



**CITY OF MEMPHIS**

**REQUEST FOR PROPOSAL**

**#123759**

**HEALTH PLAN ADMINISTRATION**

**Addendum #2**

The following information encompasses Addendum No. 1 for the above referenced RFP. Proposers shall fully consider and acknowledge this Addendum in the preparation and submittal of its formal proposal. Failure to do so may result in the proposal being considered unresponsive.

Section 1 – Pricing Forms for RFP

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**Instructions**

Enclosed in this pricing form are the following tabs for bidders to enclose their pricing; medical, wellness, COBRA, Medical Expense Accounts, dental, vision. Please complete the form in its entirety.

**Ancillary Fees**

§ Please confirm the cost of the following services is included in the base ASO fee

§ If the cost of service is not included in the base ASO fee, include all associated fees in the following Ancillary Fee Table below:

Service	Plan Year 2024		Plan Year 2025		Plan Year 2026	
	Included in Base ASO Fee	Ancillary Fee – specify unit (Per member, Per claim, Per feed, Per report, etc.)	Included in Base ASO Fee	Ancillary Fee – specify unit (Per member, Per claim, Per feed, Per report, etc.)	Included in Base ASO Fee	Ancillary Fee – specify unit (Per member, Per claim, Per feed, Per report, etc.)
1. Implementation fees						
2. Member submitted run-out claims for 12 months						
3. Eligibility file maintenance & provider certification						
4. Member service (800#, web, IVR)						
5. Standard management reports						
6. Ad hoc reports						
7. Claims data tapes						
8. Claims data warehouse & predictive modeling						
9. Integration with carve-out PBM						
10. Integration with carve-out care management or wellness vendor						
11. Integration with carve-out behavioral health or EAP vendor						
12. Integration with carve-out (not your preferred relationship) stop loss vendor						
13. Integration with carve-out data warehouse						
14. Integration with carve-out subrogation vendor						







-The current ASO fee includes administration charges, network access, medical management, utilization management, wellness coaching, lifestyle management, behavioral health, care management, health education, wellness incentives, wellness fund, and healthy pregnancy program.  
 -Please include all services listed above in your ASO fee, as well as enhanced credits to the clinic per year.

Component	Plan Year 2024	Plan Year 2025	Plan Year 2026
ASO fee (PEPM) Mature			
Total Clinic Credits			
Total Implementation			
Total Dietician Credits			
Total Wellness Credits			
Other Credits			

**Comments**

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-Please include all wellness related services and programs that are included in your proposed ASO quote. If cost is included in the quoted ASO fee, under the "cost" column write "included in quoted ASO fee". If there are any programs that would be an additional cost to the city or members (not included in the ASO fee you have listed in the medical tab), please list below and include cost.

Program	Vendor/Name	(Yes/ No)- Program included in quoted ASO fee	Cost (ie: PEPM \$, PEPY \$, etc.)
<i>Specialty UM Fee</i>			
<i>Financial Proposal- Care Management</i>			
<i>PEPM</i>			
<i>Chronic Condition Management (DM)</i>			
<i>Healthy Maternity</i>			
<i>Telemedicine</i>			
<i>Advanced Radiological Imaging</i>			
<i>Musculoskeletal Program</i>			
<i>Genetic Testing</i>			
<i>24/7 Nurseline</i>			
<b>CM/DM carve out fee</b>			
<i>Diabetes Prevention Program</i>			

<i>Scale &amp; Activity Tracker</i>				
<i>Milestone 1</i>				
<i>Milestone 2</i>				
<i>Milestone 3</i>				
<i>Milestone 4</i>				
<b><i>Diabetes Management Program</i></b>				
<i>Participant's Initial Enrollment Term</i>				
<i>Renewal Enrollment Term</i>				
<i>Replacement Devices</i>				
<b><i>Care Management</i></b>				
<i>Addiction</i>				
<i>Arthritis</i>				
<i>Asthma</i>				
<i>Cancer</i>				
<i>Cardiac</i>				
<i>Cerebrovascular Disease / null</i>				

CHF				
COPD				
Coronary Artery Disease				
Depression/Mental Health				
Diabetes				
End Stage Renal Disease (ESRD)				
Gastroesophageal reflux disease (GERD)				
High Risk Pregnancy				
HIV / AIDS				
Hypercholesterolemia				
Hypertension				
Lower Back Pain				
Metabolic Syndrome (Pre-Diabetes)				
Other Musculoskeletal				
Pain Management				
Renal Failure				
Smoking Cessation				
Weight Management				

<b>Financial Proposal - Wellness</b>				
PEPM				
Lifestyle Health Coaching				
Rewards				
Rewards - Chronic Care				
Rewards - Wellness Challenges				
Rewards - Custom Reports				
Rewards - Diabetes Prevention				
Rewards - Physician Now				
Rewards - Case Management				
Rewards - Healthy Maternity				
Rewards - Nurseline Utilization				
Rewards - Employer Driven				
<b>Biometric Screening</b>				
Finger Stick				
Venipuncture				



Description	Plan Year 2024		Plan Year 2025		Plan Year 2026	
	Per Employee Per month	Per Occurrence	Per Employee Per month	Per Occurrence	Per Employee Per month	Per Occurrence
<b>COBRA Administration Costs</b>						
1. Initial Set-up Fee (if applicable)						
2. Current COBRA Continuant Takeover						
3. Qualifying Event Notice						
4. Open Enrollment Packet						
5. Other (specify)						
<b>Additional Services/Fees</b>						
6. Ad-hoc Reports						
7. Incidental Expenses						
8. Data Interface						
9. Specify any other one-time fee(s) that may apply						
10. Discounts (specify details and amounts)						
11. Total Not-to-Exceed Cost (12 months)						
12. Deduction of start-up (one time) costs						
13. Total Not-to-Exceed Cost for Years 1, 2 and 3 (36 Months)						
14. Other (specify)						
15. Other (specify)						
16. Other (specify)						

Comments	



Component	Plan Year 2024	Plan Year 2025	Plan Year 2026	Specify unit (Per member, Per claim, Per feed, Per report, etc.)	Comments
<b>Dependent Care Flexible Spending Account (DCFSA)</b>					
\$ New Account Set Up Fee					
\$ Account Maintenance Fee (indicate annual or monthly)					
\$ Account Closing Fee					
\$ Excess Contribution					
\$ Debit Card/Transaction Fee					
\$ Debit Card Replacement					
\$ Insufficient Funds					
\$ Overdraft					
\$ Stop Payment					
\$ Return Item					
\$ New Check Book Fee					
\$ Check Processing Fee					
\$ Rollover Transfer Fees					
\$ Plan Design Fee					
\$ (Other)					
\$ (Other)					
\$ (Other)					
Miscellaneous fees** (describe basis in comments)					

Component	Plan Year 2024	Plan Year 2025	Plan Year 2026	Specify unit (Per member, Per claim, Per feed, Per report, etc.)	Comments
<b>Health Reimbursement Arrangement (HRA)</b>					
\$ New Account Set Up Fee					
\$ Account Maintenance Fee (indicate annual or monthly)					
\$ Account Closing Fee					
\$ Excess Contribution					
\$ Debit Card/Transaction Fee					



**Ancillary Fees**

§ Please confirm the cost of the following services is included in the Fully-Insured Premium Rates

§ If the cost of service is not included in the base Fully-Insured Premium Rates, include all associated fees in the following Ancillary Fee Table

	Plan Year 2024	Plan Year 2025	Plan Year 2026
Service	Included in Fully-Insured Premium Rates	Included in Fully-Insured Premium Rates	Included in Fully-Insured Premium Rates
	Ancillary Fee – specify unit (Per member, Per claim, Per report, etc.)	Ancillary Fee – specify unit (Per member, Per claim, Per report, etc.)	Ancillary Fee – specify unit (Per member, Per claim, Per report, etc.)
1. Implementation fees			
2. Member submitted run-out claims for 12 months			
3. Eligibility file maintenance & provider certification			
4. Member service (800#, web, IVR)			
5. Standard management reports			
6. Ad hoc reports			
8. Claims data warehouse & predictive modeling			
10. Integration with carve-out care management or wellness vendor			
13. Integration with carve-out data warehouse			
15. Website for members & prospective members			
16. Website access for member services			





		PPO		
Component	Plan Year 2024	Plan Year 2025	Plan Year 2026	
Fully-Insured Rate: Employee Only				
Fully-Insured Rate: Employee + 1 Dependent				
Fully-Insured Rate: Employee + Family				

Comments

**Ancillary Fees**

§ Please confirm the cost of the following services is included in the Fully-Insured Premium Rates

§ If the cost of service is not included in the base Fully-Insured Premium Rates, include all associated fees in the following Ancillary Fee Table below:

Service	Plan Year 2024		Plan Year 2025		Plan Year 2026	
	Included in Fully-Insured Premium Rates	Ancillary Fee – specify unit (Per member, Per claim, Per feed, Per report, etc.)	Included in Fully-Insured Premium Rates	Ancillary Fee – specify unit (Per member, Per claim, Per feed, Per report, etc.)	Included in Fully-Insured Premium Rates	Ancillary Fee – specify unit (Per member, Per claim, Per feed, Per report, etc.)
1. Implementation fees						
2. Member submitted run-out claims for 12 months						
3. Eligibility file maintenance & provider certification						
4. Member service (800#, web, IVR)						
5. Standard management reports						
6. Ad hoc reports						
8. Claims data warehouse & predictive modeling						
10. Integration with carve-out care management or wellness vendor						
13. Integration with carve-out data warehouse						
15. Website for members & prospective members						
16. Website access for member services						
17. SPD production, review & sign-off						
18. Communication production for installation						







Component	Vision		
	Plan Year 2024	Plan Year 2025	Plan Year 2026
Fully-Insured Rate: Employee Only			
Dependent			
Fully-Insured Rate: Employee + Family			

Comments

## Instructions

### General

Save and rename the file as "Attachment A – Financial Proposal – Prescription Drug – [Insert Your Unique Vendor Name Here].xlsx". after the file is completed. Please use drop downs wherever provided to pick the correct option.

### Network pricing and Ancillary Fees

Please enter your proposed Network Discounts, Dispensing Fees and Rebates on the Pass-through pricing tab(s) as guarantees. Any additional ancillary

### Ancillary Fees

Please provide details regarding services not included in network pricing. Include descriptions of services, associated fees, and the cost basis for the fees (i.e. PMPM, per net paid claim, other). Please be all-inclusive. Programs not provided will be assumed at no cost to the Plan. Please provide Prior Authorization and Specialty administration fees in this tab, if applicable.

### Credits and Allowances

Please provide details regarding any credits and allowances, (e.g. implementation, claim assessment, ongoing, etc.) that you are including as part of your proposal. Also indicate if the credit or allowance is being provided on a one-time or annual basis and provide any additional limitations or caveats.

### Specialty List

Provide your specialty drug list (drug level and NDC) with guaranteed rates and the data requested in the Specialty tab. Include your overall Specialty Effective Rate or Aggregate guarantees in the Network Pricing tab.

### Trend Guarantee

Please indicate if you are willing to provide a trend guarantee as part of your proposal. If yes, what is the guarantee (and basis) and describe the Plan Sponsor's right to audit. Describe the methodology and calculation for any trend guarantee.

### Exclusions

Please indicate which claim exclusions are applicable from your pricing (column B) and rebate guarantee calculations (column E). If there are others besides those indicated, please add and also include any underlying assumptions that were used to develop the provided pricing and fee quote. In Column C (brand) and Column D (generics) please indicate an illustrative Book of Business average discount for each exclusion category. The illustrative discount for each exclusion category is a requirement.

**PBM Trend Assumptions**

Please provide the trend assumptions that were used to underwrite your financial offer by year

Pricing Guarantees		Pricing Type	FY 2024	FY 2025	FY 2026	Notes
Retail 30	Brand 30 Discount (Single-Source)	AWP minus Discount				
	Brand 30 Discount (Multi-Source)	AWP minus Discount				
	Brand 30 DF	AWP minus Discount				
	Generic 30 Discount	AWP minus Discount				
	Generic 30 DF	AWP minus Discount				
	Brand 90 Discount (Single-Source)	AWP minus Discount				
Retail 90	Brand 90 Discount (Multi-Source)	AWP minus Discount				
	Brand 90 DF	AWP minus Discount				
	Generic 90 Discount	AWP minus Discount				
	Generic 90 DF	AWP minus Discount				
	Brand Discount (Single-Source)	AWP minus Discount				
	Brand Discount (Multi-Source)	AWP minus Discount				
Mail Order	Brand DF	AWP minus Discount				
	Generic Discount	AWP minus Discount				
	Generic DF	AWP minus Discount				
	Specialty at Retail Brand Discount	AWP minus Discount				
	Specialty at Retail Generic Discount	AWP minus Discount				
	Specialty at Retail Limited Distribution Drugs (LDD)	AWP minus Discount				
Specialty	Specialty at Retail DF	AWP minus Discount				
	Specialty Pharmacy Brand Discount	AWP minus Discount				
	Specialty Pharmacy Generic Discount	AWP minus Discount				
	Specialty Pharmacy Limited Distribution Drugs (LDD)	AWP minus Discount				
	Specialty Pharmacy DF	AWP minus Discount				
	Specialty at Mail Brand Discount	AWP minus Discount				
	Specialty at Mail Generic Discount	AWP minus Discount				
	Specialty at Mail Limited Distribution Drugs (LDD)	AWP minus Discount				
	Specialty at Mail DF	AWP minus Discount				
	New to Market Discount	AWP minus Discount				
	Biosimilar Discount	AWP minus Discount				
	Brand Discount	AWP minus Discount				
LTC	Generic Discount	AWP minus Discount				
	Brand DF	AWP minus Discount				









Credit/Allowance Type	Frequency	Amount	Description and Limitations

Willing to offer a trend guarantee	% (or basis)	Audit rights	Description

Common Exclusions	Pricing Guarantees (Excluded from guarantee (Y) or Included (N))	Illustrative Book of Business AWP Discounts for repricing excluded claims <i>(Please populate column C and D with a desired %. Otherwise, we will default to AWP - 0% for a category wherever a specific discount is not provided)</i>		Rebate Guarantees (Excluded from guarantee (Y) or Included (N))	Notes
		Brand	Generic		
Direct Member Reimbursement (DMR)		0.00%	0.00%		
Compounds		0.00%	0.00%		
COB claims		0.00%	0.00%		
OTC - diabetic supplies		0.00%	0.00%		
OTC - non diabetic supplies		0.00%	0.00%		
340B Claims		0.00%	0.00%		
Specialty Claims - Retail Guarantees		0.00%	0.00%		
Home Infusion Claims		0.00%	0.00%		
Specialty Home Infusion claims		0.00%	0.00%		
Limited Distribution Drugs - Retail Guarantees		0.00%	0.00%		
Limited Distribution Drugs - Specialty Guarantees		0.00%	0.00%		
New to Market (NTM)		0.00%	0.00%		
Vaccines		0.00%	0.00%		
Biosimilars		0.00%	0.00%		

Excluded pharmacies (if yes, please provide a list of NCPDP/NPI to				0.00%				0.00%
Single Source Generics				0.00%				0.00%
Multi Source Brands				0.00%				0.00%
Zero Balance Due (Member copay greater than gross cost)				0.00%				0.00%
Zero Balance Due (Member in deductible phase and paying full cost				0.00%				0.00%
100% Member Copay Plan								
Long Term Care (LTC)				0.00%				0.00%
VA (and other military) pharmacies				0.00%				0.00%
Skilled Nursing Facilities				0.00%				0.00%
Indian Health Services / Tribal / Urban Indian				0.00%				0.00%
DAW1				0.00%				0.00%
DAW2				0.00%				0.00%
DAW3				0.00%				0.00%
DAW4				0.00%				0.00%
DAW5				0.00%				0.00%
DAW6				0.00%				0.00%
DAW7				0.00%				0.00%
DAW8				0.00%				0.00%

DAW9			0.00%	0.00%		
Subrogation Claims			0.00%	0.00%		
Medicare Part B Drugs			0.00%	0.00%		
U&C Claims			0.00%	0.00%		
Formulary Exception claims			0.00%	0.00%		
Claims older than 180 days			0.00%	0.00%		
Other, please list			0.00%	0.00%		
Other, please list			0.00%	0.00%		
Other, please list			0.00%	0.00%		
Other, please list			0.00%	0.00%		

Drug Category		FY 2024	FY 2025	FY 2026
<i>Non-Specialty Brand</i>	Cost			
	Utilization			
<i>Non-Specialty Generic</i>	Cost			
	Utilization			
<i>Specialty Brand</i>	Cost			
	Utilization			
<i>Specialty Generic</i>	Cost			
	Utilization			