



JUDICIARY OF GUAM
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Administrator

Joshua F. Tenorio
Administrator of the Courts

Raymond L.G. Taimanglo
Procurement & Fac. Mgt.

May 20, 2015

MEMORANDUM OF RFHP INFORMATION:

To: All Prospective Offerors

From: Administrator of the Courts

RE: Amendment no. 2
RFHP 15-01 Group Medical & Dental Insurance

Attached herewith are responses to questions/clarifications submitted to my office in reference to RFHP 15-01, Group Medical & Dental Insurance.

Acknowledgment of Amendment no. 2. Offerors are reminded to acknowledge receipt of each individual amendment in the cover letter of their proposal.

Should you have any questions and/or concerns, please contact Mr. Raymond L.G. Taimanglo, Procurement & Fac. Mgt. Administrator at 475-3175 or email mantonio@guamcourts.org.


JOSHUA F. TENORIO

Attachments:
Responses to Questions/Clarifications

Cc: P&FMA
RFHP 15-01 File

RFHP 15-01 Amendment no. 2 - Responses to Questions/Clarifications:

1. In the "TakeCare – Judiciary Data Dictionary v3", the PLAN_CODE indicates a PPO 1500 plan; however the claims data does not reference a PPO 1500 plan. Can you please confirm that this should have read PPO1000 rather than PPO1500?

Response: Yes, we confirm that where applicable the PLAN_CODE field should reflect PPO 1000 instead of PPO 1500.

2. The definitions have the plans listed with the grpno(s) 9003 and 9004, however in the claims data, the grpno(s) are 9001 and 9002. Please clarify.

Response: The definitions are incorrect – 9003 and 9004 are non-Judiciary Government of Guam plans. 9001 and 9002 are Judiciary of Guam plans.

3. The Response to RFHP due date is on May 26, 2015. We are kindly requesting to postpone the due date as the day prior, Monday, May 25, 2015 is a holiday (Memorial Day).

Response: See response to Question No. 24.

4. Can the Judiciary of Guam provide enrollment demographics by age group and gender?

Response: Please see Supplement to Exhibit E, attached hereto.

5. Please confirm that the Judiciary of Guam subsidizes \$40.00 per individual, per month for the gym benefit.

Response: The Judiciary may pay up to \$40 per employee subscriber, per month if he/she meets the required number of gym visits.

6. Can the Judiciary of Guam provide Dental data for the FY 2014 plan year under TakeCare?

Response: The information is included in the data file "TakeCare - JudiciaryClaimDetail _PY 2014 Paid Thru 022815.xlsx" as well as on page 50 of 212 of the RFHP 15-01.

7. For Fiscal Year 2015's claims data detail, please provide the following information:

- a. Correct assignment for group numbers (field name: grpno) 9001 & 9002.

Response: See answer to Question No. 2 above.

- b. Description of plan numbers (field name: plnno) found in the data set but are not defined in the data dictionary.

Response: The information is included in the data dictionary file "Netcare - JUDICIARY DATA DICTIONARY.xlsx" distributed as part of RFHP 15-01 Amendment no. 1.

- c. Claim type pointers (field name: clmtp) 1-4 are already defined in the data dictionary. Please provide what claim types clmtp 9 & clmtp 10 are tied to.
Response: Claim types 9 & 10 are payments to local gyms for monthly membership fees.
 - d. Description for bill types (field name: bill_typ) 1 & 2.
Response: BILL_TYPcodes 9 & 10 are payments to local gyms for monthly membership fees.
 - e. Codes are used to distinguish medical claims from facility claims (to support the figures in the lag triangles).
Response: Each dataset contains field(s) of data that can be recoded to separate physician and facility claims. The claims data presented in Exhibit F were recoded based on assumptions made by the Judiciary of Guam. Each offeror may use the claims data presented in Exhibit F to formulate its proposal or may rely on its own recoding of the detail claims data provided as part of RFHP 15-01 and RFHP 15-01 Amendment no. 1.
 - f. Please provide the appropriate data dictionary, not the one for Gov. Guam.
Response: Appropriate information has been provided in the above responses to correct the file "Netcare - JUDICIARY DATA DICTIONARY.xlsx."
8. For Fiscal Year 2014's claims data detail:
- a. Please provide the billed or submitted amount for each claim line.
Response: FY 2014 billed or submitted amount for each claim line is not available.
 - b. Network 'P' is not defined in the data dictionary, please provide description.
Response: The definition of Network 'P' stands for Participating in Network Providers.
9. On the alternative plans requested, will the Judiciary allow bidders to propose an annual limit on the organ transplant coverage?
- Response: Offerors must be responsive to the RFHP but may make alternative proposals.**
10. In reference to Exhibit H item 13, please clarify the following:
- a. Is this applicable for FY 2016? The note says FY 2015.
Response: Yes, this should have read FY 2016. Therefore, the Item 13 to Exhibit H is corrected to read:
- 13. The Judiciary requests an additional plan feature for ~~FY2015~~ FY2016 of transferability of deductibles of insured persons who separate from non-Judiciary government entities and begin working at the Judiciary of Guam, thus becoming eligible to participate in the Judiciary of Guam Health Insurance program for ~~FY2015~~ FY2016.**

- b. Define non-Judiciary government entities. Will this apply only to member's previous claims while enrolled in an FY 2016 GovGuam plan?

Response: Non-Judiciary government entities are defined as agencies, branches, autonomous instrumentalities and public corporations of the Government of Guam.

- c. Since claims data may not be available to the chosen vendor, supporting documents such as proof of payment for plan benefits, explanation of benefits, and/or COBs must be presented by the member to gain deductible credits. Is this correct?

Response: The Judiciary will obtain the requirements from the successful offeror and if necessary, coordinate with the current/incumbent vendor to provide the claims data for deductible credits.

11. On the alternative plans requested (Medical Modification #3), will the Judiciary allow bidders to propose a different limitation for coverage outside the coverage area?

Response: Offerors must be responsive to the RFHP but may make alternative proposals.

12. Under Exhibit G- Medical and Dental Plan Designs, on page 53 of the RFP, the PPO deductible is showing \$750, however, the deductible per individual member is showing \$500. Should the \$500 individual deductible be replaced with \$750 deductible instead?

Response: Yes. See Amended Exhibit G, attached hereto.

13. Please confirm if prescription drug co-payments in the proposed plan design are for BOTH retail and mail order drugs?

Response: Yes. The plan designs we request do not distinguish between mail order drugs and non-mail order drugs, but this does not prevent an Offeror from offering better benefits.

14. Under Modification #2 on page 56 of the RFP-Alternative Plan Designs Requested, could you clarify the intent of this benefit modification?

Response: Modification #2 means (1) to have one deductible where all claims are applied to the deductible and (2) where the member receives credit for his/her out-of-network claims at the in-network reimbursement rate.

15. Under Exhibit F, Claims Data, the claims triangle for FY 2013-2014 for Prescription Drug Claims under both the HSA2000 and the PPO1000 are showing claims payment prior to the service date. Could you provide clarification on this?

Response: This is likely due to using the "SUBMIT_DATE" as the paid date and DATEFILLED as the service date. Most pharmacy benefits managers used by Offerors are based in the United States and due to the International Date Line/Time Zone differences and end of day batch processing, there are times when the submit date is one day behind the date filled.

16. Under Modification #3 on page 56 of the RFP-Alternative Plan Designs Requested, could you clarify the intent of this modification? Specifically, is the intent to remove the 90 days residency requirement and continue coverage regardless if the member is outside of Guam for more than 90 days from the coverage area?

Response: Yes.

17. Under Exhibit G-Medical and Dental Plan Designs, under the Pharmacy Coverage on all plan designs, there is no mention of "Specialty Drug Coverage". Could you clarify what tier level specialty drug coverage would fall under i.e. Formulary Brand or Non-Formulary Brand?

Response: See Amended Exhibit G, attached hereto, which eliminated references to "Other Medical" and replaced them with "Specialty." Furthermore, the Group Health Insurance Certificate (Exhibit W) on page 152 of 212 states:

"Specialty Drug: Charges for medications used to treat certain complex and rare medical conditions. Specialty drugs are often self-injected or self-administered. Many grow out of biotech research and may require refrigeration or special handling."

18. Please provide the criteria for earning financial incentives, and their amounts, included in the current Wellness Program.

Response: The current vendor offers each covered employee a financial incentive of up to \$150 per year toward a contracted commercial gym membership if the employee meets the required seven gym visits per month.

19. Please reconcile the differences in the pharmacy benefit description shown in Exhibit G (co-payments) versus the Schedule of Benefits in Exhibit Q (co-insurance %). For this benefit, are offerors to follow what's shown in Exhibit G or Q?

Response: Exhibit G conflicts with Exhibit Q on this issue. Offerors are to follow coverage in Amended Exhibit G, attached hereto.

20. Please reconcile the differences in the Deductible per Family description for the HSA2000 plan shown in Exhibit G (the entire family deductible amount of \$4000 must be satisfied by one or more family members before the plan begins to pay for any covered services) versus the Deductible per Family description for the HSA2000 plan shown in Exhibit Q (if a member meets their \$2,500 individual deductible, NetCare begins to pay for covered services for that individual member). For this benefit, are offerors to follow what's shown in Exhibit G or Q?

Response: Exhibit G conflicts with Exhibit Q on this issue. For this benefit, Offerors are to follow coverage in Exhibit Q. Furthermore, see Amended Exhibit G, attached hereto.

21. In Plan Design Notes (Exhibit H), note 13 outlines a requested plan feature described as "transferability of deductibles". Is it the Judiciary's intent that such deductible credit be applied regardless of the carrier which covered the insured person through a non-Judiciary government entity?

Response: It is the Judiciary's intent that the deductible credit be applied only if the employee continues coverage from the same carrier.

22. In Exhibit G (page 53 of 212 (PPO750) - please confirm if the deductible per individual member is supposed to be \$750, the family deductible \$2100?

Response: See Amended Exhibit G, attached hereto. The Deductible per individual member is supposed to be \$750, and the Deductible per family is supposed to be \$1500.

23. In Exhibit G (page 56 of 212 (Dental)- Is it the intention of the Judiciary to remove the benefit "5. Denture Repair" (shown as currently covered, Exhibit Q-Page 110 of 212) under Removable Prosthetics?

Response: The Judiciary does not intend for this benefit to be removed. See Amended Exhibit G, attached hereto.

24. Given the extended recovery from Typhoon Dolphin, will the Judiciary consider extending the deadline for responses to the RFHP 15-01?

Response: The Judiciary officially extends the RFHP Response Due Date to May 27, 2015. Time and location for submission remain the same.

SUPPLEMENT TO EXHIBIT E**Judiciary of Guam Enrollment Data and Demographics (Employees & Dependents)****Total Enrolled Subscribers and Dependents
by Age by Gender**

Age	Gender		Total
	M	F	
<1	1	5	6
01	6	3	9
02-09	54	37	91
10-17	75	43	118
18-19	12	20	32
20-24	28	41	69
25-29	34	25	59
30-34	24	25	49
35-39	18	24	42
40-44	41	36	77
45-49	30	31	61
50-54	28	16	44
55-59	17	16	33
60-64	6	10	16
65+	4	1	5
Unknown	1	0	1
Total	379	333	712

**Enrollment by Subscribers and Dependents
by Age by Gender**

	Age	Gender		Total
		M	F	
Subscriber	18-19	1	0	1
	20-24	7	4	11
	25-29	27	14	41
	30-34	21	20	41
	35-39	12	20	32
	40-44	31	26	57
	45-49	21	20	41
	50-54	25	11	36
	55-59	13	16	29
	60-64	3	8	11
	65+	2	0	2
Subscriber Total		163	139	302
Dependent	<1	1	5	6
	01	6	3	9
	02-09	54	37	91
	10-17	75	43	118
	18-19	11	20	31
	20-24	21	37	58
	25-29	7	11	18
	30-34	3	5	8
	35-39	6	4	10
	40-44	10	10	20
	45-49	9	11	20
	50-54	3	5	8
	55-59	4	0	4
	60-64	3	2	5
	65+	2	1	3
	Unknown	1	0	1
Dependent Total		216	194	410
Total		379	333	712

EXHIBIT G**Medical and Dental Plan Designs**

The following outlines the current core level of benefits with updates required for PPACA required changes, plus the additional alternative plan features requested.

The Judiciary of Guam requests a quote for the following current plan options:

1. HSA Plan with a \$2,000 annual deductible /\$4,000 annual family deductible;
2. PPO Plan with a \$1,000 annual deductible /\$2,000 annual family deductible;
3. Dental

Disease management program which provides at a minimum quarterly reporting on disease states.

HSA2000		
Important Information about your coverage	PARTICIPATING Providers	NON-PARTICIPATING Providers
Deductible per individual member	\$2,000	\$4,000
Deductible Per Family If a member meets his/her \$2,600 individual deductible, the plan begins to pay for covered services for that individual	\$4,000	\$12,000
Member Cost-Sharing Preventive Services Outpatient Phys. Copays, after deductible Primary Care Specialists Pharmacy (Retail), after deductible Generic Formulary Brand Non-Formulary Brand Specialty	0%, no deductible \$20 \$40 Member pays 10% Member pays 20% Member pays 30% Member pays 40%	Not covered 50% 50% 50% 50% 50% 50%
Coverage Maximums Individual member annual maximum	None	
Out-of-Pocket Maximums (including accumulated deductible) Per Individual member per policy year Per Family per policy year	\$4,000 \$11,900	No Maximum No Maximum
Any Services in the Philippines, Hawaii & the U.S. Mainland (Pre-Certification required)	Requires Referral from your Doctor and approval in advance from Plan	

PPO1000		
Important Information about your coverage	PARTICIPATING Providers	NON-PARTICIPATING Providers
Deductible per individual member	\$1,000	\$2,000
Deductible Per Family If a member meets his/her \$1,000 deductible, the plan begins to pay for covered services for that individual	\$2,000	\$6,000
Member Cost-Sharing Preventive Services Outpatient Phys. Copays Primary Care Specialists Pharmacy (Retail) Generic Formulary Brand Non-Formulary Brand Specialty, after deductible	0%, no deductible \$20, no deductible \$40, no deductible Member pays 10% Member pays 20% Member pays 30% Member pays 40%	Not covered 30%, after deductible 30%, after deductible 30%, after deductible 30%, after deductible 30%, after deductible 30%, after deductible
Coverage Maximums Individual member annual maximum	None	
Out-of-Pocket Maximums (including accumulated deductible) Per Individual member per policy year Per Family per policy year	\$3,000 \$9,000	No Maximum No Maximum
Any Services in the Philippines, Hawaii & the U.S. Mainland (Pre-Certification required)	Requires Referral from your Doctor and approval in advance from Plan	

PPO750		
Important Information about your coverage	PARTICIPATING Providers	NON-PARTICIPATING Providers
Deductible per individual member	\$750	\$1,500
Deductible Per Family If a member meets his/her \$750 deductible, the plan begins to pay for covered services for that individual	\$1,500	\$4,500
Member Cost-Sharing Preventive Services Outpatient Phys. Copays Primary Care Specialists Pharmacy (Retail) Generic Formulary Brand Non-Formulary Brand Specialty, after deductible	0%, no deductible \$20, no deductible \$40, no deductible Member pays 10% Member pays 20% Member pays 30% Member pays 40%	Not covered 30%, after deductible 30%, after deductible 30%, after deductible 30%, after deductible 30%, after deductible 30%, after deductible
Coverage Maximums Individual member annual maximum	None	
Out-of-Pocket Maximums (including accumulated deductible) Per Individual member per policy year Per Family per policy year	\$2,000 \$6,000	No Maximum No Maximum
Any Services in the Philippines, Hawaii & the U.S. Mainland (Pre-Certification required)	Requires Referral from your Doctor and approval in advance from Plan	

PPO500		
Important Information about your coverage	PARTICIPATING Providers	NON-PARTICIPATING Providers
Deductible per individual member	\$500	\$1,000
Deductible Per Family If a member meets his/her \$500 deductible, the plan begins to pay for covered services for that individual	\$1,000	\$3,000
Member Cost-Sharing Preventive Services Outpatient Phys. Copays Primary Care Specialists Pharmacy (Retail) Generic Formulary Brand Non-Formulary Brand Specialty, after deductible	0%, no deductible \$20, no deductible \$40, no deductible Member pays 10% Member pays 20% Member pays 30% Member pays 40%	Not covered 30%, after deductible 30%, after deductible 30%, after deductible 30%, after deductible 30%, after deductible 30%, after deductible
Coverage Maximums Individual member annual maximum	None	
Out-of-Pocket Maximums (including accumulated deductible) Per Individual member per policy year Per Family per policy year	\$1,500 \$4,500	No Maximum No Maximum
Any Services in the Philippines, Hawaii & the U.S. Mainland (Pre-Certification required)	Requires Referral from your Doctor and approval in advance from Plan	

DENTAL

BENEFITS	When you go to PARTICIPATING Providers	When you go to NON-PARTICIPATING Providers
<p>Diagnostic & Preventive Care</p> <ol style="list-style-type: none"> 1. Caries Susceptibility Test 2. Exams (Once every 6 months) 3. Fluoride treatment (Annually for children age 19 & under) 4. Prophylaxis (Cleaning of teeth once every 6 months) 5. Sealants (For permanent molars of children age 15 & under) 6. Space maintainers (For children age 15 & under) includes adjustments within 6 months of installation 7. Study Models 8. Treatment Plan 9. X-rays (Bite Wing Maximum of 4 per Plan Year) 10. X-rays (Full Mouth, once every 3 years) 	<p>100% of Eligible Expenses</p>	<p>70% of Eligible Expenses (Covered Persons pay excess above Eligible Expenses)</p>
<p>Basic & Restorative Care</p> <p>General Services</p> <ol style="list-style-type: none"> 1. Emergency Care (During office hours) 2. Pulp Treatment 3. Routine Fillings (Silver & composite resin) <p>Oral Surgery</p> <ol style="list-style-type: none"> 1. Simple Extractions 2. Complicated Extractions 3. Impactions <p>Periodontal Care</p> <ol style="list-style-type: none"> 1. Periodontal Prophylaxis (Cleaning once every 6 months) 2. Periodontal Treatment <p>Conscious Sedation and Nitrous Oxide for children under the age of 13.</p> <p>Pulpotomy & Root Canals/Endodontic Surgery & Care</p>	<p>80% of Eligible Expenses</p>	<p>70% of Eligible Expenses (Covered Persons pay excess above Eligible Expenses)</p>
<p>Major & Replacement Care</p> <p>Fixed Prosthetics</p> <ol style="list-style-type: none"> 1. Crowns 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration (Once every 5 years) <p>Removable Prosthetics</p> <ol style="list-style-type: none"> 1. Full Dentures (Once every 5 years) 2. Partial Dentures (Once every 5 years) 3. Each Additional Tooth 	<p>50% of Eligible Expenses</p>	<p>35% of Eligible Expenses (Covered Persons pay excess above Eligible Expenses)</p>

4. Relines		
5. Denture Repair		
Deductible	None	None
Registration Fee Per Visit To Dentist	None	None
Coverage Maximum Per Member per Plan Year	\$2,000	

Terms:

1. Unused balances are not transferable to the following year.
2. Charges for Non-participating Providers are limited to the lesser of actual charges of the Company's determination of the usual, customary and reasonable charge in geographic location where the service was rendered, unless otherwise provided in the agreement. The covered member pays any excess above Eligible Charges.
3. There is to be a single out-of-pocket maximum for all plan coverage, including medical, prescription drug, and mental health and substance use disorder benefits. All in-network copays, coinsurance, and deductibles across all categories of covered expenses under the plan must apply towards the out-of-pocket maximum.

See Exhibits G and H for further details on the current plan designs and required provisions.

Alternative Plan Designs Requested

In addition to the current two benefit plans, the Judiciary of Guam is considering offering a third option with less member cost sharing. Please provide the cost and price for the following plan design (on the provided Excel file).

- Additional Plan Option #1: The same plan details as the \$1,000 deductible plan but with a \$750 deductible (\$1,500 family maximum) and a \$2,000 out of pocket maximum (\$6,000 family maximum). Deductibles and out of pocket maximums for non-participating providers of twice the aforementioned values. All copayments and coinsurance values remain the same.
- Additional Plan Option #2: The same plan details as the \$1,000 deductible plan but with a \$500 deductible (\$1,000 family maximum) and a \$1,500 out of pocket maximum (\$4,500 family maximum). Deductibles and out of pocket maximums for non-participating providers of twice the aforementioned values. All copayments and coinsurance values remain the same.

Additionally, the Judiciary of Guam would like to consider modifying the offered plans as indicated below. Please confirm your ability to administer such plans, and provide the percent change in premium rates that would apply to each plan, as applicable, (on the provided Excel file).

Medical

- Modification #1: Proposal for the same plan details as the Proposed FY2015 PPO1000 and HSA2000 plans but with organ transplant coverage for heart, liver, lung, pancreas, intestinal, bone marrow, cornea, and kidney to include donor and recipient.
- Modification #2: Proposed FY15 PPO1000 and HSA2000 plans but with a combined in-network and out-of-network deductible where out-of-network claims accumulate at the in-network reimbursement rate for the same procedure.
- Modification #3: Remove the limitation that results in the suspension of coverage after 90 days outside the coverage area.

Notes:

1. The above is intended to broadly define all medical and dental plans. In case of discrepancies between the request for health proposal and the contract, the contract shall govern.
2. Where no limitation or maximum is specified, none may be imposed.