



**DeKalb County
Department of Purchasing and Contracting**

ADDENDUM NO. 1

August 31, 2023

TO: ALL RESPONDERS UNDER REQUEST FOR PROPOSALS (RFP) NO. 23-500562

FROM: Department of Purchasing and Contracting, DeKalb County, Georgia
For additional information, go to:
<http://yourdekalb.com/purchasing/index.html>

SUBJECT: RFP NO.23-500562, “**WORKERS’ COMPENSATION BILL REVIEW AND PHARMACEUTICAL MANAGEMENT SERVICES**” is hereby modified as follows:

A. **REPLACE:** “ATTACHMENT A, COST PROPOSAL FORM” WITH “REVISED, ATTACHMENT A, COST PROPOSAL FORM” as attached hereto.

B. **REPLACE:** “ATTACHMENT D” WITH “REVISED ATTACHMENT D”

C. We have received questions pertaining to this RFP. The questions and their resulting answers appear below:

1. **Question.** Who is the County’s current Bill Review vendor?
Answer. CorVel Corporation.
2. **Question.** Who is the County’s current Pharmacy Benefit Management vendor?
Answer. CorVel Corporation.
3. **Question.** Is a contracted (or subcontracted) LSBE a mandatory requirement or is it a preference?
Answer. LSBE Participation is Mandatory. See pages 12 and 31 of the RFP.
4. **Question.** What is the County’s percentage of out-of-network bills vs. point-of-sale bills adjudicated through the current PBM?
Answer. Responders can calculate the percentage, as needed, using the information provided in **Revised Attachment D**.
5. **Question.** What is the biggest challenge you face with your current PBM program? What would you like to solve for?
Answer. Not applicable.

6. **Question.** In section "II. Scope of Work" under "B. Results or Outcomes" it mentions providing case management and vocational rehabilitation services. However there is only one mention in the technical proposal section (pg 10) and nothing in the Attachment A: Cost Proposal. Can you please clarify if these services are a part of this Bill Review and PBM RFP?
Answer. Yes, they are. These services are considered incidental services that should be available as needed.
7. **Question.** In the Project Management section of the RFP, under Pharmaceutical Services (page 9), questions 2, 3 and 4 are nearly identical. Will a comprehensive response to question 4 be sufficient to respond to questions 2 and 3? If not, please provide clarity on what additional information the County is requesting?
Answer. Yes, a comprehensive response to item 4 would address 2 and 3.
8. **Question.** Page 19 of the RFP – Attachment A Cost Proposal Form includes lump sum options for these services. Will the County please clarify if the Firm Lump Sum Fee on Attachment A will be eliminated from the Cost Proposal Form as it was in the 2018 RFP solicitation? If it will be included for this RFP as another pricing option, does this refer primarily to administration fees only or will it include the medication costs and bill review savings fees?
Answer. Lump Sum Pricing information is removed from the Cost Proposal Form; please use “REVISED ATTACHMENT A, COST PROPOSAL FORM” as attached hereto.
9. **Question.** How many claims on average are assigned to Telephonic Nurse Case Management?
Answer. Average 1 or 2 cases per year.
10. **Question.** How many claims on average are assigned to Field Nurse Case Management?
Answer. Average 1 or 2 cases per year.
11. **Question.** Can you provide a copy of the current contract with provider?
Answer. Information not available.
12. **Question.** When is the County’s potential go live date?
Answer. It is anticipated for first quarter 2024.
13. **Question.** In section "II. Scope of Work" under "B. Results or Outcomes" it mentions providing case management and vocational rehabilitation services. However, there is only one mention in the technical proposal section (pg 10) and nothing in the Attachment A: Cost Proposal. Can you please clarify if these services are a part of this Bill Review and PBM RFP?
Answer. Reference response to above question number 6.

- D. All other conditions remain in full force and effect.
- E. It is the responsibility of each Responder to ensure that he/she is aware of all Addenda issued under this RFP. You may call the agent @ 404-371-4943 before the bids are due to confirm the number of addenda issued.
- F. All responders to this Request for Proposals must acknowledge receipt of this Addendum by signing the below Acknowledgement form and returning it with your proposal.

Brenda H. Redus

Brenda H. Redus, Senior Procurement Agent
Department of Purchasing and Contracting

**ADDENDUM NO. 1
REVISED
ATTACHMENT A**

COST PROPOSAL FORM
(consisting of 6 pages)

RFP NO. 23-500652
Workers' Compensation Bill Review and Pharmaceutical Management Services

Responder: Please complete the attached pages of the Cost Proposal Form, and return them with this cover page.

The cost proposal must be submitted in a separate, sealed envelope with the Responder's name and "Request for Proposals (RFP) No. 23-500652 Workers' Compensation Bill Review and Pharmaceutical Management Services clearly identified on the outside of the envelope.

By signing this page, Responder acknowledges that he has carefully examined and fully understands the Contract, Scope of Work, and other attached documents, and hereby agrees that if his proposal is accepted, he will contract with DeKalb County according to the Request for Proposal documents.

Please provide the following information:

Name of Firm: _____

Address: _____

Contact Person Submitting Proposal: _____

Title of Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Signature of Contact Person

Title of Contact Person

**ADDENDUM NO. 1
REVISED
ATTACHMENT A
COST PROPOSAL FORM**

RFP NO. 23-500652

Workers' Compensation Bill Review and Pharmaceutical Management Services

Contract Year One

Respondents are required to submit their cost breakdown in the following format:

Pharmaceutical Management Program	What is your pricing schedule for pharmacy retail and mail order, to include all processing and administrative fees?
Brand	Retail \$ _____ Mail Order \$ _____
Generic	Retail \$ _____ Mail Order \$ _____
Medical Bill Review	
Per line fee	\$ _____ per line
Over and Above percentage of savings from Attachment C, "Claim Statistical Data" for the County	_____ %

Provide cost quotes for the first through fifth year of this contract.

Please use the statistical information in Attachment C and the medical bill review data in Attachment D to prepare the cost proposal.

**ADDENDUM NO. 1
REVISED
ATTACHMENT A**

COST PROPOSAL FORM

RFP NO. 23-500652

Workers' Compensation Bill Review and Pharmaceutical Management Services

Contract Year Two

Respondents are required to submit their cost breakdown in the following format:

Pharmaceutical Management Program	What is your pricing schedule for pharmacy retail and mail order, to include all processing and administrative fees?
Brand	Retail \$ _____ Mail Order \$ _____
Generic	Retail \$ _____ Mail Order \$ _____
Medical Bill Review	
Per line fee	\$ _____ per line
Over and Above percentage of savings from Attachment C, "Claim Statistical Data" for the County	_____ %

Provide cost quotes for the first through fifth year of this contract.

Please use the statistical information in Attachment C and the medical bill review data in Attachment D to prepare the cost proposal.

**ADDENDUM NO. 1
REVISED**

ATTACHMENT A

COST PROPOSAL FORM

RFP NO. 23-500652

Workers' Compensation Bill Review and Pharmaceutical Management Services

Contract Year Three

Respondents are required to submit their cost breakdown in the following format:

Pharmaceutical Management Program	What is your pricing schedule for pharmacy retail and mail order, to include all processing and administrative fees?
Brand	Retail \$_____ Mail Order \$_____
Generic	Retail \$_____ Mail Order \$_____
Medical Bill Review	
Per line fee	\$_____per line
Over and Above percentage of savings from Attachment C, "Claim Statistical Data" for the County	_____%

Provide cost quotes for the first through fifth year of this contract.

Please use the statistical information in Attachment C and the medical bill review data in Attachment D to prepare the cost proposal.

ADDENDUM NO. 1

REVISED

ATTACHMENT A

COST PROPOSAL FORM

RFP NO. 23-500652

Workers' Compensation Bill Review and Pharmaceutical Services Organization

Contract Year Four

Respondents are required to submit their cost breakdown in the following format:

Pharmaceutical Management Program	What is your pricing schedule for pharmacy retail and mail order, to include all processing and administrative fees?
Brand	Retail \$_____ Mail Order \$_____
Generic	Retail \$_____ Mail Order \$_____
Medical Bill Review	
Per line fee	\$_____ per line
Over and Above percentage of savings from Attachment C, "Claim Statistical Data" for the County	_____%

Provide cost quotes for the first through fifth year of this contract.

Please use the statistical information in Attachment C and the medical bill review data in Attachment D to prepare the cost proposal.

ADDENDUM NO. 1
REVISED
ATTACHMENT A
COST PROPOSAL FORM

RFP NO. 23-500652
Workers' Compensation Bill Review and Pharmaceutical Services Organization

Contract Year Five

Respondents are required to submit their cost breakdown in the following format:

Pharmaceutical Management Program	What is your pricing schedule for pharmacy retail and mail order, to include all processing and administrative fees?
Brand	Retail \$ _____ Mail Order \$ _____
Generic	Retail \$ _____ Mail Order \$ _____
Medical Bill Review	
Per line fee	\$ _____ per line
Over and Above percentage of savings from Attachment C, "Claim Statistical Data" for the County	_____ %

Provide cost quotes for the first through fifth year of this contract.

Please use the statistical information in Attachment C and the medical bill review data in Attachment D to prepare the cost proposal.

REVISED ATTACHMENT D

Workers' Compensation Bill Review/Pharmaceutical Services

Medical Bill Review Data

Calendar Year	Number of Bill	Number of limes
2022	9,236	30,909
2021	13,713	42,162
2020	11,444	32,643
2019	11,664	35,679
2018	10,192	31,350

**Pharmaceutical Data
Prescription Spend**

	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
IN-NETWORK	175,295.94	118,072.89	126,299.51	109,166.22	95,837.19
OUT-NETWORK	<u>219,462.24</u>	<u>304,268.60</u>	<u>249,955.48</u>	<u>460,790.85</u>	<u>321,531.05</u>
TOTAL	394,758.18	422,341.49	376,254.99	569,957.07	417,368.24

PRESCRIPTION COUNTS

	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
IN-NETWORK	917	740	983	659	457
OUT-NETWORK	<u>498</u>	<u>752</u>	<u>814</u>	<u>1387</u>	<u>1090</u>
TOTAL	1,415	1,492	1,797	2,046	1,547

Addendum No. 1
RFP No. 23-500652

ACKNOWLEDGEMENT

The above Addendum No. 1 is hereby acknowledged:

Company Name

Signature & Title

DR:bhr