

Austin Independent School District



Contract & Procurement Services

Addendum 1 Questions and Answers

To be attached separately to this Addendum

- Attachment A: Claims Repricing File
- Attachment B: AISD - Top Provider
- Attachment C: AISD Hospital Listing
- Attachment D: 2019 Claims and Enrollment History

20RFP010 Medical and Pharmacy Health Benefit Products

	Question	Response
1	Whether companies from Outside USA can apply for this? (like, from India or Canada)	Only stateside vendors will be considered
2	Whether we need to come over there for meetings?	All meetings would need to take place at Austin ISD
3	Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)	No
4	Can we submit the proposals via email?	A printed copy of the Respondents Proposal is not required. Proposals will need to be provided on two (2) flash drives- include signed "required" forms.
5	Could we please obtain a copy of your larges claims report?	We are not shopping Stop Loss at this time, so this data will not be released

6	Could we please obtain a copy of your larges claims report?	We are not shopping Stop Loss at this time so a large claim report would not be pertinent.
7	Per RFP Section 1.3 & attachment C on the background tab, I am confirming BCBSTX intent to bid in order to obtain the additional documentation such as the plan designs/clinical rules & claims data files.	See Attachment A Claims Repricing File
8	Does a vendor bidding only on the PBM services need to complete Attachment B for combined Medical and Pharmacy Services? What files/sections need to be completed for just PBM Services?	If you are bidding pharmacy as a standalone, please only complete those applicable sections along with attaching your full proposal. Please note there was a separate Rx spreadsheet that will need to be completed as well.
9	For Attachment A – RFP Questionnaire. What files would a PBM vendor (not bidding on medical services) need to complete?	There is a Rx specific questionnaire that will need to be completed
10	As requested in your RFP, We would like to request that you forward the ELECTRONIC COPY OF THE CENSUS AND LARGE CLAIMANT INFORMATION for RFP	The census was included as an attachment on the website and since we are not looking for Stop Loss quotes at this time, we will not be releasing the Large Claims report as that was an error in the wording.
11	<u>Section 13 of the sample Services Agreement (Criminal History Record Information Review) appears to apply only if the Contractor will have direct student contact as defined in District policy CJA (LEGAL). Please confirm that this provision and the related Exhibit C do not apply to a Contractor that is bidding solely on the HSA portion of this RFP.</u>	Yes, this applies
12	Page 1 Submission instructions: Required Two (2) digital copy on a flash drive – include signed “required” forms”. Please clarify if both copies should be on one flash drive or if two flash drives should each contain one digital copy.	Please send two flash drives with a single copy on each

13	Page 5 Section B. III –RFP Required Forms. This section shall contain signed original forms listed below as requested in the RFP: HIPAA Statement of Compliance (Not provided). We are unable to locate the HIPAA Statement of Compliance Form online, please clarify where to find this required form or how it should be provided.	NA
14	Page 5, Section C – General Required Forms. Instructions indicate that forms are required with Original response & flash drive only; they can be excluded from additional requested copies. We are unable to locate instructions pertaining to original hard copy responses. Please confirm if hard copies are required and if yes, please specify how many?	A printed copy of the Respondents Proposal is not required. Proposals will need to be provided on two (2) flash drives- include signed "required" forms.
15	Attachment A – RFP Questionnaire. Page 3 Number 9. Please include a minimum of \$500K annual allowance each year for the duration of the contract. Can you confirm – is this requirement specific to the Medical and RX administration only? Is this required if a vendor is bidding on a standalone basis for the HSA administration only?	This is a medical requirement only, but the district would welcome some implementation relief or credits to assist with communication, etc.
16	<u>General Question. Please advise the following: (a) Total assets (\$) under management for the HSA Plan? (b) Average account balance for HSA account holders? (c) Percent (%) of HSA account holders who currently invest some portion of the HSA account in the investments offered?</u>	a)3,420,225,51 b) 1,370.28 c)3%
17	General Question. What is the account balance that HSA account holders must reach before they are permitted to invest in their account fund balance in the investments offered?	\$1,000.00

18	General Question. Can you confirm that the AISD contributes \$125 monthly for employees enrolled in the qualified high deductible health plan with established HSA account?	Correct
19	What led Austin ISD to this HSA marketing? What is Austin ISD looking for in a long-term HSA partner?	AISD is nearing the end of their contract term and must take this service out to market
20	Who is currently administering Austin ISD's HSA administration?	Benefit Wallet
21	Can you explain how the current HSA administration is going? Are there any current pain points we should be aware of?	Account opening is less than easy; file feeds are not being uploaded properly, resulting in members not being able to open their accounts timely; accounts are closed due to Patriot Act requirements and nearly impossible to open back up; when accounts are finally opened, funds held in sub account are not automatically transferred, resulting in the District having to take an additional step to facilitate transfer for employee; lack of communication with account management; poor customer service responses for our employees, resulting in the District having to get involved often;
22	Does the current HSA administrator charge an HSA account closure/transfer fee for participants wishing to close their HSA and/or transfer their HSA to another custodian? If so, please provide.	\$25
23	Can you please provide the total amount of HSA assets for Austin ISD and their HSA participants? For total assets we're looking for the amount of funds in the client's HSA accounts - cash accounts and investments included.	\$4 million
24	Is Austin ISD providing an employer contribution to the HSA? If so, please provide.	\$1,500 per year for EE's
25	Can you please provide the average account balance in the HSAs?	No
26	Are you able to share a little bit about Austin ISD's HSA population - are a majority of the HSA participants spenders, savers or investors?	Do not have access to that information
27	Are you able to share Austin ISD's current HSA investment threshold?	unknown

28	Are you willing to share what Austin ISD is currently paying for HSA administration?	No, we will not be releasing that information
29	Is the current HSA administrative fee paid for by Austin ISD or the HSA participant?	AISD
30	Are you able to share if Austin ISD's HDHP strategy is full replacement in the near future or if they will continue to provide dual-option?	Will continue to provide a dual-option
31	Are you willing to share who else Austin ISD is marketing this to?	This is a public bid, so anyone has access to send in a proposal
32	On page one of the RFP it states that proposals need to be marked with the Name and address of the respondent as well as the RFP number and title. Are you referring to the outside label of the submission package or in the header of all our documents?	Both. Submission envelope must be plainly marked with name and address of the respondent, RFP number and title. Proposal should also reference the name and address of the respondent, RFP number and title.
33	Page five of the RFP requests we need to provide an original response and flash drives, please confirm that when you refer to Original Response you are referring to only the required signed forms and not a printed copy our entire proposal.	A printed copy of the Respondents Proposal is not required. Proposals will need to be provided on two (2) flash drives- include signed "required" forms.
34	Attachment A, Requested Proposal Specifications – Question Eight, states that the GeoAccess report should be run off of the 3 digit zip provided however in Attachment B, GeoAccess Tab, the exhibit shows it to be run based on the zip codes found in the census, please confirm how you would like us to run the GeoAccess reports.	zip codes provided
35	Attachment A, Requested Proposal Specifications – Some of the questions require detailed response however a text area was not provided. Can we add additional content under each question as well as check off the acknowledgement box?	Yes

36	Attachment B, Should the Hospital and Physician tab be populated with data from disruption results or are we supposed to identify the top 50 Hospitals and Top 100 Physicians utilized in our Texas network?	See Attachment B AISD- Top Provider and Attachment C AISD Hospital Listing
37	Please describe the Rx Retail 90 program in place today.	Austin has Exclusive Smart 90 Walgreens implemented.
38	Is there a Generic Step Therapy in place?	Austin ISD has ESI's AUM Unlimited Package in place effective 7/1/2019
39	Do you exclude certain medications, if so, which ones?	Yes. AISD is on ESI's Nation Preferred Formulary. The formulary listing can be found on ESI's website: https://www.express-scripts.com/art/pdf/Preferred_Drug_List_Exclusions2019.pdf
40	Please confirm the commission structure? One document says no commissions while another outlines \$1.75 per Rx.	This is current, in force, fee is for PBM Sourcing PBM/Carrier, upon being selected as the winning vendor, agrees to directly pay Gallagher Pharmacy Practice an ongoing fee of \$1.75 per prescription for ongoing consultant services, contract negotiation, and audit services. Everything else is net of commissions
41	Are there currently credits or allowances in place for services related to wellness, communication, reporting or other?	no
42	We received two claim files 1/1/15 to 1/31/17 and 1/1/2017 to 12/31/18. Please provide claims for 1/1/2019 through 8/31/19?	See Attachment D 2019 Claims and Enrollment History
43	Also there were no large loss claim files. Can we request the latest 24 months? We acknowledge stop loss is not being requested at this time, but the large claims reports are critical to presenting an accurate expected claims number. Preferably on a 12 month rolling bases for the time periods. For example; a. if we receive monthly paid claims through 8/31/19, then we would need large claims for 09/2019 to 08/2019 and 09/2018 to 08/2018 b. if we receive monthly incurred claims through 6/31/19, then we would need large claims for 07/2019 to 06/2019 and 07/2018 to 06/2018	Large claims will not be released for this RFP
44	Please confirm ISL level currently in place.	\$1,000,000.00

45	Please confirm current Disease Management programs that are in place.	Standard UM/CM are currently in place along with a self managed diabetic program
46	Please confirm if any fixed costs are bring run through the claims account, such as any DM programs that are billed on a monthly basis, rather than as a fee component.	Not at this time
47	Please confirm if the Aetna NAP program is in place, and what is charged in terms of a percent of savings. If included at any time over the claims period, please provide NAP charges for the last 24 months.	N/A
48	Please confirm if there are any Wellness programs currently in place.	Yes
49	Are there any services in place currently with either medical carrier for which the administrative fees are being billed through the claim wire? If so, for which programs does this arrangement apply?	Live Healthy
50	Can you provide a list for the top hospitals, top providers, and top 200 brand drugs tabs so that we can complete Attachment B.	See Attachment B AISD- Top Provider and Attachment C AISD Hospital Listing
51	Do you want the signed original forms printed and included with the flash drive from the website? Or are we supposed to just complete and sign the attachment forms and include on the flash drive or print those? Please advise.	A printed copy of the Respondents Proposal is not required. Proposals will need to be provided on two (2) flash drives- include signed "required" forms.

<p>52</p>	<p>In the RFP Section 1.2.2 Commission states:</p> <p>It is not the intent of Austin ISD that commissions are built into the Proposals. Commissions, fees or other reimbursement arrangements are prohibited. Each Respondent must sign the Non-Collusion Affidavit enclosed or their Proposal will not be considered. This includes bonus or contingency payments as well. However in the RFP it has the following question we need to confirm the following...</p> <p>1. Payment of Consulting Fees for PBM Sourcing PBM/Carrier, upon being selected as the winning vendor, agrees to directly pay Gallagher Pharmacy Practice an ongoing fee of \$1.75 per prescription for ongoing consultant services, contract negotiation, and audit services. The fees for GBS's services need to be incorporated into the PBM/Carrier contractual pricing terms. Therefore, the Austin Independent School District will not be required to directly remit invoice payment to GBS. PBM/Carrier will be required to pay GBS an initial fee of \$25,000 within the first 30 days of the being awarded the business, however the \$1.75 per prescription compensation will be reconciled to be net of the \$25,000 initial fee.</p> <p>Please confirm you are ok that we include the above fee's in our proposal?</p>	<p>Yes, please include the per script fee in your proposal as this is a current, in force, fee</p>
<p>53</p>	<p>The pharmacy RFP requests payment for a pre-implementation audit. Please confirm payment for this pre-implementation audit is required.</p>	<p>This is not a requirement</p>

54	Can you describe the current Austin ISD App solution and any desired improvements to the experience?	The current App is through Enspire. It allows the benefits team to push alerts, link to all carrier app sites and list training, open enrollment info, wellness, updates, etc.
55	Please describe your EAP and WorkLife programs today. g. Is there an anticipated number of visits that the District would prefer to see pricing for? h. Is there a need for training or critical incident response hours?	We are not looking for EAP proposals at this time
56	Do you currently offer any kind of incentives for members to participate in your Wellness programming? If so, please provide additional information on the incentive strategy (including dollar values of incentives).	Yes, dollar value vary up to a max of \$500 depending on participation
57	Do you plan to offer incentives to members to participate in the new contract? If so, please describe the incentive plan including what activities are incented and the reward for each activity.	YES, TBD
58	Are spouses or dependents allowed to earn incentives?	No
59	What is the fulfillment type for the reward (ex. gift card, premium reduction, HSA deposit)?	varies but includes all examples listed
60	What level of engagement have you experienced with your current Wellness program?	25%
61	How many individuals have completed a health assessment?	9%
62	How many members have enrolled in a telephonic coaching program?	unknown
63	How many members have enrolled in an online coaching program?	unknown
64	How many members have enrolled in a in-person coaching program?	unknown

65	Of members that complete a Health Assessment, what percent participate in lifestyle modification programs?	10% of population have completed a Health Assessment. Less 3% of this population participated in a lifestyle modification program
66	Do you offer a financial wellbeing program currently? What does the program entail and focus on?	Yes, employee education and actionable resources
67	What percent of members are outreached to by a Health Coach for telephonic counseling, and what percent perform their lifestyle modification programs digitally?	newly implemented with no available statistics
68	Do you offer onsite coaching?	YES
69	Do you make your Wellness program available to eligible adult dependents?	No
70	What is the average length of time individuals are engaged in your current Wellness programs by modality (i.e. telephonically, digitally, in person)?	untracked
71	How many educational forums (ex. lunch and learns) do you hold each year and at how many locations?	approximately 30 a year at 20-30 varying locations
72	Describe your wellness champion network	there is a wellness champion at every AISD location
73	How many champions are involved?	130
74	What type of activities do they perform currently?	wellness program initiative promotion
75	What support do vendors currently provide to your Wellness Champion network?	n/a
76	Do you have a dedicated role that supports the champion network? If not, would you be interested in vendors offering such a role?	We have a central Wellness Coordinator who initiates and supports the champion network
77	Do you perform biometric screenings on site each year?	biometrics have been discontinued
78	If so, at how many locations and how many people participate?	n/a
79	Do you offer offsite alternatives as well? If so, what types? What is the utilization per modality?	n/a
80	Who is the current biometric screening vendor?	Previously, Quest Diagnostics, but biometric screenings have been discontinued by AISD

81	Do you want vendors to include biometric screening options in their proposals?	NO
82	What results have been achieved with current Wellness programs, such as risk reduction improvement and improvements in lifestyle modifications? Please provide the actual results.	AISD has measured results through engagement percentages, but has not been able to attribute risk reduction results as of current. Therefore, no data to share.
83	Please provide additional information on your tobacco cessation program.	n/a
84	What is your tobacco use prevalence?	n/a
85	What is the current tobacco cessation program participation rate?	n/a
86	How many weeks of NRT are included in your current program?	n/a
87	What type of onsite wellness are you looking for?	clinical/administrative hybrid
88	What type of onsite wellness is available today for employees?	clinical/administrative hybrid
89	What has been most successful?	NA
90	Describe your culture of health in the workplace. How are leaders involved and positioning health and wellness?	AISD's board priority is on employee well being. Leadership is activity involved in specific areas of self care, mental health, and disease management improvement.
91	Could you please provide more information on the diversity of your membership	9.3% African American, 43.7% Hispanic, 42.8% White 2.3% Asian
92	Percentage of Spanish speakers?	16%
93	Top additional language spoken by percentage?	none
94	Please describe the Rx Retail 90 program in place today.	Austin has Exclusive Smart 90 Walgreens implemented.
95	Does AISD have Generic Step Therapy in place today?	Austin ISD has ESI's AUM Unlimited Package in place effective 7/1/2019
96	Does AISD exclude certain medications, if so, which ones?	Yes. AISD is on ESI's Nation Preferred Formulary. The formulary listing can be found on ESI's website: https://www.express-scripts.com/art/pdf/Preferred_Drug_List_Exclusions2019.pdf
97	Can you please confirm the commission structure? One document says no commissions while another outlines \$1.75 per Rx.	This is current, in force, fee is for PBM Sourcing PBM/Carrier, upon being selected as the winning vendor, agrees to directly pay Gallagher Pharmacy Practice an ongoing fee of \$1.75 per prescription for ongoing consultant services, contract negotiation, and audit services. Everything else is net of commissions

98	Upon reviewing the claims data file for Austin ISD, we discovered there is no fill date. We need the fill date added to ensure accurate pricing of the claims dataset since AWP changes over time. If you are unable to provide the fill date, could you please confirm the data period of the claims in Attachment G –Rx Claims. We will need this information in order to run any kind of analysis.	The claims data that was provided includes “Date – Serviced”. The bidding PBMs can use this as the “Fill Date
99	Please provide membership breakout for each of the 3 prescription plan designs. What percentage of the population is on the HSA/CDH plan?	Please see the medical enrollment report. The PBM membership matches
100	Is there any incentivized/mandatory mail plan in place today?	There is not a Home Delivery program in place, however AISD does have S90 Exclusive for Walgreens that was implemented 1/1/2018. There is a copay incentive for Home Delivery
101	Main RFP Document (PDF) Cover Page Please confirm that only two flash drives of our proposal are being requested, with no hard copies being requested.	A printed copy of the Respondents Proposal is not required. Proposals will need to be provided on two (2) flash drives- include signed "required" forms.
102	Main RFP Document PDF, Section VI. Scope of Service and Performance Requirements, item 1.2.3. Compliance with the Proposal Is it acceptable to include our deviations with our proposal response rather than sending deviations separately? Please clarify what is meant by “in advance of the due date.”	YES. It is acceptable. "in advance of the due date" is in reference to the school board adoption date of the proposal.

103	Requested Proposal Specifications, Attachment A, Medical/Rx/Administration, Question 8b. This question states ““Sliced business (i.e. 2 different carriers, but not limited to Multiplan ACO’s) – would you support this benefit structure? If so, please outline specifics, caveats, and pricing. Your minimum participation requirements should be no more than 25%.” A. Please clarify if the reference to “Multiplan ACOs” means “Multiplan” the company, or does it mean there would be multiple plans offered? B. If there are two carriers, would all carriers be offered alongside each other in all locations? Or, would they award certain geographies and/or populations to a single carrier and other geographies and/or populations to another carrier?	AISD is looking for out of the box thinking in a two hospital town. This question is simply could you support this structure. If two carriers were chosen they would be offered alongside one another.
104	Requested Proposal Specifications, Attachment A, Question 12 What is the proprietary mobile application AISD has today? Is this AISD’s own mobile application? Please provide details on the proprietary mobile application as well as single sign-on integration, how it works, and who is the vendor.	This is hosted by Enspire which allows the District to push notifications, trainings, etc. directly to the users. They also link to all vendor partners to allow easy access to medical, PBM, Life, Disability, and all other vendors with an app.
105	Requested Proposal Specifications, Attachment A, Question 13 Does RediMD include telehealth for behavioral health conditions? If so, are there limitations as to the type of behavioral health services available (consults, on-going therapy, MD visits), the frequency (one-time consultation vs. on-going therapy) and/or the type of providers (physician/psychiatrist, counselor, etc.)?	RediMD is for medical conditions only at this time
106	Requested Proposal Specifications, Attachment A, Question 17 What services are included/provided with Navigate? Please provide details	Wellness Portal/Platform that provides tracking for wellness activities, wellness resources, consolidated metrics, integration with proprietary mobile application. Navigate as a vendor is instrumental in brainstorming ideas in collaboration with district as well as providing culture improvement techniques.

107	Requested Proposal Specifications, Attachment A, Question 20 Please further describe what is to be included in a “full data dump”.	Gallagher would maintain both medical and PBM data to allow the district to pull custom reporting and have access to historical data. As part of the RFP we are looking for the chosen carrier to provide raw data to Gallagher to maintain this practice.
108	Requested Proposal Specifications, Attachment A, Question 28 Please confirm the onsite customer service representative model that is in place today. Is the onsite customer service one individual, or two individuals (one clinical and one non-clinical)? Please also confirm if one, or both, of these individuals are dedicated.	They currently have a single full time onsite rep that is dedicated to AISD. She is able to support adhoc reporting requests, customer service, claims support, and dedicated wellness activities to include running the diabetic program. Does travel to campuses, but mainly housed in the administration building.
109	Requested Proposal Specifications, Attachment A, Question 28 Please provide additional detail about the roles, responsibilities, and expectations of each onsite person. What kind of support does AISD have today with regard to claims, clinical, and wellness	Their onsite person is 100% dedicated with full access to the claims system. Works closely with the HR/Benefits team to promote wellness related programs
110	Requested Proposal Specifications, Attachment A, Question 28 Please clarify/define the role of the onsite customer service representative for support of disease management programs. Please define the type of clinical support expected	Currently this person does not assist with DM programs. We are not asking specifically that the onsite could support DM, just other activities outlined above.
111	Requested Proposal Specifications, Attachment A, Question 28 “Customized disease management programs” is referenced in this question. Please explain what kind of customization	we are asking that you define this program based on what you can offer AISD
112	Requested Proposal Specifications, Attachment A – Medical/Rx/Administration, Question 29 May we obtain further clarification on the type of services and frequency of appointments being requested for the LCSW role?	This would be a new offering so we would ask that you help define what your team could assist with, if anything
113	What are the expectations/what is envisioned for this LCSW role?	See response for Question 112
114	What are the responsibilities/duties/services to be expected of this LCSW	See response for Question 112

115	Regarding “travel by appointment” – where would this person travel? What days/times would this person need to be available?	This person would only be asked to travel to different schools within the district during normal business hours
116	Please provide a proposed job description/job outline for this person	we are asking that you define this program based on what you can offer AISD
117	Requested Proposal Specifications, Attachment A – Medical/Rx/Administration, Question 29 Does the current LCSW position primarily support the following? · EAP · Behavioral Health · Wellness program development/facilitation Please define travel requirements (mileage to Austin ISD campuses or other).	We would imagine that this person could support care in all areas. The travel would be limited AISD campuses
118	Requested Proposal Specifications, Attachment A, Question 32 Please clarify the expectation of the customizable 800# concierge customer service line	AISD would want a designated 800 number to reach the medical carrier only available for AISD members
119	Medical Administrative Questionnaire, Attachment A, Question 10 There is reference to developing the sample timeline assuming an award is made next month. However, in the 20RFP010 Medical and Pharmacy Health Benefit Products PDF document, it states the decision will be made by 2/20. Please confirm the actual award date and which date is to be used in the sample implementation timeline.	We are anticipating making the award around the first of the new year. We are asking for an implementation timeline based on a 1/1/2021 start date
120	Medical Administrative Questionnaire, Attachment A, Question 16 This question asks, “Do you have physician and patient profiling/reporting capabilities? If so, please describe the standard reports available and ad hoc	We are really looking for a few details on the type of reporting you as a carrier can provide. AISD thrives on data availability and looking for an expanded reporting experience with as little lag as possible

	capability. Provide sample reports.” Please provide more detail on physician and patient profiling	
121	Disease Management Questionnaire, Attachment A, Enrollment Section, Question 8 This question asks, “Describe in detail how your organization will implement the current plan and what services your organization can provide to assist the client in managing the Diabetic Plan.” Please provide additional detail on the Diabetic Plan that is being referred to in this question	All AISD Medical Plan Members with Type 1 or Type 2 diagnosis are eligible for management medications at zero cost. They must attend an initial 1:1 appointment and have regular compliance with HbA1C checkups
122	Network Evaluation Questionnaire, Attachment A, Question 3 This question asks, “How many Primary Care Physicians and Specialist Physicians are participating in your Network in the counties surrounding the client?” Will AISD be defining the counties, or should the proposer define the counties? Please advise if AISD will be providing the “counties surrounding the client.”	AISD will not be providing the counties. Please use those directly surrounding in your analysis
123	Attachment B – Medical Services Tab A. Is Austin ISD requesting a full-time onsite wellness coordinator (with minimum of a 4-year degree in the health field) to support program development and engagement strategies for wellness programs? B. Does Austin ISD currently have an onsite wellness coordinator? If yes, please define the role.	Currently the onsite person is a hybrid with customer service and wellness. We are asking to be creative in your offering to AISD
124	Attachment B – Top Hospital and Top Provider Tabs In order to accurately complete these tabs we require the following information: · List of Top Hospitals · List of Top Providers · Address · City · State · ZIP · NPI · TIN	See Attachment B AISD- Top Provider and Attachment C AISD Hospital Listing

125	Attachment B, Medical and PBM costs Tab, Wellness services line item Please provide clarification on what the Diabetes Engagement program is. What does the 1:1 appointment entail and how is the compliance with HBA1C checkup tracked? How do members get the \$0 cost diabetic maintenance drugs at \$0 cost?	Diabetic members must meet with onsite from carrier. Once they meet, understand terms of program and submit HBA1C, they will have their copay waived for a period of 6 month. This is accomplished through an upload on the carrier file feed.
126	Attachment B, Medical and PBM costs Tab, EAP line item Is AISD looking to receive quotes for EAP services? If EAP is requested, can you please provide the desired plan design (number of visits) to quote, number of face-to-face hours, and any other items such as critical incidence hours, work/life, legal/financial, trainings and seminars.	We are only looking for quotes for Medical, PBM, and H.S.A.
127	Attachment B, Medical and PBM costs Tab, FSA, HRA, COBRA, Dental, and Vision line items Is AISD looking to receive quotes for FSA, HRA, COBRA, Dental, and Vision? All of these lines of coverage are listed in Attachment B, Medical and PBM Costs tab. Please confirm if AISD would like us to provide a quote for these coverages.	We are only looking for quotes for Medical, PBM, and H.S.A.
128	Attachment G Please provide either an updated Rx claims file that includes the fill date or the date range of the Rx Claims file provided. Is it possible to provide this information prior to the October 16 date for responses to questions? We need this level of detail to complete the disruptions requested and would appreciate as much time as possible.	The claims data that was provided includes "Date – Serviced". The bidding PBMs can use this as the "Fill Date
129	Please confirm if the Competitive Sealed Proposal Front End Document (Word) is required as part of our proposal response to AISD. This form is on the AISD website as part of required solicitations but is not included with the RFP documents.	The 'Competitive Sealed Proposal Front End Document' is attended for Competitive Sealed Proposals pertaining to Construction. 20RFP010 Medical and Pharmacy Health Benefit Products is a Request for Proposal not a Competitive Sealed Proposal and therefore is not required.

130	<p>Please confirm if the following forms are required as part of our proposal response to AISD. They are not checked as “required” on the checklist but are on the website as “additional forms – not required.”</p> <ul style="list-style-type: none"> · Strategic Partner Profile · EDGAR Vendor Certification · Software Vendor Certification Form 	<p>These additional forms, Strategic Partner Profile, EDGAR Vendor Certification, and Software Vendor Certification Form are not required</p>
131	<p>Please provide the most recent 24-months of net paid claim data for Medical and Rx claims by month, with corresponding enrollment for each month</p>	<p>These files were provided online and are available for download</p>
132	<p>Please provide a detailed claim/utilization file to generate and demonstrate savings.</p>	<p>Have requested and will provide</p>
133	<p>Could we please obtain a copy of the census and large claimant information for the Austin Independent School District RFP 20RFP010?</p>	<p>The census is posted online where you obtained the RFP documents. Large claims will not be released as we are not looking for a stop loss bid at this time.</p>
134	<p>Please confirm current staffing for the administration of AISD’s health benefits?</p>	<p>There is a full team of AISD employees that handle all aspects of benefits to include medical, leave, etc.</p>
135	<p>LCSW dedicated to AISD that can travel by appointment must be available upon client’s request. Please confirm AISD is requesting a dedicated licensed social worker as part of our staffing solution. Please clarify LCSW responsibilities specific to AISD members.</p>	<p>We are asking that this role be a consideration in some way as a solution for AISD along with the full time dedicated representative.</p>
136	<p>For attachment G could we please obtain an updated document that includes a member ID number, not a social security number, and the fill date?</p>	<p>please use dispense date for fill date</p>

137	<p>For the Top Hospitals and Top Providers # claims medical tabs would you please provide the files to be used to provide these disruption results? In order to run the disruption the file should include: Provider National Identification (NPI) – must be 10 digits Provider Tax Identification Number (TIN) – must be 9 digits Provider Name Provider Address (number, street) Provider City Provider State Provider Zip Code Participating / Non-Participating (Par/Non-Par) indicator (indicates whether or not the provider participates in the current carrier’s network) Provider Specialty Type (i.e., Cardiology, etc.) Measure of Utilization (paid claims, submitted claims, number of claims, etc.)</p>	See Attachment B AISD- Top Provider and Attachment C AISD Hospital Listing
138	<p>If possible could we also have the below data included on the medical disruption file as well? Unique member identifier Diagnosis Code 1 Diagnosis Code 2 Diagnosis Code 3 Provider type indicator Place of service indicator Revenue Code Bill Type Indicator Service units CPT code CPT code modifier Eligible billed charges</p>	See Attachment A Claims Repricing File
139	<p>Please provide the electronic copies of the census and large claimant information.</p>	<p>We are working on the questions that were submitted and will be issuing an addendum. However, the census is available online as an attachment where you pulled the original RFP from. The large claims will not be released at this time as we are not looking for stop loss quotes.</p>