



ADDENDUM NO. 2

November 9, 2018

TO: ALL RESPONDERS UNDER REQUEST FOR PROPOSALS (RFP) NO. 18-500493

FROM: Department of Purchasing and Contracting, DeKalb County, Georgia
For additional information, go to:
<http://yourdekalb.com/purchasing/index.html>

SUBJECT: RFP NO.18-500493, “**WORKERS’ COMPENSATION BILL REVIEW AND PHARMACEUTICAL SERVICES ORGANIZATION**” is hereby modified as follows:

- A. The due date for bids submission has been extended to **November 21, 2018 at 3:00 p.m.**
- B. We have received questions pertaining to this RFP. The questions and their resulting answers appear below:
1. **Question.** Can companies outside of the USA apply for this [solicitation]?
Answer. Yes, they can.
 2. **Question.** Will companies from outside the USA have to come to the USA to attend meetings?
Answer. Occasional onsite meetings will be required.
 3. **Question.** Can the tasks related to the RFP be performed from outside the USA, like from India or Canada?
Answer. Yes.
 4. **Question.** Can we submit the proposals via email?
Answer. No.
 5. **Question.** Can you provide annual pharmacy spend for DeKalb County?
Answer. See chart below:

**PHARMACEUTICAL DATA
PRESCRIPTION SPEND**

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
IN-NETWORK	105,911	181,455	177,225	167,191	206,161
OUT-NETWORK	126,677	105,727	112,996	89,670	122,698
TOTAL	\$232,587	\$287,182	\$290,221	\$256,861	\$328,859

PRESCRIPTION COUNTS

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
IN-NETWORK	832	1,013	831	815	985
OUT-NETWORK	2,188	2,066	1,872	1,179	1,612
TOTAL	3,020	3,079	2,703	1,994	2,597

6. **Question.** Who is the current pharmacy vendor?
Answer. Corvel Corporation.
7. **Question.** Does the County have any pain points with your current PBM vendor that participants should focus on, in responding to your RFP?
Answer. Not Applicable.
8. **Question.** Will the County please provide your total prescription volume for 2016 and 2017?
Answer. See Response for Question 5.
9. **Question.** Will the County please provide the total number of generic medications dispensed in 2016 and 2017?
Answer. Data unavailable.
10. **Question.** Will the County please provide the percentage of the mail order prescription dispensed in 2016 and 2017?
Answer. Data unavailable.
11. **Question.** Will the County please provide the percentage of out of network bills in 2016 and 2017? *Percentage of out of network bills vs. point of sale bills through PBM.*
Answer. See Response to Question 5.
12. **Question.** Will the County please provide your out-of-network penetration for 2016 and 2017? *What percentage of out of network bills received were converted to in network. These could be considered bills that were direct billed outside of the PBM network and converted back into the network.*
Answer. Data unavailable.

13. **Question.** Will the County please provide the percentage of compounds dispensed in 2016 and 2017? As well as the average cost per compound medication?

Answer. Data unavailable.

14. **Question.** How is the County currently handling physician dispensing with your current vendor?

Answer. The County allows physician to dispense as long as it cost is competitive to do so.

15. **Question.** Attachments C and D are information only and required to be submitted with our responses. Will the County please clarify if they should be included within the technical proposal or within the cost proposal?

Answer. Attachments C and D are information only. See Revised Required Documents list included herein.

16. **Question.** If vendors are utilizing a subcontractor for one of the services, shall the subcontractor's financials and insurance coverage be included within the response as well?

Answer. No, subcontractor's financials and insurance coverage are not required by the County since the County's relationship is with the Prime Contractor and not the subcontractors.

17. **Question.** Will the County please clarify if the Firm Lump Sum Fee on Attachment A refers primarily to an administration fee?

Answer. Lump Sum pricing is eliminated from The Cost Proposal Form of the ITB. See the Revised Cost Proposal Form attached herein.

18. **Question.** Will the County please clarify if telephonic, field case and vocational case management services as requested in the RFP, as stated on page 5 of the RFP?

Answer. Disregard all reference to telephonic, field case manager or vocational case manager found in the RFP document.

19. **Question.** Who are your current vendors that are providing the services outlined in this RFP? Is it one or multiple?

- a. Pharmaceutical Management Program –
- b. Physician panel creation and management –
- c. Medical bill review services –
- d. Telephonic and case management services –
- e. Vocational rehabilitation services –

Answer. Corvel Corporation is currently the only vendor.

20. **Question.** Please provide a Medical Bill Review report for each of the last 3 years.

Answer. See Response to Question 5.

21. **Question.** How many claims on average are assigned to Telephonic Nurse Case Management?

Answer. See Response to Question 19.

22. **Question.** Is the 20% of Total Award for LSBE participation a requirement or is 20% participation needed to be awarded the 10 Preference Points?

Answer. To qualify for incentives under the DeKalb First ordinance, a prime contractor shall be a certified LSBE or submit written documentation showing that at least twenty percent (20%) of the total contract award will be performed by a LSBE(s) unless the prime contractor can demonstrate sufficient good faith efforts which earns two (2) points. Ten (10) preference points are awarded in the initial evaluation of a response to a Request for Proposal for meeting the LSBE-DeKalb benchmark or five (5) points to a LSBE-MSA (*20% participation*) with a prime contractor who is a local LSBE or is a prime contractor using local LSBE(s).

23. **Question.** Which of the 3 types of physician panels within the Georgia workers compensation system are you interested in implementing? A panel of physicians, a conformed panel, or a managed care organization?

Answer. A panel of Physicians.

24. **Question.** To confirm, bill review services are being sought for all medical services being provided to the county's injured workers and not just pharmaceutical bill review?

Answer. The RFP is for Bill Review and Pharmaceutical Program.

25. **Question.** In reference to the management reports being requested on page 5 of the RFP, much of the data required to comply with this service request is claims data that would typically come from the insurance carrier. Given that the county is self-insured, we would like to confirm that any county data needed to complete this reporting will be provided by the county?

Answer. That is correct, the County will provide.

26. **Question.** Is the claim statistical data all-inclusive of the services being requested within this RFP and/or are these numbers aggregated across all medical expenditures? e.g., Do the total gross paid numbers include the cost of all medical care provided to county injured workers such as surgeries, office visits, etc., or only the services being requested within this RFP such as pharmaceutical prescriptions and management, physician panel creation and management, medical bill review, field and telephonic case management, vocational rehabilitation services?

Answer. See Response to Question 27.

27. **Question.** Is there anything that would prohibit utilizing a vendor partner to provide a portion of the services outlined in the RFP even if they have not been involved in the process to this point? Specifically, if we are unable to utilize a LSBE due to work scope and applicability, can we then seek out a different partner, and would they need to register with the county as well?

Answer. Clarification of the relationship being formed is required to accurately respond to this question. However, if the term “vendor partner” refers to a Joint Venture partnership then only one of the partners’ participate is required since the one partner represents himself and the Joint Venture partner. If the “vendor partner” is a “Subcontractor” the subcontractor is not required to participate in those activities required of the prime contractor?

28. **Question.** Does the county have a preference in EDI provider/partner/clearinghouse? Or will the county rely on the expertise of the winning respondent, whereby utilizing the EDI already setup with the chosen vendor?

Answer. The County has no preference.

29. **Question.** Page 19 of the document asks for a “FIRM FIXED LUMP SUM FEE for each calendar year of the stated contract period...” This language implies that the cost of services estimate provided in the RFP response will need to be the actual cost charged to the county. Is this the intent of the cost estimate? If so, we have concerns about adhering to an estimate that cannot predict a number of elements related to the services being requested such as claim frequency or severity, the cost and frequency of prescription drugs, the amount of a la carte medical/nurse reviews, etc. We do not want the county to be liable for higher costs than necessary due to an estimate that turns out to be too high, but we also do not want to expose our organization to the losses associated with an estimate that is too low. Therefore, will you please clarify the parameters surrounding the required estimates.

Answer. See Response to Question 18.

30. **Question.** Is Dekalb County receiving any pharmacy rebates on the pharmacy claims related to Workers Compensation/? If yes, is there a percentage that Dekalb County splits with the existing vendor?

Answer. No.

31. **Question.** There were not really any details as to how much of the monies being spent on Workers Comp claims is directly attributed to Prescription Pharmacy and I am wondering if the current vendor provides any sort of detailed breakdown by claim?

Answer. See Response to Question 5.

32. **Question.** I am reaching out to confirm the requirement in RFP No. 18-500493 (for Workers’ Compensation Bill Review and Pharmaceutical Services Organization) that a qualified firm must be certified by the Georgia Board of Workers’ Compensation. Can you please confirm what certification this requirement is referring to?

Answer. Please contact the Georgia State Board of Workers’ Compensation.

33. **Question.** Are any LSBEs utilized under the current program? If so, what are the LSBE company names and what are the services provided?

Answer. No.

34. **Question.** Can the County provide a high-level outline of its current workflow steps today, from medical bill receipt to provider payment? What steps of that workflow would the County like to change, if any?
Answer. Bills are mailed to County for approval. Once approved by adjuster bill is mailed to Contractor. Contractor reprice and send back to County via EDI. Adjuster approves in EDI system and it is downloaded into County's RMS and then downloaded to County Accounting system for check process.
35. **Question.** On RFP page 4, section E, can the County elaborate on what it means by the "services shall commence within ten (10) calendar days?" Do you mean the Origami integration project will commence within 10 days? Or you expect the EDI integration project to be completed within 10 days, and bill review / pharmacy services will commence thereafter?
Answer. Services under the Contract Agreement resulting from this solicitation will commence.
36. **Question.** On RFP page 4, section E, can the County define how the "written notice to proceed" process would work? For example, would that notice be issued after collaborative discussions and test planning?
Answer. A "notice to proceed" is issued to the awarded vendor following the execution of a contract.
37. **Question.** How does/will the County supply claims data to the vendor, including data on the claim status and lost-time (particularly as it relates to the reporting requested for items 6(a), 6(b) and 6(c) on RFP page 5)?
Answer. See Response to Question 19.
38. **Question.** On RFP Page 5, section B, it mentions "check issuance" services. Can the County elaborate on the payment processing it is looking for? For example, are these payments *only* for medical bills (and not indemnity, etc.)? What is the County's estimated annual number of positive (> \$0) payments that would require check issuances?
Answer. This refers to an optional feature; please disregard.
39. **Question.** What is the County's historic telephonic case management volume and/or estimated quantity of telephone case management cases moving forward?
Answer. See Response to Question 19.
40. **Question.** What is the County's historic field case management volume and/or estimated quantity of field case management cases moving forward?
Answer. See Response to Question 19.
41. **Question.** What is the County's historic vocational rehabilitation volume and/or estimated quantity of vocational rehabilitation cases moving forward?
Answer. See Response to Question 19.


42. **Question.** What entity(s) performs case management and vocational rehabilitation services today?
Answer. See Response to Question 19.
43. **Question.** How are medical bills picked up and delivered under the current program?
Answer. Via FEDEX.
44. **Question.** The pricing exhibits starting on page 19 are not clear regarding if the County is requesting a flat fee (page 19) or transactional fees (as implied on pages 20 and beyond). Can the County clarify?
Answer. Utilize the revised Cost Proposal Form attached hereto.
45. **Question.** On the pricing exhibits starting on page 20 the County requests “Over and above savings from Attachment C...”, however that Attachment does not define the historic savings levels. Can the County provide the current program’s total, *original* billed charges and historical discounts / savings achieved for 2017? 2016?
Answer. Refer to Attachment C. Additional information not available.
46. **Question.** Additionally, how is the County requesting price quotes for services such as payment processing, vocational rehab, and case management? There do not seem to be line items for those services in the templates.
Answer. See Response to Question 19.
47. **Question.** Can the County explain its current pricing structure with its current service vendor(s)? Or provide a copy of its current pricing contract(s), or direct us where we may find it?
Answer. Refer to the open records request act. See link below:
https://www.dekalbcountyga.gov/sites/default/files/open_recs_request_instructions.pdf
48. **Question.** Would the County consider eliminating Page 19 of the Cost Proposal Form and retain Pages 20-24 (See Below)? Or, would the County benefit from an estimated total cost of program by year due to the variable nature of Bill Review and especially Pharmacy components?
Answer. Utilize the revised Cost Proposal Form attached hereto.
49. **Question.** Would the County want to stipulate no fees to be charged for Duplicates or Send back bills?
Answer. Yes, the County stipulates no fees to be charged for Duplicates. However, fees to be charged for “re-considerations”.
50. **Question.** Would the County want to stipulate no minimum number of bill lines and no bill header fees to apply?
Answer. No.
51. **Question.** Would the County consider adding a fee line to address any user access fees for the Bill Review and Pharmacy System?

Answer. No, you must use the Cost Proposal format provided in the RFP document and revised by this Addendum in the Attachment hereto.

52. **Question.** Would the County consider a consistent format for Pharmacy and Bill Review Program pricing for each year of the contract as follows:

Answer. No, you must use the Cost Proposal format provided in the RFP document and revised by this Addendum in the Attachment hereto.

- C. All other conditions remain in full force and effect.
- D. It is the responsibility of each Responder to ensure that he/she is aware of all Addenda issued under this RFP. You may call the agent @ 404-371-4943 before the bids are due to confirm the number of addenda issued.
- E. All responders to this Request for Proposals must acknowledge receipt of this Addendum by signing the below Acknowledgement form and returning it with your proposal.


Brenda H. Redus, Senior Procurement Agent
Department of Purchasing and Contracting

**ADDENDUM NO. 2
REVISED
ATTACHMENT A**

COST PROPOSAL FORM
(consisting of 6 pages)

RFP NO. 18-500493
Workers' Compensation Bill Review and Pharmaceutical Services Organization

Responder: Please complete the attached pages of the Cost Proposal Form, and return them with this cover page.

The cost proposal must be submitted in a separate, sealed envelope with the Responder's name and "Request for Proposals (RFP) No. 18-500493 Workers' Compensation Bill Review and Pharmaceutical Services Organization" clearly identified on the outside of the envelope.

By signing this page, Responder acknowledges that he has carefully examined and fully understands the Contract, Scope of Work, and other attached documents, and hereby agrees that if his proposal is accepted, he will contract with DeKalb County according to the Request for Proposal documents.

Please provide the following information:

Name of Firm: _____

Address: _____

Contact Person Submitting Proposal: _____

Title of Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Signature of Contact Person

Title of Contact Person

**ADDENDUM NO. 2
REVISED
ATTACHMENT A
COST PROPOSAL FORM**

RFP NO. 18-500493

Workers' Compensation Bill Review and Pharmaceutical Services Organization

Contract Year One

Respondents are required to submit their cost breakdown in the following format:

Pharmaceutical Management Program	What is your pricing schedule for pharmacy retail and mail order, to include all processing and administrative fees?
Brand	Retail \$ _____ Mail Order \$ _____
Generic	Retail \$ _____ Mail Order \$ _____
Medical Bill Review	
Per line fee	\$ _____ per line
Over and Above percentage of savings from Attachment C, "Claim Statistical Data" for the County	_____ %

Provide cost quotes for the first through fifth year of this contract.

Please use the statistical information in Attachment C and the medical bill review data in Attachment D to prepare the cost proposal.

**ADDENDUM NO. 2
REVISED
ATTACHMENT A**

COST PROPOSAL FORM

RFP NO. 18-500493

Workers' Compensation Bill Review and Pharmaceutical Services Organization

Contract Year Two

Respondents are required to submit their cost breakdown in the following format:

Pharmaceutical Management Program	What is your pricing schedule for pharmacy retail and mail order, to include all processing and administrative fees?
Brand	Retail \$ _____ Mail Order \$ _____
Generic	Retail \$ _____ Mail Order \$ _____
Medical Bill Review	
Per line fee	\$ _____ per line
Over and Above percentage of savings from Attachment C, "Claim Statistical Data" for the County	_____ %

Provide cost quotes for the first through fifth year of this contract.

Please use the statistical information in Attachment C and the medical bill review data in Attachment D to prepare the cost proposal.

**ADDENDUM NO. 2
REVISED**

ATTACHMENT A

COST PROPOSAL FORM

RFP NO. 18-500493

Workers' Compensation Bill Review and Pharmaceutical Services Organization

Contract Year Three

Respondents are required to submit their cost breakdown in the following format:

Pharmaceutical Management Program	What is your pricing schedule for pharmacy retail and mail order, to include all processing and administrative fees?
Brand	Retail \$_____ Mail Order \$_____
Generic	Retail \$_____ Mail Order \$_____
Medical Bill Review	
Per line fee	\$_____per line
Over and Above percentage of savings from Attachment C, "Claim Statistical Data" for the County	_____%

Provide cost quotes for the first through fifth year of this contract.

Please use the statistical information in Attachment C and the medical bill review data in Attachment D to prepare the cost proposal.

ADDENDUM NO. 2
REVISED
ATTACHMENT A
COST PROPOSAL FORM

RFP NO. 18-500493
Workers' Compensation Bill Review and Pharmaceutical Services Organization

Contract Year Four

Respondents are required to submit their cost breakdown in the following format:

Pharmaceutical Management Program	What is your pricing schedule for pharmacy retail and mail order, to include all processing and administrative fees?
Brand	Retail \$ _____ Mail Order \$ _____
Generic	Retail \$ _____ Mail Order \$ _____
Medical Bill Review	
Per line fee	\$ _____ per line
Over and Above percentage of savings from Attachment C, "Claim Statistical Data" for the County	_____ %

Provide cost quotes for the first through fifth year of this contract.

Please use the statistical information in Attachment C and the medical bill review data in Attachment D to prepare the cost proposal.

ADDENDUM NO. 2
REVISED
ATTACHMENT A
COST PROPOSAL FORM

RFP NO. 18-500493
Workers' Compensation Bill Review and Pharmaceutical Services Organization

Contract Year Five

Respondents are required to submit their cost breakdown in the following format:

Pharmaceutical Management Program	What is your pricing schedule for pharmacy retail and mail order, to include all processing and administrative fees?
Brand	Retail \$ _____ Mail Order \$ _____
Generic	Retail \$ _____ Mail Order \$ _____
Medical Bill Review	
Per line fee	\$ _____ per line
Over and Above percentage of savings from Attachment C, "Claim Statistical Data" for the County	_____ %

Provide cost quotes for the first through fifth year of this contract.

Please use the statistical information in Attachment C and the medical bill review data in Attachment D to prepare the cost proposal.

**REVISED PAGE 4
RFP NO. 18-500493
ADDENDUM NO. 2**

A. Guarantee for Bill Review Services After Contract Award

Bill Review is a specialized service and the selected provider must be capable of (ready-now) electronic data interchange (EDI) with the County, at no additional expense to the County.

- B.** The following Required Documents Checklist includes a list of attachments which **must** be completed and returned with Responder's technical proposal:

Required Documents	Attachment
Proposal Cover Sheet	B
Cost Proposal Form (1 copy, separate & sealed)	A
Contractor Reference and Release Form	E
Subcontractor Reference and Release Form (make additional copies as needed)	F
LSBE Documents – Exhibits A and B	G
Responder Affidavit	H
First Source Jobs Ordinance (with Exhibits 1 – 4)	I
Exceptions to the Standard County Contract, if any	J

- C.** The services shall commence within ten (10) calendar days after acknowledgement of receipt of written notice to proceed and shall be completed in accordance with the agreed on detailed project plan included in vendor's proposal.
- D.** The County reserves the right to make one (1) award or multiple awards.

I. SCOPE OF WORK

A. Description of Tasks

Workers' Compensation claims are self-insured and self-administered by Dekalb County Risk Management. Claims are administered in accordance to industry Best Claim Practices. Therefore, Risk Management is searching for responders who will partner in this effort and commit to providing a quality service promptly.

Services sought include, at a minimum, the following services:

1. Printed materials including state form WC-P1, Panel of Physicians. Wallet reference card or other printed materials required by the State Board of Workers' Compensation to be distributed to employees. It is expected that these materials will be supplied at no additional charge to the County.

Addendum No. 2
RFP No. 18-500493

ACKNOWLEDGEMENT

The above Addendum No. 2 is hereby acknowledged:

Company Name

Signature & Title

DR:bhr