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**CITY OF WARWICK**

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To: All Prospective Bidders

From: Patricia A. Peshka, Purchasing Agent

Date: March 9, 2021

Re: **RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits**

**Addendum #1**



Please be advised that the information provided comprises of Addendum #1.

**City of Warwick**  
**RFP2022-006**

**Questions and Answers**

1. Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.  
**Confirmed. That is sufficient.**
  
2. Due to the pandemic, our employees are working remotely. Would it be possible to provide electronic signatures on all the required forms in the “Original” hard copy?  
**Please follow the protocol as specified within the FP.**
  
3. Please confirm that in order to minimize printing, we can provide large attachments and requested samples and brochures on USB. (disruption results, geoaccess reports, samples, etc.)  
**Please follow the protocol as specified within the FP.**

4. *Like many organizations across the Country, in furtherance with general public health guidance, we have transitioned much of our workforce to work from home in light of COVID-19. Our team that assembles hard copy presentations is located in a state with a "Stay at Home" executive order. We will therefore be providing only an electronic version of our response by the due date. Please confirm that this is acceptable in fulfilling the submission requirements of the RFP? In the event you do not have a procurement portal we can upload to an Aetna established secure FTP site to assist with any proposal delivery to ensure confidential information is kept secure and to deliver proposals that otherwise would be too large for traditional emails.*

**No.** All proposals should be submitted with five (5) copies, and fifteen (18) complete electronic versions, preferably in PDF format, in a sealed envelope, which should read: YOUR COMPANY NAME and plainly marked on the exterior of the envelope "RFP2022-006 City of Warwick Medical, Pharmacy & Dental Insurance Benefits".

5. Please confirm if an extension can be provided.

No.

6. **DENTAL:** Please provide the group's current/ renewal ASO fee PEPM or rates.

Contact Meghan Sloan [Meghan.sloan@marshmma.com](mailto:Meghan.sloan@marshmma.com) and Danielle Chaplick [danielle.chaplick@marshmma.com](mailto:danielle.chaplick@marshmma.com) for a copy of the working rates.

7. **DENTAL:** Please add gender to the dental census.

MMA requested however, carrier does not provide on census.

8. **DENTAL:** We received 3 benefit summaries, one for fire, one for municipal and police, and one for police retirees, however the census breaks out subscribers into these groups as well as "City of Warwick" and "Special Group." Which plan are subscribers under "City of Warwick" and "Special Group" enrolled in?

They are enrolled in the City of Warwick Municipal & Police (Active & Retirees).

9. **DENTAL:** Are implants currently covered under any of the plans?

No, they are not covered.

10. **DENTAL:** Please provide a Delta PPO Utilization Report.

Not available.

11. Rx: Would the City be open to receiving a carve out Rx proposal?

The City is open to receiving all qualified proposals.

12. Rx: Please confirm if a valid claim file will be received for pharmacy to price this case since the group is currently self-funded, if so we will need below fields?

- a. Claim Information **by Drug** dispensed for a 12 month period

- i. NABP
- ii. NDC 11
- iii. Retail/Mail/Specialty Indicator
- iv. Days' Supply
- v. Quantity Dispensed
- vi. Date of Service
- vii. Brand/Generic Indicator

- viii. Tier (*required for formulary disruption*)
- ix. Dummy Member ID (*would help with formulary disruption*)

Not available.

- 13. Rx:** Can you please provide detail pharmacy SPDs, plan design?  
MMA: Contact Meghan Sloan [Meghan.sloan@marshmma.com](mailto:Meghan.sloan@marshmma.com) and Danielle Chaplick [danielle.chaplick@marshmma.com](mailto:danielle.chaplick@marshmma.com) for SPDs.
- 14. Rx:** Are there no Rx copays on certain plans (ie: HMC for subgroup 002 Police)?  
Typically if a copay is not noted it likely is 80/20 and some 80/20 with a \$300/\$600 cap coverage.
- 15. Rx:** Have there been any material changes to the pharmacy program in the past year?  
The only change made was adding the Extended Supply Network (ESN) to pharmacy. This allows members to now access 90 Retail prescriptions. This change was across all plan designs at the City of Warwick.
- 16. Rx:** What is the name of current Formulary?  
BCBSRI Commercial Formulary.
- 17. Rx:** Please confirm if you currently receive rebates today and if so how much?  
Pending further information.
- 18. Rx:** Please confirm if there are any major network pharmacies excluded from coverage?  
No.
- 19. Rx:** What Utilization program like Precert, QL, step applies?  
Generic Substitution  
Therapeutic Interchange  
Prescription Drug Preauthorization  
Step Therapy
- 20. Rx:** Do we need formulary and Network disruption completed, if so we will need valid Rx claim file and template.  
Not available.
- 21. Rx:** Please confirm the ERISA status  
Not subject to ERISA.
- 22. Rx:** Please confirm if there are any drug specific copays for certain chronic conditions like diabetes, high cholesterol, hypertension, etc.?  
There is no charge for certain preventive drugs.
- 23. Stop Loss:** Please provide the current policy year to date (YTD).  
Contact Meghan Sloan [Meghan.sloan@marshmma.com](mailto:Meghan.sloan@marshmma.com) and Danielle Chaplick [danielle.chaplick@marshmma.com](mailto:danielle.chaplick@marshmma.com) for a copy of the policy.
- 24. Stop Loss:** Please confirm if we are covering pre or post 65 retirees?  
Confirming grandfathered status for retirees. New municipal non-union hired after 02/09 are not eligible for retiree benefits. Prior to this date, eligibility is predicated upon date of hire, policy and

contracts accordingly with the City.

**25. Stop Loss:** Please confirm your current contract type. Do you need run out coverage?

Refer to Section 3 of the RFP.

**26.** Would you be able to provide large claimant report on a plan year basis? We'd be looking for the following reporting dates:

a. 7/1/2019 to 6/30/2020

b. 7/1/2020 to 1/31/2021

Requested.

**27. Medical:** 5) On the medical census data, please include subgroup information so that we may breakout enrollment by subgroup and plan. It looks like only "Medical Class/Plan ID" information is included and there are a handful of subgroups that share the same ID.

Contact Meghan Sloan [Meghan.sloan@marshmma.com](mailto:Meghan.sloan@marshmma.com) and Danielle Chaplick [danielle.chaplick@marshmma.com](mailto:danielle.chaplick@marshmma.com) for the Excel file.

**28. Medical:** Is there a way to determine who is a pre or post 65 retiree on the census?

Pending.

**29. Medical:** It looks like the claims data is based on a Paid basis while the excess data is based on an Incurred 12/14 period.

Confirming that the claims file represents incurred claims with runout through November.

**30. Medical:** Did any of the membership reports you sent over contain enrollment in the WRI program? If not, can you provide monthly enrollment from 1/1/2019 – 12/31/2020?

WRI enrollment data is available. Contact Meghan Sloan [Meghan.sloan@marshmma.com](mailto:Meghan.sloan@marshmma.com) and Danielle Chaplick [danielle.chaplick@marshmma.com](mailto:danielle.chaplick@marshmma.com) for reporting.

**31.** Please confirm if a GeoAccess is required for the Medical response if the bidder responding utilizes the Blue Cross & Blue Shield of RI network. It was noted that the disruption was not required in this instance, but it appears a GeoAccess is still required.

Please provide a GeoAccess.

**32. Medicare:** Please confirm that the City will accept and consider a proposal for Group MA/MAPD.

The City is requesting comparable plan designs to current offering.

**33. Medicare:** Please provide the current level of employer contributions and whether or it varies by plan or member type in respect to the Medicare eligible retiree population.

Blue Chip for Medicare employer contributions are determined by Medicare from their application.

**34. Medicare:** Please provide the current medical and Rx detailed plan designs in respect to the Medicare eligible retiree population.

Contact Meghan Sloan [Meghan.sloan@marshmma.com](mailto:Meghan.sloan@marshmma.com) and Danielle Chaplick [danielle.chaplick@marshmma.com](mailto:danielle.chaplick@marshmma.com) for the Medicare medical / Rx plan design.

**35. Medicare:** Please provide the current Medical and Pharmacy rates separated by plan in respect to the Medicare eligible retiree population.

Contact Meghan Sloan [Meghan.sloan@marshmma.com](mailto:Meghan.sloan@marshmma.com) and Danielle Chaplick [danielle.chaplick@marshmma.com](mailto:danielle.chaplick@marshmma.com) for the Medicare medical / Rx rates.

**36. Medicare:** Based on the provided census documents, please confirm our rationale in scrubbing for the Medicare eligible retiree population:

a. RFP Attachment “3a. Medical Census – City of Warwick” shows the Medicare eligible retirees currently enrolled in a Medicare Supplement Plan (Plan G?) and totals ~446 members

i. There are 6 plan design options for this census specifically for the City’s Medicare eligible retiree population:

1. Group Plan 65 w/ Major Medical
2. Plan 65 no SNF – Plan G
3. Plan 65 no SNF 20% Rx – Plan G
4. Plan 65 no SNF w/ Major Medical – Plan G
5. Plan 65 no/SNF
6. Plan 65 no/SNF/20% Mandatory Generic

**Accurate.**

b. RFP Attachment “3b. Medical Census – City of Warwick Bluechip for Medicare” shows the Medicare eligible retirees currently enrolled in a Medicare Advantage plan and totals ~96 members

**Accurate.**

c. How is eligibility determined between the above listed plan options? Do members have open choice between the Medicare Advantage and Medicare Supplement plan design options, or are members assigned based on eligibility (retirement date, location, employment etc.)

Retirees have the option to choose between Plan 65 and Blue Chip for Medicare. Plan 65 has no drug rider. The Retiree will have to get the drug rider – “Part D “on their own. No monthly cost to Retiree. Blue Chip for Medicare has a drug rider and a monthly cost which is deducted from their pension.

**37. Medicare:** If the self-funded Medicare Supplement plan design option(s) currently in place today is **NOT a Plan G**, please confirm the current coordination of benefits methodology with Medicare that applies to the Self-Funded Medical plan for Medicare eligible retirees; COB (coordination of benefits, retiree comes out whole), MOB (maintenance of benefits, also called Carve-out and Non-duplication) or Government Exclusion (also called Medicare exclusion) basis:

A. COB – Coordination of benefits/ retiree comes out whole - Calculates what the plan would have paid as sole provider and adds what Medicare pays. If the total is more than 100% of the bill, the plan pays only enough to total 100%. The retiree often pays no deductible or coinsurance.

b. MOB - maintenance of benefits or also called Carve-out and Non-duplication - Calculates the plan’s payment as if there

were no Medicare coverage, applies the deductibles, coinsurance and other plan limits and pays the remaining amount minus what Medicare pays.

- c. Government Exclusion (also called Medicare exclusion) - Determines the total expenses covered under the plan, reduces them by Medicare benefits and then applies the deductibles, coinsurance and other plan limits

There have been no changes to the program since last year's bid process.

**38. Medicare:** In respect to the current Medicare eligible retiree population, are the current pharmacy plans commercial or Part D?

Subgroups with Plan 65 use BCBSRI's commercial product.

**39. Medicare: Formulary Confirmation:**

- a. In an effort to minimize disruption and quote our closest matching formulary, please provide a copy of the current formulary that applies for each of the pharmacy plan options in place today.
- b. If a copy of the formulary is not available, please confirm the name of the current carrier's formulary and the following information for each pharmacy option in place today:
  - i. Does the plan include the most comprehensive formulary available through the incumbent?

Subgroups with Plan65 use BCBSRI's commercial RX product.

- ii. Is the current formulary considered an Open or Closed Formulary?  
BCBSRI's considers it to be open.
- iii. Does the formulary exclude any drugs on the Part D drug list?  
BCBSRI has not made this comparison.
- iv. Are generic drugs included on Tier 2 and Tier 3?  
Some high cost generic drugs are included on Tier Two.
- v. Does the current plan cover any additional non-part D drugs such as agents when used for weight loss, weight gain or anorexia, prescription vitamins and mineral products, drugs for sexual or erectile dysfunction, cough and cold drugs, agents used to promote fertility, and/or agents used for cosmetic purposes or hair growth?  
No.

**40. Medicare:** The latest 12-24 months of medical claims, including corresponding member counts by month for each product/plan, for Medicare eligible retirees only. (Claims should exclude under 65 spouses/dependents and non-Medicare eligible retirees)

All available claims data has been provided.

**41. Medicare:** The latest 12-24 months of Rx claims, including corresponding member counts by month for each product/plan, for Medicare eligible retirees only. (Claims should exclude under 65 spouses/dependents and non-Medicare eligible retirees)

All available claims data has been provided.

**42. Medicare:** A member level RX claim file for all Medicare retirees for each RX plan. We will need one file that contains claim level information. The information should be provided in summary as well as in detail format. The detail format file should be in delimited text format, inclusive of a header row. The data should be provided for the Medicare eligible population we are quoting. Such as both Medicare eligible pre- and post-65's, including disableds.

The File should include:

- a. Unique Member ID
- b. Pharmacy ID
- c. NDC-11
- d. AWP
- e. Dispense Date
- f. Retail vs. Mail Indicator
- g. Days supply
- h. Quantity or Units Dispensed
- i. Duplicate records and originals/reversals should be removed

Not required, but useful information:

- j. Current Formulary Tier
  - k. Low Income Status (Yes/No indicator)
    - Member months: We also need Rx member months for the same year claims have been provided (by month if possible). This should be provided for Medicare eligible members only and will be used to convert insured pricing to a PMPM basis.
    - Please provide a second Rx file that contains member information:
      - a. Member ID
      - b. Risk Score
      - c. DD/MM/YYYY of risk score
      - d. Zip code
    - It is very useful to provide a formulary and network disruption report. We can use the member level information to produce a formulary and network disruption. This can be used with pre-effective date transition activities.
- Not available.**

**43. Medicare:** Please confirm if you'd like us to match what we quoted last time or different? Below is what we quoted for 1/1/21:

**Medical and Rx plans:**

- (C04) ESA 100% PPO (#22940-3) with Rx \$0/\$0/\$0/\$0 (#22957-1) – City of Warwick Members
- (C04) ESA 100% PPO (#22940-3) with Rx \$7/\$25/\$40/\$40 (#22941-2) – Warwick Public School Members

If not the above, then please provide the medical and Rx benefits that should be quoted for Medicare retirees.

The City is requesting comparable plan designs currently offered today to its membership.

Should you have any questions regarding this proposal, please contact Meghan Sloan and Danielle Chaplick, Marsh & McLennan Agency, New England, LLC, 101 Huntington Ave., Suite 401, Boston, MA 02199 or [meghan.sloan@marshmma.com](mailto:meghan.sloan@marshmma.com) and [danielle.chaplick@marshmma.com](mailto:danielle.chaplick@marshmma.com)

Thank you for your interest in this project.