

**Request for Proposal for Centers of Excellence Administration Group Health Insurance Program
DHR18001-COE_Admin**

Responses to Questions (Q&A)

April 18, 2018

No.	Reference:	Topic:	Question:	Answer:
1.	Section A, Background and Overview, 1.0 Organization Description, Page 6	The SBO administers the Group Health Insurance Program (GHIP). Enrolled in the GHIP are approximately 124,000 active and retired employees of the State of Delaware and their dependents, including approximately 18,000 employees, retirees and their dependents from groups that also participate in the GHIP as permitted through Delaware Code. (See Attachment 5 for a detailed breakdown of GHIP participating groups.)	Could not easily locate Attachment 5 and/or require greater detail. Could you please provide a detailed breakdown that calls out the number of primary subscribers and total members by plan?	<p>Attachment 5 was provided on the disc. The excel files in the Attachment 6 folders have a plan type included, Column H, and a Plan code, Column F. The Data Dictionary document provides an explanation key.</p> <p>The following is a breakdown of the number of primary subscribers and total members (active employees and non-Medicare retirees only) by plan as of December 31, 2017:</p> <p>First State Basic # Employees: 2,453 # Members: 4,706</p> <p>Comprehensive PPO # Employees: 27,112 # Members: 60,828</p> <p>CDH Gold # Employees: 2,364 # Members: 4,899</p> <p>HMO # Employees: 12,001 # Members: 27,917</p>

No.	Reference:	Topic:	Question:	Answer:
				<p>POS # Employees: 252 # Members: 485</p>
2.	Section C.(f), Page 14	Meaningful and timely management reporting.	What does the state contemplate as meaningful and timely management reporting?	<p>The State considers meaningful reporting as information needed in order to determine the ROI and/or in order to analyze the program’s effectiveness such as utilization, clinical and financial results. Timely reporting would be considered on a monthly, quarterly or annual basis dependent on the type of information and as mutually agreed.</p> <p>Please see the report descriptions set forth in multiple questions or sections in the RFP:</p> <ul style="list-style-type: none"> a. Minimum Requirement #28, Page 40. b. Minimum Requirement #40, Page 43. c. Section 5.0, Reporting, in the Questionnaire section starting on Page 67. d. In the Performance Guarantees, Appendix C, Page 83, calls the requirement of “Complete and Timely Submission of accurate reports (including utilization, clinical and financial results), as defined and mutually agreed upon with the State of Delaware and the Vendor.”
3.	Section A, Background and Overview,	A third-party COE vendor should also leverage telemedicine solutions, as applicable and where possible, for post-	Does the State currently offer telemedicine solutions and therefore	The State currently offers telemedicine through the medical TPAs. Aetna plan participants have access to Teladoc and

No.	Reference:	Topic:	Question:	Answer:
	2.0 Background Information, Page 8	procedure care management as an additional touch point for the member, and also to better manage travel costs.	expect the COE vendor to integrate with those solutions or to provide them independently?	Highmark plan participants have access to Amwell and Doctor on Demand. The State expects the COE vendor to integrate with these solutions, when possible and appropriate for a member's care needs.
4.	III. Minimum Requirements, Section B, Question 8, Page 40	Please confirm that your company will provide the State with regular information concerning industry developments or new services and will provide articles and other communications at a frequency determined by the State for inclusion in member newsletters and websites.	What is contemplated by the State regarding providing the State with regular information concerning industry developments or new services? What frequency will the State require regarding providing the State with articles and other communications? What does the state contemplate as other communications?	<p>The State requires that all benefit vendors keep the Statewide Benefit Office's account managers informed of industry developments or new services the vendor offers. With the rapidly changing health care market, the State relies on our vendor partners to help keep us informed. Examples of regular information on industry developments or new services relevant to a COE vendor would include notifying the State of any changes to your network (such as enhancements of either new providers or new clinical conditions treated by your COE providers, or removal of providers or clinical conditions from your network) or of changes that would affect the providers in your network (such as if a health system were to purchase a large provider group in your network), in a timely manner reasonably soon after you become aware of these changes or developments.</p> <p>Communications for inclusion in member newsletters would be information about the COE program suitable for an employee newsletter that</p>

No.	Reference:	Topic:	Question:	Answer:
				<p>is emailed to employees who have a work email address, and for posting on the State’s benefits website. We rely on our vendors to provide us with information to post on this website such as important considerations for employees in light of open enrollment, program FAQs, wellness content, helpful resources, benefit descriptions, announcements and forms. Please review the types of information provided under the Benefits Program tab on the SBO website at https://ben.omb.delaware.gov/index.shtml.</p>
5.	Appendix I - Software Inventory	Please list any software that the Statewide Benefit Office’s account management personnel may need. For example, Adobe or Visio. Also list the web browsers (IE) or web service that members would need to access the customer service interface.	Please provide more context regarding what is meant by “customer service interface”.	<p>“Customer service interface” is meant to refer to the member-facing website or web portal that members would access to obtain information about your services. If your organization provides a website for members to access information about COE and your services, what type of browser(s) would they need? For example, Internet Explorer.</p>
6.	Attachment 2_Vendor Usage and 2 nd Tier Spending Report		Does the Vendor Usage and 2 nd Tier Spending Report need to be completed with the RFP submission?	<p>No, this was for informational purposes only so that, if you are awarded a contract, vendors are informed that administrative fees and 2nd Tier Spending (formerly known as MWBE) will be reported on your behalf to the central procurement office.</p>