



REQUEST FOR PROPOSALS

HEALTH PLAN ADMINISTRATION FOR MEDICAL, PHARMACY, DENTAL, VISION, COBRA, FLEXIBLE SPENDING ACCOUNTS, AND STOP LOSS RFP

SOLICITATION NO: R-14-004-MF

ADDENDUM #3 | April 30, 2014

CHANGE TO QUESTIONS AND ANSWERS: REQUEST FOR PROPOSALS
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Question #33 is restated below. The Questions and Answers attached to Addendum #1 are to be modified as follows:

- 33. The repricing request is for a line by line repricing. Based on confidentiality provisions in our provider contracts, we can release the line by line repricing but we would request approval to send the results/data direct to your consultant and would request that your consultant complete the attached NDA signed.**

Delete the response for question #33 in its entirety and replace with the following:

“Non-disclosure agreements will not be signed by SAWS; however, the consultant evaluating the line by line repricing will sign a non-disclosure agreement in the form attached. Responses to this Solicitation (Proposals) become the property of SAWS. Proposals will be opened by SAWS so as to avoid disclosure of contents to competing Proposers and will, to the extent permitted by law, be treated as confidential during the evaluation process. Proposals will not be publicly read and all proposals will be held by SAWS in accordance with and subject to Chapter 552 of the Texas Government Code (Texas Public Information Act).”

The Non-disclosure form is located under Supplemental documents as:

Add-3_mutual non-disclosure agreement_042814.pdf

END CHANGE TO QUESTIONS AND ANSWERS: REQUEST FOR PROPOSALS
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CHANGE TO OBJECTIVE: REQUEST FOR PROPOSALS

Delete the paragraph **Medical Claim Re-pricing (Page 3 of RFP)** in its entirety and replace with the following:

“SAWS is requesting respondents to perform a claim re-pricing exercise to demonstrate the strength of your network in terms of network size and in terms of financial strengths (negotiated discounts). For this exercise, you are required to use the exact line-by-line claims we have provided with due regard to the provider which was accessed. Claim information for the repricing exercise is contained in “*Repricing Data.xlsx*.” The “Summary” tab within this file must also be completed. The CD containing the “*Repricing Data.xlsx*” shall be submitted to the Hay Group by the same deadline of the proposal at the following address:

Hay Group
Attn: Cindy Chung
5001 Spring Valley Road
Suite 800 West
Dallas, TX 75244

Any late responses will be considered non-responsive.”

END CHANGE TO OBJECTIVE: REQUEST FOR PROPOSALS

CHANGE TO SUBMITTAL RESPONSE CHECKLIST: REQUEST FOR PROPOSALS

Delete the Submittal Response Checklist included in the RFP and replace with the attached.

END CHANGE TO SUBMITTAL RESPONSE CHECKLIST: REQUEST FOR PROPOSALS

No other items, dates, or deadlines for this RFP are changed.

END ADDENDUM #3

SUBMITTAL RESPONSE CHECKLIST

Project Name: Health Plan Administration for Medical, Pharmacy, Dental, Vision, COBRA, Flexible Spending Accounts, and Stop Loss

Use the checklist to ensure that the proposal is complete by checking off each item included with your response. Sign and date this form and include this page with each proposal.

TO SAWS:

- Proposal Submittal Identification Form
- Respondent Questionnaire
- Completed and signed W-9 Form, and include email address or fax number
- Team Qualifications and Experience
- Service Capabilities
- Approach to Scope and Quality of Response
- Pricing Proposal – (contained in a separate sealed envelope)
- Copy of Current Certificate of Liability Insurance and Respondent’s commitment letter to provide the lines of insurance coverage required
- Exhibit “B” – Good Faith Effort Plan
- Exhibit “C” – Conflict of Interest Questionnaire
- Two (2) CD’s – containing the following files:
 - o copy of entire proposal
 - o copy of *RFP Questionnaire.xls* workbook;
 - o copy of *SAWS Hospital and Physician Disruption.xlsx* workbook;
 - o copy of *SAWS Rx Disruption.xlsx* workbook;

TO HAY GROUP:

- One (1) CD – containing the following file:
 - o copy of *Repricing Data.xlsx* workbook;

I certify that the proposal submitted includes the items as indicated above.

Signature

Date

Printed Name

Title