

Questions and Answers  
RFP DOH18-026  
Insurance Benefits Management

**Addendum #5**  
**RFP DOH18-026**  
**Insurance Benefits Management**

**DATE:** June 28, 2019  
**TO:** Prospective Vendors  
**FROM:** Sonja German-Jones, Procurement Officer  
Florida Department of Health  
Central Purchasing Office  
**SUBJECT:** Addendum #5

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The purpose of this addendum is to answer questions received in accordance with **section 2.7, Questions**, of the **Request for Proposal, and to delete Task 10 from Attachment A, Scope of Services and replace it in its entirety**. Please see the Department's response to questions below.

**A. Attachment A, Scope of Services, Task 10, is deleted in its entirety and replaced with the following:**

10) Forecast the expected monthly expenditure of contract funds for insurance premium payment for each month remaining in the contract year. The forecast must identify the algorithms used, the historical expenditure data used for forecasting, and the expected monthly expenditure for the contract budget period. Submit a monthly forecast report to the Contract Manager within 30 days from the end of each month.

**B. Responses to Questions received pursuant to section 2.7, Questions:** Please see the Department's response to questions received by the due date outlined in section 2.5. Timeline, of the **RFP**, below:

Questions and Answers  
RFP DOH18-026  
Insurance Benefits Management

#	Question	Answer
1	Will FL DOH allow for two way communication between respondent's proposed IBMS and the Department's Program Management Software?	Yes, two-way communication is the purpose of establishing the continuous Electronic Data Interchange (EDI) connection. The awarded Respondent (i.e., Provider) will receive updated program enrollment data and the Department will receive updated insurance data as outlined in the Attachment A, Scope of Work.
2	Additionally, will the Department allow the respondent to have access to the Department's Program Management Software for Data Validation and Verification?	Yes, the Department will allow limited access to its program management software for random sample verification of data validity.
3	How is FLDOH expect the respondent to collect EOB data on clients without being a provider of services or payee of services?	The Department expects the Provider to execute a contractual agreement to be authorized as a representative, agent of record, or broker of record for each client served to allow access to EOB data directly from the insurance company.
4	Will this be transmitted by the provider of services or payee of services or by the client directly?	EOB data will be provided by the payee of services.
5	The bid requires respondents to be able to fund the program for up to 120 days. Under normal circumstances, how quickly and how often will the department make payment on the invoices submitted in the past?	If the Department receives invoices which are complete, properly documented, and meet the requirements of the Department's assigned contract manager, the Office of Budget and Revenue Management, and the Florida Department of Financial Services, invoices are typically paid within 20 days (if payment is made electronically) or 23 days (if payment is made by a mailed warrant). However, all invoices are paid in accordance with section 215.422, Florida Statutes.

Questions and Answers  
RFP DOH18-026  
Insurance Benefits Management

6	Will FL DOH supply a data file in CSV format containing all eligible clients and applicable health plan/premium information to be imported into the IBM?	Yes, the Department will provide this data through the continuous EDI once established. The file formats, schema and schedule of data transfer will be established as specified in Attachment A, Scope of Services.
7	How does the current contractor remit insurance premium payments – individual paper checks, one paper check per insurance carrier list bill, ACH payments pulled by insurance carriers, ACH payments pushed to insurance carriers (individual or list bill)?	The current contractor remits insurance premium payments by issuing individual paper checks, issuing paper checks for list bills, and issuing individual ACH payments pushed to insurance carriers.
8	Please describe how the respondent will provide 30-45 day advance premium payments for policies with a 1/1/20 start date?	The Department anticipates this contract to be executed prior to open enrollment. The Provider will be responsible for enrolling clients in health insurance plans for the 2020 benefit year and paying advance premium payments for those policies.
9	Will the current contract holder provide 2019 year to date payment data on each client to the winning respondent?	No. The Department expects the current contractor to pay all client premiums through December 31, 2019. The Department expects the Provider selected under this solicitation to identify any past due amounts for clients directly from the insurance company, employer, or other entity and inform the Department.
10	It is understood that services begin October 1st, but what is the first Month which the winning respondent will have to make premium payments?	The Department anticipates the month of November to be the first month for premium payments to be made.
11	The RFP includes several references (Attachment A, B, 5; B, 9; B, 10) to review client policies for compliance with federal regulations and forecasting monthly expenditures. The RFP does not include a requirement to ensure cost-effectiveness of selected insurance plans. Is the RFP awardee expected to ensure cost-effectiveness of insurance plans selected or will	See Task 2e, of Attachment A, Scope of Services. The Department expects the Provider to advise clients on the selection of appropriate insurance plans, based on client options, which plan is most cost-effective for the Department, and which plans best meets the needs of the client. The Department will identify all allowable Marketplace plans, based on compliance and cost forecasts received from the Provider, who will then be responsible for ensuring cost-effectiveness of Marketplace insurance plans

Questions and Answers  
RFP DOH18-026  
Insurance Benefits Management

	FDOH identify allowable plans prior to RFP awardee ensuring compliance and forecasting of costs?	selected for clients. For plans outside the Marketplace, the Department will not identify allowable plans; however, the Provider will be responsible for ensuring cost-effectiveness of the selected plan.
12	Are co payments (Copay) a part of the scope of services for this RFP? Please see Attachment M Glossary Exhibit. Manager within 30 days from the end of each month	Attachment M, Glossary Exhibit, is a list of terms referenced in Task 4 in the Attachment A., Scope of Work. The Department's ADAP program only pays deductible and copays for clients on ADAP formulary drugs through its contracted Pharmacy Benefits Manager (PBM). At this time no medical or other copays are to be paid by the awarded Respondent.
13	Please clarify which due date is to be used in Attachment A page 32. 10) Forecast the expected monthly expenditure of contract funds for insurance premium payment for each month remaining in the contract year. This forecast is to be submitted to the Department no later than the tenth day of each month. The forecast must identify the algorithms used, the historical expenditure data used for forecasting, and the expected monthly expenditure for the contract budget period . Submit a monthly forecast report to the Contract Manager within 30 days from the end of each month	See section A of this Addendum.
14	Attachment B Cost Proposal: Are the number of clients the determining amount or the number of transactions processed for that client per month?	The total cost is based upon the number of transactions multiplied by the fee proposed by the Respondent as specified in Attachment B, Cost Proposal.
15	For Medicare enrollments, what products are required to be offered to clients? E.g. Medicare Part D, Medicare HMO, and/or Medicare Supplements	The Department assists with Medicare Part D Prescription Drug Plans (PDP) and Medicare Part C Medicare Advantage plans that offer Prescription Drug Coverage (MAPD). The Department does not offer assistance with Medigap or Medicare Supplemental policies.

**Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.**