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**AMENDMENT III**

**FY2024 GOVERNMENT OF GUAM GROUP HEALTH INSURANCE PROGRAM  
REQUEST FOR PROPOSAL (RFP) DOA/HRD/EB-RFP-GHI-24-001**

This is in reference to the Government of Guam's Request for Proposal DOA/HRD/EB-RFP-GHI-24-001 issued on April 18, 2023 for the Government of Guam Group Health Insurance Program.

This Amendment reflects responses to all inquiries received as of April 28, 2023 deadline date. Specific sections of the RFP are amended as applicable.

1. Regarding tab section Q of page 12 of the RFP – Please explain further how a minimum experience ratio agreement will work under a self-funded arrangement considering any gains or losses are retained by the Government of Guam as the self-funding entity.

**RESPONSE:**

Please disregard the language about the Experience Participation. The Experience Participation will not apply to a self-funded contract.

2. Regarding the 'Estimated Benefit Cost for Medical' requested in Exhibit E –Please confirm that the benefit costs will be paid to the TPA by the self-funding entity as they are incurred, regardless of expected costs.

**RESPONSE:**

GovGuam will pay the TPA for actual claims costs, not expected claims costs. However, it will be helpful for budgeting for each carrier to submit its best estimate of expected costs.

3. Regarding the 'Estimated Benefit Cost for Medical' requested in Exhibit E. Should these estimated benefit costs as requested on tabs [1500], [2000], and [RSP], and Fosters include the cost of pharmacy benefits?

**RESPONSE:**

There are separate rows for medical benefit costs and pharmacy benefit costs. Scroll to the bottom of the [1500], [2000], and [RSP] tabs to see the section to enter information about the pharmacy benefits.

4. Regarding #11 on Page 4 of the RFP – Please confirm that the RFP is referring to network component and claims processing components only in the language “any component to which

they cannot comply”. It is our understanding that the cost-sharing plan design would be fully controlled and decided upon by the self-funding entity under a self-funded arrangement.

**RESPONSE:**

We confirm that GovGuam will control the cost-sharing plan design.

5. Since GovGuam, as the self funding entity, we assume that GRTs, if applicable, will only apply to the portion for TPA services.

**RESPONSE:**

Services to GovGuam are subject to GRT. The vendor can't show it as separate (not included) from the price of the service to be provided.

6. Please explain the mechanism or process for GovGuam to fund the medical, dental, and prescription claims.

**RESPONSE:**

The premiums collected will be used to fund the claims. Premiums will be deposited into an account and will be drawn from upon the TPA's review and validity of claims.

7. The RFP seeks exclusive and non-exclusive proposals and we assume that GovGuam will not select a exclusive for a certain benefit, i.e. dental, and a non-exclusive for other benefits?

**RESPONSE:**

At this time, GovGuam has not yet decided whether it will select an exclusive bidder for a certain benefit (e.g., dental) and a non-exclusive for other benefits. This is still one of several options GovGuam is considering.

8. Section I.Q Experience Participation Ratio (page 12 of 198) mentions a refund if claims are less than 86% of Premium. Was this mistakenly carried over from an earlier Fully Insured RFP or does this section apply to the fully insured stop loss?

**RESPONSE:**

Please disregard the language about the Experience Participation. The Experience Participation will not apply to a self-funded contract.

9. Please clarify the Exclusive and Non-exclusive provision. Currently, the Dental and Pharmacy Plans are self-funded and administered by one Administrator exclusively. Will the Medical Plan be administered by one administrator or multiple administrators? Our understanding is that the Negotiating team determines whether Exclusive or Non-Exclusive is best.

If they determine that Exclusive is best, the top two bidders are forwarded to the Governor, who chooses the winner.

If they determine that Non-Exclusive is best, the top 3 carriers are forwarded to the Governor, who chooses the top two. If the employee chooses the carrier with the higher premium, he pays the difference.

Is our understanding correct?

**RESPONSE:**

Please refer to Phase V on page 22 of the RFP for selection by the Governor.

This is generally correct. Please note that GovGuam is still considering the employee contribution strategy for FY 2024.

10. If Non-Exclusive coverage is chosen, is there a chance that self-funded Dental and Pharmacy will be exclusive, as is currently the case or will the subscriber choose a single one of the two carriers for Medical, Dental, and Pharmacy?

**RESPONSE:**

At this time, GovGuam has not yet decided whether it will select an exclusive bidder for a certain benefit (e.g., dental and/or pharmacy) and a non-exclusive for other benefits (e.g., medical). This is still one of several options GovGuam is considering.

11. If Exclusive coverage is chosen, is a single TPA responsible for all of GovGuam coverage? Or could one carrier have medical exclusively while another is responsible for the other benefits?

**RESPONSE:**

Among other options, GovGuam may consider an exclusive carrier for medical and pharmacy and a different exclusive carrier for dental. GovGuam is still considering its options.

12. The reinsurance marketplace may not offer aggregate protection at 105% of medical programs. Based on our experience with self-funded stop loss carriers, aggregate protection starts at 125% and greater. If our response to the RFP is for aggregate coverage at 125%, would this be considered non-responsive?

**RESPONSE:**

This would be considered responsive, and we appreciate this clarification. Please include this clarification in your submission.

13. Does the data include the prescription drug claims for 2022-2023 Policy Year?

**RESPONSE:**

No, the data provided does not include prescription drug claims for the 2022-2023 policy year. GovGuam will provide updated claims data at a later date. Please use the information already provided in the RFP for your preliminary bid.

14. Can we receive claims through the end of March 2023 for TakeCare and SelectCare?

**RESPONSE:**

GovGuam will provide updated claims data at a later date. Please use the information already provided in the RFP for your preliminary bid.

15. Can we receive the high dollar cost claims for Policy Year 2022-2023 through March of 2023?

**RESPONSE:**

GovGuam will provide updated claims data at a later date. Please use the information already provided in the RFP for your preliminary bid.

16. The understanding from the RFP we have is that the stop loss and aggregate protections will apply only to medical and RX. Dental and all other benefits will be excluded. Is our understanding correct?

**RESPONSE:**

Correct. The stoploss and aggregate protections would only apply to medical and Rx.

17. Would you accept a multi-year (2 year) proposal?

**RESPONSE:**

No, the RFP is for a one-year contract. GovGuam has a legal requirement to procure medical, pharmacy, and dental benefits on an annual basis at this time.

18. Is the Government of Guam open to various options of drug formularies including both closed and/or open formulary?

**RESPONSE:**

Please bid with a formulary that is most similar to GovGuam's current option and then quantify the potential savings/costs associated with alternate approaches. GovGuam welcomes the opportunity to work together with the selected TPA partner to manage the claims costs in a way that still meets the needs of GovGuam's employees.

19. Regarding EXHIBIT-C, there's a note 'Dental enrollment was not provided for September 2022.' Since this is the last month of the most recent complete contract year it's curious that it's not available. Dental premium and claims incurred in September also seems to be missing. Is there a reason why the carrier is not sharing this information with GovGuam?

**RESPONSE:**

GovGuam's consultants have requested this information from the carrier and will update Exhibit C when available.

20. Could you explain why and how a Medical Loss Ratio (MLR) would be applicable in a self-insured proposal?

**RESPONSE:**

Please disregard the language about the Experience Participation. The Experience Participation will not apply to a self-funded contract.

21. For the high-cost claimants (tab "HCC" in Exhibit C): Are these paid or incurred?

**RESPONSE:**

The FY 2022 high-cost claimants were incurred in fiscal year 2022, paid through December 2022.

22. For the high-cost claimants (tab “HCC” in Exhibit C): If Incurred, how complete are the claims (what date are they paid through)

**RESPONSE:**

The FY 2022 high-cost claimants were incurred in fiscal year 2022, paid through December 2022.

23. For the high-cost claimants (tab “HCC” in Exhibit C): If paid basis, can we get them on an incurred basis?

**RESPONSE:**

The FY 2022 high-cost claimants were incurred in fiscal year 2022, paid through December 2022.

24. For the high-cost claimants (tab “HCC” in Exhibit C): Please provide for the period October-2019 through September-2020 rather than January-2020 through December-2020 (which overlaps with the next data year).

**RESPONSE:**

GovGuam does not have the October 2019 to September 2020 claims data at the level of detail needed to make this change. Please use the information already provided in the RFP for your preliminary bid.

25. For the high-cost claimants (tab “HCC” in Exhibit C): Do these claims include Drug claims? If not, can we get that?

**RESPONSE:**

The high-cost claimants listed reflect only medical expenses. GovGuam may be able to add drug expenses to the high cost medical expenses at a later date. Please use the information already provided in the RFP for your preliminary bid.

26. For the Claims Lag tabs in Exhibit C: The October-2018 through September-2019 incurral months (FY2019) do not have any claims paid after December-2019: That implies only 3 months of run-out. Was the coverage restricted to that? If not, can the missing data be provided?

**RESPONSE:**

The coverage was not restricted to three months of runout. GovGuam does not have access to any further runout for the October 2018 to September 2019 incurred months. Please use the information already provided in the RFP for your preliminary bid.

27. For the Claims Lag tabs in Exhibit C: The October-2020 through September-2021 incurral months (FY2021) do not show any claims paid after March-2022: That implies only 6 months of run-out. Was the coverage restricted to that? If not, can the missing data be provided?

**RESPONSE:**

GovGuam will provide updated claims data with more runout at a later date. Please use the information already provided in the RFP for your preliminary bid.

28. Will the Government of Guam be extending the RFP deadline of May 12? Would it be possible to get a 2 week extension from the May 12 deadline? Now that the deadline to submit questions has been extended, the due date comes very quick. Any extra time granted would be greatly appreciated.

**RESPONSE:**

The deadline to submit proposals has been amended from May 12 to Friday, May 19, 3:00 pm, CHamoru standard time.

29. Is the USD \$10 monetary gym reward a set value for each eligible member as stated under the sample Group Health Insurance Agreement on Page 87? In addition, would this \$10 monetary value be paid out of the claims fund?

**RESPONSE:**

Yes, the gym reward is a set value for each eligible member as stated under the sample Group Health Insurance Agreement. Yes, this \$10 monetary value would be paid by the TPA out of the claims fund.

30. In the RFP Group Health Insurance Agreement sample on page 70 section 4.3 **Experience Participation** it states that an annual experience participation accounting is due no later than January 31, 2024. This won't be possible because the contract year starts only 4 months earlier, on October 1, 2023. Is this date an error as it should state January 31, 2025.

**RESPONSE:**

Please disregard the language about the Experience Participation. The Experience Participation will not apply to a self-funded contract.

31. Are bidders allowed to submit a Medical only proposal or Dental only proposal or Pharmacy only proposal?

**RESPONSE:**

Yes.

32. Proposal Due Date: Given the complexity of the RFP, the amended due date for questions from offerors, and the scope of the questions from offerors, will GovGuam now consider an RFP amendment to provide for a later proposal due date?

**RESPONSE:**

The deadline to submit proposals has been amended from May 12 to Friday, May 19, 3:00 pm, CHamoru standard time.

33. Exclusive vs Non-Exclusive: Will GG select the same TPA for the medical/dental/RX coverages or will different TPAs be selected for Medical Only, Dental Only or RX only or some combination of those coverages?

**RESPONSE:**

Among other options, GovGuam may consider an exclusive carrier for medical and pharmacy and a different exclusive carrier for dental. GovGuam is still considering its options.

34. Exclusive vs Non-Exclusive: Is it possible GG will select different offerors for TPA and Stop Loss coverages?

**RESPONSE:**

Yes.

35. Exclusive vs Non-Exclusive: Will offerors be allowed to price their non-exclusive proposals with a minimum participation contingency?

**RESPONSE:**

This is a reasonable request. Please include any minimum participation qualifiers in your submission.

36. Exhibit B: In the Network Med tab: confirm “TakeCare Insurance Company” is the same as “FHP Health Center”?

**RESPONSE:**

GovGuam does not have a provider reference table and provider names vary by health plan. Please use the TIN (taxpayer identification number) provided in Exhibit B to look up the provider name in your health plan’s reference table.

37. Exhibit B: In the Network Med tab: what is the Provider Name associated with TIN 952931460?

**RESPONSE:**

GovGuam does not have a provider reference table and provider names vary by health plan. Please use the TIN (taxpayer identification number) provided in Exhibit B to look up the provider name in your health plan’s reference table.

38. Exhibit B: In the Network Pharmacy tab, confirm Megadrug III is located at FHP Health Center

**RESPONSE:**

GovGuam does not have a provider reference table and provider names vary by health plan. Please use the TIN (taxpayer identification number) provided in Exhibit B to look up the provider name in your health plan’s reference table.

39. Exhibit B: In the Network Dental tab, why are GMH, GRC, DLS, Children’s Hospital on this dental list?

**RESPONSE:**

These providers were found in recent claims experience. If they are not in your dental network, please respond with “No” in column C of this tab of Exhibit B.

40. Exhibit B: In the Network Dental tab, why is FHP Dental not on the list?

**RESPONSE:**

The list of top providers was taken from the most recent fully complete plan year, fiscal year 2022, which did not include claims experience at FHP Dental.

41. Exhibit C: The enrollment information appears to subscriber (active/retirees/foster child) counts only. Is that correct? If so, are membership counts (including dependents) for FY19-FY22 also available?

**RESPONSE:**

Please use the subscriber information already provided in the RFP for your preliminary bid. If member counts are needed instead of subscriber counts for a final quote, please explain in your bid submission.

42. Exhibit C: Are YTD FY23 subscriber (active/retirees/foster child) counts available. If so, please also provide membership counts.

**RESPONSE:**

GovGuam will provide updated claims and enrollment data with more runout at a later date. Please use the information already provided in the RFP for your preliminary bid.

43. Exhibit C: What are the premiums paid for YTD FY2023?

**RESPONSE:**

Please use the information already provided in the RFP for your preliminary bid.

44. Exhibit C: Please confirm the claims lag data reflects “incurred and paid” claims. Is there any data on “incurred but not yet paid/outstanding” claims for the periods provided.

**RESPONSE:**

The claims lag data reflects "incurred and paid" claims. Please use your own internal IBNP models to estimate the "incurred but not yet paid/outstanding" claim values. Please use the information already provided in the RFP for your preliminary bid.

45. Exhibit C: Is medical and Rx claim data available for YTD FY2023?

**RESPONSE**

GovGuam will provide updated claims data with more runout at a later date. Please use the information already provided in the RFP for your preliminary bid.

46. Exhibit C: Is large claim (between \$50,000 and \$100,000) data available for each coverage period, including YTD FY2023? If so, please provide these data.

**RESPONSE:**

GovGuam will provide updated claims data with more runout at a later date. Please use the information already provided in the RFP for your preliminary bid.

47. Exhibit C: What are the larger shock claims (>\$100k) for YTD FY2023?



**RESPONSE:**

GovGuam will provide updated claims data with more runout at a later date. Please use the information already provided in the RFP for your preliminary bid.

48. Exhibit C: Do the shock claims listed reflect only medical expenses or do they include drug expense? If medical only, can the data be updated to include drug expense?

**RESPONSE:**

Yes, the shock claims listed reflect only medical expenses. GovGuam may be able to add drug expenses to the high-cost medical expenses at a later date. Please use the information already provided in the RFP for your preliminary bid.

49. Exhibit C: Assuming the High Cost Claimants report is showing only incurred and paid claims, please provide any incurred but not yet paid/outstanding claim data for the same periods.

**RESPONSE:**

GovGuam does not have that information at this time. Please use your own internal IBNP models to estimate these values. Please use the information already provided in the RFP for your preliminary bid.

50. Exhibit D: Is it GovGuam's intent that the proposed self-funded benefit plan designs will be PPACA compliant?

**RESPONSE:**

GovGuam will comply with the appropriate federal and local guidance when setting its plan design.

51. Exhibit D: Is it GovGuam's intent that the proposed self-funded benefit plan designs will be CCA/No Surprises Act compliant?

**RESPONSE:**

GovGuam will comply with the appropriate federal and local guidance when setting its plan design.

52. Exhibit D: The HSA 2000 single deductible under a family coverage will need to be changed to comply with the IRS regulations for HAS-qualified plans for FY2024 contract year. Please confirm this is GovGuam's understanding.

**RESPONSE:**

GovGuam will comply with IRS regulations when setting its plan design.

53. Exhibit E: Estimated benefit cost should the estimated benefit cost be proposed at 100% or ?? of expected claims to match the Aggregate stop-loss attachment point?

**RESPONSE:**

Please provide your best estimate of benefit costs. GovGuam can then calculate the necessary multiplier to compare to the aggregate stoploss attachment point.

54. Exhibit E: Stop Loss: is the individual and aggregate stop loss coverage limited to medical services? Or, is the stop loss coverage expected to include prescription drugs and vision? How about dental and/or gym membership expense?

**RESPONSE:**

The stoploss and aggregate protections would only apply to medical and Rx. It would not apply to vision, dental, or gym memberships.

55. Exhibit E: will the negotiation team consider an alternative aggregate attachment point under the stop loss coverage? Be aware reinsurance carriers available in this market do not offer Agg coverage at 105% as this is not used for health insurance programs. They will offer potentially 125% or greater and will set their own equivalent premiums in order to set an attachment point.

**RESPONSE:**

Thank you for this clarification, and yes GovGuam will consider an alternative aggregate attachment point for the stoploss coverage. Please include this clarification in your submission.

56. Admin cost: please clarify if the proposed Admin cost for each coverage should be priced on a stand-alone basis. Or, should the proposed pricing reflect the Admin cost for each coverage if combined?

**RESPONSE:**

Please provide your proposed admin cost for each coverage on a standalone basis and tell us how your admin cost would change if various coverages are combined.

57. Admin cost: what services are to be included in the proposed Admin cost? (Claims/FWA, Network Access, Enrollment Processing, Medical Management, Case Management, Wellness/Health Education, Customer Service, Set-up/filing/docs/reporting/materials). At the very minimum, Medical Management services needs to be included in addition to medical claims processing.

**RESPONSE:**

In future years, GovGuam may consider self-administering some of the administrative services. However, for FY 2024, GovGuam intends to contract for all of the administrated services listed in your question. Please clarify if your admin fee excludes services that are currently covered as part of GovGuam's fully insured arrangement.

58. Admin cost: What will be the expected claim run-out provision, if any, at the end of a contract period?

**RESPONSE:**

GovGuam will still need to define the run-out provisions for the TPA contract. Please disclose the assumed run-out period included in your administrative cost bid.

59. Exhibit F: What will be the due date for the monthly reports?

**RESPONSE:**

Monthly reports will be due no later than the 15<sup>th</sup> of the following month.

60. Exhibit F: Please confirm the following six (6) reports tabbed in the Exhibit will be the only reports required: Medical Claims, Prescription Claims, Enrollment Data, Claims Lag Triangles, High Cost Claimants and Utilization Report.

**RESPONSE:**

These are the monthly reports that are required by statute. TPAs can also propose additional reports to give GovGuam the information it needs to monitor its claims experience.

61. Exhibit K: Why is the Participating Contract provision in the RFP? In a traditional self-funded arrangement, any claim fund surplus or deficit will remain with GG and its authority to disperse or fund. Stop Loss Ins arrangements don't provide for any Experience Refund unless the price is adjusted upwards to support this.

**RESPONSE:**

Please disregard the language about the Experience Participation. The Experience Participation will not apply to a self-funded contract.

62. Exhibit K: Please explain how or if the Guaranteed Renewability of Health Insurance provision applies in a self-funded offering.

**RESPONSE:**

Carriers are required by the renewability clause to provide services to the GG until a new contract is in place.

63. Exhibit L: Are the sample contract and certificate available in a MS Word format? If so, please provide.

**RESPONSE:**

Yes, we will provide the Word version along with this amendment. Offerors are advised to redline their changes.

64. Exhibit L: It appears the contract sample is inappropriate, in some of its provisions, for a self-funded arrangement. Can offerors expect appropriate contract/certificate language to be drafted and made available prior to the RFP due date?

**RESPONSE:**

Carriers may propose any contract redline changes within proposal submission. Please let us know if there are any contingencies in your bid tied to these contract updates.

65. Exhibit L: Please describe the funding mechanism for eligible medical, vision, RX, and dental claims that will allow the TPA to draw down funds to pay these claims.

**RESPONSE:**

General Fund will fund medical, vision, RX and dental claims and TP fees especially at the beginning of the fiscal year.

66. Exhibit L: Will a claim fund (bank account) be set up and will TPA have direct access to the bank account to check balances, fund claims, transfer funds, etc.?

**RESPONSE:**

Yes and upon claims has been received and reviewed, GovGuam will communicate an ACH pull to the respective bank account.

67. Exhibit L: For check payments, is a GG signatory required for certain threshold (example greater than 100K)?

**RESPONSE:**

No check payment as DOA has been implementing EFT payment option to new vendors.

68. Exhibit L: Should there be an NSF situation with the claim fund, will fees be charged to the claim fund?

**RESPONSE:**

GovGuam will not approve any ACH pull should the claim funds not be enough. The general fund will cover these claims in this case.

69. Exhibit L: Should providers claim interest for late payments and other claim-related fees, will this be charged to the claim fund?

**RESPONSE:**

It is the responsibility of the TPA to process claims on a timely basis. In your bid, please clarify if the interest payments would be due to TPA processing speeds or something else.

70. Exhibit L: What will be the claim funding requirement? Will a minimum \$ threshold be negotiated and established? What is the “revolving” amount and will it be fully funded prior to the effective date?

**RESPONSE:**

GovGuam is still determining these details. Please let us know if there are any contingencies in your bid tied to these terms.

71. Exhibit L: Please confirm that in this self-funded offering, the TPA(s) are expected to strictly comply with the plan’s eligibility, enrollment, utilization, coverage and payment guidelines. Will there be a process in place if GovGuam wants to override these guidelines? If so, these items need to be outlined in the proposed contract and certificate.

**RESPONSE:**

We would be interested in having this process in place for GovGuam to override. We request carriers to propose the necessary language.

72. Exhibit L: Does the complaints, claim decisions, and appeals procedures outlined in the sample certificate comply with PPACA claims procedure for internal and external appeals? Will GovGuam require representation on a TPA’s internal appeal determination committee?

**RESPONSE:**

It appears that our dispute resolution procedures comply with PPACA claims procedure for internal and external appeals.

73. RFP Page 9, I. General Information, Section F Licensing and Other Statutory Requirements: It is stated that insurance health TPAs are required to file proposed forms and rates for the Government of Guam health insurance through Systems for Electronic Rate and Form Filing (SERFF). However, it is not clear whether the TPA agreement, the TPA Plan design and administrative fees also need to be filed on SERFF. Additionally, it is unclear if the SERFF filing requirement only applies to the Stop Loss and Aggregate policy. Please clarify.

**RESPONSE:**

All forms and rates, contracts and agreements that fit an appropriate category must be filed through SERFF as part of the required performance.

74. RFP Page 9, I. General Information, Section F Licensing and Other Statutory Requirements: It requires the offeror to provide a Certificate of Authority. Does the offeror of the TPA services need to be an insurer?

**RESPONSE:**

For TPA services only, TPA need not be an insurance company admitted to do business in Guam.

75. RFP Page 10, I. General Information, Section I. Duration of Contract: The period is from October 1, 2023 through September 30, 2024. If the duration is for claims incurred, is there a duration period for TPA services?

**RESPONSE:**

GovGuam will be liable for claims incurred from October 1, 2023 through September 30, 2024. The TPA will be responsible for processing claims for a period of 12 months after the date of termination of the TPA contract. There will be no additional runout processing charges added to the proposed TPA fees. If the TPA wants to negotiate a different arrangement, please describe the arrangement in detail in your bid.

76. RFP Page 12, I. General Information, Section Q. Experience Participation Ratio: It requires a percentage not lower than 86%. Is this section still applicable under a self-funded program?

**RESPONSE:**

Please disregard the language about the Experience Participation. The Experience Participation will not apply to a self-funded contract.

77. RFP Page 12, I. General Information, Section Q. Experience Participation Ratio: How does this Ratio and Experience apply to a Self-Funded Program where there is no Health Insurance Provider and no Premiums except for the Stop-loss coverage?

**RESPONSE:**

Please disregard the language about the Experience Participation. The Experience Participation will not apply to a self-funded contract.

78. RFP Page 12, I. General Information, Section Q. Experience Participation Ratio: Please confirm that gym memberships, Wellness and Quality Improvement incentives paid to members are included as claims?

**RESPONSE:**

79. Please disregard the language about the Experience Participation. The Experience Participation will not apply to a self-funded contract. RFP Page 14, I. General Information, Section V. Mandatory Warranties: Is there supposed to be an item #3? Only numbers #1, #2, and #4 are listed.

**RESPONSE:**

Number 4 is to be replaced with number 3. This is to confirm that there are only 3 items under Section V. Mandatory Warranties.

80. RFP Page 16, II. Proposal Contents, Requirements and Instructions, Section A. Proposal Contents and Requirements: #8 Financially Stable, it requires the audit for the underwriting insurance company, the Annual Statement and Risk-Based Capital Report filed with NAIC. If the offeror for the TPA services is not an insurance company, are these reports still required?

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We would still like to receive a copy of your annual statement, but acknowledge that a risk-based capital report is not needed for a self-funded proposal.

81. RFP Page 16, II. Proposal Contents, Requirements and Instructions, A. Proposal Contents and Requirements #8 (and Exhibit H, Section J): It mentions healthcare insurance business and Insurance Company. Given this self-funded Program, does the Offeror have to be a Health Insurance company to be a TPA for this program?

**RESPONSE:**

No.

82. RFP Page 18, II. Proposal Contents, Requirements and Instructions, #14 and Exhibit L: In the DRAFT Agreement and Certificate, are we allowed to remove all references to an Insurance Plan – since we are dealing with a self-funded program?

**RESPONSE:**

GovGuam will consider your redlines. We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. Please let us know if there are any contingencies in your bid tied to these contract updates.

83. RFP Pages 18-19, II. Proposal Contents, Requirements and Instructions, B. Proposal Instructions, #14: On page 18-19 of the FY2024-GHI-RFP-Self-Funded document, it states “Offerors must submit any contract changes to the proposed draft contract and proposed certificate of insurance with their proposal in a redlined Word document using track changes. Without notice of requested changes from an offeror, the Negotiating Team will assume and rely upon the proposed contract and the proposed certificate of insurance in an offeror’s proposal as

the basis of any agreement reached during negotiations.” : Would Department of Administration provide a Word file for the proposal contract and proposed certificate of insurance?

**RESPONSE:**

A Word version of the contract and proposed certificate will be provided with this amendment.

84. RFP Pages 18-19, II. Proposal Contents, Requirements and Instructions, B. Proposal Instructions, #14: On page 18-19 of the FY2024-GHI-RFP-Self-Funded document, it states “Offerors must submit any contract changes to the proposed draft contract and proposed certificate of insurance with their proposal in a redlined Word document using track changes. Without notice of requested changes from an offeror, the Negotiating Team will assume and rely upon the proposed contract and the proposed certificate of insurance in an offeror’s proposal as the basis of any agreement reached during negotiations.” : On page 19 #2 Sufficiency of proposals, it lists factors such as adequacy of reserves, underwriting gains, AM Best rating and RBC capital report.

**RESPONSE:**

We are requesting offerors to submit a proposed TPA contract. We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. Please let us know if there are any contingencies in your bid tied to these contract updates.

85. RFP Pages 18-19, II. Proposal Contents, Requirements and Instructions, B. Proposal Instructions, #14: On page 18-19 of the FY2024-GHI-RFP-Self-Funded document, it states “Offerors must submit any contract changes to the proposed draft contract and proposed certificate of insurance with their proposal in a redlined Word document using track changes. Without notice of requested changes from an offeror, the Negotiating Team will assume and rely upon the proposed contract and the proposed certificate of insurance in an offeror’s proposal as the basis of any agreement reached during negotiations.” : Are these factors still applicable in a self-funded program?

**RESPONSE:**

We are requesting offerors to submit a proposed TPA contract. We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. Please let us know if there are any contingencies in your bid tied to these contract updates.

86. RFP Page 20, II. Proposal Contents, Requirements and Instructions, B. Proposal Instructions, #6: Are the passwords protecting the log-in to the thumb drive or to protect the documents?

**RESPONSE:**

The passwords are to protect the log-in to the thumb drive.

87. RFP Page 20, II. Proposal Contents, Requirements and Instructions, B. Proposal Instructions, #6: Where do we send the thumb drive passwords?

**RESPONSE:**

The passwords to the thumb drive must be included with the original hard copy proposal.



88. Exhibit B, FY24 Questionnaire, #34: Is this applicable to a self-funded program?

**RESPONSE:**

Not all of these are applicable. GovGuam will update references to fully insured should be read as self-funded requirements in the amended contract language.

89. Exhibit B, FY24 Questionnaire, #24: Could we get confirmation that coverage ends after child reaches 18 and is no longer a minor?

**RESPONSE:**

If you are not able to select “Confirm” to this question, please provide your explanation in column G of Exhibit B.

90. Exhibit B, FY24 Questionnaire, #24: Exhibit B, item #24 states: “In addition to other bona fide legal dependents, the plan must cover children under legal guardianship of the subscriber who meet all other plan requirements. However, the plan may require a court order granting guardianship to the subscriber. Further, the plan is to provide that such children may be enrolled effective the date of the guardianship. Additionally, in accordance with the Patient Protection and Affordable Care Act, dependents must be covered up to age 26. The plan cannot limit dependent children eligibility by their access to other healthcare. Confirm that your organization's proposed plan and rates include these dependents.” :Does the coverage of child under legal guardianship of the subscriber end when the legal guardianship order terminates?

**RESPONSE:**

Pursuant to 19 GCA Personal Relations, Ch. 9 Guardian and Ward, Section 9116. Discharge, A guardian appointed by a court is not entitled to his discharge until one year after the ward’s majority.

Coverage under GovGuam will end after one year when the child turns the legal age.

91. Exhibit B, FY24 Questionnaire #62, #76, #78: Please provide a list of departments.

**RESPONSE:**

A list is attached.

92. Exhibit B, Network Med #25: TIN 952931460 - Please identify the Provider’s name.

**RESPONSE:**

GovGuam does not have a provider reference table and provider names vary by health plan. Please use the TIN (taxpayer identification number) provided in Exhibit B to look up the provider name in your health plan’s reference table.

93. Exhibit B, FY24 Questions #150: Confirm that if you are selected as the medical vendor that you will print member ID cards using (1) Government of Guam's desired formatting, and (2) member IDs for all services provided through Government of Guam (medical, pharmacy, dental, and wellness) even if services are offered through another vendor.



For (1), please provide an example of the Government of Guam's desired formatting.

For (2), is the Government asking if we will issue a member ID to an enrollee that is not enrolled with us?

**RESPONSE:**

For (1), GovGuam can provide a sample once a selection is completed. Information such as reference to the Government of Guam Group plan should be indicated, as well as plan name, TPA name, effective date and class election, as an example.

For (2), the Vendor that is selected for medical benefits will be asked to provide member ID cards for all services, even if the non-medical benefits are offered through another vendor.

94. Exhibit C: Is the enrollment provided in Exhibit C for subscribers only? If so, would it be possible to get enrollment for dependents or enrollees?

**RESPONSE:**

Please use the subscriber information already provided in the RFP for your preliminary bid. If member counts are needed instead of subscriber counts for a final quote, please explain in your bid submission.

95. Exhibit C: Is the enrollment provided in Exhibit C for subscribers only? How many employees are eligible to enroll in the Government of Guam plans?

**RESPONSE:**

Yes, the enrollment is for subscribers only. The estimated **employees** eligible to enroll is 11,400. Although the question did not extend to **retirees/survivors**, please note the estimated population for this group is 8,500.

96. Exhibit C: The latest claims & Enrollment info is Sept2022. Is it possible to give the Oct2022 – March2023 data – Enrollment, Premium, Claims Lag per Plan & Employee status and HCC?

**RESPONSE:**

GovGuam will provide updated claims and enrollment data with more runout at a later date. Please use the information already provided in the RFP for your preliminary bid.

97. Exhibit C: Kindly provide member count.

**RESPONSE:**

Please use the subscriber information already provided in the RFP for your preliminary bid. If member counts are needed instead of subscriber counts for a final quote, please explain in your bid submission.

98. Exhibit C: For claims lag for all plans - March-Sept2021 service months, the data is only as of March2022 – are there updates for these months?

**RESPONSE:**

GovGuam will provide updated claims data with more runout at a later date. Please use the information already provided in the RFP for your preliminary bid.

99. Exhibit C: Kindly provide claims data that will allow analyses by the service categories listed in Exhibit E for the 1500, 2000 and RSP plans for pricing.? Kindly provide Allowed Cost and Paid Cost too.

**RESPONSE:**

Please use the information already provided in the RFP for your preliminary bid.

100. Exhibit C: Please provide the plan (HSA, PPO or RSP) and employee status (Active or Retiree) of each of the high-cost claims listed in the HCC tab of Exhibit C.

**RESPONSE:**

Please use the high-cost claim detail already provided in the RFP for your preliminary bid. If plan and employee status are needed for a final quote, please explain in your bid submission.

101. Exhibit C: Please confirm that the claims data and high cost claimants information under Exhibit C: Enrollment and Claims were not adjusted for any incurred but not yet paid (IBNP).

**RESPONSE:**

The claims data and high cost claimant information under Exhibit C were not adjusted for any IBNP.

102. Exhibit D, Wellness: The Gym Benefit - Please provide the number of members that are currently availing the gym benefit under Government plan.

**RESPONSE:** The FY 2023 rates include a gym benefit for all subscribers and members. In your bid, please respond with a proposed bid per subscriber or member.

103. Exhibit D, Wellness: The Health Risk Assessment – Please provide the member completion/participation rate for the Health Risk Assessment.

**RESPONSE:**

10/1/2021 – 9/30/2022 = 828 members  
10/1/2022 – to date (approximately) = 498 members

104. Exhibit E, Premium-Quotation: Will GovGuam be open to aggregate attachment point greater than 105%?

**RESPONSE:**

GovGuam is open to aggregate attachment points greater than 105%. Please be clear about what aggregate attachment point(s) you are including in your bid.

105. Exhibit F: Is Employer/Agency the same as Department? If not, please provide a list of agencies.

**RESPONSE:**

Yes. A list is provided with this amendment.

106. Exhibit F: Service categories include Inpatient Facility, Ambulatory Facility, Emergency Room, Radiology, Lab, Pharmacy, among others. Will inpatient Facility, Ambulatory Facility and Emergency Room include all facility charges such as radiology, pharmacy, lab and that separate categories on radiology, lab, pharmacy will pertain to outpatient claims?

**RESPONSE:**

Yes, for claims associated with inpatient facility, ambulatory facility, and emergency room visits, please include all facility charges such as radiology, pharmacy, and lab in with the facility charges. The separate categories for radiology, lab, pharmacy pertain to outpatient claims.

107. Exhibit F: In Medical Claims tab, kindly elaborate Utilization units as and Utilization Measurements.

**RESPONSE:**

GovGuam will clarify questions about standard reporting requirements in Exhibit F with the TPA(s) that is/are selected.

108. Exhibit G: Is a wet signature required for the original signed affidavits?

**RESPONSE:**

Yes.

109. Exhibit J: Please clarify what Form GHI-1 is as mentioned in Exhibit J Rules and Regulations, Items 500.1 and 500.5 and kindly provide copy.

**RESPONSE:**

Form GHI-1 refers to Exhibit E – Premium Quotation

110. Exhibit K: Is this complete as only H through K are listed. Are parts A through G missing?

**RESPONSE:**

No. Exhibits A-F are the attached excel files and Exhibit G are the Affidavits and Declaration Forms on pages 30-47 of the RFP.

111. Exhibit L: Page 65, the contract sample appears to be for a fully insured plan. Is there a contract sample for a TPA agreement?

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. GovGuam would welcome sample contract language for TPA services from Offerors.

112. PBM: For optimal discount guarantees involving the pharmacy benefit, can we request for a detailed PBM: pharmacy claim file that includes the following data points, at a minimum?

- a. PBM: Pharmacy ID (NABP or NPI)
- b. PBM: NDC Code
- c. PBM: Quantity
- d. PBM: Day Supply

e. PBM: Date of Fill

(The PBM can usually provide this information without disclosing pricing or cost information.)

**RESPONSE:**

We will not be providing pharmacy data as part of this RFP.

113. We assume GovGuam will provide additional time to seek clarifications to the answers that will be provided. Will GovGuam consider an extension of the deadline considering the complexity of the information that is being requested under this RFP?

**RESPONSE:**

No additional questions will be allowed. An extension deadline to the submission of proposals is amended to May 19, 2023, 3:00 p.m., CHamoru Standard Time.

114. Exhibit C: Please provide the plan (HSA, PPO or RSP) and employee status (Active or Retiree) of each of the high-cost claims listed in the [HCC] tab of Exhibit C.

**RESPONSE:**

Please use the high-cost claim detail already provided in the RFP for your preliminary bid. If plan and employee status are needed for a final quote, please explain in your bid submission.

115. Exhibit C: Please provide enrollment information based on “member” counts. Enrollment counts in Exhibit appear to be based on “subscriber” counts.

**RESPONSE:**

Please use the subscriber information already provided in the RFP for your preliminary bid. If member counts are needed instead of subscriber counts for a final quote, please explain in your bid submission.

116. Exhibit C: Consistent with prior RFPs, please provide enrollment information by plan for each month in the period October 2022 to March 2023.

**RESPONSE:**

GovGuam will provide updated enrollment data for more recent months at a later date. Please use the information already provided in the RFP for your preliminary bid.

117. Exhibit C: Consistent with prior RFPs, please provide claim triangles and claims data by plan with incurred dates October 2022 to March 2023 in the same format as prior FYs.

**RESPONSE:**

GovGuam will provide updated claims data with more runout at a later date. Please use the information already provided in the RFP for your preliminary bid.

118. Exhibit C: Consistent with prior RFPs, please provide updated Participating Contract Refunds up to FY22.

**RESPONSE:**

GovGuam provided premium, enrollment, and claims lag data in Exhibit C, which should be sufficient for submitting a bid. We will not be providing Participating Contract Refunds for this self-funded RFP. Please use the information already provided in the RFP for your preliminary bid.

119. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intend: I. General Information, Section Q. Experience Participation Ratio on page 12.

**RESPONSE:**

Please disregard the language about the Experience Participation. The Experience Participation will not apply to a self-funded contract.

120. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intend: II. Proposal Contents, Requirements and Instructions, Section A. Proposal Contents and Requirements, Item 8b most recent Annual Statement and Risk-Based Capital Report on page 16

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We would still like to receive a copy of your annual statement, but acknowledge that a risk-based capital report is not needed for a self-funded proposal.

121. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intend: II. Proposal Contents, Requirements and Instructions, Section A. Proposal Contents and Requirements, Item 8e amount of any payment obligations for eligible services rendered by GMH, etc. which are outstanding on page 16

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We would still like to receive information about your outstanding payment obligations to GMH.

122. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intend: II. Proposal Contents, Requirements and Instructions, Section A. Proposal Contents and Requirements, Item 8f amount of any potential payment obligations which are unpaid pending utilization review on page 16

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We would still like to receive this information to understand your current payment and utilization review practices.

123. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intend: II. Proposal

Contents, Requirements and Instructions, Section B. Proposal Instructions, Item 2c adequacy of reserves on page 19

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We do not need offerors to provide this information.

124. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intend: II. Proposal Contents, Requirements and Instructions, Section B. Proposal Instructions, Item 2d ability to generate underwriting gains on page 19

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We do not need offerors to provide this information.

125. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intend: II. Proposal Contents, Requirements and Instructions, Section B. Proposal Instructions, Item 2h experience in health insurance or HMO underwriting on page 19

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We would still like to receive this information to understand your ability to help set funding rates.

126. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intend: II. Proposal Contents, Requirements and Instructions, Section B. Proposal Instructions, Item 2j risk-based capital report on page 19

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We do not need offerors to provide this information.

127. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intend: Exhibit J Group Health Insurance Rules and Regulation, the whole Section 500 Rates and Retentions on pages 56-57

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We do not need offerors to provide this information.

128. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intend: Exhibit K Mandatory Contract Requirements, Section I Participating Contract on page 64

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We do not need offerors to provide this information.

129. Requirements: Please confirm that the following provisions in the RFP do not normally apply to a self-funded offeror for TPA services or if they apply please clarify the intent: Exhibit B, tab [FY24 Questionnaire], row 50, #34, all items under NAIC capital requirements

**RESPONSE:**

We acknowledge that there are some references that are more appropriate for a fully insured contract rather than a self-funded contract. We do not need offerors to provide this information.

130. Exhibit E: It seems that there are no separate exhibits for Exclusive and Non Exclusive rates.

**RESPONSE:**

To be qualified, pursuant to Title 4 GCA § 4302(c), an offeror shall submit one cost proposal as a Third Party Administrator (TPA) for a non-exclusive proposal or exclusive proposal.

131. Please clarify: Will the GovGuam consultants develop the risk contribution rates to be charged

**RESPONSE:**

Yes.

132. RFP seeks for aggregate insurance in excess of 105% but reinsurers may only provide for higher amounts i.e. 120%. Will this be a disqualifier If the offeror does not provide aggregate reinsurance at 105%

**RESPONSE:**

GovGuam is open to aggregate attachment points in excess of 105%. Please be clear about what aggregate attachment point(s) you are including in your bid.

133. Will GovGuam seek to contract with the lowest TPA for each of the services below? Medical, Dental, and Prescription

**RESPONSE:**

The review of bids will include operational, customer service, and financial components. Cost is not the only consideration, though it is a very important consideration.

134. If the above is correct; how will GovGuam ensure that data is properly coordinated between TPAs when necessary to update accumulators?

**RESPONSE:**

Many health plans successfully coordinate with PBMs. We expect that GovGuam's medical TPA(s) will be able to coordinate with our selected pharmacy TPA(s). Please indicate in your response if you are unable to meet this operational criteria. Note that it is GovGuam's preference to contract with the same TPA for medical and pharmacy services for FY 2024.

135. Please clarify if GovGuam select one or more offerors to provide excess of loss insurance and/or aggregate reinsurance?

**RESPONSE:**

GovGuam intends to select a single offeror to provide excess of loss insurance and/or aggregate reinsurance.

136. Please provide claims data at the NDC level, to complete a thorough formulary analysis?

**RESPONSE:**

GovGuam will provide this requested information to the selected TPA. Please use the information already provided in the RFP for your preliminary bid.

137. Would it be possible to get a claims file with 12 months of data that includes NDC, NABP/NCPDP, Quantity Dispensed, Day's Supply, Mail / Retail indicator, and fill date?

**RESPONSE:**

GovGuam will provide this requested information to the selected TPA. Please use the information already provided in the RFP for your preliminary bid.

138. With the submission of <plan name> thirty-seven (37) questions specific to the DOA/HRD/EB-RFP-GHI-24-001, we are respectfully requesting an extension, for the submission of the responses to the RFP. The due date as noted in the DOA/HRD/EB-RFP-24-001.

In addition to our questions, our Reinsurance partners are asking for additional time to properly prepare a quotation for the specific stop loss and aggregate coverage requested in the DOA/HRD/EB-RFP-GHI-24-001.

We are requesting for an extension of 30 days (30) from the due date of May 12, 2023. The proposed date for the submission of responses to DOA/HRD/EB-RFP-GHI-24-001 will be Monday, June 12, 2023.

**RESPONSE:**

The proposals for the TPA's have been amended from May 12 to Friday, May 19, 3:00 pm, CHamoru standard time.

Exhibit E, Stop Loss tab for reinsurance quotes is due by May 31, 3:00 pm, CHamoru Standard time.



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EDWARD M. BIRN, Director  
Department of Administration