



**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

ADDENDUM NO. 4

**RFP for Medicare Plan (MAPD PPO) Request for Proposal
(RFP) for the 2025 Plan Year (RFPQHSS2023.M1)**

March 21, 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 addenda will also be issued by or before March 29, 2024 (see below), 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. Modifications to the RFP

1. Section 4 (RFP Schedule) is hereby modified as follows to extend the deadline for responses by SFHSS to Financial Questions submitted by or before the Deadline for Financial Questions on March, 15, 2024 at 12:00PM (Pacific):

Description	Date and Time
Responses by SFHSS to Financial Questions submitted by or before the Deadline for Financial Questions (posted to https://sfhss.org/RFPs)	By or before Friday, March 29,2023, 5:00 PM (Pacific)

Please see Question 10 in Section B, below. SFHSS is awaiting receipt of the requested information as of March 21, 2024. If this information is ultimately not available, we will notify all respondents in a fifth Addendum.

B. Questions & Answers

1. **When reviewing the Rx Experience Data, the Dec 2022 Risk score is shown as 0.826 while the MMR file for the same period has an average risk score of 0.745. Additionally, the 202401 MMR file shows 0.767. Please confirm the risk score data is appropriate, and provide guidance on the differences between the two scores from December.**

SFHSS Response:

It is confirmed that the attached numbers are correct. The reason for the difference is the MMR represents unadjusted values whereas the Rx Experience Data file value is an internal number which is our prediction of Rx RAF after programs and finalization.

2. **In order to appropriately analyze the financial components of this proposal, please confirm members were not offered 'standard' and 'premium' plans at any point during the provided claim period.**

SFHSS Response:

Confirmed.

3. **In some instances, carriers may wave prior authorization in an effort to simplify the procedure process. Please advise which benefits or procedures, if any, the current carrier is waiving prior authorization for?**

SFHSS Response:

Prior authorization has not been waived.

4. **What medical management programs are available to members today?**

SFHSS Response:

There are a broad array of programs and care available today: House Calls program, care for advanced illnesses, high risk members, transitional care, diabetes, hypertension, heart conditions (CAD and CHF), respiratory conditions, kidney conditions, transplant care, behavioral health plus the additional programs notes within the RFP such as fitness, meals, etc.

5. **For the census provided, could you provide the count for each of the three coverage tiers?**

SFHSS Response:

Based on the census files already provided bidders have information on retirees, tier descriptions and where Medicare and non-Medicare dependents fall on those tiers. Bidders also received detailed census information for covered lives, mostly dependents, in the pre-Medicare plans. No additional information will be provided.

6. **For the Non-Medicare population will an ASC (self-insured) only quote be acceptable? If not, the following data is required for the Non-Medicare dependent population in order to provide a fully insured offering:**

- a. **24 months of claims experience which includes family unit count, members, medical and pharmacy claims by month. The current file is missing family unit count by month as well as only providing 10 months of data for the EPO plans.**
- b. **An explanation for the highlighting in the current SFHSS – Non-Medicare Claims by Month file. There is a large block of retiree subscribers highlighted on the PPO plan as well as a number of months of Pharmacy claims for the Select EPO plan.**

- c. **An updated census for the Non-Medicare population by family unit.**
- d. **Large claims information for the same 24 months period for the Non-Medicare dependents which includes status and diagnosis.**

SFHSS Response:

A self-insured quote is acceptable.

- 7. Please provide an updated census for the Non-Medicare dependent population by family unit. Or at a minimum the family counts that fall into 1 Non-Medicare dependent family unit, 2 Non-Medicare dependent family unit or 3+ Non-Medicare dependent units.**

SFHSS Response:

At the time of the development of the Non-Medicare covered lives census, there were 1,024 unique individuals (retirees and dependents) enrolled across the three plans available to “split family” Non-Medicare covered lives. The most recent headcounts provided by the incumbent are 934 total Non-Medicare “subscriber” portion of split families containing 1,110 total unique Non-Medicare individuals enrolled across the three “split family” plans.

- 8. Please provide the MCC details for the provided Medical claims.**

SFHSS Response:

This information will not be provided as part of the RFP.

- 9. Please provide a file showing the groups' large cost claimants during the provided claim period (Jan '21-Sept '23).**

The file should include:

- **Dollar amount**
- **Diagnosis**
- **Status (enrolled/termed)**
- **Prognosis (ongoing vs. not ongoing)**

SFHSS Response:

This information will not be provided as part of the RFP.

10. Please provide the following high claims information (claims over \$50K with diagnosis information) for the pre-65 population, non- Medicare split families:

- For the EPOs for the time period from 1/1/23 to the end of the experience period 11/2023.
- For the PPO for the time period 12/22 to 11/23.

SFHSS Response:

Pending with SFHSS. To be included in a subsequent addendum.

11. Are business registration fees applicable to become an approved City Supplier?

SFHSS Response:

Yes. For more information on becoming an Approved City Supplier and registering a business, please visit <https://sfcitypartner.sfgov.org/pages/become-a-supplier.aspx> and <https://www.sf.gov/information/business-registration>, respectively and/or contact michael.visconti@sfgov.org.

Please note that questions about becoming an Approved City Supplier may be sent (and will be responded to in a timely manner) at any time during the RFP process and are not subject to the deadlines for financial and non-financial questions.