Amendment III

FY2020 Government of Guam Group Health Insurance Program
Request for Proposal DOA/HRD-RFP-GHI-20-001 (RFP)

This is in reference to the Government of Guam’s Request for Proposal DOA/HRD-RFP-GHI-20-001 issued on April 1, 2019 for the Government of Guam Group Health Insurance program.

Please take notice that the information provided below are responses that were pending from Amendment II dated April 11, 2019.

1. Amendment II Question 23. Public and private hospitals such as GRMC and GMH are required as in-network providers under a broad network proposal. Will the claims paid to these specific providers during the reporting period (March 2017 to February 2019) be shared with the potential offerors to ensure that the projected claim costs at these facilities were being accurately reflected and considered in the bidders proposed rates?

**RESPONSE:** This data is available for FY18 (incurred October 1, 2017 through September 30, 2018 and paid through February 28, 2019) and FY19 (incurred October 1, 2018 through February 28, 2019 and paid through February 28, 2019).

<table>
<thead>
<tr>
<th>Combined 201710-201809 (FY18)</th>
<th>ACT HSA</th>
<th>ACT PPO</th>
<th>RET HSA</th>
<th>RET PPO</th>
<th>RET RSP</th>
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<th>RET PPO</th>
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2. Amendment II Question 30. Exhibit D is a listing the top providers for all current carrier under the GovGuam health insurance plans. Why is a listing of top medical providers/clinics in addition to top hospital facilities, surgical centers, pharmacies, dental providers for network status not part of Exhibit D? Can this separate listing of top medical providers/clinics be made available to all potential offerors?
RESPONSE: The top 20 providers by Tax ID and by coverage:

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<td>CSMC PHYSICIAN BILLING SERVICE</td>
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<td>HEINRICH, TINA S.</td>
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3. Amendment II Question 39. Is it possible to obtain a claims paid report by provider for FY 18 and FY19?

**RESPONSE:** *The combination of answers to questions 1 and 2 above should suffice for this request.*

4. Amendment II Question 42. Can you please provide a list of catastrophic individual claims ($100,000 or more) along with diagnosis/prognosis if possible, for FY 2018 and FY 2019? Can you please provide the list of large claims (in excess of $50k) for FY17, FY18 and FY 9 for the period October 2018 to February 2019.

**RESPONSE:** *We have provided all claimants over $50,000 for FY18 and FY19 thus far. We are not able to provide diagnosis and prognosis at this time.*

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<th>Fiscal Year 2018</th>
<th>Fiscal Year 2019</th>
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<td><strong>Claimants above 50K</strong></td>
<td><strong>Total Dollars</strong></td>
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5. Amendment II Question 49. Can you please provide the list of the top 20 Rx usage for FY 2018 and for FY 2019 for the period October 2018 to February 2019?

RESPONSE: We have provided the top 10 drugs for the period October 2017 through December 2018.

| Top Ten Drugs - October 2017 through December 2018 |
|-----------------|-----------------|
| **Drug Name**   | **% of Total Rx Spend** |
| JANUVIA         | 8.7%             |
| LANTUS SOLOSTAR | 5.5%             |
| VICTOZA         | 4.0%             |
| HUMALOG KWIKPEN | 2.2%             |
| ENBREL          | 2.2%             |
| SEVELAMER CARBONATE | 2.0%         |
| ADVAIR DISKUS   | 2.0%             |
| LYRICA          | 1.8%             |
| REVLIMID        | 1.6%             |
| ONE TOUCH ULTRA BLUE | 1.5%     |

6. Amendment II Question 50. Can you please provide the following for FY 2018.

<table>
<thead>
<tr>
<th>Average Cost Per Script</th>
<th>PPO 1500</th>
<th>HSA 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Active</td>
<td>Retiree</td>
</tr>
<tr>
<td>Average Brand Prescription Cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Generic Prescription Cost</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RESPONSE: The chart below represents drug average costs by Tier for the time period October 2017 through December 2018.

<table>
<thead>
<tr>
<th>Average Cost Per Script</th>
<th>ACT HSA</th>
<th>RET HSA</th>
<th>ACT PPO</th>
<th>RET PPO</th>
<th>RET RSP</th>
<th>FOSTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIER 01</td>
<td>$12.56</td>
<td>$4.35</td>
<td>$30.29</td>
<td>$28.21</td>
<td>$29.64</td>
<td>$51.87</td>
</tr>
<tr>
<td>TIER 02</td>
<td>$162.63</td>
<td>$64.86</td>
<td>$376.07</td>
<td>$355.93</td>
<td>$357.55</td>
<td>$81.59</td>
</tr>
<tr>
<td>TIER 03</td>
<td>$50.40</td>
<td>$43.93</td>
<td>$84.77</td>
<td>$93.26</td>
<td>$87.83</td>
<td>$358.12</td>
</tr>
<tr>
<td>TIER 04</td>
<td>$8,206.56</td>
<td>$3,541.85</td>
<td>$3,922.28</td>
<td>$4,909.89</td>
<td>$10,063.31</td>
<td>$369.18</td>
</tr>
</tbody>
</table>

7. Amendment II Question 51. For FY 2018, Average Length of Stay and Average Paid amount per admission and Average Paid amount per day for the following:

<table>
<thead>
<tr>
<th>Average Paid amount per day for the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO 1500</td>
</tr>
<tr>
<td>Active</td>
</tr>
<tr>
<td>Retiree</td>
</tr>
</tbody>
</table>
RESPONSE: This information is not available at this time.

8. Amendment II Question 52. What percentage of Medical claims paid for FY 2018 is for Inpatient, Outpatient and Professional category.

<table>
<thead>
<tr>
<th></th>
<th>PPO 1500</th>
<th>HSA 2000</th>
<th>RSP</th>
<th>Foster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RESPONSE: When isolating medical claims (removing Vision, Dental, and Pharmacy) all plans are approximately 30% hospital claims and 70% other medical claims. The Retiree Supplement Plan has the highest percentage of non-hospital claims, at approximately 72% and the Retiree PPO 1500 has the lowest, at approximately 67%.

9. Amendment II Question 55. What percentage of the Medical claims paid for FY 17 and FY 18 are from Guam providers for the following: PPO 1500, HSA 2000, RSP and Foster Plans?

RESPONSE: With a significant number of claims lines presenting as blank for the place of service, this is a difficult proportion to estimate precisely. However, a range between 80% and 90% is likely to capture this measure, with variances among the type of services (medical, dental, pharmacy).

EDWARD M. BIRN, DIRECTOR
DEPARTMENT OF ADMINISTRATION