



75 Langley Drive • Lawrenceville, GA 30046-6935
(tel) 770.822.8720 • (fax) 770.822.8735

gwinnettcounty

December 28, 2018

ADDENDUM #2

RP001-19

Provision of Medical & Pharmacy Benefit Administration on an Annual Contract

The attachments referenced in this addendum can be obtained from Aon Hewitt. Contact Jordan Pierpont at jordan.pierpont@aon.com or 404-442-1035.

- Q1. Please describe how Gwinnett County will be evaluating network discounts? (ex: will the discount analysis be based solely on consultant network tools or solely on carrier reprice data that would capture recently negotiated 2019 network discounts or a combination of both?)
- A1. **Discounts will be evaluated using Aon’s proprietary discount analysis tool. However, we recognize the challenges of using 3-digit zip code analysis given the density of the Gwinnett population and the narrow utilization area. As a result, Aon will do additional analysis related to inpatient discounts. To support this analysis, please provide a report showing billed and allowed charges for the 15 most utilized inpatient facilities in metro Atlanta. These facilities should be the same ones your organization submits as part of discount analysis. We expect the report to resemble the chart below:**

Facility	Billed Charges YTD 2018	Allowed Charges YTD 2018	Comments
Facility 1	\$xx,xxx,xxx.xx	\$yy,yyy,yyy.yy	Discounts improved by 3% with this facility for 2019
Facility 2	\$aa,aaa,aaa.aa	\$bb,bbb,bbb.bb	Discounts unchanged with this facility for 2019

This information will be scored as part of your financial response. If you are unable to provide the information above, your financial response will be scored on Aon’s Discount Analysis tool only. If you have additional questions about this requirement, please contact Dana Garland at dana.garland@gwinnettcounty.com.

- Q2. If carrier reprice data for recently negotiated 2019 network discounts will be a part of the analysis, will that data be released to the quoting carriers this week?
- A2. **We are not completing a claims repricing exercise. If you feel recently negotiated network discounts are relevant for evaluation, please provide a summary of those new network deals as part of the financial commentary which should accompany your proposal.**
- Q3. We were hoping we could receive a historical file for pharmacy claims.
- A3. **Included with this addendum are the pharmacy claims July 2017 through June 2018. See files “RX Claims 07-2017 thru 06-2018.docx” for the layout and “RX Claims 07-2017 thru 06-2018.txt” for the data.**
- Q4. Concerning Exhibit F – No-Bid Response: if we do submit a bid, will providing this document blank be considered as providing the page as part of the bid document?
- A4. **If you are submitting a proposal, this page does not need to be returned.**
- Q5. Concerning Exhibit H – Professional Services Insurance Requirements: please clarify what is expected with this document.
- A5. **This document is providing the minimum insurance requirements the awarded vendor must have. A certificate of insurance will be required prior to award. Any exceptions to these requirements must be noted in your proposal.**



- Q6. Should our proposal include integration for HSA administration or will Gwinnett County continue its partnership with Discovery Benefits, Inc. as a third party vendor?
- A6. **Gwinnett County will continue their partnership with Discovery Benefits; proposals should not include services for HSA administration.**
- Q7. In the Medical Technical RFP, there is a section entitled, Medicare Part B COB. Please confirm that for this RFP, we are bidding only on commercial lives and therefore, these questions do not apply.
- A7. **This RFP is related to commercial lives but these questions are asked for informational purposes only. These questions will not be scored but please respond.**
- Q8. Does the onsite clinic also include pharmacy? If yes, what is the designated pharmacy ID? What percentage of claims are processed for the onsite pharmacy clinic?
- A8. **No. Drugs dispensed at the onsite clinic are not included in this bid. Please note: The winning carrier will need to partner with the onsite wellness partner to ensure that medical and pharmacy claims incurred at the onsite wellness center be filed in-network. The drugs dispensed at the onsite clinic are generally pre-packaged drugs and are included in the costs of the onsite clinic, not the medical plan.**
- Q9. Please provide a copy of Gwinnett County's 2018 or 2019 wellness plan, with any results.
- A9. **Please see attached "GC_Wellness_Brochure_11_16_18.pdf" for wellness plan information.**
- Q10. Please describe all of the wellness services Asset Health, Inc. provides and confirm that they will remain in place as the wellness and incentives vendor.
- A10. **Asset Health coordinates the components of GCBOC's wellbeing plan and is the system of record for the incentive program. Employees track earned points, complete a wellness assessment, and sign up for programs and challenges through a GCBOC website supported by Asset Health.**
- Q11. Please describe your current Case Management offering in greater detail. Please provide additional insight into what is working well and what you would like to see improved.
- A11. **The current Case Management program is a standard program which provides daily triggers related to escalated claims needs and precertification.**
- Q12. What is your Case Management reach/engagement rate? Please provide engagement statistics by modality (i.e. telephonically, digitally, in person). What is your definition of engagement?
- A12. **Engagement rates are in line with industry benchmarks. Because the definition of engagement is specific to each vendor, specifics are not valid for distribution.**
- Q13. Please provide the current ROI attained for Case Management as well as a list of clinical care and utilization improvement statistics.
- A13. **Gwinnett County does not currently track ROI for Case Management.**
- Q14. Please describe your current Disease Management offering in greater detail. What is the prevalence rate by disease state? Please provide additional insight into what is working well and what you would like to see improved.
- A14. **The current Disease Management offering is standard and covers the disease burdens referenced in the RFP questionnaire. Please refer also to the "Read Me First" for additional background on GCBOC's high cost drivers and include your organization's key differentiators in managing these programs in your responses to the relevant questions.**
- Q15. Please provide the current ROI attained for Disease Management as well as a list of clinical care and utilization improvement statistics.
- A15. **Gwinnett County does not currently track ROI for Disease Management.**

Q16. What percent of members with a chronic illness are identified as high risk, moderate risk and low risk? Of those, what percent are engaged by modality (telephonically, digitally, in person)?

A16. **Based on GCBOC's 2017 health assessment data, the following applies;**

- **Low or unknown risk – 50%**
- **Borderline risk – 34%**
- **Moderate risk – 12%**
- **High risk – 4%**

Q17. Please provide your definition of engagement for Disease Management. What is the average length of time individuals are engaged in your current Disease Management programs by modality (telephonic, digital)?

A17. **Engagement means the member is enrolled in a program and is actively communicating with a member of your clinical team. Gwinnett County does not track length of engagement.**

Q18. Do you perform biometric screenings on site each year?

- If so, at how many locations and how many people participate?
- Do you offer offsite alternatives as well? If so, what types? What is the utilization per modality?
- Who is the current biometric screening vendor?
- Do you want vendors to include biometric screening options in their proposals?

A18. **GCBOC offers on-site biometric screenings at multiple work locations as well as in the on-site Wellness Center. Participation in biometric screening is over 80%. Biometric screenings are managed by Asset Health and Health Stat. The medical vendor is not involved in the onsite screenings.**

Q19. Please describe your current behavioral health offering in greater detail. What is your behavioral health utilization? What are your high-cost behavioral health drivers?

A19. **The behavioral health offering is standard. Anxiety and Depression are the most prevalent behavioral health conditions across the population.**

Q20. Please provide further information on your network access and out-of-network utilization. What is your in-network versus out-of-network utilization?

- Where is your out-of-network utilization concentrated (location, facility, etc.)?
- What is driving your out-of-network utilization? For example, do you need more of a specialty provider, more general providers in a specific area, or are individuals travelling for substance abuse treatment?

A20. **In network utilization accounts for approximately 90% of total paid claims. Utilization is geographically concentrated in and near Gwinnett County. Out of network utilization is concentrated for Specialists and Labs. Since network utilization is so high, we have not completed the research to know what is driving out of network utilization.**

Q21. Are you experiencing issues with substance abuse? What substances are driving your substance abuse utilization (opioids, alcohol, other)?

- Are you experiencing significant out-of-network utilization related to substance abuse treatment? If so where is the utilization by region and specific facilities?
- What age groups are driving the utilization?
- What cost impact has substance abuse treatment had over the last three years?

A21. **Substance abuse is not a big cost driver for GCBOC. GCBOC has put controls in place to control opioid usage.**

Q22. What are your current behavioral health readmission and recidivism rates?

A22. **This information is not available at this time.**

Q23. Who is your EAP provider?

A23. **Humana is GCBOC's current EAP provider.**

- Q24. Would we be able to receive a Pharmacy claim file that includes NDC Number (11 digit text), Date of Service, Brand/Generic indicator, Mail/Retail Indicator, Quantity Dispensed and Rx Days' Supply, Rx County (Not necessary if data is submitted at the claim level)?
- A24. **This information is being included as an attachment to this addendum titled "RX Claims 07-2017 thru 06-2018"**
- Q25. Does Gwinnett have the CVS Maintenance Choice (90 day maintenance at retail same as mail) in place today?
- A25. **Yes, members are able to fill 90 day prescriptions for convenience at the in-network pharmacy of their choice.**
- Q26. Would we be able to get the current fees for the Aetna?
- A26. **The current Aetna ASO fee is \$55.63.**
- Q27. Is it expected to provide redline or deviations document to Exhibit D – Sample Service Provider contract, Exhibit E – Sample Business Associate Agreement, Exhibit G – General Conditions to Service Provider Agreements and Exhibit H – Professional Services Insurance Requirements?
- A27. **Correct. You are expected to disclose up front any deviations from GCBOC's standard contracting terms and conditions. Please refer to the "Read Me First" document for information on the terms and conditions that are not negotiable.**
- Q28. What is needed or expected (file feeds, reporting, etc...) for the vendor to partner with U.S. Imaging Network, Discovery Benefits, Asset Health, Kaiser and the on-site Wellness Center? Could you provide samples of what will be needed?
- A28. **You will be expected to provide file feeds to Discovery Benefits and Asset Health:**
- **Outgoing file to Discovery Benefits**
 1. **Monthly claims substantiation file feed (file specs included in the RFP)**
 2. **Monthly deductible met file feed (file specs included as part of this addendum - *Deductible Met Layout.docx*)**
 - **Outgoing files to Asset Health**
 1. **Annual medical claims file (file specs included as part of this addendum - *Gwinnett-Aetna - Medical Claims Layout.xlsx*)**
 2. **Annual pharmacy claims file (file specs included as part of this addendum - *Gwinnett County-Aetna - Rx File Layout.xlsx*)**
- Q29. On the Performance Guarantees tab, the guarantee asks for "Claims payment procedural accuracy for GCBOC will be at least 98%". Are you asking for a Claim Payment guarantee or a Procedural Accuracy guarantee? Please clarify.
- A29. **We are asking for a procedural accuracy guarantee.**
- Q30. On the Performance Guarantees tab, the guarantee asks for "Production of promised reports and data on agreed upon dates. This includes reporting for network providers and the Wellness Center." What type of reporting is needed for network providers and the Wellness Center? Please send samples and clarify.
- A30. **We will expect reporting to include provider usage and the Wellness Center noted as a separate provider.**
- Q31. Will it to be expected for the medical vendor to process claims for anyone going to the Onsite Clinic? What is the Tax Identification Number (TIN) for this clinic?
- A31. **Yes, the medical vendor will need to process claims for the Wellness Center. These will be submitted as zero-dollar claims and will be used for accumulators only. The current tax ID for the Wellness Center is 562273744.**

- Q32. Does Gwinnett County have any specific ID Card requirements? Are there any external companies that need to be on the medical ID Card?
- A32. **Traditionally Gwinnett County has cobranded the ID Card. We will need to see a proof of a cobranded card to determine if cobranding can be accomplished.**
- Q33. Is a network disruption report required from the incumbent?
- A33. **Yes.**
- Q34. At the pre-proposal conference Aon noted that we should provide two financial proposals – one for an exclusionary formulary and one for our most open. Gwinnett is not currently on our most open – the current formulary is open with precertification, step therapy and quantity limits. We will be quoting Gwinnett’s current formulary and an exclusionary based formulary. Please confirm that is appropriate.
- A34. **Please quote the most broad and standard exclusive formulary. This will allow valid comparison of deals without the impact of “plan design”. Gwinnett may make the decision to implement a different formulary upon implementation of the plan.**
- Q35. If all contract terms are not agreed to upon our proposal submission, can we revisit them after the proposal submission?
- A35. **Changes to contract terms will be negotiated as part of the proposal analysis. Proposed contractual changes must be submitted with the proposal and then negotiations occur with Gwinnett’s Legal team. The restriction here is that contract changes can’t be negotiated downstream.**
- Q36. Gwinnett County currently has the Extended Days Supply network – allows members to obtain a 90 days supply at 55K pharmacies. We would like to propose our Maintenance Choice program – allows members to obtain a 90 days supply at CVS and Target pharmacies as well as our mail service. Is that acceptable?
- A36. **Please quote pharmacy based on providing 90 days at retail in the broadest sense. You may include savings opportunities for narrowing networks for both regular retail and retail 90. You may also provide mail pricing at retail for a 90 day supply.**
- Q37. Do you allow capitation for mental health programs?
- A37. **We allow capitation for mental health programs with the provision of transparency. The capitation must be quantified and transparent in either the invoice or the claims wire. We must also receive reporting on the output of the capitated service.**
- Q38. Has Gwinnett County BOC experienced any service concerns in the past 12-24 months with the current administrator for programs in the RFP? If yes, please describe service enhancements Gwinnett County might like to see in the future.
- A38. **We are out to bid because there are no remaining options to renew. Gwinnett County is seeking an innovative and industry leading partner. Gwinnett expects high level service, as well as meaningful and directional metrics that are tailored to the improvement of their population’s overall health.**
- Q39. What does Gwinnett County BOC feel works best with their current benefits program?
- A39. **Many parts of the program work well but especially the wellness plan, the integration among vendors to support the incentive award program, and the ongoing reporting is very good.**
- Q40. Does Gwinnett County have an active wellness committee?
- A40. **Yes. Each department has a Wellness Champion.**
- Q41. How does Gwinnett County mostly communicate benefit information to their employees? Mail? Email? Etc. If via mail, how many mailing campaigns are typically done in a year?
- A41. **Gwinnett County has a multimedia approach to communication to include email, mail and if available text and push notifications. Mailing campaigns are conducted as needed and funding is often provided through the annual communication allowance provided by the vendor partners. Estimated mailing count would be 2-3 mailings per year.**

Q42. What is the current deductible for Gwinnett County's current Individual Stop Loss contract?

A42. **The current deductible is \$325,000 with no lasers.**

Q43. What is 2019 employer contribution for medical and dental?

A43. **Medical: Between 75-90% depending on plan and carrier enrollment.
Dental: Employee paid benefit.**

Q44. Are there any expected changes to the current contribution strategy expected for 1/1/20?

A44. **Not at this time.**

Q45. Please provide current ASO fees.

A45. **The current ASO fee is \$55.63.**

Q46. Please provide a list of programs included in current ASO fees as well as any of the buy-up programs purchased by Gwinnett County (ex: Disease Mgmt, Enhanced maternity mgmt., etc.)

A46. **The current ASO fee includes Case Management, Network Management, Utilization Review, Disease Management, Online Coaching, and standard Customer Service. We will complete a thorough analysis of each component of your quoted ASO fee. Please provide fees for programs as outlined in the Financial Questionnaire.**

Q47. What type of medical management model is in force with the self-insured plan? Ex: Does the current medical plan require pre-certification on outpatient and inpatient admissions or just inpatient admissions? High tech radiology? Please describe.

A47. **We have engaged Aetna's standard medical management model. We have also engaged US Imaging to support high tech radiology management.**

Q48. Please confirm if the bid bond is not required at the time of the RFP submission but would be required upon award of the contract?

A48. **A bid bond is not required for this proposal.**

Q49. Please confirm if insurance certificates are required to present as part of the RFP submission or upon award of the contract?

A49. **A certificate of insurance will be required prior to award. Any exceptions to these requirements must be noted in your proposal.**

Q50. Please confirm if there are any known plan changes for the upcoming 2020 year for medical or pharmacy?

A50. **There are no known plan changes at this time.**

Q51. Please confirm if Gwinnett County BOC is receptive to consider enhanced pricing terms that may become between the initial carrier's response date and January 1st, 2020?

A51. **Currently, the County is only seeking qualified proposals for medical and pharmacy coverage on an annual contract, with 4 options to renew.**

Q52. Please confirm if the carriers can mention/provide integration credits for products not included in this RFP in our response for medical and pharmacy services? (ex: dental)

A52. **We anticipate your best pricing during this RFP. We expect final pricing negotiations will occur during the finalist stage of the RFP.**

Q53. Please confirm if you have a 90 day Rx retail maintenance program today?

A53. **Correct- there is currently a 90 day at retail benefit.**

- Q54. How is the \$30,000 wellness allowance currently being spent today? (i.e. – biometrics, outside wellness companies, etc.?)
- A54. The wellness allowance usage varies by year. In 2018, the allowance was used to fund open enrollment materials for employees and educational programs during the year such as cooking demonstrations, visits with a dietician, and other programs.**
- Q55. Does Gwinnett County currently send the biometric screening results from Asset Health to the medical carriers? If so, at what frequency?
- A55. Biometric screening results are sent to carriers monthly.**
- Q56. Is the onsite coach at the Wellness Center considered part of Asset Health’s contract/services?
- A56. The onsite coach is contracted with Health Stat, the current onsite wellness center carrier.**
- Q57. Please confirm what the expectation is for the bidding carriers to data mine and engage Gwinnett County’s pre-chronic population with Asset Health housing the health assessment data?
- A57. We expect the winning bidder to mine claims data and engage with any at risk member. We may consider sharing health assessment data with the winning bidder if needs arise to support the programs implemented.**
- Q58. Gwinnett County’s population is unique in that it is concentrated geographically and thus, its utilization is also likely concentrated. How does the county plan to supplement the discount tool to take into account the most current discounts that are specific to the healthcare providers for Gwinnett’s utilization? 3 digit zip code analyses for Gwinnett County (300) will use historical info (2017) and also include locations throughout the metro area, including many areas of Roswell and Cobb County/Marietta.
- A58. See A1.**
- Q59. How does the county plan to quantify the value of a Trend Guarantee in the financial analysis? Please confirm.
- A59. We will evaluate the impact of meeting any target outlined in a trend guarantee.**
- Q60. Please confirm if Gwinnett County BOC’s plan is still classified as non-ERISA?
- A60. Confirmed.**
- Q61. Gwinnett’s plan currently covers habilitative services. Can you please clarify what services are covered under the current habilitative services?
- A61. Habilitative Services are currently defined as “services that help you keep, learn, or improve skills and functioning for daily living (e.g. therapy for a child who isn’t walking or talking at the expected age). Habilitative Services in the Gwinnett plan are restricted to coverage for autism and related therapies.**
- Q62. Can you please confirm if the carriers should be excluding telemedicine?
- A62. Telemedicine is currently offered. Please provide you organization’s current offerings related to telemedicine.**
- Q63. Is the credit card payment process preferred with traditional pay as billed methods or is self-bill with a standard check remittance payment process preferred?
- A63. Self-bill with a wire transfer is the preferred payment processing method.**
- Q64. For the pharmacy audit allowances, can you please confirm that we are to include \$30k plus \$3k travel expenses for the pre-implementation audit and \$50k annually or \$50k over the course of 3 years?
- A64. Confirmed for the pre-implementation audit. The additional funding for a rebate audit is at your organization’s discretion.**
- Q65. For the medical please confirm that the carriers are to include a \$50k pre-implementation audit allowance and then a subsequent \$50k allowance for an audit in the early part of 2021?
- A65. Confirmed.**

Q66. Please describe what carrier coordination looks like with US Imaging?

A66. US Imaging receives a pre-certification file from our current medical carrier daily. Outreach is then made to those members on the pre-certification file. US Imaging then assists members with scheduling of radiology services. Members are encouraged to utilize lower cost higher quality locations.

Q67. Please describe the services that US Imaging will be providing to Gwinnett County BOC starting on 1/1/19?

A67. See A66.

Q68. Are there any known/scheduled data exchanges with Asset Health that we should be aware of?

A68. Yes, Asset Health receives a file from the medical plan which provides reporting to award incentives for things like: preventive care, coaching or DM activity, and any other special program the medical plan may be running.

Q69. Please confirm what services Asset Health is providing beyond the health assessment, biometric screenings, and incentive management? (ex: onsite coaching? Telephonic coaching?)

A69. At this time, Asset Health provides wellness programming, incentive tracking, onsite biometric screening, and disease prevalence reporting. We are exploring other programs with Asset Health related to weight management.

Q70. What are the geo access parameters for specialists? (PCP and hospital parameters were provided).

A70. Geo Access parameters for specialists are the same as that of PCPs, Pediatricians, and OB/GYNS.

Urban- 2 within 10 miles

Suburban- 2 within 15 miles

Rural- 2 within 20 miles

Q71. Please confirm how many known vendor file feeds (import or export) the carrier will need to set-up and at what frequency (ex: monthly substantiation file to Discovery Benefits).

A71. There are a minimum of 10 file feeds.

Q72. Is Gwinnett County interested in a narrow retail pharmacy network strategy?

A72. Please provide pricing for your broadest pharmacy network; we will evaluate alternative strategies downstream.

Q73. Please send us the NABP number for the HealthStat dispensary?

A73. The NCPDP is 1166405.

Q74. We received a pharmacy file to run formulary disruption reports, but we did not receive a pharmacy data utilization report for pricing. Can Gwinnett please send this as soon as possible? The fields needed on the claims report are the following:

- Claim Information by Drug dispensed for a 12 month period
- Date of Service
- National Drug Code (NDC) = 11 digit number
- NABP (Pharmacy) Number
- Quantity Dispensed
- Days Supply
- Metric Quantity
- Retail/Mail Indicator
- Brand/Generic Indicator

A74. This information is included as an attachment to this addendum titled "RX Claims 07-2017 thru 06-2018".

- Q75. There is a footnote from the Claims Tab: (2) if applicable, claims displayed include charges for the National Advantage Program, Value-Based Pricing and/or specific buy-up program fees/ad hoc service charges that are billed through the claim wire. The monthly Claim Detail Report is available to identify specific claim wire billed fees/charges. Please reference the footnote and request the Claim Detail Report
- a. Do "Customer Funded Claims include all paid claims or could they be net of stop loss funded claims?
 - b. Do claims over \$100,000 include only Customer Funded Medical claims?
 - c. Were there any plan changes or enrollment shifts between plans that significantly impacted paid claims?
 - d. Are "Customer Funded Claims" reflecting incurred month or paid month?
 - e. Please provide the Claim Detail Report mentioned in footnote.
- A75. Customer funded claims include all paid claims, any claims above the stop loss specific deductible are included. Claims over \$100,000 include only Customer Funded claims. There were no changes to plan designs for the 2019 year. Gwinnett did not experience any major shifts in membership or enrollment. The claim detail report is not applicable since we are not requesting a claims repricing. Customer Funded Claims reflect paid month.**
- Q76. Please confirm how OON medical claims are reimbursed? (MRC 110% 150% % of U&C)
- A76. Out of network claims are reimbursed at 100% of Medicare.**
- Q77. Please confirm if the Rx utilization file Gwinnett will be sending in for question #25 includes or excludes the utilization data for the prescriptions filled at the HealthStat dispensary? If it is not included in the Aetna utilization data file can you please provide us with some information about the prescriptions filled at the onsite dispensary?
- A77. The file will not include prescriptions filled at the Health Stat dispensary. The prescriptions filled there are pre-packaged generic medications and are funded through the Wellness Center contract, not the medical administrator.**
- Q78. If the carrier were to contract with the onsite clinic dispensary is the expectation that the onsite would accept the carrier's standard retail pharmacy contract?
- A78. The prescriptions filled there are pre-packaged generic medications and are funded through the Wellness Center contract, not the medical administrator. The medical vendor will only interact with the Health Stat dispensary for deductible and out of pocket maximum accumulation.**
- Q79. In terms of Shared Savings (ex. Out of Network Shared Savings) as a component of the service fee, can you please confirm any caps/maximums that should be assumed, by program, if applicable?
- A79. Shared savings is currently capped at \$10 PEPM based on historical utilization. Shared Savings will be reviewed annually and caps may be requested.**
- Q80. Is the on-site health clinic part of this RFP?
- A81. No, the onsite health clinic is currently, and will remain, a separate contract for 2020. There is currently a separate RFP for the GCBOC's Wellness Center underway.**
- Q81. Clarification is needed on the Pharmacy pricing as it relates to GCBOC's contracting requirements.
- A81. The contract for the Medical and Pharmacy plan administration will be a one year contract with four options to renew. For the Pharmacy component of the plan, GCBOC is asking for a three year pricing guarantee with an annual market check option. The first market check would be at the first renewal option for the 2021 plan year.**
- Q82. Clarification is needed on the Pharmacy plan disruption instructions.
- A82. Disruption is requested on the formulary(ies) quoted. Please provide a proposal on both the broadest and standard exclusive formulary. Provide disruption on both formularies.**

- Q83. Clarification is needed on audits being requested for medical and pharmacy.
A83. **Gwinnett is requesting the winning bidder fund a medical claims audit once during the course of the contract period. Gwinnett is also eager to audit rebates and the funding of a rebate audit is also requested.**
- Q84. Clarification is needed on the Read Me First document vendor criteria: *21) Vendor agrees to participate in the cost of mass employee benefits mailings and other related enrollment expenses with GCBOC or other Vendors, as determined by GCBOC.*
A84. **Gwinnett likes to communicate broadly with employees related to many different topics. We are requesting a communication budget to support these communications, many of which are hard copy mail. The budget would cover the cost of development of the collateral and postage. Average mailing to entire population is \$700 - \$800.**
- Q85. Does GCBOC participate in government contracting preference programs?
A85. **No.**
- Q86. How often does Asset Health (wellness program vendor) require file feeds from the medical/pharmacy vendor?
A86. **Annually**
- Q87. Provide clarification on the network status of the on-site clinic.
A87. **The Wellness Center (GCBOC's on-site clinic) will need to be credentialed as in-network for facility, provider, and pharmacy.**
- Q88. How do dispensary claims from the Wellness Center show up on files?
A88. **These claims are sent as zero dollar claims for accumulator tracking. These claims do not currently run through clinical edits.**
- Q89. Can carriers be given notice prior to outreach for a reference check?
A89. **Reference checks will take place on January 16, 2019.**

This addendum should be acknowledged on Page 11 (Firm Information Page). Failure to do so may result in your proposal being deemed non-responsive.

Thank you.

Dana Garland

Dana Garland, CPPB
Purchasing Associate III