

**QUESTIONS
DIRECT AWARD PART 2**

#	QUESTION	SECTION	ANSWER
1	Can you please comment on when you will have the technical response posted on the website that you referred to in section 2.0 Response Submissions?	2.0	The technical response requirements are provided in section 2.1 of the Direct Award Proposal document.
2	We are showing 637,011 records. We assume that this is a record for employees AND dependents. Is there anyway for us to get a file that has an indicator that shows Employees vs Dependents?		Subscriber vs. dependent information is provided in the "May 2013 DCH Census 8-21-2013" excel file located in the Resource Library.
3	Please confirm how many FI HMO awards DCH plans to make under this Direct Award Proposal		It is our intent to award one. However, DCH may award none or more than one.
4	Please explain why the Direct Award Proposal is only being offered to SHBP members located in the defined service area. Considering our HMO can service members statewide, may we provide a fully insured HMO quote for additional geographic areas outside of metro Atlanta?		4.1: The purpose is to determine whether there is added value to the SHBP by offering a fully insured option in the Atlanta area. 4.2: No quotes for additional areas will be considered.
5	Are you using a consultant to assist with evaluation of this Direct Proposal and if so, who?		Yes. Aon Hewitt.
6	Please confirm the evaluation criteria for the proposal and process for negotiations		Evaluation criteria: Proposal responses will be evaluated on a pass/fail basis for compliance with the requirements provided in the Direct Award Proposal. Offeror(s) meeting all of the Direct Award specifications, and determined by DCH to be responsive and responsible; and whose overall proposal offers the best value for the State will be considered for contract award in accordance with the criteria provided in Section 3.0 Selection and Award.

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			Process for negotiations: There will be no contract negotiations. Acceptance of the contract attached is a minimum requirement.
7	Please confirm the date DCH will complete their review. It was blank on the timeline		DCH anticipates completing its review on or about 9/3/2013.
8	Please describe how DCH anticipates readiness for the Open Enrollment date of October 21, 2013 can be achieved recognizing materials must be finalized, approved and printed by the first week of October for distribution in open enrollment meetings and to members' homes.		An implementation plan is required after execution of the contract. By agreeing to the minimum requirements, responders are attesting that they are able to meet the contract requirements regarding open enrollment. .
9	Given that fully insured products are subject to federal PPACA rules, as well as significant state DOI regulations why no contract deviations are allowed under this Direct Proposal yet were allowed under the SHBP 2013 RFA?		Because the statewide procurement and plan designs are complete, the requirements for this direct award proposal are firm.
10	Is the acceptance of Attachment A as it is provided in the RFP a minimum requirement, or will DCH review any suggested revisions to Attachment A as part of it proposal without disqualifying the bidder's proposal?	Attachment A - Contract	As stated in the minimum requirements document, acceptance of the shell contracts and performance guarantees (Attachment A) are minimum requirements. Failure to accept them will disqualify a bidder's response from consideration.
11	Will members who enroll in the FI INO active Atlanta option have their claims covered if they visit a Network Provider outside of the 9 counties identified? Please confirm if this applies to the MA plan		Yes. With respect to the MA plan, see response to question 16.

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12	Provide the subsidy differentials by coverage tier and how you have arrived at those differentials		The Board of Community Health establishes subsidies. No subsidies have been established for the direct award product.
13	How will subsidy levels be determined in the Atlanta area considering employees will have a number of plan options; rather than only a single plan option for employees outside of the Atlanta area?		See response to question 12.
14	Please describe the DCH's intent with regards to the contribution approach for the fully insured HMO option for SHBP members located in the nine county service areas as compared to the self-funded PPO HRA plans to be offered to the same membership.		See response to question 12. DCH's expectation is set forth in the Direct Award Proposal under "Subsidy Levels."
15	Will there be any savings/incentive for the members to choose this option versus the ASO and MA NPPO options? Will the funding from DCH be any different between plans being offered? If so can you please provide the employer and/or retiree contributions by option?		See response to Question 14. Premiums will be purchased using the applicable SHBP fund accounts (ex. Teachers Plan, State Employees Plan, School Personnel Plan), which include funds from employers and funds from members enrolled in the direct award option.
16	There is a 2014 plan design summary for the actives although none is provided for the Medicare Advantage. What is the DCH requesting as a plan design for 2014 for the MA HMO? Are we to duplicate the 2013 MA plans with elimination of out of network coverage?		The 2014 plan design for Medicare Advantage is not changed. DCH requests the same plan designs for Medicare Advantage in 2014 as have been offered in 2013, without any elimination of out of network coverage. However, only eligible individuals living in the Atlanta Service Area will be offered this Atlanta MA Option.
17	Confirm claim experience, enrollment and large claim data provided is split by UHC and CIGNA for the subscribers residing in the 9 counties to be quoted. If		The claim experience, enrollment and large claim data is for the entire non-MA SHBP population. An updated file for the 9 counties titled "copy of Historical Claims and Enrollment – 9 counties" is provided in the

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	it is not, could it be provided split by carrier for the 9 counties to be quoted?		Resource Library.
18	Please confirm DCH is using the US Postal zip codes for evaluation of access standards.		DCH is using five digit zip codes and 2010 U.S. Census Bureau data for evaluation of access standards.
19	Please confirm if DCH will exclude pediatric subspecialties in evaluating compliance with access standards.		Specialty care is excluded from access standards.
20	1. In Attachment B, Please provide the zip codes that should be used to represent the Atlanta service area.		For the minimum requirement of HMO licensure in all 9 counties, the responder must be licensed in each county. For purposes of determining the individuals who will be eligible for the Atlanta Options, the Atlanta Service Area might be smaller, and might include only those counties for which the responder can meet the geo-access requirements. DCH will not be providing zip code maps.
21	On the file labeled "ATTACHMENT I - Counties and Network Access Standards.xlsx", are we to run a GEO on a census of members or should it be ran for every zip code in each of the counties listed on the tab titled "Counties"? If a census should be used, please provide the file and detailed instructions on the file and any filtering.		See the Resource Library. No additional information will be provided.
22	What GeoAccess software version, calculation method (driving distance/as the crow flies) and Geocoding method (center of population or geographic center) should be used?		GeoAccess methodology is based off of the 2010 U.S. Census Bureau data provided in the Resource Library.
23	Please confirm the fully insured Atlanta INO Option will include integrated pharmacy coverage as documented on Attachment C.		Not confirmed. The pharmacy coverage must be excluded from the Out of pocket (OOP) limits for 2014. The pharmacy OOP limit will accumulate independently of the medical OOP limit.

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24	In light of Health Care Reform, please confirm DCH's intent to accumulate pharmacy member cost-sharing toward the overall Out of Pocket limits in 2014.		Not confirmed. It is the responder's obligation to ensure that their offering complies with the Affordable Care Act and meets the 2014 plan designs. The 2014 plan designs provide that the pharmacy benefits are not subject to deductibles or out of pocket maximums.
25	Please confirm that the Contractor may use its own mail order pharmacy network for the Active and MA HM plans and there is no mandatory requirement for network retail pharmacies to participate.		DCH has no mandatory requirements for network retail pharmacy participation.
26	Is the pharmacy paper claims performance guarantee necessary if the only out-of-network Rx claims allowed are for emergency claims?		Yes.
27	In the contract, section 5.20 Member Communication Materials, it states the Contractor shall provide these materials to DCH in electronic format for review, revision and approval by DCH at least forty-five (45) Calendar Days before the desired date of use or publication for the materials. Please confirm the DCH will add a contract provision to accommodate an approval process for urgent mailings for non-MA member communications that require approval in less than 45 days.	5.20	See response to question 10.
28	"In-Network Only Plan" definition in contract does not include pharmacy. Are prescription drug benefits included as well as for in-network pharmacy providers only? Please confirm.		See response to question 23.
29	Is it up to the Offerors to determine the pharmacy benefits in line with the 2014 Rx plan designs		The pharmacy benefits must mirror the pharmacy benefits in the self-insured options.

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	offered? As an example, are 90-day supply at mail order (voluntary or mandatory), specialty pharmacy program, open vs. closed PDL or formulary, etc. to follow vendor's proposed approach?		
30	Is there a list of clinical pharmacy programs required?		No.
31	How should elective abortions be covered under the fully insured HMO plans?		Elective abortions are not covered except when the life of the mother is at risk. See presentation to the Board of Community Health on August 8, 2013.
32	Why is a days/1000 utilization metric included in this direct bid performance guarantee but not in the self-funded SHBP 2013 RFA?		Responders should base their responses solely on the basis of the Direct Award Proposal materials and reference materials identified therein.
33	For Medical Management Services in 5.8 of the contract, please confirm if an integrated clinical model across wellness, pharmacy, behavioral health, and clinical is required.	5.8	Requirements have been stated in the contract.
34	Please confirm if annual HEDIS reporting is required.		Yes.
35	Will there be any disease state management or wellness waiver programs offered?		Yes, disease state management programs and coinsurance waiver programs should be similar to those in the 2014 plan designs and in the 2013 HRA SPDs. Wellness program requirements are addressed in the contract.
36	Please describe the wellness program for the self-insured plan that this plan must comply with as required in section of the contract entitled 5.9 Wellness Programs	5.9	As set forth in section 5.9, this will be determined during Implementation.
37	Please confirm the amounts of additional incentives members can receive for completion of wellness requirements for plan years beyond 2014. Will incentives match the amounts allocated for 2014 for		Plan design is established each year after the Board of Community Health approves member contribution rates.

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	the self-funded PPO/HRA plans?		
38	Describe the second level appeals process for wellness incentives.		The responder is solely responsible for this process.
39	Section 4.2.2 states that we must accept retroactive additions/deletions of at least 90 days. Section 5.1.6 states a time period of 180 days. Which is the correct timeframe?	4.2.2	180 days is correct.
40	Section 16 A.5 of the contract indicates an Account Director for the In-Network Only Plan Option and Account Director for the MA Plan will be dedicated. It also states service representatives (the MA Plan account management team). Please describe expectations related to service representatives. Please also confirm that all other account management staff is non-dedicated.	16 A.5	Attachment E, Section 1.16 states that a dedicated account management team and dedicated clinical team are minimum requirements. This applies to both the Atlanta INO Option and the Atlanta MA Option. Section 1.12 provides that these representatives must have positive references. DCH expects the dedicated account management team to support SHBP staff representatives and to ensure compliance with all the terms of the contract.
41	Please describe expectations for dedicated clinical services team and confirm if this requirement applies both the In-Network Only HMO Plan option and the Medicare Advantage option.		See response to question 40. DCH expects the dedicated clinical team to fulfill the requirements of the contract.
42	Will you confirm that Elective Abortions should be excluded from fully insured plan offerings?		See response to question 31.
43	We received a census file that includes all covered lives. For underwriting purposes, we need a census file that identifies active employees and retirees. Will you please provide? If you are unable to provide the data in this format, will the GDCH provide us with some assumptions that we can make to determine which records are for active employees and retirees		See response to question 2.

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	vs dependents?		
44	Your contract requires a Readiness Review 60 days prior to the effective date. Will you please provide an agenda for this review?		No.
45	Will you please provide an overview of the Open Enrollment? Will the successful bidder be allowed to distribute hard or soft educational material to the eligible employees and retirees?		See the DCH website for reference information about past open enrollments. Yes.
46	Will you please confirm that the Medicare Advantage plan design for 2014 will be the same as 2013?		See answer to question 16.
47	Will you please confirm that the Medicare Advantage plan design for 2014 will be the same as 2013?		See answer to question 16.
48	Are retiree dependents eligible for HRA dollars?		For all non-MA options, there is only one HRA account per subscriber, but this HRA account may be used to pay any covered expenses of the subscriber or dependents. HRA incentive dollars may be earned by the subscriber or the subscriber's covered spouse. Active work status of the subscriber is irrelevant as long as the subscriber is enrolled in a non-MA option.
49	Are the post 65 Medicare retirees eligible to earn the \$240 outlined in the RFP for completing the Wellness Promise? If so, is a similar wellness provision offered in 2014? Is the retiree dependent eligible for these dollars?		See response to question 48.
50	What is GDCH's contribution (in %) on the premiums for the post Medicare retiree (by coverage tier – if possible)?		Only MA Options are subsidized for post-65 retirees. See response to question 12.

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51	Would our members utilize the new SHBP Member Education Portal (www.AHealthierSHBP.com) for completing the online education requirement of the Wellness Plan activities, or would our members utilize the suite of online health education modules available to them through our website?		No. All wellness activities must be offered by the responder.
52	Does the State have requirements regarding how HRA payments are made for eligible services? For example, is there an expectation by the State that HRA payments are made automatically to the subscriber or to the provider? Or, will the subscriber submit for HRA payment after an eligible service?		See 2013 Summary Plan Descriptions for HRA Plan Options (UnitedHealthcare and Cigna) (see SHBP Plan Documents page of the DCH website).
53	How does the State define Eligible Expenses? Is it services covered by the medical plan, or all qualified expenses as defined by 213d?		See 2013 Summary Plan Descriptions for HRA Plan Options (UnitedHealthcare and Cigna) (see SHBP Plan Documents page of the DCH website).
54	In order to receive the additional Wellness dollars, the employees must complete certain activities. It appears that the deadline for completing these activities to receive the incentive for 2014, was May of 2013. What will be the required activities for 2015 and what is the beginning and end date of the window of time for completion?		See the contract. See the powerpoint presentation made to the Board of Community Health on Thursday, August 8. Wellness incentives will be awarded throughout 2014 based on completion of specified wellness actions.
55	Are the Wellness activities required annually to receive the incentive?		See response to question 54.
56	On the Disease Management PGs, there are examples		The clinical indicators in the Performance Guarantees

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	of clinical indicators. For example, for Asthma, you provided “long term asthma medication use” as a clinical indicator. On Diabetes, you provided “recommended HbA1c testing”. If possible, we would like to see a full list of the clinical indicators.		are examples. Responders should expect to use mutually agreed upon clinical indicators established during Implementation.
57	Within Performance Guarantees, "Pharmacy On-Line Processing," please define the time at which Pharmacy Claim Processing begins., "Pharmacy On-Line Processing," please define the time at which Pharmacy Claim Processing begins.	Performance Guarantees	Responsive bidders' systems must have the capability to report all minimum requirements.
58	Is the 5 second response time mentioned in "Pharmacy On-Line Processing" within Performance Guarantees inclusive of paid claims and rejected claims, utilization management edits, incorrect member information, etc. where applicable?	Performance Guarantees	The 5 second response time is inclusive of all automated edits.
59	Please explain the difference in medical request clinical review turnaround time (3 business days as noted in Performance Guarantees, "Contractor Clinical Review") and pharmacy request clinical review turnaround time (24 hours as noted in Performance Guarantees, "Prior Authorization (PA) Request Turnaround Time").	Performance Guarantees	These are SHBP requirements.
60	Please provide definition of Pharmacy Tier 1, 2, and 3 within Attachment C, Plan Design. Is there a mail order pharmacy benefit or can the plan opt to administer a mail order benefit? If so, is this benefit mandatory? Assuming so, how many fills must be completed via retail before mandatory mail? What are the minimum and maximum mail order co-insurances?		Bidder must make Tier designations based on membership. There is not a mandatory mail order benefit, however DCH anticipates a mail order benefit. Bidder will determine fills. There is no mandatory mail. Mail order coinsurance shall mirror retail.
61	Are specialty medications procured at any retail		Some initial fills are allowed at retail. Maintenance

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	pharmacy, or only via exclusive specialty pharmacies? What tier(s) include specialty medications and at what levels of co-insurance?		should occur at specialty pharmacies. For bidding purposes levels of coinsurance shall reflect Tier 3.
62	Are members allowed to get a 90 day supply of prescription medications at a retail pharmacy?		Yes.
63	Referring to the DCH Plan Design, For the Tier 1 coinsurance with a \$20 minimum, Is the member charged the \$20 copay regardless of whether or not the drug, inclusive of any dispense fee, costs less than \$20?		No. The member is not charged more than the cost of the drug.
64	In regard to the performance guarantee "Clinical Metrics and Value Based Purchasing Initiatives," please define what qualifies targeted claimants as "active participants".		This will be defined during Implementation.
65	4.2 Eligibility submission states that weekly electronic changes files will be provided in quarterly full files. Section 5.1 states eligibility change files will be provided daily and loaded each calendar day. Please confirm if the file processing is weekly or daily?		Section 5.1 is accurate. Please disregard the conflicting information in 4.2.
66	What are the 2014 member requirements for receipt of the Healthy Actives HRA funds?		See response to question 54.
67	Does the "census" provided include the employees' dependents to reflect total lives?		Yes.
68	What is the fixed employer contribution amount provided by plan and coverage tier for health coverage in 2012 and 2013? Is a material change expected in 2014?		Member rates, which include subsidies, are set by the Board of Community Health on an annual basis. Past rate resolutions are on the DCH website under SHBP Plan Documents. See response to question 14.
69	Was there a difference in fixed amount provided by DCH to employees by vendor?		Past rate resolutions are on the DCH website under SHBP Plan Documents.

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70	Do retirees under the age of 65 receive the same subsidies or contributions as actives?		See response to question 68.
71	The May 2013 enrollment on the claims file shows 260,973 employees and 543,239 covered members. The May 2013 detailed census file, however, notes 637,011 records. Please explain the discrepancy.		Enrollment on the claims file is only for non-MA enrollees. The census file includes MA enrollees as well.
72	In the data provided by DCH as "Incurred 2012- May 2013" do the retiree claims represent both pre-65 and Medicare-eligible retirees?		The information includes only participants in the self-insured plans. If Medicare-eligible retirees chose to enroll in the self-insured plan, their claims were included. No MA claims have been provided.
73	Do the large claims (claimants > \$100,000) cited in the data provided by DCH as "large claims 2012- May 2013" reported represent actives, pre-65 retirees and Medicare-eligible retirees?		See response to question 72.
74	Are any additional claims details available by plan, by population segment (active, pre-65, post-65), and/or by location? Are claims lag reports available showing claims by both paid month and incurred month? Can the claims be split by vendor?		See response to question 2.
75	Do the monthly claims dollars referenced in the data provided by DCH as "incurred 2012- May 2013" include or exclude large claims?		Large claims are included in the monthly claims dollars.
76	Section 9 E of the Draft Contract references a "Maximum Funds" amount beyond which DCH shall have no responsibility for payment. Please provide a definition or supporting detail on this amount and how it is calculated	Section 9 E of the Draft Contract	If accepted by DCH, the responder's cost proposal will be attached and become the maximum funds that will be paid.
77	Section 29A of the Draft Contract references "Premium Fees". Please provide a definition of Premium Fees.	Section 29A of the Draft Contract	See the definition of Monthly Premium Payments.
78	Please help us better understand how to calculate network adequacy.		It is DCH's intent that adequacy requirements (suburban, urban, rural) be applied at the zip-code

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	<p>a. Is the intent that an offeror calculate network adequacy at the county level, and demonstrate in the Bid response that the network meets adequacy for each county included in the bid?</p> <p>b. Is the intent that adequacy requirements (suburban, urban, rural) be applied at the zip-code level within each county, rolling up to a county-level adequacy analysis?</p>		level within each county, rolling up to a county-level adequacy analysis.
79	Do the paid claims amounts include pharmacy claims?		Yes.
80	What is the metric of the baseline measure for performance guarantee "Clinical Metrics and Value Based Purchasing Initiatives" for initiatives regarding Asthma, Diabetes, CHF, and CAD?	Performance Guarantees	This will be mutually agreed upon during Implementation.
81	Based on agreement of 1 year contract and 4 year renewal, for the "Clinical Metrics", are performance metrics to be met on year one depending on client provided benchmark data?		See response to question 80.
82	In regard to the performance guarantee "5% reduction annually," is this measured in relative reduction or absolute reduction?	Performance Guarantees	Relative reduction.
83	What is the baseline metric to all the performance guarantees metrics?		See response to question 80.
84	Contract references multiple documents / materials that must be provided in a specific		Potentially.

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	<p>timeline before the effective date. Considering the condensed timeline of the bid and submission process, will these dates be reviewed for the initial year of the agreement?</p>		
85	<p>Can the 2012 Plan Designs be provided?</p>		<p>No.</p>
86	<p>Please provide more additional benefit details for the Gold/Silver/Bronze Atlanta INO plans.</p>		<p>See the contract. See the powerpoint presentation made to the Board of Community Health on Thursday, August 8. See the 2013 Summary Plan Descriptions for HRA Plan Options (UnitedHealthcare and Cigna) (see SHBP Plan Documents page of the DCH website).</p>
87	<p>Will the census file include only those eligible for the Atlanta INO and MA plans?</p>		<p>The census file includes the entire population, not just those eligible for the Atlanta Options. Zip codes are included in the file.</p>
88	<p>Will the experience data only include those eligible for the Atlanta INO and MA plans?</p>		<p>See response to question 17.</p>
89	<p>Please provide detail regarding the Wellness and Associated Incentives to be administered under the Atlanta INO and MA plans.</p>		<p>See response to question 54 for the Atlanta INO Option. There are no wellness incentive requirements for the MA Options.</p>
90	<p>What is the contribution strategy for the ASO and Atlanta INO plans, by plan (Gold/Silver/Bronze) by enrollment tier?</p>		<p>See response to question 12.</p>
91	<p>Please clarify if the MA plan is to have "in-network only coverage" ? Or was this reference only to the plan for the non-Medicare eligible population?</p>	<p>Direct Award Proposal Part 2 1.1 Purpose This Direct Award proposal is being issued to establish a ...</p>	<p>See response to question 16.</p>
92	<p>In addition to the BC/BS ASO and MA plans which have already been awarded and presumably will be offered in the Atlanta area, will more than one</p>	<p>Direct Award Proposal Part 2 1.2 Plan Design</p>	<p>See response to question 3.</p>

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	Insured INO and MA plan be selected and offered from the Direct Award Proposals?	During open enrollment	
93	The census provided for the 9 county area includes almost 200,000 potential members or ~ 30% of the SHBP membership. Bidders in the prior RFP BAFO negotiations were assured they would receive at least 90% of the SHBP membership if they were the "best in class" sole winner of the TPA contract. Does DCH intend to cap the enrollment under the direct awards to meet this requirement and make sure the SHBP-RFP-2013 award winner (BCBS) achieves the 90% minimum ?	Census	There were no participation level guarantees. Base all responses on this proposal only.
94	During the TPA BAFO negotiations finalists were told to assume that they would receive a minimum 90% of the membership. As we structure this response should we now assume a maximum enrollment of 10%? If so, is that ten percent of the active population or actives and retirees? And, is it ten percent of those participating in the defined service area or ten percent of the total population across the state but being drawn from within the defined service area? In reference to the preceding question, will contributions be set in such a manner as to limit the potential enrollment to be at or close to this ten percent figure?	Census	See response to question 93. Responders should base their responses solely on the basis of the Direct Award Proposal materials and reference materials identified therein.
95	In regard to the prior two questions about the 90%/10% distribution how will DCH's contribution strategy be set so as to not affect or limit the member's choice of carrier/plan?	Census	See responses to question 94 and question 12.
96	There does not appear to be any specific guidance around the technical response other than the instruction to attach it to the contract. Will DCH	Direct Award Proposal Part 2 2.0 Response	Responders should base their responses solely on the basis of the Direct Award Proposal materials and reference materials identified therein.

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	<p>provide further guidance on what specifically they would like addressed in the technical response including questions to answer ? And Does DCH expect the Direct Award bidders to meet the same requirements as detailed in the questions for the SHBP-RFA-2013 ?</p>	<p>Submissions The Offeror is required to submit separately, a technical response (to be added to this document and incorporated in the Contract as Exhibit 1),</p>	
97	<p>If a carrier can administer the proposed benefits including no out of network benefits for the INO plan on another network/product platform like a PPO, POS or Open Access platform may they submit their bid on the other network platform/product?</p>	<p>Attachment E Minimum Requirements Your health plan is a Georgia licensed Health Maintenance Organization (HMO).</p>	<p>Yes.</p>
98	<p>Why is this proposal restricted to an HMO plan response?</p>	<p>Attachment E Minimum Requirements Your health plan is a Georgia licensed Health Maintenance Organization (HMO).</p>	<p>This Direct Award Proposal is for a fully insured product with no out-of-network benefits. HMO licensure is based on this type of plan, so HMO licensure is required.</p>
99	<p>If a carrier can administer the proposed benefits including no out of network benefits for the INO plan on another network/product platform like a PPO, POS or Open Access platform may they submit their bid</p>	<p>Attachment E Minimum Requirements Your HMO</p>	<p>See answer to question 97.</p>

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	on the other network platform/product?	approved service area includes the Atlanta Service area (as defined in Attachment B).	
100	Will DCH be open to expanding the service area in subsequent contract years if competitive costs are achieved verse the ASO plan performance ?	Attachment E Minimum Requirements	Responders should base their responses solely on the basis of the Direct Award Proposal materials and reference materials identified therein.
101	Does the state want a participating or non-participating policy for the non-MA business?	Attachment F Cost Exhibit	SHBP will pay a fixed premium.
102	The selection and award criteria does not appear to include any weightings or formulas regarding how the various sections of the response will be graded. Can DCH provide more detailed guidance around: - grading components like Technical Score, Geo Access, Rates, etc. - weighting per component	3.0. Selection and Award This Direct Award is exempt from Department of Administrative Services rules and regulations. DCH reserves the right to:..	See response to question 6.
103	Will DCH allow a round of negotiations and Best and Final Offers as it did in the SHBP-RFA-2013?	3.0. Selection and Award	No.
104	Will DCH accept an offerers submission of an MA plan proposal but no INO plan proposal?	3.0. Selection and Award	No.
105	Will DCH accept an offerers submission of an INO plan proposal but no MA plan proposal?	3.0. Selection and Award	No.
106	The claim data and census provided do not contain sufficiently detailed information to allow for appropriate underwriting and rate development. In order to provide a competitive bid for SHBP to offer against it's own ASO plan, offerers need unique data specific to the metro Atlanta 9 county area.	Data & May 2013 Census files	See responses to questions 2 and 17.

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	Specifically claims and enrollment, by month, plus large claims, only for those employees located in the 9 metro Atlanta counties that are included in this RFP. Will DCH provide that level of data for the non-MA eligible and MA eligible populations ?		
107	Can DCH outline it's contribution strategy as to how many carriers will be offered and how it plans to set the employee portion of the rates for each carrier	Data & May 2013 Census files	See response to question 12.
108	MA Plan: Can our pricing proposal be at the county level versus a composite rate for all nine counties?	Attachment F Cost Exhibit	No. There should be one rate for the Atlanta Service Area, as defined in Attachment E.
109	MA Plan: How many carriers will be offered within the service area or each county?	3.0. Selection and Award	See response to question 3.
110	MA Plan: Does the retiree claim experience exhibit include data for pre and post-65, or just post-65 retirees?	Data & May 2013 Census files	No MA Plan claim experience has been provided. See response to question 71.
111	MA Plan: Is the retiree claim experience data only for the retirees within the nine county service area?	Data & May 2013 Census files	No.
112	MA Plan: Can claim experience for just the post-65 within the nine county service area be provided?	Data & May 2013 Census files	See response to question 17.
113	MA Plan: Why does the census contain members outside of the nine county service area?	Data & May 2013 Census files	The census file gives a comprehensive overview of the SHBP population.
114	Can you tell me how many pre and post 65 retirees are covered by the State Health Benefit Plan? Also, the number of participants in the Medicare Advantage plans?		Varies by month; approximately 50,000 pre-65; 37,000 post-65. Participants in Medicare Advantage (retirees/spouses) is approximately 85,000.