



**Meegan Broll**  
Sr. Strategic Client Executive

Marsh & McLennan Agency LLC  
2301 Sugar Bush Road, Suite 600  
Raleigh NC, 27612  
919 987 4160  
Meegan.Broll@marshmma.com

TO: All Prospective Bidders  
FROM: Samantha Davis, Meegan Broll, Rebecca McCanta  
SUBJECT: RFP #23-010 Medical, Pharmacy, and Stop Loss Benefits Administration – Addendum  
Number One  
Date: February 3, 2023

This information is to provide answers and clarifications, where possible, to the questions received concerning the above referenced RFP.

In some cases, the issue may be questioned in a different manner, but the answer is the same.

Please note that we are only soliciting quotes from vendors that can offer these benefits and will not be reviewing our consulting services.

All other information remains as issued.

Question	Answer
In the pharmacy RFP, tab 6 Contract terms, line 30 refers to a consulting payment. Can you please clarify how much the consultant payment is?	This amount is not needed to respond to the RFP. PBMs need to confirm they can collect & remit payment to MMA.
It appears the Rx claims data includes the retiree's data. Should PBM include or exclude retiree claims in analysis and pricing? If they are to be excluded, can MMA provide an updated claim file with retirees data excluded to ensure PBM is evaluated the data MMA is expecting	We have provided the data with appropriate subgroups labeled. This allows vendors to cut the data as needed, to provide a quote with all currently covered as well as with Post-65 Retirees removed.
Will the bid be sent to additional partners for pharmacy services?	This bid was sent to other pharmacy vendors and it is also an open public bid, so any partner/vendor is able to provide a bid.
Can you please provide current stop loss rates and commission rate?	Current rate is \$22.69; all plans are net of commission.
What is the percent of active Police/Fire?	19%
Final specific and aggregate reporting ran through 12/31/2022.	Final stop loss will be sent to bidding vendors. Please note there is no aggregate coverage.
Precertification, Case Management and Trigger reporting, 01/01/2022-12/31/2022.	Requested reports will be sent to bidding vendors.
For pricing purposes the way RFP reads it appears pricing should be provided for both including and excluding retirees. Please clarify. The PBM RFP sheet only provides one tab for pricing. If both are being requested will an updated RFP document be provided with an additional pricing tab or should PBM add an additional pricing tab if needed?	Per the RFP, we would like bids for all currently covered classes as well as excluding post-65 retirees. Please provide quotes with and without Post 65 Retirees. The same workbook can be used for both, just completed twice.
Section 3.9 Confidential Information states "Among other legal requirements, information deemed to be "confidential" or "trade secret" by proposer must be clearly marked as such on the face of the document(s) at the time of the initial disclosure/submittal of RFP." How/where would you like us to mark these items within the excel workbook?	Best practice would be to provide one that is fully confidential and another that has those items redacted from the proposal.
RFP states "Proposer is required to submit the proposal in a sealed package." Should we send a sealed physical package also or is uploading to site considered "sealed". Please advise	MMA will provide each bidder a folder on the secure site, Kiteworks, to upload their proposals to. All bids need to be submitted via this option that will serve as a "sealed" bid.
Data Analytic Requirements Tab – Should we resubmit data previously provided (census and claim file)?	Please review the requirements of the data analytics, use the area highlighted in yellow to confirm each line for eligibility, medical & pharmacy.
Medical Questionnaire Tab; Confirm management of MRFs. Please confirm MRF is Machine Readable Files	Confirming that MRFs = Machine Readable Files

<p>All brand scripts identified in the claim file provided are eligible for brand rebates based on their respective channel. For example, brands that are multi-source brands (minimum brand claims guarantees) (whether with A or B rated generics), 100% member paid claims, etc. If there is ANY brand claim in the claims file that would not receive the expected brand rebate (minimum brand claim guarantee) in the spirit of this language - retail 30, 90 or mail based on its channel for which it was filled - please list the drug, NDC-11, and reason why in tab 18. Rebate Exclusions. There was no tab 18 included. Should these results be included in tab 10 Rebate Exclusions?</p>	<p>Yes, you can include the rebate exclusions on Tab 10.</p>
<p>Please confirm bidder is to include a one-year pharmacy offer only, or can bidder offer a 4 year pharmacy offer to align with the medical?</p>	<p>We are requesting a one year pharmacy offering.</p>
<p>Verifying life count 8,515. Does this include retiree's?</p>	<p>Yes, this number includes retirees.</p>
<p>Do you require an open specialty arrangement according to the NC restriction on steerage?</p>	<p>We do require any specialty network to be in compliance with the NC restriction on steerage</p>
<p>Has the County experienced any reduction in drug costs anytime during the past 3 years?</p>	<p>Please reference Claim and Membership reporting (Dashboard), this illustrates the year over year PEPY for both medical and pharmacy. You will see pharmacy has consistently increased for most years, outside of 2020 which has a slight decrease.</p>
<p>Can you please provide a scorecard to show which areas of the RFP will be most important to the County?</p>	<p>Please reference Section 2.8 in the RFP, this will outline the Evaluation Criteria.</p>
<p>Are there any service issues with the current PBM or any gaps in service that the County is looking to bridge?</p>	<p>There are currently no concerns or gaps with the current PBM.</p>
<p>Our PBM uses organized labor for our call centers (AFSCME). Will we receive additional scoring points for our organized labor workforce?</p>	<p>No</p>
<p>If a company is not able to provide Stop-Loss, will that disqualify the company from bidding?</p>	<p>No, you can bid on just stop loss or pharmacy or medical or combination of those.</p>
<p>Is there supposed to be a form to sign for the Iran Divestment Act and the Anti-Discrimination acts or are we simply confirming we comply with these acts by submitting a proposal?</p>	<p>By issuing a proposal you are confirming you will comply.</p>
<p>How is the data collected for the Living Great @ Wake health and well-being program in terms of success metrics? For example, are the employees at the Employee Wellness Center able to collect that information or is that provided by the medical carrier?</p>	<p>The data comes from several sources, this will include reports from the carrier.</p>

Can you share what key measures you are hoping to improve within the next three years from a wellness perspective?	Mental health, diabetes, obesity
What percentage of employees are engaging with your wellbeing program onsite vs. virtually?	Engagement with employee health center programming is 85% in person. Programming offered outside of our employee health centers is 100% virtual at this time.
Are you able to share results from a recent culture or wellbeing survey to determine what types of programs employees are most interested in?	A recent survey is not available.
Who handles the incentive reporting and distribution currently?	Wake County currently uses a system through the current carrier called MotivateMe. This tracks participation in programs and reports back to Wake County for premium credits / discounts.
How often would you like to see onsite events offered for your employees?	We are not offering onsite events at this time.
Is the current network and rebate arrangement Traditional or Pass-Through?	Current arrangement is a traditional PBM arrangement; Please provide the option you feel best fit the proposal and your offerings.
Is a sample or executable contract required with initial submission?	No, that is not required
Are any MMA consulting fees required, (i.e. commission, etc.)?	Stop loss plans are net of commission. Under the pharmacy plan, there will be an MMA consulting fee that is collected and passed through to MMA.
Will Wake County consider alternate funding / patient assistance payers as part of the PBM, cost containment solution?	Yes, Wake Co will consider all cost containment solutions
Is Wake County currently utilizing an alternate funding / PAP partner?	Wake County is currently utilizing SaveOnSP, no other programs.
The utilization in the Retail 90 channel appears to be less than the average for a group of similar size. Are there any network restrictions?	Wake utilizes the Cigna 90 network, but due to non-steerage regulations they cannot make it mandatory.
Please confirm if Wake County Gov currently has stop loss coverage. And if so, please forward the current stop loss rates/policy.	Yes, they currently have stop loss through Cigna. Information is in the RFP documents.
Please provide the proposed TPA for this quote, would that be Cigna?	Wake County is currently with Cigna, but is also evaluating other options.