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<b>6</b>	Could we please obtain a copy of your larges claims report?	We are not shopping Stop Loss at this time so a large claim report would not be pertinent.
<b>7</b>	Per RFP Section 1.3 & attachment C on the background tab, I am confirming BCBSTX intent to bid in order to obtain the additional documentation such as the plan designs/clinical rules & claims data files.	See Attachment A Claims Repricing File
<b>8</b>	Does a vendor bidding only on the PBM services need to complete Attachment B for combined Medical and Pharmacy Services? What files/sections need to be completed for just PBM Services?	If you are bidding pharmacy as a standalone, please only complete those applicable sections along with attaching your full proposal. Please note there was a separate Rx spreadsheet that will need to be completed as well.
<b>9</b>	For Attachment A RFP Questionnaire. What files would a PBM vendor (not bidding on medical services) need to complete?	There is a Rx specific questionnaire that will need to be completed
<b>10</b>	As requested in your RFP, We would like to request that you forward the ELECTRONIC COPY OF THE CENSUS AND LARGE CLAIMANT INFORMATION for RFP	The census was included as an attachment on the website and since we are not looking for Stop Loss quotes at this time, we will not be releasing the Large Claims report as that was an error in the wording.
<b>11</b>	<u>Section 13 of the sample Services Agreement (Criminal History Record Information Review) appears to apply only if the Contractor will have direct student contact as defined in District policy CJA (LEGAL). Please confirm that this provision and the related Exhibit C do not apply to a Contractor that is bidding solely on the HSA portion of this RFP.</u>	Yes, this applies
<b>12</b>	Page 1 Submission instructions: Required Two (2) digital copy on a flash drive  flash drive or if two flash drives should each contain one digital copy.	Please send two flash drives with a single copy on each

**13** Page 5 Section B. III RFP Required Forms. This section shall contain signed original forms listed below as requested in the RFP: HIPAA Statement of

<b>18</b>	General Question. Can you confirm that the AISD contributes \$125 monthly for employees enrolled in the qualified high deductible health plan with established HSA account?	Correct
<b>19</b>	What led Austin ISD to this HSA marketing? What is Austin ISD looking for in a long-term HSA partner?	AISD is nearing the end of their contract term and must take this service out to market
<b>20</b>	administration?	Benefit Wallet
<b>21</b>	Can you explain how the current HSA administration is going? Are there any current pain points we should be aware of?	Account opening is less than easy; file feeds are not being uploaded properly, resulting in members not being able to open their accounts timely; accounts are closed due to Patriot Act requirements and nearly impossible to open back up; when accounts are finally opened, funds held in sub account are not automatically transferred,



<b>36</b>	Attachment B, Should the Hospital and Physician tab be populated with data from disruption results or are we supposed to identify the top 50 Hospitals and Top 100 Physicians utilized in our Texas network?	See Attachment B AISD- Top Provider and Attachment C AISD Hospital Listing
<b>37</b>	Please describe the Rx Retail 90 program in place today.	Austin has Exclusive Smart 90 Walgreens implemented.
<b>38</b>	Is there a Generic Step Therapy in place?	

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**45** Please confirm current Disease Management programs that are in place.

**52** In the RFP Section 1.2.2 Commission states:

It is not the intent of Austin ISD that commissions are built into the Proposals. Commissions, fees or other reimbursement arrangements are prohibited. Each Respondent must sign the Non-Collusion Affidavit enclosed or their Proposal will not be considered. This includes bonus or contingency payments as well. However in the RFP it has the following question we



<b>54</b>	Can you describe the current Austin ISD App solution and any desired improvements to the experience?	The current App is through Enspire. It allows the benefits team to push alerts, link to all carrier app sites and list training, open enrollment info, wellness, updates, etc.
<b>55</b>	<p>Please describe your EAP and WorkLife programs today.</p> <p>g. Is there an anticipated number of visits that the District would prefer to see pricing for?</p> <p>h. Is there a need for training or critical incident response hours?</p>	We are not looking for EAP proposals at this time
<b>56</b>	Do you currently offer any kind of incentives for members to participate in your Wellness programming? If so, please provide additional information on the incentive strategy (including dollar values of incentives).	Yes, dollar value vary up to a max of \$500 depending on participation
<b>57</b>	Do you plan to offer incentives to members to participate in the new contract? If so, please describe the incentive plan including what activities are incented and the reward for each activity.	YES, TBD



<b>81</b>	Do you want vendors to include biometric screening options in their proposals?	NO
<b>82</b>	What results have been achieved with current Wellness programs, such as risk reduction improvement and improvements in lifestyle modifications? Please provide the actual results.	AISD has measured results through engagement percentages, but has not been able to attribute risk reduction results as of current. Therefore, no data to share.
<b>83</b>	Please provide additional information on your tobacco cessation program.	n/a
<b>84</b>	What is your tobacco use prevalence?	n/a
<b>85</b>	What is the current tobacco cessation program participation rate?	n/a
<b>86</b>	How many weeks of NRT are included in your current program?	n/a
<b>87</b>	What type of onsite wellness are you looking for?	clinical/administrative hybrid
<b>88</b>	What type of onsite wellness is available today for employees?	

<b>98</b>	Upon reviewing the claims data file for Austin ISD, we discovered there is no fill date. We need the fill date added to ensure accurate pricing of the claims dataset since AWP changes over time. If you are unable to provide the fill date, could you please confirm the data period of the claims in Attachment G Rx Claims. We will need this information in order to run any kind of analysis.	
<b>99</b>	Please provide membership breakout for each of the 3 prescription plan designs. What percentage of the population is on the HSA/CDH plan?	Please see the medical enrollment report. The PBM membership matches
<b>100</b>	Is there any incentivized/mandatory mail plan in place today?	There is not a Home Delivery program in place, however AISD does have S90 Exclusive for Walgreens that was implemented 1/1/2018. There is a copay incentive for Home Delivery
<b>101</b>	Main RFP Document (PDF) Cover Page Please confirm that only two flash drives of our proposal are being requested, with no hard copies being requested.	A printed copy of the Respondents Proposal is not required. Proposals will need to be provided on two (2) flash drives- include signed "required" forms.
<b>102</b>	Main RFP Document PDF, Section VI. Scope of Service and Performance Requirements, item 1.2.3. Compliance with the Proposal Is it acceptable to include our deviations with our proposal response rather than sending deviations separately? Please clarify what is	YES. It is acceptable. "in advance of the due date" is in reference to the school board adoption date of the proposal.

**103** Requested Proposal Specifications, Attachment A,

4000 S. IH 35 Frontage Road  
Austin, Texas 78704  
512-414-2241

**107** Requested Proposal Specifications, Attachment A,  
Question 20 Please further describe what is to be

<b>115</b>	where would this person travel? What days/times would this person need to be available?	This person would only be asked to travel to different schools within the district during normal business hours
<b>116</b>	Please provide a proposed job description/job outline for this person	we are asking that you define this program based on what you can offer AISD
<b>117</b>	<p>Requested Proposal Specifications, Attachment A Medical/Rx/Administration, Question 29 Does the current LCSW position primarily support the following?</p> <ul style="list-style-type: none"> <li>· EAP</li> <li>· Behavioral Health</li> <li>· Wellness program development/facilitation</li> </ul> <p>Please define travel requirements (mileage to Austin ISD campuses or other).</p>	We would imagine that this person could support care in all areas. The travel would be limited AISD campuses
<b>118</b>	Requested Proposal Specifications, Attachment A, Question 32 Please clarify the expectation of the customizable 800# concierge customer service line	AISD would want a designated 800 number to reach the medical carrier only available for AISD members
<b>119</b>	Medical Administrative Questionnaire, Attachment A, Question 10 There is reference to developing the sample timeline assuming an award is made next month. However, in the 20RFP010 Medical and Pharmacy Health Benefit Products PDF document, it states the decision will be made by 2/20. Please confirm the actual award date and which date is to be used in the sample	

	detail on physician and patient profiling	
<b>121</b>	Disease Management Questionnaire, Attachment A, Enrollment Section, Question 8 This question asks, implement the current plan and what services your organization can provide to assist the client in managing the Diabetic Plan that is being referred to in this question	All AISD Medical Plan Members with Type 1 or Type 2 diagnosis are eligible for management medications at zero cost. They must attend an initial 1:1 appointment and have regular compliance with HbA1C checkups
<b>122</b>	Network Evaluation Questionnaire, Attachment A, Care Physicians and Specialist Physicians are participating in your Network in the counties counties, or should the proposer define the counties?	AISD will not be providing the counties. Please use those directly surrounding in your analysis
<b>123</b>	Attachment B Medical Services Tab A. Is Austin ISD requesting a full-time onsite wellness coordinator (with minimum of a 4-year degree in the health field) to support program development and engagement strategies for wellness programs?  B. Does Austin ISD currently have an onsite wellness coordinator? If yes, please define the role.	Currently the onsite person is a hybrid with customer service and wellness. We are asking to be creative in your offering to AISD
<b>124</b>	Attachment B Top Hospital and Top Provider Tabs In order to accurately complete these tabs we require the following information: · List of Top Hospitals · List of Top Providers · Address · City · State · ZIP · NPI · TIN	See Attachment B AISD- Top Provider and Attachment C AISD Hospital Listing





<b>130</b>	<p>Please confirm if the following forms are required as part of our proposal response to AISD. They are not</p> <ul style="list-style-type: none"> <li>· Strategic Partner Profile</li> <li>· EDGAR Vendor Certification</li> <li>· Software Vendor Certification Form</li> </ul>	<p>These additional forms, Strategic Partner Profile, EDGAR Vendor Certification, and Software Vendor Certification Form are not required</p>
<b>131</b>	<p>Please provide the most recent 24-months of net paid claim data for Medical and Rx claims by month, with corresponding enrollment for each month</p>	<p>These files were provided online and are available for download</p>
<b>132</b>	<p>Please provide a detailed claim/utilization file to generate and demonstrate savings.</p>	<p>Have requested and will provide</p>
<b>133</b>	<p>Could we please obtain a copy of the census and large claimant information for the Austin Independent School District RFP 20RFP010?</p>	<p>The census is posted online where you obtained the RFP documents. Large claims will not be released as we are not looking for a stop loss bid at this time.</p>

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