identify the resources and tools that they can provide to enhance the existing system, not replace the existing utilization and case management group.

4. On our products, typically the copay, deductible and coinsurance apply toward the out-of-pocket limit. Can you verify what is currently covered under the out-of-pocket limit for your plans?

Coinsurance is applied to the out of pocket maximum, but copays and deductibles do not. The exception is Inpatient where the deductible and coinsurance apply.

5. Who is the agent or consultant analyzing the proposals? Are there any commissions payable?

AonHewitt will participate as deemed necessary by the Selection Committee. No.

6. What are the stop loss specifications?

No stop loss in place currently.

7. Are you requesting an electronic copy of the proposal or a CD? If electronic, please provide the e-mail address for this.

Either format is acceptable, the email address is:  
frank.lambertson@mymanatee.org

8. Will the County be sending a census in excel that includes date of birth, 5 digit zip codes, plan and tier?

Attached. Electronic version is available at  
frank.lambertson@mymanatee.org

9. What is meant by "quarantined" in question 9?

Should read "guaranteed".

*Please provide the quarantined discount percent off normal charges for the designated location for the network proposed for the following service categories:*

- a. Metropolitan Geographic Location: 342  
b. Hospital Inpatient Facility Discount

- c. Hospital Outpatient Facility Discount
- d. Professional Services Discount

10. Commission to be included (Dental)?

Rates should be reflected without commission. No commission payable.

11. The benefit summary is very limited. Please confirm the following (Dental) benefits:

\$50 deductible 3x family

100% preventive/75% basic/no coverage for major or ortho  
2000 PYM

Deductible per person-\$50.00

Deductible per Family Maximum=\$150.00

Calendar Year Maximum per person = \$2000.00

See Plan Document Section 10.03-Exclusions-#18-No orthodontic treatment

See Plan Document Section 10.02.10 Type I Procedures for benefits

See Plan Document Section 10.02.11-Type II Restorative Dental Procedures  
for benefits

See Plan Document Section 10.02.12-Type II Procedure for benefits

See Plan Document Section 10.02.13-Type III Procedures for benefits

12. Is current plan network-based (Dental)? At what UCR % are claims  
reimbursed?

Dentists participating in the Manatee Health Network agree to bill the plan  
for the balance due, but not more than the listed Reasonable and  
Customary shown on the Schedule of Benefit.

No UCR utilized. Dental Fee Schedule attached.

13. What is the current fee?

See the attached current fee schedule for dental benefits with maximum  
allowable charge and MHN allowable.

14. Will Manatee County Government consider including integrated pharmacy  
services in this proposal?

No.

15. Will Manatee County Government issue a separate and unique RFP for  
pharmacy services at a later date?

Undecided.

16. What factors were involved in supporting the decision to not include  
pharmacy services in this RFP?

Manatee County Government is satisfied with the current pharmacy services and is still under contract with the current provider.

17. Will there be any pre-bid conference?

No.

18. In the document titled "Medical Worksheets" there are Access exhibits that are separated out by plan type. The census given does not have any plan indicators. Please clarify what plan each member is enrolled in.

See the full Census file with plan level attached

19. Please confirm that the document titled "Top Provider Files for Disruption Analysis Data Request" is intended for all carriers to complete.

Yes.

20. Please confirm if the children under age 18 follow the employee or spouse if the parents are enrolled to different medical plans with MCG.

The children are currently enrolled in their own plan as a dependent child group.

21. The Member Advocacy program appears to work as both MCG's case management team and health/lifestyle coaching team. Is this correct? Can you provide us with the staffing levels of this program? Do some members of the team serve in multiple roles? Can you provide us with quarterly utilization of these services by the employees over the past two years?

Yes.

3 Registered Nurses, 1 Diabetic Educator, 3 Wellness Coaches, 2 Administrative/Data Staff, 4 Behavioral Health Staff through a local contract, 1 Clinical Pharmacist through preferred Pharmacy network.

Yes. The Nurses engage in utilization management, case management and advocacy roles w/in various treatment teams. The Diabetic Educator is also a Registered Dietician and conducts programming in both areas in addition to working in the integrated team with all the Member Advocates. The Wellness Coaches participate in various treatment teams, manage various clinical programs in conjunction with the Nurses, oversee the fitness center and conduct programming and develop communications for all wellness, health management, enrollment and qualifying events.

Diabetes and Nutrition: 2010 face to face utilization: 298 Individual Sessions and 147 Group Sessions

Tobacco Cessation Program-101 Unduplicated members seen;

Employee Assistance: 781 members seen in group programming

Behavioral Health Program: 960 contacts/Quarter-individual and group.

Medical Management Program: 4100/quarter Case Management (UR, UM, and Case Management) activities. Disease Management activities for Cardiac Program for 2010 was 688 contacts. Individual contacts in community with members for 2010 were 400.  
See attached Health Management summary for more detail.

22. Please clarify the number of vendors that will require data feeds in addition to the frequency (monthly, quarterly, annually).

Verisk Health-monthly  
Part D Advisors-monthly  
MIE/No More Clipboard-weekly  
Optum Health Rx-monthly –eligibility only with medical ID number  
Quest Diagnostics-monthly-eligibility only with medical ID number

23. Please provide all current fees for processing, network access and the Member Health Advocacy Team.

See attached Fee Schedule for TPA services.

24. Please confirm that all services listed in Attachment C are currently included in current fees.

See attached Fee schedule with current administrator.

25. Please clarify the inclusion of the 2011 column in Attachment C. Should that contain the current TPA's fees for us to compare?

Disregard column 2011, Attachment "C" excel format is provided.

26. Please confirm that Manatee County Government will be the claim fiduciary.

Yes.

27. Please confirm that MCG will be the claim fiduciary.

Yes.

28. What is the current dental fee charged by the TPA? Is it part of the overall TPA fee or charged separately?

Part of the overall fee.

29. What is the current U&P percentile used on Non-network Preventive services?

Reimbursement based upon a set fee schedule. Procedures not listed on fee schedule reimbursed at 75% of R & C.

30. We need a copy of the Fee Schedule (from Employee Health Benefits) that is mentioned on page 58 of the SPD.

See Attached.

31. Please confirm that Preventive services are based on coinsurance and that Basic and Major services are based on a fee schedule.

Preventative services are covered at 100% of the fee schedule amount and deductible does not apply. All others deductible applies and reimbursement is based on the fee schedule.

32. Do we need to include an Implementation Budget on the dental or a single budget to share between medical and dental?

Single.

33. What is the name of the organization that pays the claims today?

Third Party Benefits of Florida

34. Does Manatee County pay a fee to the TPA? If not, how are they compensated?

Yes. See Attached.

35. Does MCG have a consultant? Should proposers include a consultant with our response?

Yes AonHewitt. No.

36. What TPA is currently being used and how long has that contract been in place?

Third Party Benefits of Florida, 2009.

37. What are the current TPA fees including any breakdown of specific services and fees?

See attached.

38. How many contracted providers are in the current network (MHN)? Please provide a provider directory.

See attached.

39. Please provide total number of providers in the MHN network for the following:

a. Physicians \_\_\_\_\_ b. Facilities \_\_\_\_\_ c. Physician Health \_\_\_\_\_  
Organizations \_\_\_\_\_ d. Ancillary Providers \_\_\_\_\_ e. Mental Health  
Providers \_\_\_\_\_

See Attached.

40. What is the current reimbursement in place for each type of provider listed in Question 39?

Reimbursement varies based upon provider. Most contracts are a % of Medicare rates. Hospital contracts are DRG.

41. Are the MHN provider agreements assumable? Please provide an example?

Yes. See Attachments

42. What network is currently utilized for the wrap network? At a % of savings or a PEPM charge or other charge?

Evolutions. Flat monthly fee.

43. What is the average discount through the current wrap network – by facility, by professional, and by ancillary?

Average discount is approximately 40%. Data is not broken out by service type.

44. Please explain the following concerning the "Your Choice Model" and the Health Management Team's responsibilities and scope:

- a. Human resources / credentials

See Attached.

- b. Integration strategy with/of a Medical Director

A contract is in place with a Physician in the community who assumes the role as the Medical Director.

- c. Metrics currently managed

Utilization of each program monthly, clinical improvement on a monthly/quarterly basis for diabetes, cardiac, tobacco, bariatric surgery. Cost savings as a result of the clinical interventions.

- d. Applications used for documentation

In process of transition to an electronic wellness record for the Health Management/ Wellness Team,

- e. Full description of components and programs

See Attachment G, Plan Description.

45. Please clarify the expectation of the "implementation credit" described on page 11.

Will the proposer offer an implementation/wellness credit.

46. Is the TPA required to store an employee ID#, medical ID#, and a social security #?

Required to store a medical ID and SS number.

47. Please provide an example illustrating the member ID # and employee ID # referenced on page 11 following the bolded statement.

The employee ID is assigned by the employer and is a 4 digit number. The medical ID #'s are all unique to each individual in the family and are a 12 digit number that is comprised of the employee ID number plus additional digits. Example: Employee ID number is 5769 and the Medical ID number is M00576900000 for the employee and M00576900001 for the first enrolled dependent, M00576900002 for the second enrolled dependent, etc. The letters and/or numbers at the beginning of the ID number is reflective of the employee's participating employer (i.e M=Board of County Commissioners, TC=Tax Collector, C=Clerk of Courts, HA=Housing Authority, PA=Property Appraiser, 11=Sheriff)

48. Please clarify what staff is meant in the question "Indicate the web tools available to the staff" on page 15.

Are there tools or online systems that your organization can provide to Manatee County Government and Health Advocates that can be used as a secure email and a secure site to post files that may be necessary. Additionally, is there an online tool for the staff to utilize that will allow for eligibility look up.

49. Is there a need to track family utilization?

For dental claims there is a Family Deductible.

50. Page 9/h. Financial Statement: Would a link to our recent annual reports or copies of our most annual report meet this need?

Annual report is acceptable.

51. Page 9/j. Organizational Chart: Would you prefer this chart be for our business segment which will be serving Manatee County or our parent company?

Segment serving Manatee County.

52. Page 10/c. Please provide a copy of the current SPD.

Attachment G is the Plan Document and was released with the RFP.



53. Page 11 Is there a current wellness budget/credit offered? Please confirm this amount.

No.

54. Page 14/#9. Appears to be a typo, confirm "guaranteed" vs "quarantined"

Correct.

55. Page 15: Onsite Representative: There is a statement that the County will not provide office space but in #3 there is a question asking how often the Rep will **be Onsite. Please clarify if you are requesting a Dedicated Onsite Representative** or a Dedicated Representative who will be home based but often visiting Manatee County locations.

Manatee County is asking whether your organization would provide a representative that would be physically onsite to work as a liason between your organization, Manatee County Government and the Health Management Team. Describe the role of this person (i.e. Customer service, claims administration, management) and how often your organization would provide that person onsite, if applicable.

56. Page 15/#8. Please clarify the definition of "Dedicated". Does this mean an employee who ONLY supports Manatee County or would it also include a DEDICATED Employee who supports a few Public Sector Employers like Manatee County?

The County expects to have customer service representatives who are dedicated to our account, but not expecting that those representative(s) have no other responsibilities.

57. Page 17 Specialized Product for Biometric Screening thru Quest Diagnostics: Please provide more details on this product including the member outputs and client reporting. Please confirm how this data is currently exchanged: how often, file layout, etc.

Manatee County utilizes Quest Diagnostic's Blueprint for Wellness Health Risk Assessment and Lab Draw program. This includes worksite lab draws, personalized wellness report for each member participating, aggregate employer report and a cohort report to identify changes over the last 4 years. Currently, the TPA is not involved in this process, with the exception of providing an eligibility file at the beginning of the program that includes the Medical ID number.

58. Page 17/G1. Please provide current layouts and frequencies for data extracts to D2/Verisk/MIE?

See the three data extract attachments. This document contains a list of data elements required but should not be considered a file layout. Frequency of data to D2 is monthly and weekly for MIE.

59. Page 20/I. Please provide the details on the current staffing for the Health Management Team. Do these employees work from home or are they officed at the County? Would the County prefer these Advocates be employed by the TPA?

The current wellness/health management team are subcontracted by the current TPA in somewhat of a staff leasing arrangement. These employees work onsite in a county office space and are fully integrated with the County benefits department. They have not been employed by the County; however, the County covers the cost of that group. The County is interested in opportunities for TPA/Carrier to assume the current Health Management Team in a similar model as current, or other applicable model that will allow the County and its members to continue to receive the programming and services they are accustomed to.

60. Page 25. Please provide who the TPA Administrators have been over the last 10 years and terms of their contracts.

Third Party Benefits of Florida / 2009 to present  
Medi TPA / 2008 to 2009  
Trizetto (subcontractor) / 2003 to 2008

61. Please provide a detailed summary of the current TPA ASO fees.

See attachment.

62. Which networks are currently utilized for outside Manatee County? Are there shared savings arrangements with the current networks for outside Manatee County? Please provide these details.

Evolutions. No.

63. Do you have a timeline or tentative schedule for Evaluation and Negotiations?

New services effective January 1, 2012.

64. Will Manatee consider a dental only TPA arrangement or is the County only considering ONE TPA for all services?

At this time the County desires to consider an integrated solution.

65. Is a complete employee census in excel format available?

See attached

66. Are there any deviations from the County's current plan design that they are looking to implement in our proposal? The plan design in attach H list Specialty in type 2 Basic, while attach G indicates Specialty in type 3 Major, which is accurate?

Refer to Section 10-Dental Benefits of the Plan Document that was provided.

67. Is the County only looking for a PPO type plan to match current? Are they considering a prepaid/DMO option also?

Yes. Not at this time

68. Can the County furnish current dental rates/or administration fees?

See attached.

69. Listing of providers for Dental Disruption.

See attached.

70. Attachment C in Excel or Word.

See attached.

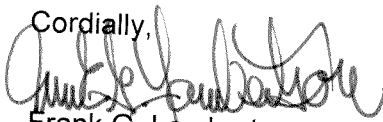
C. The following attachments are incorporated into this Addendum and are available electronically, please contact [frank.lambertson@mymanatee.org](mailto:frank.lambertson@mymanatee.org).

Full Census Report 2001	Attachment M
Fee Schedule for MCG TPA	Attachment N
Dental Fee Schedule	Attachment O
Health Management & Wellness Description	Attachment P
Data Extracts	Attachment Q
Data Extracts	Attachment R
Data Extracts	Attachment S
Bank Information	Attachment T
Sample Agreement Hospital	Attachment U
Sample Agreement Physician	Attachment V
Dental Provider	Attachment W
Cost Summary Excel Format	Attachment C-1

D. No additional questions will be considered after the issuance of this Addendum.

Proposals are to be prepared as instructed in this Request For Proposals and shall be received at Manatee County Purchasing Office, Suite 803, 1112 Manatee Avenue West, Bradenton, Florida, FL 34205 until **4:00 p.m., Tuesday, September 13, 2011.**

Cordially,

  
Frank G. Lambertson  
Contracts Negotiator