

July 7, 2017

Reference Request for Proposals #3000008300 soliciting Proposals from qualified Proposers to administer the Flexible Spending Arrangement (FSA) plans (health care and dependent care) and COBRA for health plan options, including, but not limited to, health care FSAs, offered by OGB in accordance with all federal, state, and any other applicable laws.

Addendum #1 provides responses to written inquiries received by the deadline stated in the Request for Proposals.

THIS ADDENDUM IS HEREBY OFFICIALLY MADE A PART OF THE REFERENCED REQUEST FOR PROPOSALS.

### INQUIRIES AND RESPONSES

No	Inquiry	Response
1	Whether companies from Outside USA can apply for this? (like, from India or Canada)	Major delegated functions involving PHI, including but not limited to claims processing, customer service, and any other services as provided by applicable law shall not be sourced outside of the territorial and jurisdictional limits of the fifty (50) United States of America.
2	Whether we need to come over there for meetings?	Contractor will be required to provide knowledgeable staff to attend statewide annual/special enrollments and any other informational meetings as requested by OGB. Additionally, Contractor will meet with OGB staff onsite, or via teleconference, as elected by OGB, on a quarterly basis to review and evaluate program administration.
3	Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)	Major delegated functions involving PHI, including but not limited to claims processing, customer service, and any other services as provided by applicable law shall not be sourced outside of the territorial and jurisdictional limits of the fifty (50) United States of America.
4	Can we submit the proposals via email?	The Proposal must be received in hard copy (printed) version by the OGB RFP Coordinator/Blackout Period Contact on or before 4:00 pm Central Standard Time (“CST”) on the date specified in the RFP Section 1.6 Schedule of Events. The Proposal package must be delivered at the Proposer’s expense to the address specified in the RFP Section 1.7

No	Inquiry	Response
		Proposal Submittal.
5	<b>RFP.</b> Can the RFP be provided in MS Word format? Or at least the sections that must be returned with the proposal response?	A Word version of the RFP will be posted on LaPAC as a part of this addendum using the following link: <a href="https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm">https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm</a>
6	<b>PAGE 4, SECTION 1.2.</b> Of the 250,000 active/retired, how many are active employees considered eligible for the FSA plan?	As of July 1, 2017, approximately 74,500 of the 250,000 employees/retirees eligible for participation in the OGB health plans were active employees covered by said plans.  Please note that FSA eligibility is independent of health plan eligibility; i.e., participation in the health plan is not contingent upon participation in the FSA, and participation in the FSA is not contingent upon participation in the health plan. Thus, the number of active employees in the health plan does not constitute eligibility in the FSA plans. Furthermore, not every agency that participates in OGB health insurance participates in the flexible benefits program.
7	<b>PAGE 4, SECTION 1.2.</b> How many total entities are there? How many other entities have elected to participate?	Of the 364 agencies that participate in the OGB-sponsored health insurance plan, 218 have elected to participate in the OGB Flexible Benefits Plan.
8	<b>PAGE 4, SECTION 1.2.</b> Are there any issues to be mitigated?	An evaluation of incumbent contractor's performance will be prepared after completion of performance under the contract.
9	<b>PAGE 5 SECTION 1.2 &amp; PAGE 33.</b> Of the 72/75 different payroll systems, do all utilize the same software? What are the frequencies of payroll deduction (e.g., 24 deductions, 26 deductions, etc.)?	The payroll systems do not use the same software and have varying schedules for payroll deductions (i.e., weekly, biweekly, month, bi-monthly, semi-monthly, etc.).
10	<b>PAGE 5 SECTION 1.2.</b> This shows 5929 in GPFSA, 86 in LPFSA and 440 in DCFSA. What is the total head-count? To what do you contribute the reduced participation in 2016 to 2017? Do you anticipate further reductions in participation in 2018 and beyond?	Only information regarding the total number of accounts is available. Although the actual cause of any reduced participation is unknown, decreased participation may be attributed to retirement, terminations, resignations and/or OGB Plan-Recognized Qualified Life Events. The anticipated activity for calendar year 2018 and beyond is unknown since enrollment in the Flexible Benefits

No	Inquiry	Response
		Plan is not mandated.
11	<b>PAGE 5-6, SECTION 1.2.</b> Regarding COBRA, why was there significantly more activity in 2016 than in 2017? Is more activity anticipated in 2018 or future years?	Although the exact cause of increased activity is unknown, increased participation may be attributed to employer lay-offs, resignations, dismissals, retirements, or other qualifying events. The anticipated activity for calendar 2018 and future years is unknown.
12	<b>PAGE 5-6 SECTION 1.2.</b> What is the average COBRA participant count per month?	From January 1, 2017 through May 31, 2017, the average COBRA participant count per month is 124.
13	<b>PAGE 10 SECTIONS 1.9.C.3 &amp; 1.33.</b> Our firm obtains insurance amounts that are available in the market for independent third-party administrators. The limits described in the RFP are not commercially available to TPAs (although may be available to insurance carriers). Will this insurance requirement be adjusted, or will this disqualify independent TPAs such as our firm from bidding?	OGB will not rephrase this requirement.
14	<b>PAGE 31, SECTION 1.48.</b> Is a cash bond such as a CD or letter of credit acceptable in place of a performance bond?	A cash bond such as a CD or letter of credit will not be accepted in lieu of a performance bond.
15	<b>PAGE 32, SECTION 2.2.</b> How many carrier files are submitted for FSA processing, and on what frequency? Do the files report FSA participant data only or do files include all health care participants?	<p>OGB receives the following vendor files:</p> <ul style="list-style-type: none"> <li>• one (1) file from OGB’s self-funded health plan administrator on a weekly basis,</li> <li>• one (1) file from OGB’s pharmacy benefit manager on a weekly basis, and</li> <li>• one (1) medical claims file and (1) pharmacy claims file from the fully-insured HMO plan on a monthly basis.</li> </ul> <p>The files contain FSA participant data when the plan participant is listed as a General-Purpose Flexible Spending Arrangement or Limited-Purpose Flexible Spending Arrangement participant.</p>

No	Inquiry	Response
16	<b>PAGE 33, SECTION 2.2.</b> How many statewide annual/special enrollment/informational meetings will be held? At what locations? Are events held on consecutive days? What is the anticipated attendance? Detailed information would be helpful.	The Contractor will be expected to attend up to ten (10) statewide annual enrollment meetings each calendar year. Meetings may occur at nine (9) different sites, and a minimum of four (4) meetings will be held at each site. Attendance averages 150-200 attendees at each meeting in northern Louisiana, while attendance averages 450-500 attendees at each meeting in southern Louisiana. Annual enrollment meetings will occur during the period of October 1 <sup>st</sup> through November 15 <sup>th</sup> of each calendar year. Attendance at special enrollment and/or informational meetings will be requested on an as-needed basis.
17	<b>PAGE 33, SECTION 2.2.</b> What multi-lingual support is required? Please explain in detail.	OGB and its contractors that support health-related benefits must comply with PPACA Section 1557, including but not limited to, providing hearing-impaired services, translated documents, and ensuring meaningful physical and electronic access for persons with disabilities and individuals with limited English proficiency.
18	<b>PAGE 33, SECTION 2.2.</b> How are FSA educational materials disseminated? If by hard copy, are materials mailed by the State; or is the contractor expected to mail? If so, what quantity and types of materials are mailed?	For FSA participants, educational materials are available on both the OGB and vendor websites. Hard copies (using quantities specified by OGB) of the educational materials are also provided to the respective participating agencies at the vendor's expense.
19	<b>PAGE 34, SECTION 2.2.</b> Are monthly FSA account statements required? Would other frequencies such as quarterly, semi-annual, or annual be considered?	FSA account statements must be provided to participants on a quarterly basis while a monthly FSA accounting statement must be submitted to the State within fifteen (15) calendar days after the close of each month.
20	<b>PAGE 34, SECTION 2.2.</b> Are debit cards automatically offered to all health care FSA participants; or are cards optional and participants may order them? How many cards are issued to a participant? How many cards are active at this time?	Debit cards, including replacement cards, will automatically be provided to all FSA participants and made available for spouse/dependents upon request, at no charge. The total number of active cards is unavailable.

No	Inquiry	Response
21	<b>PAGE 34, SECTION 2.2.</b> What is the current debit card auto-adjudication rate?	The current debit card auto-adjudication rate is 96%.
22	<b>PAGE 34, SECTION 2.2.</b> During the most recent calendar year, how many FSA participants failed to satisfy or substantiate a debit card transaction? How many participants had or will have additional taxable income as a result?	There were 647 participants who failed to properly substantiate a debit card transaction during the first quarter of calendar year 2017.  The total number of participants who had or will have additional taxable income as a result of such failure is unavailable.
23	<b>PAGE 34, SECTION 2.2.</b> How many FSA participants are signed up for direct deposit vs. check payment?	Approximately 27% of the FSA participants are signed up for direct deposit while 73% are signed up for check payment.
24	<b>PAGE 34, SECTION 2.2.</b> How many FSA participants are signed up for electronic communication vs. mail?	Approximately 89% of the FSA participants are signed up for electronic communication while 11% are signed up for mail.
25	<b>PAGE 35, SECTION 2.2.</b> Can you explain the current funding method? Does the State hold all employee pretax deductions; or are those sent to the Contractor?	OGB receives a funding notification (with the exception of federal and State holidays) every business day, which summarizes the participants' approved manual/online claims and debit card transactions scheduled for reimbursement. Based on the funding notification, OGB wires funds to the vendor every business day (with the exception of federal and State holidays). All employee pre-tax contributions are held by the State for FSA participants.  The premiums collected by the vendor from COBRA participants, including the 2% administrative fee, are remitted to OGB monthly.
26	<b>PAGE 35, SECTION 2.2.</b> What nondiscrimination tests are currently performed?	Currently, the following nondiscrimination testing for state governmental entities is performed: <ul style="list-style-type: none"> <li>• Cafeteria Plan 25% Key Employee Concentration Test</li> <li>• Dependent Care 55% Average Benefits Test</li> <li>• Cafeteria Plan Eligibility Test</li> <li>• Cafeteria Plan Contributions and Benefits Test</li> </ul>

No	Inquiry	Response
		<ul style="list-style-type: none"> <li>• Health FSA Eligibility Tests</li> <li>• Dependent Care Eligibility Tests</li> </ul>
27	<p><b>PAGE 36, SECTION 2.2.</b> How many COBRA plans are there? How many different carriers provide the plans?</p>	<p>OGB currently offers five (5) self-funded health plans (administered by Blue Cross and Blue Shield of Louisiana) and a fully-insured Health Maintenance Organization plan (administered by Vantage Health Plan, Inc.).</p>
28	<p><b>PAGE 36, SECTION 2.2.</b> Under “Offer additional insurance offerings through the marketplace...”; is this a requirement to offer coverage, or a requirement to notify individuals of the availability of coverage through marketplace?</p>	<p>Plan Participants are provided notice of alternative health coverage available through the Health Insurance Marketplace, <a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a>.</p>
29	<p><b>PAGE 46, ATTACHMENT I, #29.</b> What other languages are needed? Is this required or optional?</p>	<p>OGB and its contractors that support health-related benefits must comply with PPACA Section 1557. This requires, in pertinent part, that any significant communications contain the appropriate Non-Discrimination Notice/Statement and three or fifteen taglines, respectively, depending on the size and content of the communication.</p>
30	<p><b>PAGE 47, ATTACHMENT I, #16.</b> Is debit card currently offered for DCFSA? If so, can you confirm the process is compliant?</p>	<p>One debit card is issued for all FSA plans. The Contractor is responsible for ensuring compliance with proper use of the debit card.</p>
31	<p><b>PAGE 49, ATTACHMENT I, #10.</b> Can you describe the population of “QLEs that occurred prior to CY 2015?” How many are included in this population? What circumstances would make this population unique or require other than standard COBRA administration?</p>	<p>The population of QLEs that occurred prior to CY 2015 but are just being offered COBRA can be attributed to civil service reinstatements and/or administrative errors where OGB was not provided notice of an employee resignation/termination in a timely fashion. Currently, approximately ten (10) employees are included in this population. This population is non-standard as it would not have been included in the population that was transitioned from OGB to the COBRA administrator for January 1, 2015 (prior to January 1, 2015, OGB administered its own COBRA program). Furthermore, the actual health plans offered and corresponding premiums charged for those plans during this timeframe are no</p>

No	Inquiry	Response
		longer effective.
32	<b>PAGE 50, ATTACHMENT I, #8.</b> What is expected for “extend customer service hours?” Please provide specific hours anticipated.	Proposals should include enough information to satisfy evaluators that the Proposer has the appropriate experience, knowledge and qualifications to perform the scope of services described in the RFP. The Proposer should respond to all requested areas, including but not limited to, providing a response to all questions included in Attachment I, Technical Questionnaire.
33	<b>PAGE 76, ATTACHMENT IV.</b> Please provide the current fees billed by the incumbent contractor. Does the State pay for all FSA fees; or do plan participants contribute toward fees? Will other COBRA fee arrangements be considered (per event pricing)?	<p>The current fees invoiced by the incumbent contractor are as follows:</p> <p>FSA Administrative Fee per participant per month is \$3.00, and the COBRA administrative fee per covered employee per month is \$0.23. For FSA administration, a participant is an individual who is eligible to receive reimbursement based on the Internal Revenue Code Section 125 cafeteria plan adopted by OGB. For COBRA administration, a covered employee is the subscriber enrolled for coverage in an OGB plan. OGB collects the FSA fees from the plan participants and remits payment to the Contractor as it becomes due and payable.</p> <p>The Proposer must provide cost information as defined in Attachment IV, Cost Proposal Template. Any Proposal not in this format shall be disqualified.</p>
34	<p>Why has the State decided to bid these services now (fees, service issues, standard due diligence, etc.)?</p> <ul style="list-style-type: none"> <li>• Is the claims technology adequate for the State and participants?</li> <li>• Are there service level concerns with the current administrator?</li> <li>• Has your current administrator paid penalties for failing to meet performance guarantees? If so, where did they fall short?</li> <li>• If no service issues, what would be</li> </ul>	Discovery Benefits, Inc., currently serves as the third-party administrator of COBRA and FSA services, and their contract terms December 31, 2017, with no renewals or options to extend remaining. An evaluation of Discovery Benefits, Inc.’s, performance will be prepared after completion of performance under the contract. Discovery Benefits, Inc., has not incurred any penalties for failure to meet performance guarantees.

No	Inquiry	Response
	the catalyst for the State to change administrators?	
35	What amenities or service features do you like about the current FSA & COBRA administrator?	An evaluation of the incumbent contractor's performance will be prepared after completion of performance under the contract.
36	Are there particular features or processes the State is seeking in the chosen vendor?	The Office of Group Benefits is seeking the services set forth in the RFP.
37	Is the State satisfied with the level of FSA participation currently?	Yes, the State is satisfied with the level of FSA participation.
38	How are claims funded with your current administrator? Have there been any challenges with your current funding process?	<p>OGB receives a funding notification (with the exception of federal and State holidays) every business day, which summarizes the participants' approved manual/online claims and debit card transactions scheduled for reimbursement. Based on the funding notification, OGB wires funds to the vendor every business day (with the exception of federal and State holidays). All employee pre-tax contributions are held by the State for FSA participants.</p> <p>The premiums collected by the vendor from COBRA participants, including the 2% administrative fee, are remitted to OGB monthly. There are no challenges with the current funding process.</p>
39	Does the current administrator conduct employee educational meetings and webinars? If so, how many annually?	The current administrator conducts webinars upon request by the Office of Group Benefits. Three (3) webinars were held during annual enrollment last year.
40	Will you elaborate on the State-wide, special/annual, and other informational meeting requirements? How many on-site enrollments meetings will be required for the successful bidder? Please confirm how many meetings, what dates and locations throughout the State?	The Contractor will be expected to attend up to ten (10) statewide annual enrollment meetings each calendar year. Meetings may occur at nine (9) different sites, and a minimum of four (4) meetings will be held at each site. Attendance averages 150-200 attendees at each meeting in northern Louisiana, while attendance averages 450-500 attendees per



No	Inquiry	Response
		meeting in southern Louisiana. Annual enrollment meetings will occur during the period of October 1 <sup>st</sup> through November 15 <sup>th</sup> of each calendar year. Attendance at special enrollment and/or informational meetings will be requested on an as-needed basis.
41	Does the State work with a benefits consultant or broker? If so, who (name, company)? Is the State intending for the administrator to work with the consultant/broker?	The State does not work with a benefits consultant or broker.
42	Will you provide additional information regarding the interface with your 72 different payroll systems? How does the current administrator interface with these payroll systems? Please confirm how the eligibility and contribution data is provided (e.g., electronic payroll files, paper enrollment, etc.)? Do all payroll centers follow the same procedures and file formatting?	Additional information on the interface with the 72 different payroll systems is unavailable.  The electronic enrollment file is sent weekly to the incumbent contractor.  The payroll systems do not use the same software or procedures and have varying schedules for payroll deductions (i.e., weekly, biweekly, month, bi-monthly, semi-monthly, etc.).
43	Will you confirm which coverage options are made available through the marketplace for COBRA participants today? Does the State intend to maintain the current marketplace vendor or explore other marketplace solutions?	Plan Participants are provided notice of alternative health coverage available through the Health Insurance Marketplace, <a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a> .
44	Will you confirm the current number or percentage of quarterly participant account statements that are distributed via U.S. Mail?	OGB is unable to confirm the number of participants who elect to receive their account statement via U.S. mail.
45	Will you consider a proposal that is only for Flexible Spending Accounts or COBRA Administration, or must they be a unified proposal?	Only proposals that include both FSA and COBRA administration services will be considered.
46	Section 1.33 Insurance Requirements:  Cyber Liability Insurance – The \$25M requirement seems unusually large. For a	The level of coverage required for Cyber Liability Insurance is not negotiable.

No	Inquiry	Response
	<p>medium-sized TPA, this represents a significant hurdle and question of whether we could even obtain this dollar amount. Would you consider a lower limit, or is this a non-negotiable item?</p>	
47	<p>Are there any prohibitions on using off-shore claims entry services?</p>	<p>Major delegated functions involving PHI, including but not limited to claims processing, customer service, and any other services as provided by applicable law shall not be sourced outside of the territorial and jurisdictional limits of the fifty (50) United States of America.</p>
48	<p>Are the existing fees under the current contract available?</p>	<p>The FSA Administrative Fee per participant per month is \$3.00, and the COBRA administrative fee per covered employee per month is \$0.23. For FSA administration, a participant is an individual who is eligible to receive reimbursement based on the Internal Revenue Code Section 125 cafeteria plan adopted by OGB. For COBRA administration, a covered employee is the subscriber enrolled for coverage in an OGB plan.</p>
49	<p>As requested in the RFP document; The State of Louisiana – Office of Group Benefits is requesting issuance of a performance bond in an amount determined by OGB of no more than one hundred percent of the annual contracted administrative fees to ensure the successful performance under the terms and conditions of the Contract.</p> <p>Discovery Benefits is the current FSA and COBRA Administrator for The State of Louisiana – OGB’s and a performance bond was not requested in the previous RFP submission and/or contract award. If Discovery Benefits does not provide this performance bond; will we be disqualified from this RFP opportunity and our current relationship with The State?</p>	<p>The contract resulting from award of this RFP will require a performance bond that meets the requirements set forth in RFP Section 1.48, Performance Bond.</p>

No	Inquiry	Response
50	<p>As requested in the RFP document; The State is requesting information on Discovery's latest SSAE 16 Audit and audited financials.</p> <p>In order to provide our most recent audited financial statements and our current SSAE16 report that has been requested, we will require an updated NDA to be completed. The NDA to be signed is attached. Please note, the recipient of the requested information should be the individual signing the form.</p>	<p>The State will not complete a nondisclosure agreement. See RFP Section 1.14, Trade Secrets and Proprietary Information.</p>
51	<p>Why have you decided to contract for bid for these services at this time (fees, service issues, standard due diligence)?</p>	<p>Discovery Benefits, Inc. currently serves as the third-party administrator of COBRA and FSA services, and their contract terms December 31, 2017.</p>
52	<p>Can you identify any specific service issues with the current administrator?</p>	<p>An evaluation of the incumbent contractor's performance will be prepared after completion of performance under the contract.</p>
53	<p>We did not see listed a Short List date, will there one provided?</p>	<p>Please reference Section 1.6, Schedule of Events.</p>
54	<p>Is the Award date and Go Live date the same?</p>	<p>The timeframe identified for award announcement in Section 1.6, Schedule of Events is the week of August 14, 2017, while implementation is scheduled to begin on September 4, 2017. OGB reserves the right to revise the Schedule of Events. Revisions, if any, before the Proposals submission deadline will be formalized by issuance of an addendum to the RFP.</p>
55	<p>What is the billing start date? Does it equal contract start date or go live?</p>	<p>The billing start date is January 1, 2018.</p>
56	<p>How long has the current administrator provided service to you?</p>	<p>Discovery Benefits, Inc., has served as the third-party administrator of COBRA and FSA services since January 1, 2015.</p>
57	<p>Are you currently using a consulting firm?</p>	<p>Discovery Benefits, Inc., currently serves as the third-party administrator of COBRA and FSA services. No other consultant is engaged by OGB for COBRA and FSA services.</p>

No	Inquiry	Response
58	Would you disclose your current rate structure and current fees charged for proposed services?	The FSA Administrative Fee per participant per month is \$3.00, and the COBRA administrative fee per covered employee per month is \$0.23. For FSA administration, a participant is an individual who is eligible to receive reimbursement based on the Internal Revenue Code Section 125 cafeteria plan adopted by OGB. For COBRA administration, a covered employee is the subscriber enrolled for coverage in an OGB plan.
59	Can you provide information on why the limits of Commercial General Liability coverage and Cyber Liability Coverage set at the required limits?	The level of insurance coverage included in the RFP is not negotiable.
60	Has there been a breach of the state's data?	The State has experienced a breach of its data in the past. As a result, adequate protections will be included in all future contracts.
61	Are you interested in any other services at this time?	OGB is seeking the services set forth in the RFP.
62	<p><b>PAGE 5, FSA ENROLLMENT.</b> Overall FSA enrollment declined from 10,688 in CY2016 to 6,455 in CY2017.</p> <p><b>QUESTION:</b> Did the State experience a reduction in force resulting in a reduction of 39% enrollment in FSA or did some participating entities or state agencies elect not to participate under the State's contract beginning in 2017?</p>	Although the actual cause of any reduced participation is unknown, decreased participation may be attributed to employer lay-off, resignation, dismissal, retirement, or other qualifying events.
63	<p><b>PAGE 5, COBRA ACTIVITY.</b> Thank you for providing detailed COBRA information for 2016 and 2017. This information is very useful for pricing analysis.</p> <p><b>QUESTION:</b> Can you advise the total number of COBRA continuants enrolled today or as of the most recent report?</p>	As of May 31, 2017, there were 3,065 COBRA continuants enrolled.
64	<b>PAGE 13, G. VETERAN-OWNED AND SERVICE CONNECTED DISABLED VETERAN-OWNED SMALL</b>	The Evaluation Committee will be responsible for determining the Veteran and Hudson Initiative Score for the respective Proposer using the criteria set forth

No	Inquiry	Response
	<p><b>ENTREPRENEURSHIPS (VETERAN INITIATIVE) AND LOUISIANA INITIATIVE FOR SMALL ENTREPRENEURSHIPS (HUDSON INITIATIVE) PROGRAMS PARTICIPATION.</b></p> <p><b>QUESTION:</b> Can you confirm if the proposer is <b>not</b> a certified LaVet or Hudson small entrepreneurship but subcontracts with a certified LaVet or Hudson small entrepreneurship firm to provide services for this contract, proposer will be eligible to receive additional reserved points as part of the bid evaluation/scoring?</p>	<p>in RFP Section 1.9.G.</p>
65	<p><b>PAGE 14, COST PROPOSAL. For COBRA administration, the proposed fixed monthly administrative fee will be multiplied by the estimated number of employees/retirees enrolled in OGB health plans to determine the total cost.</b></p> <p><b>QUESTION:</b> What is the total estimated number of employees/retirees enrolled in OGB health plans based on last monthly billing?</p>	<p>As of May 31, 2017, there were 79,502 employees/retirees enrolled in OGB health plans.</p>
66	<p><b>PAGE 14, SECTION 1.9 PROPOSAL RESPONSE FORMAT. H. COST PROPOSAL</b> is to be part of the proposal submission document. <b>In Section 1.10 Number of Copies of Proposals,</b> the Cost Proposal is to be submitted separately.</p> <p><b>QUESTION:</b> Can you please confirm if the Cost Proposal should be submitted separately or as part of the proposal submission document in the format requested?</p>	<p>Proposers should respond to this RFP with a separate Technical and Cost Proposal. No pricing information should be included in the Technical Proposal.</p>
67	<p><b>PAGE 20, SECTION 1.25 USE OF SUBCONTRACTORS</b> provides that <i>“information required of the Proposer</i></p>	<p>The Proposer may list subcontractor by name, corporate address, include company background, provide a description of the tasks they will perform,</p>

No	Inquiry	Response
	<p><i>under the terms of this RFP shall also be required for each subcontractor”.</i></p> <p><b>QUESTION:</b> Can you clarify what your expectations are here? For example, is the State seeking the same information about each subcontractor that is requested of the Proposer in Section 1.8.1 Mandatory Qualifications; Section 1.9. C. Executive Summary; and Section 1.9.D. Company Background, Financial Condition and Experience or does this reference mean subcontractors are expected to meet the requirements of the RFP and any terms and conditions? Are you expecting subcontractors to complete all sections of the RFP that are required of the primary contractor or Proposer or may we list our subcontractors by name, corporate address, and provide a brief description of the tasks or work that they will perform?</p>	<p>and include independent assurances for those who will perform a key internal control function.</p>
68	<p><b>PAGE 33, TASK 2: GENERAL SUPPORT SERVICES.</b> In bullet 2, you indicate proposer must comply with <u>state</u> and federal laws.</p> <p><b>QUESTION:</b> Is there an expectation that the contractor will need to comply with any State continuation laws that are specific to the State of Louisiana? We did not see any specific reference to a scope of work for a public health service act or administering continuation laws specific to the State of Louisiana within the RFP itself but need to confirm this. Does your current vendor provide administration for a public health service act or continuation laws specific to the State of Louisiana?</p>	<p>Contractor is required to be aware of and comply with all Laws applicable to the performance of this Contract, including but not limited to Title XXII of the Public Health Services Act, U.S.C. Sections 300bb-1 through 300bb-8.</p> <p>The incumbent contractor is responsible for maintaining compliance with all applicable regulations.</p>

No	Inquiry	Response
69	<p><b>PAGE 33, TASK 2: GENERAL SUPPORT SERVICES.</b> In bullet 1, scope of work requires attendance at statewide annual/special enrollments and informational meetings as requested by OGB.</p> <p><b>QUESTION:</b> How many annual enrollment meetings were held for the most recent open enrollment cycle? How many different locations?</p>	<p>The Contractor will be expected to attend up to ten (10) statewide annual enrollment meetings each calendar year. Meetings may occur at nine (9) different sites, and a minimum of four (4) meetings will be held at each site. Attendance averages 150-200 attendees at each meeting in northern Louisiana, while attendance averages 450-500 attendees per meeting in southern Louisiana. Annual enrollment meetings will occur during the period of October 1<sup>st</sup> through November 15<sup>th</sup> of each calendar year. Attendance at special enrollment and/or informational meetings will be requested on an as-needed basis.</p>
70	<p><b>PAGE 33, TASK 2: GENERAL SUPPORT SERVICES.</b> In bullet 7, scope of work indicates that there are at least 75 payroll systems within the State.</p> <p><b>QUESTION:</b> Will demographic, enrollment and payroll contribution (funding) information for FSA program come from 75 separate and distinct reporting systems? Will COBRA new hire and termination information come from 75 separate and distinct reporting systems?</p>	<p>Additional information on the different payroll systems and contribution is unavailable.</p> <p>OGB sends an enrollment file weekly containing the participant's demographics information, election amount, etc.</p> <p>OGB sends a daily NPM (New Plan Member) file and a daily QB (COBRA) file for health insurance termination.</p>
71	<p><b>PAGE 36, TASK 4: COBRA ADMINISTRATION SERVICES.</b> In bullet 12, there is a requirement to provide administration of COBRA plans for QLEs that occurred prior to calendar year 2015.</p> <p><b>QUESTION:</b> Is this simply a reference to takeover of all current COBRA continuants including those that may be within their 36 month COBRA duration period? Or is this an indication that the proposer will need to send qualifying event notifications to participants that experienced a qualifying event prior to calendar year 2015? Please clarify.</p>	<p>The Proposer must prepare and send a Specific Rights Notice (Election Notice) to the employee. Please also see response to Inquiry 31, above.</p>

No	Inquiry	Response
72	<p><b>PAGE 41, 4.2 PERFORMANCE MEASUREMENT/EVALUATION MONITORING PLAN.</b> Claims processing requires that 98% of electronic and non-electronic claims be paid within two (2) business days of receipt.</p> <p><b>QUESTION:</b> Is the requirement that 98% be “processed” within 2 business days or “paid” within 2 business days. Generally, paid means the check has been mailed or the direct deposit has been transacted and the participant is in receipt of the funds. Just trying to assure alignment and understanding of expectations.</p>	<p>98% of electronic claims must be paid within two (2) business days of receipt.</p>
73	<p><b>PAGE 49, COBRA ADMINISTRATION. NUMBER 7.</b> Confirm there is no charge or fee to the participant for use of a debit card, credit card, or ACH transaction for payment of premium.</p> <p><b>QUESTION:</b> Does the current administrator accept debit card or credit card payments for COBRA premiums? If yes; are merchant fees associated with debit or credit card payments passed to the State of LA as part of the monthly billing of administrative fees?</p>	<p>The current administrator accepts debit and credit card payments for COBRA premiums. Merchant fees associated with the use of debit or credit cards are not passed to the State as part of the monthly billing of administrative fees.</p>