

Catalina Foothills Unified School District

RFP #21-02-26 MEDICAL / EMPLOYEE ASSISTANCE PROGRAM / HSA
ADMINISTRATION

ADDENDUM 7 – 12-2-2020

1. Is Reference Based Pricing acceptable? *Yes, we will accept reference-based pricing, however please footnote on all excel pages with the rates and benefits the exact details/requirements of their organizations referenced based pricing.*
2. What is the average **Employee** contribution to the HSA account, either monthly or annually? *The average monthly employee contribution is \$142.18 and \$1517.00 annually*
3. Current total HSA Balances? *HSA accounts are like personal bank accounts, the employer does not have access to their balance.*
4. Can you provide clarification on what is meant by "banking options" in Q1.9 within the HSA Questionnaire? *Please outline any other items available to the participant that have not already been addressed.*
5. Is the District seeking to decouple the HSA offering from the health plan? And, if so, why? *The district is evaluating all options during this RFP process.*
6. Can you provide insight as to why no HSA account holders are currently investing? Are their investing fees? *We have only had it one year and we have no idea why employees have not vested.*
7. In the 2021 HSA Questionnaire document, Section A, Question A.1 | Question: Are you offering extended rate fees?
 - a. *We wanted to confirm this question pertains to a rate guarantee? We will be offering a rate guarantee and there won't be recurring or annual fees associated with this. Yes, this pertains to a rate guarantee.*
 - b. *Can you confirm if this is what you are looking for in this question or can you provide additional context as to what this question is asking? We are asking the vendor to provide an extended rate guarantee to ensure that the rates remain the same for multiple years.*
8. In the 2021 HSA Questionnaire document, Section A, Question A.2 | Question: How does your Company control costs by managing your internal processes and systems?
 - a. *Are you looking for details on how our processes and management of your administration will result in controlling costs for Catalina Foothills Unified School District? Yes, we want to understand how you manage costs in the event there is some type of pass-through cost to the District.*
9. In the 2021 HSA Questionnaire document, Section E Question 1.16 | Question: Your company agrees to "self-bill" if so requested at any time by the client. The district requires a 60-day rate/premium adjustment grace period for all retroactive eligibility changes when applicable.

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- a. I also noticed on page 8 (section 4, point E – Payment) it states payments shall comply with the requirements of A.R.S Titles 35 and 41, Net 30 days.
- b. Our typical method of payment for our services and for funding HSA accounts is via ACH. While there is some flexibility on funding accounts, we typically only allow for our clients to submit payment for services via ACH. We will send an invoice via email and deduct the funds from your account within 24 hours for monthly per participant fees. Is that acceptable or can you provide more guidance on what would be acceptable for remitting payment for monthly service charges. [We prefer not to do ACH. We prefer to be invoiced and remit by check.](#)

10. Please provide a large claim report on a paid basis for a rolling 12 months of October 2019 – September 2020. Please include diagnosis with this report. [Attached is the Claims, Premium and Enrollment Report and the Large Claim Report for the period of 11/19 through 10/20.](#)

11. Please provide a large claim report on a paid basis for the prior rolling 12 months of October 2018 – September 2019. [Attached is the Claims, Premium and Enrollment Report and the Large Claim Report for the period of 11/18 through 10/19.](#)

12. May we get member counts by month to go along with the subscriber counts by month provided? If not, at a minimum, may we get what the current Average Contract Size (Members divided by Subscribers) is? [1.529.](#)

13. Can you provide the 2021 renewal? [We cannot since the current carrier must quote as well.](#)

14. On page 17 of 18 in the 2021 Medical Questionnaire-Final, Section 6. Medical Insurance - Conventionally Funded Plans Only, Number 6.4 states: "Your company shall submit a complete financial report of the plan year within 90 days after plan ends."

Please clarify if this refers to the presentation of an annual Benchmark data review? If not, what does this question pertain to? [This refers to a financial report on how the client ran through the plan year and provide information such as if the client would be eligible for a surplus](#)

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15. In the Catalina_Foothills_2021_FINAL_RFP_21-02-26document (which outlines the Scope of Work), on page 25 of 42, EXHIBIT #2 - PROPOSAL INFORMATION AND REQUIREMENTS CATALINA FOOTHILLS UNIFIED SCHOOL DISTRICT #16, it is stated:

“You are required to submit:

- One (1) original
- Two (2) copies of the proposal
- A copy of the actual proposal from your company that you are referencing in any of your responses to the RFP

Three (3) electronic copies in the form of a flash drive in MS Office format (INCLUDE 1 IN EACH PROPOSAL). *Please do not send an electronic copy in Adobe format.*”

Given the record increase for COVID-19 rates in Arizona and across the country, and the need to limit contacts, we request Offerors be permitted to provide their proposals in an electronic format via secured/password protected, flash drives instead of hard copies. Please confirm. [No, per the RFP.](#)

Adjustments were made to page 35 to add more lines for Amendment Acknowledgement.

Please sign and submit back to Catalina Foothills Unified School District No.16.

Sheet Large Claimant Report
 Benefit Type (Medical|Pharmacy)
 Account Name Catalina Foothills Usd 16
 Period Type Rolling Paid
 Period Nov2019 - Oct2020

Plan Enrolled Product	Currently Enrolled	Leading Clinical Category	Paid	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid
PPO 750 Broad	Yes	7.2 Diseases of the heart	\$362,626	\$249,759	\$59,074	\$49,175	\$4,618
PPO 0 Broad	Yes	Vasopressin Receptor Antagonists	\$153,765	\$0	\$585	\$4,569	\$148,611
PPO 750 Broad	Yes	15.1 Liveborn [218.]	\$117,039	\$90,930	\$148	\$25,961	\$0
PPO 0 Broad	Yes	12.1 Skin and subcutaneous tissue infections [197.]	\$108,796	\$0	\$95,612	\$13,069	\$115
PPO 0 Broad	Yes	16.10 Complications	\$74,645	\$46,851	\$335	\$27,249	\$210
PPO 0 Broad	Yes	Antipsoriatics	\$61,843	\$0	\$0	\$253	\$61,590
PPO 0 Broad	Yes	Anti-TNF-alpha - Monoclonal Antibodies	\$60,420	\$0	\$1,403	\$2,157	\$56,860

Sheet Claims, Premium and Enrollment
 Account Name Catalina Foothills Usd 16
 Period Type Rolling Paid
 Period Runout No Runout Applied
 Period Nov2019 - Oct2020

Paid Month	Medical Paid	Pharmacy Paid	Access + Admin Fees	Paid + Fees	Medical Subscriber Months	Medical Member Months	Paid + Fees PMPM	Management Paid
Totals	\$2,205,725	\$726,884	\$3,427	\$2,936,037	5,301	8,101	\$362.43	\$0
202010	\$186,257	\$68,086	\$105	\$254,447	447	684	\$372.00	\$0
202009	\$344,199	\$49,932	\$700	\$394,830	453	693	\$569.74	\$0
202008	\$213,912	\$61,493	\$66	\$275,471	418	648	\$425.11	\$0
202007	\$173,758	\$44,805	\$171	\$218,735	420	651	\$336.00	\$0
202006	\$246,564	\$75,056	\$175	\$321,794	442	679	\$473.92	\$0
202005	\$152,702	\$54,907	\$37	\$207,646	442	677	\$306.72	\$0
202004	\$72,280	\$74,620	\$298	\$147,198	441	675	\$218.07	\$0
202003	\$164,094	\$45,646	\$166	\$209,906	443	677	\$310.05	\$0
202002	\$146,268	\$78,395	\$258	\$224,921	446	679	\$331.25	\$0
202001	\$143,460	\$61,676	\$80	\$205,216	448	678	\$302.68	\$0
201912	\$263,545	\$48,407	\$729	\$312,681	452	684	\$457.14	\$0
201911	\$98,687	\$63,861	\$643	\$163,191	449	676	\$241.41	\$0

Total Premium
\$3,143,444
\$262,392
\$265,625
\$247,601
\$248,487
\$263,932
\$263,508
\$262,794
\$263,777
\$265,163
\$265,521
\$268,546
\$266,099

Sheet Object Claims, Premium and Enrollment Report

Account Name Catalina Foothills Usd 16

Period Type Rolling Paid

Period Runout No Runout Applied

Period Nov2018 - Oct2019

Paid Month	Medical Paid	Pharmacy Paid	Access + Admin Fees	Paid + Fees	Medical Subscriber Months	Medical Member Months	Paid + Fees PMPM	Management Paid
Totals	\$1,879,295	\$546,992	\$5,211	\$2,431,499	5,322	8,112	\$299.74	\$0
201910	\$138,542	\$52,192	\$778	\$191,513	448	676	\$283.30	\$0
201909	\$84,755	\$49,408	\$385	\$134,548	446	675	\$199.33	\$0
201908	\$113,665	\$55,195	\$374	\$169,234	430	659	\$256.80	\$0
201907	\$514,111	\$29,571	\$1,571	\$545,253	392	601	\$907.24	\$0
201906	\$206,416	\$51,802	\$640	\$258,859	448	682	\$379.56	\$0
201905	\$124,003	\$41,984	\$375	\$166,361	449	687	\$242.16	\$0
201904	\$138,791	\$45,866	\$157	\$184,813	448	682	\$270.99	\$0
201903	\$106,507	\$43,181	\$199	\$149,888	450	690	\$217.23	\$0
201902	\$118,111	\$45,944	\$282	\$164,337	450	688	\$238.86	\$0
201901	\$86,819	\$48,819	\$175	\$135,813	450	689	\$197.12	\$0
201812	\$105,521	\$36,779	\$97	\$142,396	456	697	\$204.30	\$0
201811	\$142,055	\$46,251	\$178	\$188,484	455	686	\$274.76	\$0

Total Premium
\$3,125,465
\$265,740
\$264,608
\$257,416
\$236,881
\$261,257
\$261,736
\$260,223
\$262,994
\$262,994
\$262,933
\$265,702
\$262,982

Sheet Large Claimant Report
 Benefit Type (Medical | Pharmacy)
 Account Name Catalina Foothills Usd 16
 Period Type Rolling Paid
 Period Nov2018 - Oct2019

Plan Enrolled Product	Currently Enrolled	Leading Clinical Category	Paid	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid
PPO 300 Broad	No	16.2 Fractures	\$251,387	\$239,115	\$0	\$12,268	\$5
PPO 300 Broad	Yes	13.6 Acquired deformities	\$126,119	\$74,218	\$530	\$26,590	\$24,780
PPO 0 Broad	Yes	13.2 Non-traumatic joint disorders	\$106,682	\$43,662	\$45,028	\$17,896	\$96
PPO 0 Broad	Yes	Vasopressin Receptor Antagonists	\$56,348	\$14,911	\$696	\$4,566	\$36,175
PPO 0 Broad	Yes	Anti-TNF-alpha - Monoclonal Antibodies	\$54,775	\$0	\$0	\$1,410	\$53,365
PPO 0 Broad	Yes	Insulin	\$50,076	\$0	\$1,595	\$2,948	\$45,533

SUBMISSION DOCUMENT
CATALINA FOTHILLS UNIFIED SCHOOL DISTRICT #16

Company Name: _____

Proposing Coverage for:

Proposals
Submitted?
(Yes/No)

List any
coverage(s) that
are required to
be combined
with your
proposal. If your
proposal is not
contingent upon
other coverage,
indicate "NONE".

1. Medical Insurance

2. Employee Assistance Program

3. HSA Administration

Amendment Acknowledgement

Amendment Number:

Initials:

Date:

Signature: _____ **Date:** _____