

ADDENDUM NO. 1

RFI for Medicare Health Plans - 2023 Plan Year

October 5, 2021

REQUEST FOR INFORMATION Medicare Health Plans—2023 Plan Year

RFPQ#HSS2021.M1i

CONTACT: Michael Visconti, michael.visconti@sfgov.org, (628) 652-4645

This Addendum is being issued to respond to questions and requests for clarification received by or before the Deadline for RFI Questions (4:00 p.m. PT on Friday, October 1, 2021. Please review the terms of the RFI and this Addendum carefully. If there are any inconsistencies between the RFI and the terms of this Addendum, then the terms of this Addendum shall prevail. Section references below are to the RFI and are provided for convenience of reference only. Additional Addenda to this RFI will be issued in response to any further questions and requests for clarification received by or before the Deadline for RFI Questions.

A. Modifications to the RFI

1. The total number of allowed pages has been increased from ten (10) to fifteen (15). Furthermore, the response to Appendix A, Question 3) b) (zip code listing) will not be counted against this maximum total number of allowed pages.

Section IV (Submitting your Response) is hereby amended as follows:

Response Deadline

Vendors must complete the Vendor Quote Form [Appendix A] and submit the form in both Microsoft Word (.docx) and Adobe PDF format, unless otherwise specified, via email to michael.visconti@sfgov.org, cc: to vanessa.price-cooper@sfgov.org, no later than 4:00 PM (PT) on Friday, October 22, 2021. Any attachments to the Vendor Quote Form must not exceed ten fifteen (1015) total pages in aggregate and must be submitted with the Vendor Quote Form. Please note that the response to Appendix A, Question 3) b) (the zip code listing) will not be counted against the maximum total number of allowed pages.

Request for Information Medicare Health Plans – 2023 Plan Year

ADDENDUM NO. 1

B. Questions & Answers

- 1. Q: SFHSS's third minimum requirement for bidders is to have a 2020 Medicare Star rating of 4.0 or greater. If we are not a full-service health plan, would we still be able to submit our services as this is not applicable to our line of business.
 - A: The stated purpose of this RFI is to review group Medicare Advantage programs in the marketplace. One of the minimum requirements is a 2020 CMS Star rating of 4.0 or higher (Section V. Minimum Qualifications, subsection 3).

However, as a non-binding RFI, there is nothing precluding a vendor that does not meet the minimum requirements from responding.

Furthermore, as discussed at the September 9, 2021 meeting of the Health Service Board (please see the link provided at https://sfhss.org/RFPs) this RFI may "[a]ffirm or negate the goals and objectives stated earlier [in the presentation to the Board] and thus affirm or negate the need to perform an RFP." This would include informing the scope and minimum qualifications of a future RFP.

However, responses that do not meet the minimum requirements and contain irrelevant information may not be reviewed or reviewed in full by the discussion panel.

- 2. Q: Please confirm that carriers that will meet the minimum qualifications as of 1/1/2023 are eligible to respond to this RFI?
 - A: Yes. Per the response to Question B. 1. above, entities that do not meet the minimum qualification, including those that intend to meet the minimum qualifications as of 1/1/2023, <u>may</u> respond to this RFI. For this example, such an entity is advised to include in their response to this RFI how it plans to meet the minimum qualification(s) by 1/1/2023.
- **3. Q:** If a vendor does not have network coverage in all counties listed in the RFI (e.g., San Francisco, San Mateo, Santa Clara, Marin, Contra Costa, and Alameda), would this prevent them from responding?
 - A: No, this would not prevent a vendor from responding. Carriers that do not have current network coverage in all counties listed in the RFI (Minimum Qualification V. 2) <u>may</u> respond to this RFI. Please also see the response to Question B.1., above.

Request for Information Medicare Health Plans – 2023 Plan Year

ADDENDUM NO. 1

- **4. Q:** Will vendors be penalized if they do not currently offer network coverage in all of the aforementioned select counties for 2020? What about for 2021? What if it is expected to be covered by 1/1/2023?
 - A: The response to the RFI will not be scored or ranked and as such, there will be no penalty for not offering network coverage in all of the counties listed in the RFI.

For any carriers that do not currently offer network coverage in all the counties listed in the RFI, Minimum Qualifications, Section V. 2), please see the responses to Questions B. 1. and B. 2. above. For example, if a carrier expects all counties listed in Section V. 2. to be covered by 1/1/2023, they are advised to include in their response to the RFI how they plan to meet that goal by 1/1/2023 (or if applicable, another future date).

- **5. Q:** Must vendors currently offer both individual Medicare Advantage (MA) and Employer Group Waiver Plan (EGWP) coverage in all six counties listed in the RFI to respond to the RFI?
 - A: No. This is not required to respond to the RFI. Please also see the responses to Questions B.1, B. 2 and B. 4. above. Respondents are advised that if they do not offer an EGWP today to discuss their willingness to enter into such arrangements in the future, thus allowing for the development of value-based benefits that align with the needs of the SFHSS Medicare Eligible population.
- **6. Q:** Is SFHSS looking to replace an existing Medicare Advantage carrier or looking to offer additional carrier(s)?
 - A: SFHSS cannot answer this question at this time. The purpose of this RFI is to review group Medicare Advantage programs in the marketplace. As a non-binding RFI there is no intent to replace, reduce, or expand coverage through the use of this process. As discussed at the September 9, 2021 meeting of the Health Service Board, this RFI may "affirm or negate the need to perform an RFP." (link provided at https://sfhss.org/RFPs).
- 7. Q: Will member census level data be provided prior to RFP or in conjunction with the RFP? Will historic Medicare Advantage claim and risk score experience be provided prior to RFP or in conjunction with the RFP? Will claim level detail for Part D claim experience be provided prior to RFP or in conjunction with the RFP?
 - A: Any questions related to a future RFP are premature at this time and should be reserved. As discussed at the September 9, 2021 meeting of the Health Service Board (please see the link provided at https://sfhss.org/RFPs) this RFI may "[a]ffirm or negate the goals and objectives stated earlier [in the presentation to the Board] and thus affirm or negate the need to perform an RFP."

Request for Information Medicare Health Plans – 2023 Plan Year

ADDENDUM NO. 1

Please note that for the SFHSS RFP for Health Plans for the 2022 Plan Year (released in 2020), historical claims, experience and demographic data were provided to qualified prospective respondents to the RFP following execution of a mutual confidentiality agreement between the City and County of San Francisco, by and through the San Francisco Health Service System, and each prospective respondent.