



Amendment of Solicitation

Date of Issuance: 12/20/2018

Solicitation No. 0900000353

Requisition No. 0900012056

Amendment No. 2

Hour and date specified for receipt of offers is changed: [X] No [] Yes, to: _____ 3 pm CST

Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
(2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:

5005 N Lincoln Blvd
Oklahoma City, OK 73105

or

Personal or Common Carrier Delivery:

5005 N Lincoln Blvd
Oklahoma City, OK 73105

Vanessa Young
Contracting Officer

405-202-3850
Phone Number

Vanessa.young@omes.ok.gov
E-Mail Address

Description of Amendment:

a. This is to incorporate the following:

Telemedicine Questions and Answers

1. How many eligible employees will have access to this telemedicine program?

As of September 30 2018 the active and retired non-Medicare HealthChoice membership consisted of 87,811 primary members and 143,100 total participants.

2. How many total members and dependents will have access to this telemedicine program?

See response to No. 1.

3. Can you please define "HealthChoice" as referenced on page 1 of the RFP?

Information about HealthChoice can be found in Section C.1.1., page 20 of the RFP.

C.1.1. EGID was established by, and operates pursuant to, the Oklahoma Employees Insurance and Benefits Act, 74 O.S. § 1301, et seq., hereinafter (Act). The Act was established for the benefit of state and education employees, employees of other state governmental entities and quasi-state governmental entities authorized by the Act to participate in the insurance plans offered by EGID. The medical plans offered by EGID are known as the HealthChoice plans. EGID makes decisions on all policy matters affecting the group insurance plans, including member benefits and premium rates. EGID serves over 900 employer groups located throughout the state of Oklahoma. See www.ok.gov/sib/ for more information about EGID and plans offered.

4. Do you have a carrier or TPA that administers your health insurance plan? If yes, who is that? Do you expect this telemedicine solution to be integrated with a member's insurance?

The TPA for the HealthChoice plans for health, dental and life plans is HealthSCOPE Benefits, Little Rock AR.

We do not expect this telemedicine solution to be integrated with a member's insurance. It is anticipated, however, that significant detailed information will be provided to the internal HealthChoice Health Care Management Unit concerning the telemedicine utilization.

5. E.7.1 states that 2 USB drives must be submitted. Our IT and Data Security policies strictly forbid the use of flash drives on any company laptop or computer. As an alternative, can our proposal be submitted via email? We cannot accept bid proposals via email. If you cannot submit a USB drive then we will accept the submission on a CD.

6. How will member eligibility be checked? Will it be checked with HealthScope or with OMES. If OMES, will you be sending an eligibility file and can all members and all 900 employer groups be sent on one file?

The eligibility data is created and housed at EGID. All members can be accessed in the EGID data base. The details of the specific process for the Telemedicine Vendor to access the data will be determined during the selection and negotiation process.

7. G.1 states that the budget for the solicitation is \$2,000,000. Is that the budget for just the PMPM fees or does OMES also include per consult fees in that budget amount? The solicitation process require an initial estimation of the budget for all solicitations. While the \$2,000,000 figure was arrived at in good faith, EGID has no history of projects similar to the telemedicine services requested by this solicitation and that amount should not be relied upon as necessarily a firm or accurate estimate. The specific services to be offered and their related cost will be determined via a significant negotiation process with the successful vendor.

8. I wanted to know if there is data to show of the roughly 143,000 participants, how many of them have filed claims in the last year?

There were 163,247 persons with a medical claim in 2018 out of 186,500 population (87.5 percent).

9. Does HealthChoice offer prevention care in their policies?

HealthChoice complies with the ACA in all policies for preventive care.

10. Without disclosing names, will you provide a cross-section of patients and what ailments they have been treated for in the past year? For example, there is X% suffering from X disease. I would be perfectly happy with DX codes and percentages.

The top primary diagnoses for members, not claims (from all claims, all sites of care, all providers, all specialties) are:

total Number of Members making claims through 2018

The FREQ Procedure

Primary	Cumulative	Cumulative
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	Diag	Frequency	Percent	Frequency	Percent
Immunization	Z23	103645	2.72	103645	2.72
Essential Hypertension	I10	93316	2.45	196961	5.16
Adult medical exam	Z0000	77420	2.03	274381	7.19
Neck spasm/pain	M9901	64705	1.70	339086	8.89
Mammography	Z1231	57376	1.50	396462	10.40
Type 2 diabetes	E119	50978	1.34	447440	11.73
Sleep apnea	G4733	49636	1.30	497076	13.03
Low back pain	M545	48423	1.27	545499	14.30
Well woman exam	Z01419	47022	1.23	592521	15.54
Lumbar pain/spasm	M9903	36233	0.95	628754	16.49
Acute pharyngitis	J029	35686	0.94	664440	17.42
Fatigue	R5383	34449	0.90	698889	18.33
Hypothyroidism	E039	33757	0.89	732646	19.21
Neck pain	M542	30593	0.80	763239	20.01
Well child exam	Z00129	29633	0.78	792872	20.79
Chest pain	R079	29315	0.77	822187	21.56
Upper respiratory infection	J069	27627	0.72	849814	22.28
Allergic rhinitis	J301	25965	0.68	875779	22.96
Chemotherapy	Z5111	24540	0.64	900319	23.61
Urinary tract infection	N390	22162	0.58	922481	24.19
Colon cancer screening	Z1211	20651	0.54	943132	24.73
Cough	R05	20277	0.53	963409	25.26
Fever	R509	20169	0.53	983578	25.79
Hyperlipidemia	E785	19498	0.51	1003076	26.30
Other chest pain	R0789	19388	0.51	1022464	26.81
Testicular Hypofunction	E291	19055	0.50	1041519	27.31

The top secondary diagnoses are:

	Diag Code2	Frequency	Cumulative Percent	Cumulative Frequency	Cumulative Percent
Essential hypertension	I10	96816	4.41	96816	4.41
Thoracic spasm/pain	M9902	32040	1.46	128856	5.87
Hypothyroidism	E039	26484	1.21	155340	7.08
Low back pain	M545	26265	1.20	181605	8.28
Hyperlipidemia	E785	26090	1.19	207695	9.46
Med refill	Z79899	25884	1.18	233579	10.64
Fatigue	R5383	24752	1.13	258331	11.77
Type 2 diabetes	E119	24492	1.12	282823	12.89
Lumbar pain/spasm	M9903	21510	0.98	304333	13.87
Neck pain	M542	19915	0.91	324248	14.78
Thoracic pain	M546	18514	0.84	342762	15.62
Immunization	Z23	18240	0.83	361002	16.45
GERD	K219	16728	0.76	377730	17.21
Mixed hyperlipidemia	E782	16447	0.75	394177	17.96
Cough	R05	15876	0.72	410053	18.69
Neck spasm/pain	M9901	15173	0.69	425226	19.38
Anxiety	F419	14878	0.68	440104	20.06
Fever	R509	12866	0.59	452970	20.64
Vitamin D deficiency	E559	12712	0.58	465682	21.22

Acute pharyngitis	J029	12260	0.56	477942	21.78
Nausea and Vomiting	R112	11747	0.54	489689	22.32
Back spasms	M62830	11723	0.53	501412	22.85

FYI here are some pharmacy statistics from the 2017 annual review with Caremark. These states are for the full calendar year of 2017.

Average eligible members per month: 150,715
Average monthly Utilizers as a percent of members: 42.8%
Total of 2,066,737 scripts filled
Total Utilizers of Specialty Medications: 2,422
Total Utilizers of Anti-Diabetic medications: 12,938
Total Utilizers of Asthma medications: 20,136
Total Utilizers of Antihyperlipidemic medications: 21,985
Total Utilizers of Anti-inflammatory/analgesics: 28,155
Total Utilizers of Dermatological medications: 22,885
Total Utilizers of Antineoplastic medications: 2,234
Total Utilizers of Psychotherapeutic and Neurological medications: 1,699
Total Utilizers of Anticonvulsants: 13,096
Total Utilizers of ADHD/Anti-Narcolepsy/Stimulant medications: 5,129

11. Do you expect that the bidder provide billing within the telehealth platform or will OMES or HealthChoice provide billing to individuals using the telehealth.

The aim of the bid process is for the vendors to propose various telemedicine plan structures.

UPDATED:

The aim of this style of solicitation process is for the vendor, who should be an expert in this field, to propose the best plan to provide telemedicine services. We are expecting the expert to create the plan and tell us how it should be executed.

12. Let me understand this correctly, Are you only requesting as a vendor I "propose various telemedicine plan structures?" I understood the scope of the project to actually derive a plan and implement it into your system. Will you please clarify? C.2 defines Purpose to "provide telemedicine services ti its HealthChoice members and dependents."

Yes we are seeking a vendor to provide the telemedicine services.

13. Section c.3.13 states "supplier should provide pricing on a per member per month basis...Supplier...would allow services to be provided to EGID members at no member cost...Supplier should provide varying per member per employee per month costs to EGID which shifts some of the financial burden to EGID members as co-payments..."

Please clarify. I understand this to mean that you would ideally like some of the burden of the telehealth program to be "shared" by the members themselves in the form of copays. Is this correct? If I am correct in the way that I am interpreting this statement, you would eventually like to see shifts of financial burden, however in the beginning EGID would take the brunt of the burden through this telehealth implementation?

EGID is interested in more than one pricing option initially and over the potential life of the contract. The exact pricing option selected will be in conjunction with a negotiation process with the successful bidder. EGID's intention is to not make the participation in the program unduly burdensome to the member but is interested in perhaps requiring the member to make some contribution to the cost of the program to encourage the member to realize that the program is a good value to them but to utilize it judiciously. It is anticipated that the majority of the cost of the Telemedicine Program will be paid by the pan (EGID) likely VIA a Member Per Month Charge, but would like to consider including fees paid by the member based on their utilization of the program.

14. Does the telemedicine RFP only include medical visits or are you also interested in offering telemedicine for mental health visits?

The intent is to provide our health plan members with an option for primarily urgent and acute care encounters via a telemedicine process. It is intended and expected that these encounters will be relatively brief and provided on a stand-alone basis.

15. Can you be more specific regarding the types of clinical services that will be offered as this affects the delivery of the care and type of equipment and providers sourced?

The intent is to provide our health plan members with an option for primarily urgent and acute care encounters via a telemedicine process. It is intended and expected that these encounters will be relatively brief and provided on a stand-alone basis. The specifics will be addressed at the negotiation portion of the solicitation process.

16. Will educational activities and public health initiatives be deployed via this venture?

No. See above responses.

17. To provide services for telehealth 24/7 then all modalities need to be employed. Are you looking for live video, store and forward, remote patient monitoring, and M-Health?

The Intent is to provide our health plan members with an option for primarily urgent and acute care encounters via a telemedicine process in a live setting. It is intended and expected that these encounters will be relatively brief and provided on a stand-alone basis.

18. Does the vendor need to provide a turn key solution that includes an EHR, plus communication platform?

A turnkey solutions is anticipated with appropriate communication to the patient's PCP and the HealthChoice HealthCare Management Division.

19. If EGID has an EHR can that system be shared and accessed?

No, EGID is a Health Plan.

20. Will this equipment need to be mobile (moved from space to space) or fixed in permanent rooms?

See above responses.

21. Regarding evaluation and quality of services will you be looking for metrics that address health care provider outcomes or rather member satisfaction with the process?

Yes, the specifics will be determined in the negotiation portion of the solicitation process and will be mutually agreeable the HealthChoice and the Vendor.

22. Will you post and explain the solvency of HealthChoice as a business?

23. How much was collected annually in premiums?

24. How much is paid out in claims each year? The last 3 years would help tremendously.

The following is in response to questions 22, 23 and 24.

The HealthChoice plan operates on a calendar year basis. Audited and detailed financial and solvency information for 2016 and 2017 can be found in the 2017 CAFR at:

<https://omes.ok.gov/sites/g/files/gmc316/f/2017CAFR.pdf>

To date, December 20, 2018, the current year's activity has been financially sound. Enrollment for plan year 2019 is virtually complete and is materially unchanged from 2018. Recent actuarial valuations have determined that no premium increase or material plan design changes will be necessary for 2019.

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**)

Date

Authorized Representative Name (**PRINT**) Title

Authorized Representative Signature