MARYLAND DEPARTMENT OF TRANSPORTATION

MARYLAND TRANSIT ADMINISTRATION

1331 S. Monroe St • Baltimore, Maryland 21230-1713

(410) 454-7892 FAX

REQUEST FOR QUOTATION

QUOTATION REQUEST NUMBER
RFQ3666-PT
040512

	TELEPHONE (410)	REQUEST DATE	THIS QUOTATION MUST BE RETURNED BY 2:00 P.M. ON DATE AT RIGHT TO THE ABOVE ADDRESS →	DUE DATE OF QUOTATION
PATRICIA TALLEY	454-7884	04/06/2012		**04/17/2012**

INSTRUCTIONS

1. QUOTATION TO INCLUDE DELIVERY OF FOLLOWING ITEMS F.O.B. DESTINATION, INCLUSIVE OF ALL CHARGES, IF PLATFORM OR DOORWAY TO SHIP TO ADDRESS INDICATED:
   X 1331 S. MONROE STREET, BALTO, MD 21230 ☐ 5801 WABASH AVE., BALTO, MD 21215 ☐ 344 W. NORTH AVE., BALTO, MD 21217
   ☐ 5 AMTRAK WAY, BWI AIRPORT, MD 21240 ☐ OTHER _____
2. STATE FIRM DELIVERY AFTER RECEIPT OF ORDER _____ WEEKS. FAILURE TO INSERT DELIVERY INFORMATION MAY RESULT IN DISQUALIFICATION OF YOUR QUOTATION.
3. QUOTATIONS MUST BE SUBMITTED ON THIS FORM. EQUIVALENT ITEMS SHALL BE CONSIDERED BUT ONLY IF ACCOMPANIED BY SPECIFICATIONS AND/OR DESCRIPTIVE LITERATURE.
4. VENDOR MUST COMPLETE AND SIGN THIS QUOTATION IN INK.
5. PRICES QUOTED SHALL BE VALID FOR A MINIMUM OF NINETY DAYS UNLESS OTHERWISE NOTED _____
6. THE VENDOR SHALL COMPLY WITH ALL FEDERAL AND STATE REGULATIONS AND THE PURCHASING DEPARTMENT GENERAL RULES AND REGULATIONS IN EFFECT AT THE TIME OF SUBMISSION.
7. **A PURCHASE ORDER WILL ACKNOWLEDGE ACCEPTANCE OF YOUR OFFER HEREON. ANY RESULTANT PURCHASE ORDER IS SUBJECT TO THE TERMS AND CONDITIONS, WHICH ARE ATTACHED.**

DESCRIPTION	QUANTITY	UNIT ISSUE	UNIT PR
ADDENDUM III • **DUE DATE IS EXTENDED TO 04/17/12 IN LIEU OF 4/11/2012** • **PLEASE SEE ATTACHMENT EXHIBIT A AND "FREQUENTLY ASKED QUESTIONS"** • **MTA WILL NOT ENTERTAIN ANY MORE QUESTIONS TO THIS RFQ** • **YOU MUST RESPOND TO ADDENDUM III WITH YOUR BID.**			

SMALL BUSINESS PREFERENCE 5%

Award will be made in whole or in part, whichever is most advantageous to the Maryland Transit Administration and the State of Maryland.

MINORITY BUSINESS ENTERPRISES ARE ENCOURAGED TO RESPOND TO THIS SOLICITATION NOTICE

EXHIBIT A

CareFirst BlueCross BlueShield

Paid Dollar Comparisons By Product

The Paid Amount and the Paid Per Member Per Month (PMPM) are displayed by product category for the current year as compared to the previous year along with a percent change from the previous time period.

	Paid Amt	
	Current Yr	Previous Yr
MEDICAL	$27,437,005	$24,172,882
HMO	$7,667,057	$5,935,591
BLUE CHOICE	$7,667,057	$5,935,591
HMO MEDICARE ELIGIBLE	$1,017,681	$734,046
BLUE CHOICE MEDICARE ELIGIBLE	$1,017,681	$734,046
PPO	$16,764,082	$15,779,590
	$16,764,082	$15,779,590
PPO MEDICARE ELIGIBLE	$50,103	
	$50,103	
TRADITIONAL INDEMNITY	$762,200	$710,007
TRADITIONAL PLAN	$762,200	$710,007
TRADITIONAL INDEMNITY MEDICARE ELIGIBLE	$1,175,881	$1,013,647
STANDARD MEDICARE SUPPLEMENTAL MEDICARE ELIGIBLE	$157,008	$522,300
TRADITIONAL PLAN MEDICARE ELIGIBLE	$1,018,873	$491,348
DRUG	$10,068,569	$9,815,201
DENTAL	$1,203,614	$1,147,534
VISION	$247,617	$123,603

FREQUENTLY ASKED QUESTIONS

1. When was the last audit performed?
    a. This will be the first audit.

2. Does a PBM administer the pharmacy program on behalf of CareFirst? Does the vendor provide mail order and specialty pharmacy services?
    a. CareFirst subcontracts pharmacy claim services to Argus encompassing a network of pharmacies contracted with CareFirst (locally) and Argus (nationally). Argus also provides mail order and specialty pharmacy services, however, our mail order utilization is .1% and use of specialty pharmacy is not required. MTA has no direct relationship with Argus.
    b. There are no specific areas of concern with the performance of PBM services.

3. Does MTA expect the prescription drug benefit audit to include an RDS year-end reconciliation?
    a. No.

4. What is the volume of prescription claims annually?
    a. Approximately 95,000 prescriptions annually, of which 99.9% are filled at retail.

5. Please briefly describe the MTA's eligibility maintenance procedures and routine for forwarding eligibility data to CareFirst.
    a. CareFirst contracts with Benelogic to house and transmit eligibility data directly to CareFirst. MTA has online access to manually enter eligibility information into the Benelogic site. MTA does not currently transmit any data directly to CareFirst, but expects to convert to direct electronic transmission of eligibility data to CareFirst in mid 2012.

6. Please describe the stop loss insurance coverage. Is there a separate policy for each union?
    a. CareFirst is the stop loss insurance carrier. Our policy coverage is specific only, with an attachment point of $300,000 per member. There is only one contract with CareFirst – the only difference between the three unions is eligibility for benefits.

7. Does the MTA want separate results for each union?
    a. No.

8. Does the MTA want separate reports for each medical plan (3 reports), or one report that represents a random sample drawn from all three plans?
    a. The MTA wants one report that represents a random sample drawn from all three plans.

9. Please provide more information regarding verification of Medicare A and B supplemental coverage if the person is enrolled in Medicare, as described in Section 1.2(A).
    a. For our retiree population, enrollees are required to enrolled in Medicare Parts A and B (except for a grandfathered group retired prior to 1/1/2003). We are asking the auditor to verify claims paid for Medicare eligible retirees and/or their dependents were paid appropriately as primary Medicare and secondary MTA (medical only).

10. Does the MTA have outside actuarial and benefits advisors? If yes, please identify.
    a. In plan years 2010 and 2011, Aon Hewitt provided actuarial and advisory services.

11. What are the performance guarantees that should be included in the audit?
    a. The performance guarantees involve the following areas:
        i. Telephone Response Time
        ii. Written Response Time
        iii. Claims Processing Time
        iv. Annual Customer Satisfaction Survey

12. Can you provide breakdowns for the expenditures of each plan?
    a. See Exhibit A attached.

13. Do you have the percentage and value of claims that are paid through the National Blue Card Program?
    a. No.

14. Are there any statistics that would indicate the number or percentage of dependents that select coverages that are different from the eligible employees coverage?
    a. No.

15. How is CareFirst compensated for TPA services?
    a. Each Benefit (PPO, HMO, Traditional, RX, Dental, Vision, Medicare Supplemental) has a PEPM fixed rate fee. Each individual employee/retiree is charged a composite fee based on the employee/retiree's selected benefits. With our grandfathered group of employees/retirees who were allowed to enroll dependents in a different medical plan, the MTA pays two administrative fees.

16. Does CareFirst act as the TPA for all services categories described in 1.29Cor are some of these subcontracted?
    a. CareFirst subcontracts PBM claims to Argus.
    b. CareFirst subcontracts vision claims to Davis Vision.

c. CareFirst has committed to providing all necessary documentation from their subcontractors to our auditors.

17. Please provide further clarification of Section 1.34, Audits of Clinical Processes.
    a. MTA pays a PEPM fee for Utilization Review and Disease Management programs. We request the auditor review these programs to assess whether the programs function as stated based upon a random sampling.
    b. The utilization management program is an integrated process including prior authorization, precertification, individual case review, and discharge planning.
    c. For case and disease management services, review of policy documents and reports is sufficient.

18. Will MTA agree to contract indemnification language that limits or caps the liability of the vendor?
    a. No.