



**SAN FRANCISCO  
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

**ADDENDUM NO. 2  
RFP for Medicare Plan (MAPD PPO) Request for Proposal  
(RFP) for the 2025 Plan Year (RFPQHSS2023.M1)**

January 18, 2024

**REQUEST FOR PROPOSALS  
Medicare Health Plans Plan (MAPD PPO) for the 2025  
Plan Year  
(RFPQHSS2023.M1)**

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This Addendum is being issued to modify the requirements in the above-referenced Request for Proposals (RFP). One or more additional addenda will be issued by or before January 26, 2024, in response to questions received by or before the **Deadline for non-Financial Questions on Friday, January 19, 2024 at 12:00 PM (PST)**.

One or more addenda will also be issued by or before March 22, 2024, in response to financial questions received by or before the **Deadline for Financial Questions on Friday, March 15, 2024 at 12:00 PM (PST)**.

Please review the terms of the RFP and this Addendum carefully. If there are any inconsistencies between the RFP and the terms of this Addendum, then the terms of this Addendum will prevail.

## **A. Questions & Answers**

- 1. Does “Medicare Part D EGWP Rx Experience Data for FI Part D” include non-benefit expenses?**

**SFHSS Response:**

Yes.

- 2. Can Rx tier structure be included in the Medicare Part D EGWP Rx Detail Data SFHSS?**

**SFHSS Response:**

This information is not available.

- 3. Please confirm whether or not there were any benefit changes to any of the Rx plans from 20XX-20XX (starting year of data to current plan year).**

**SFHSS Response:**

Confirmed, there have been no plan design changes to the pharmacy plans for the data provided outside requirement from the Inflation Reduction Act (IRA).

- 4. For groups of 3,000+ lives, request the below in addition to the above member-level claims file. Please provide a second Rx file that contains member information:**

- a. Member ID**
- b. Risk Score**
- c. DD/MM/YYYY of risk score**
- d. ZIP code**

**SFHSS Response:**

Please review the UHC MMR file provided.

5. **Do all Tier 4 Specialty Tier medications have the ability to fill for 90-day supplies?**

**SFHSS Response:**

The majority of Tier 4 Specialty medications allow for a 90-day supply.

6. **Is the 90-day retail copay 3x the 30-day retail copay for all tiers? (Example: Tier 1, 90-day retail copay \$15)**

**SFHSS Response:**

The 90-day copay is 3x the 30-day retail for all copays.

7. **Regarding Tab A2 (Non-Financial Questionnaire), please clarify on the comment in column A13 “All Approved Standard Part D Programs Apply. The Standard and Premium Plans have the same Prescription Drug Design.” Does SFHSS offer two Part D plans, Standard and Premium?**

**SFHSS Response:**

Please see the revised EOC. These are also available on the SFHSS website. UHC was one plan, with Part A & B and Part B only.

8. **Is there any additional medication coverage outside of the formulary and bonus coverage? For example, CMS excluded medication covered medications, \$0 cost for select medications, and OTC benefit.**

**SFHSS Response:**

Yes, there is bonus coverage.

9. **Tab A6 (Non-Financial Questionnaire) Please clarify on the “Enrollment” noted in cell B12.” What does the 19,721 consist of?**

**SFHSS Response:**

The 17,921 represents the total amount of UHC Medicare-Eligible population. This number should be 17,921, not 19,721.

- 10. Can we please have a census of Kaiser non-Medicare members participating in a retiree plan where another family member is eligible for Medicare (e.g., non-Medicare split family members)?**

**SFHSS Response:**

Please refer to RFP Section 1.7.2, UHC MAPD PPO AND KPSA HMO (THROUGH DECEMBER 31, 2024), subsection “Kaiser Permanente Senior Advantage HMO (KPSA) Highlights. The last two (2) bullet points state:

- Medicare dependents are enrolled in Kaiser Permanente Senior Advantage
- Non-Medicare dependents are enrolled in Kaiser Permanente HMO Plan

- 11. Is the Selected Contractor responsible for paying the eligibility vendor referenced in the non-financial questionnaire?**

**SFHSS Response:**

No.

- 12. Please confirm the Kaiser plan for Medicare eligibles is a Medicare Advantage plan.**

**SFHSS Response:**

Confirmed.

- 13. Please provide the Medical and Pharmacy rates for members that are enrolled in Medicare Part B only.**

**SFHSS Response:**

The total per member per month 2024 Medicare Part B premium is \$897.14 as documented in the June 2023 MAPD PPO presentation to the Health Service Board (available at <https://sfhss.org/board-meeting/2023-06-08t200000>). This premium is not segmented into Medical and Pharmacy components by the current MAPD PPO plan insurer.

14. **Should our proposed plan cover any additional non-part D drugs such as agents when used for weight loss, weight gain or anorexia, prescription vitamins and mineral products, drugs for sexual or erectile dysfunction, cough and cold drugs, agents used to promote fertility, and/or agents used for cosmetic purposes or hair growth?**

**SFHSS Response:**

The United Healthcare Bonus Drug List indicates all drugs that are covered under the plan but excluded under Part D.

15. **Our organization maintains a partnership/subcontracting relationship with an organization which pairs Administrative Services Only Commercial Plans with our Fully insured Medicare Advantage Plan offerings. Would this arrangement be deemed acceptable toward meeting the Minimum Qualifications noted in Section 6.3.1 of the RFP; *“Can offer corresponding commercial plans to support “split-families” either through bidder’s own network or through partnering with another organization to deliver the commercial benefit. In either situation, the Medicare bidder is required to support receipt of one (1) eligibility file”*?**

**SFHSS Response:**

Yes, this is acceptable as a response to the RFP.

The current plan solutions provided in the RFP are intended as an example of the current state is, including the UHC Select Plan, UHC Doctors Plan and the UHC PPO commercial. SFHSS is open to a variety of plan solutions that address that population, and bidders are not required to match those plan solutions identically.

16. **Please confirm if the provided CMS revenue amounts have been reduced for sequestration.**

**SFHSS Response:**

Confirmed.

17. Please confirm the nine (9) Key Providers/Hospital Systems listed on in Tab A10, line 14 of the Non- Financial Questionnaire represent the “critical providers in the Bay Area” referenced in this question. If not, please define these providers.

**SFHSS Response:**

Confirmed.

18. Please confirm if the claims expenses associated with supplemental benefits (e.g., supplemental vision, transportation, hearing aids) are included in the monthly “Medicare Eligible Experience Data”? If not, can you please provide.

**SFHSS Response:**

Confirmed.

19. Does “Medicare Eligible Experience Data” include non-benefit expenses?

**SFHSS Response:**

Yes.

20. Please confirm that all of the information required to be released per Data Requirements I, II & III will be included as part of this RFP process.

**SFHSS Response:**

SFHSS has provided all reasonably available data that is available to allow qualified bidders to compete effectively. The 3rd and 4th tabs outline the Data Warehouse layouts and fields requested.

21. How is the Trust being funded?

**SFHSS Response:**

The Health Service System Trust is funded in accordance with Appendix A of the San Francisco Charter. Specifically, Section A8.428-A8.429, which can be found at [https://codelibrary.amlegal.com/codes/san\\_francisco/latest/sf\\_charter/0-0-0-2117](https://codelibrary.amlegal.com/codes/san_francisco/latest/sf_charter/0-0-0-2117).

22. In the workbook titled “SFHSS 2025 RFP Non-Financial Questionnaire\_Draft.xlsx,” tab A4) Questionnaire, Row 24 under the “Bidder Financial Strengths/Stability” section, there is no options to provide a response in the drop-down picklist in column B under Response. Please advise.

**SFHSS Response:**

Please respond in the comment indicating Yes or No.

23. In the workbook titled “SFHSS 2025 RFP Non-Financial Questionnaire\_Draft.xlsx,” tab A4) Questionnaire, Rows 51 to 53, under the “Bidder Accreditations” section, there are no options to provide a response in the drop-down picklist in column B under Response. Please advise.

**SFHSS Response:**

Please respond in the comment indicating Yes or No.

24. Both tab A9.1 (Non-Financial Questionnaire) and B2 (Financial Questionnaire) tabs appear to be asking for the same information although B2 (Financial Questionnaire) is for 2025-2029 and A9.1 does not designate a year. Please confirm that A9.1 (Non-Financial Questionnaire) needs just an agree/disagree response.

**SFHSS Response:**

Confirmed, only an agree/disagree is needed in A9.1 in the Non-Financial Questionnaire.

25. Will an extension of the financial proposals be given if CMS has the final notice has not been released by the financial proposal due date of April 9th?

**SFHSS Response:**

Yes. If CMS has not released the final notice by 8:00 AM (PST) on April 5, SFHSS will issue an addendum to the RFP with modified dates and deadlines for the financial proposal and notify all Authorized Representatives via email.

26. Please confirm NCH (Not Contracted But Has a History of Accepting the Plan) indicates the bidder has a claims history of payment to the provider within the past twenty-four (24) months.

**SFHSS Response:**

Confirmed.

27. Please clarify the process for submitting any files that exceed the 20mb limit referenced in RFP Sec. 8.1 (Submission Format).

**SFHSS Response:**

SFHSS will provide any Respondent whose submission will exceed the email limit size with a custom link to the SFSecureShare (Secure FTP) website. Please notify Michael Visconti ([michael.visconti@sfgov.org](mailto:michael.visconti@sfgov.org)) no less than seventy-two (72) hours before a required deadline:

- Deadline for non-Financial Proposals, Agreement/BAA review: Friday, February 9, 2024, 12:00 PM (PST), or
- Deadline for Financial Proposals: Tuesday, April 9, 2024, 12:00 PM (PST).

28. Is there currently a gainshare agreement in place? Has there ever been a payment on it?

**SFHSS Response:**

No gainshare agreement is currently in place for this population.

29. Please confirm the Business Associates Agreement (BAA) is only applicable to the pre-65 population.

**SFHSS Response:**

Yes.

30. Please confirm that, under a fully-insured funding arrangements, the Health Plan is the Covered Entity, rather than Business Associate of the Group.

**SFHSS Response:**

Yes.



**31. Is the offshoring requirement only for member facing services?**

**SFHSS Response:**

No, the offshoring requirement is a City requirement and offshoring requires a thorough assessment and approval by a separate City department who's approval is no guaranteed or assured. Please see the The City (P-600) Medicare / Commercial Agreement ("Agreement"), including:

***13.5.2 Use of City Data and Confidential Information.** Contractor agrees to hold City Data and Confidential Information received from, collected or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City Data or Confidential Information outside the United States is subject to prior written authorization by the City.*

**32. The title of this document indicates this is for the Medicare RFP; however, Section 7.4 of "SFHSS PY2025 Medicare RFP Document\_121223\_0" refers to this as "The City (P-600) Medicare/Commercial Agreement." Please indicate if this should be reviewed for exceptions for both Medicare and pre-65s, or if this applies to the Medicare proposal only.**

**SFHSS Response:**

It is understood by the City that there may be elements of the City Terms and Conditions ((P-600) Medicare/Commercial Agreement ("Agreement") [RFP Section 7.4] which may not be applicable to a fully-insured Medicare health plan, but would remain applicable to an Administrative Services Only (ASO) Commercial plan.

SFHSS wishes to create one Agreement for both services, and to this there may be exceptions to the applicability of certain City provisions, depending on the line of business. These differences may be handled in alternative manners, like that of adding language to point to the applicable Group Agreement or Administrative Service Agreement to propose a limit of application of the provision, etc..

In any case, it is highly recommended that if there is a request to limit the City's language or propose a modification to the City's Terms and Conditions, it is requested that the Bidder provide rationale as to why the language is being limited or modified.

On a final note, regardless of any changes proposed by a Respondent to the Agreement/City Terms and Conditions, changes may be considered by the City, but the City shall not be bound by any proposed submitted changes made by Bidders.

**33. Will there be a best and final offer round?**

**SFHSS Response:**

No.

The following questions are related to the request for “PMPM information under a situation where a single award is made to replace UHC; and illustrative pricing for if you were to replace UHC and the Kaiser plans.” beginning on Questionnaire Tab “B) Financial Deliverables” (the “[Kaiser Illustrative Scenario](#)”).

**34. Based on the background information provided in the RFP, please confirm the question on Kaiser-specific transition support is out of scope for the MAPD offering.**

**SFHSS Response:**

The “Kaiser Illustrative Scenario” is for the purpose of possible future procurement decisions. The KPSA population is out of scope for this RFP.

**35. Please provide a copy of your current formulary.**

**SFHSS Response:**

The current Kaiser formulary is not available. Please assume a broad Part D formulary with only select exclusions.

**36. Is the current formulary considered an Open or Closed Formulary?**

**SFHSS Response:**

The current Kaiser formulary is not available. Please assume a broad Part D formulary with only select exclusions.

**37. Does the formulary exclude any drugs on the Part D drug list?**

**SFHSS Response:**

The current Kaiser formulary is not available. Please assume a broad Part D formulary with only select exclusions.

**38. Does the current plan cover ACA drugs?**

**SFHSS Response:**

The KPSA plan covers Medicare Part D and Part B drugs.

**39. Please confirm the member cost share for each tier once the members reach the GAP phase (doughnut hole).**

**SFHSS Response::**

As it relates to the “Kaiser Illustrative Scenario”, cost shares are the same until the member reaches the Catastrophic Zone. See Page 42 of the Kaiser Permanente Senior Advantage HMO EOC for California.

**40. Does the current plan cover any additional non-part D drugs such as agents when used for weight loss, weight gain or anorexia, prescription vitamins and mineral products, drugs for sexual or erectile dysfunction, cough and cold drugs, agents used to promote fertility, and/or agents used for cosmetic purposes or hair growth?**

**SFHSS Response:**

Yes. Please include a non-Part D rider in your illustrative pricing.

**41. Does the current plan include any additional requirements such as step therapy?**

**SFHSS Response:**

The KPSA plan drug formulary is not open formulary. Certain drug therapies may require prior authorization for medical necessity in addition to step-therapy requirements.

42. Is the plan commingled, for example, where higher cost generic drugs are included on Tier 2 and Tier 3?

**SFHSS Response:**

As it relates to the “Kaiser Illustrative Scenario”, please assume a non-commingled formulary.

43. Please provide the current Medical and Rx detailed plan designs for the Kaiser Permanente Senior Advantage (KPSA) Plan.

(Note that these questions are direct at the following questionnaire sections and are asking about the KPSA HMO plan:

- a. Tab B, row 12: “Please note, the RFP is requesting PMPM information under a situation where a single award is made to replace UHC; and illustrative pricing for if you were to replace UHC and the Kaiser plans.
- b. Tab B1, rows 14 – 17: “Per Medicare-Eligible Member Per Month (PMPM) Insured Premium Quote for MAPD - Replacing UHC and Kaiser Plans\*”)

**SFHSS Response:**

The Kaiser Permanente Senior Advantage Medicare California EOC is available online:

- A+B: [https://sfhss.org/sites/default/files/2024-01/January%2011%2C%202024%20SFHSS%20Financial%20Report%20as%20of%20November%2030%2C%202023%20memo\\_0.pdf](https://sfhss.org/sites/default/files/2024-01/January%2011%2C%202024%20SFHSS%20Financial%20Report%20as%20of%20November%2030%2C%202023%20memo_0.pdf)
- Medicare Secondary: [https://sfhss.org/sites/default/files/2023-10/2024%20Kaiser%20MEDICARE%20MSP%20%28Working%20Aged%29%20EOC\\_Final.pdf](https://sfhss.org/sites/default/files/2023-10/2024%20Kaiser%20MEDICARE%20MSP%20%28Working%20Aged%29%20EOC_Final.pdf) ).

Please provide the best illustrative pricing you can based on the census and a broad Part D formulary with only select exclusions.

44. Please provide the most recent MMR file.

**SFHSS Response:**

As it relates to the “Kaiser Illustrative Scenario”, no additional detailed data will be released about the Kaiser population given the illustrative nature of the request and purpose.

**45. Please provide the most recent MOR file.**

**SFHSS Response:**

As it relates to the “Kaiser Illustrative Scenario”, no additional detailed data will be released about the Kaiser population given the illustrative nature of the request and purpose.

**46. For Kaiser, can we please get monthly claims experience and monthly Risk Scores for the MA.**

**SFHSS Response:**

This information is not available.

**47. For Kaiser, can we please get monthly Risk Scores for the Part D.**

**SFHSS Response:**

This information is not available.