New York State Department of Civil Service
Request for Proposals #Vision Plan-2016-1
New York State Vision Plan Services
Official Answers to Offerors Questions

Following are the Department's answers to questions regarding the New York State Vision Plan Services RFP.

Note: If the Offeror's questions included their name, the name has been replaced with "Offeror."

Questions and Answers as of March 8, 2016

	Section	Question and Answer
Q1	Section I Page 1-2	Can you tell me if the State will accept and consider fully insured Vision plan proposals? Unfortunately, the Offeror does not offer an administrative services only product for Vision at this time.
A1		**As the Department outlined in Section I.B of the RFP, the NYS Vision Plan is a self-funded benefit. Additionally, Section V.A.1 states the "NYS Vision Plan contract is for Administrative Services Only (ASO); the NYS Vision Plan is not insured". The Department seeks to enter into contract with an Offeror to administer the benefit as such.**
Q2	Section I Page 1-3	Does the Department of Civil Service anticipate there to be any changes to the enrollment in the New York State Vision Plan in the future?
A2		**The Department does not foresee any material changes to enrollment outside fluctuations due to the overall size of the NYS and PE workforce.**
Q3	Section I Page 1-4	Please clarify what is meant by "exam for only refraction services are not covered."
A3		**The exam benefit is for comprehensive exam services, which is defined and administered as follows in the current provider manual as:** **"A comprehensive ocular assessment to evaluate the physiologic function and anatomic structure of the eye must be performed for all patients. All eye examinations must meet all existing state regulations. The general eye assessment should include, but not be limited to, the following:** • **Assessment of current acuity, distance and near, using the member's present corrective lenses, if applicable;** • **External ocular evaluation, including slit lamp examination;** • **Internal ocular examination;** • **Tonometry;** • **Refraction – objective and subjective;** • **Binocular coordination and ocular motility evaluation;** • **Evaluation of pupillary function;** • **Biomicroscopy; and** • **Gross visual fields.**

A Dilated Fundus Examination must be included whenever professionally indicated."

That is what members are entitled to. Therefore, claims submitted for refraction only services from a participating or non-participating provider will not be paid.

Q4	Section I Page 1-5	What testing and criteria do current Participating Providers use during regular vision examinations to determine eligibility for job-related eyeglasses offered through the Occupational Vision Program?

A4

Current participating provider criteria for Occupational benefit is as follows:

(a) Work area above eye level for more than one (1) hour per day will qualify for a Double-D bifocal

(b) Occupational eyewear must be different from the dress eyewear in one of the following ways:

(i).50D spherical power

(ii) Lens type (i.e. single vision to bifocal; or

(iii) 5 mm or greater variation of segment height.

Testing provided by participating provider for Occupational eyeglasses includes refractive status and binocular function at computer distance, color vision and depth perception.

As stated in Section IV of this RFP, "the occupational eyewear must differ from the primary eyewear based on criteria established by the Offeror and consistent with the Occupational Vision Program benefits specified in the Summary of Covered Benefit by Group, Exhibit II.D of this RFP."

Per collective bargaining agreements, sunglasses, polarized lenses and photochromatic lenses are permitted under the Occupational program only for Employees of the following groups: PBA-S, PBA-T, or PIA.

Q5	Section I Page 1-6	What percentage of enrollees' copayments for laser vision correction surgery capped at $200?

A5

Since 2012, 91% of enrollees met the $200 copay for laser vision correction surgery.

Q6	Section IV Page 4-6	What contract award date will the Department of Civil Service commit to that will allow Offerors to appropriately assess confidence levels associated with the Implementation and Start-Up Guarantee?

A6

The Department cannot commit to a specific award date. DCS anticipates an implementation period of between 90-120 days from the date of OSC's approval of the contract. The effective date of benefit coverage will immediately follow the implementation period and the

		Department expects such date to be January 1, 2017.
Q7	Section IV Page 4-7	Historically, approximately how many member and provider calls are received each year? How many calls did the incumbent receive in 2015?
A7		**The number of calls from members of the NYS Vision Plan for each of the following years are as follows:** **2013 – 23,571** **2014 – 26,401** **2015 – 23,002** **The number of calls from participating providers of the NYS Vision Plan cannot be given, as that number could not be carved out from provider calls for other employee benefit programs.**
Q8	Section IV Page 4-12	Can the Department quantify the total number of Vision Plan materials by type of material and recipient for Plan year 2015? For example, in 2015, how many Benefit Booklets were mailed to new enrollees?
A8		**Currently, new Enrollees receive a welcome kit and Vision Summary of Benefits Booklet. In 2015, the Vision Summary of Benefit Booklets and welcome kits mailed to new enrollees were in the amount of 8,400 each.**
Q9	Section IV Page 4-13	How many times, on average, per year, does the Contractor need to replenish supply of Summary of Benefit Booklets to HBAs?
A9		**As mentioned in Section IV.4.b.(4) Summary booklets are to be supplied to HBAs equal to 3% of agency enrollment, this occurs once during implementation. Thereafter the Summary of Benefit Books should be mailed to the Fulfillment Center. We do not have historical data that can provide the number of times the Fulfillment Center will have to be replenished. However, quantities on hand at the Fulfillment Center must be able to meet the needs of HBAs for new enrollees and replacement copies for each benefit group. For 2015, 8,400 booklets were mailed to new enrollees; this figure also includes ad hoc requests of enrollees for replacement copies.**
Q10	Section IV Page 4-12	Within 90 days of implementation, Contractor must develop, print and mail to enrollees' homes a customized listing of Participating Providers and a Vision Plan Summary of Benefits booklet. Is the provider listing limited to providers in New York?
A10		**No, the Participating Provider listing should not be limited to the state of New York as there are enrollees who live in states other than NY. Currently, enrollees receive a listing of participating providers within in a 50 mile radius. If there, no participating providers within that radius, they are notified as such.**
Q11	Section IV Page 4-13	Can the Department specify what types of Vision Plan publications are provided to the Department's Fulfillment Center? Historically, how often

		does the Contractor need to replenish the Fulfillment Center's Supply? What was the quantity of each of these publications supplied in 2015?
A11		**The Summary of Benefits Booklet will need to be provided to the Fulfillment Center. The Department cannot advise how often Summary of Benefit Books need to be mailed to the Fulfillment Center as this is a new requirement under the contract. However, quantities on hand at the Fulfillment Center must be able to meet the needs of HBAs so booklets for new enrollees and replenishment copies can be provided. For 2015, 8,400 booklets were mailed to new enrollees which also includes ad hoc requests.**
Q12	Section IV Page 4-14	Annually, approximately how many health fairs and employee meetings are held?
A12		**Health fairs occur throughout the New York State at various agency locations. The number of health fairs attended over the past three years are as follows:** **2013 – 12** **2014 – 24** **2015 – 12** **Exhibit III.I is added to present the list of health fairs attended in 2015.**
Q13	Section IV Page 4-15	Will the selected Offeror be required to produce identification cards?
A13		**Identification cards are not required to be presented in order to obtain benefits. Both of the past two vendors did issue a card to enrollees**
Q14	Section IV Page 4-15	Will the selected Offeror be required to assign alternate identification numbers or will they be assigned by the Department of Civil Service?
A14		**DCS will not assign alternative identification numbers for this program; additionally, current alternative identification numbers for this program are not accepted by our enrollment system.**
Q15	Section IV Page 4-15	If an Offeror currently receives enrollment files from the Department of Civil Service, will enrollment files associated with the Vision Plan be provided on a separate 834 file?
A15		**Yes, a separate enrollment file/transactions capturing Vision Plan enrollment will be provided.**
Q16	Section IV Page 4-15	If an Offeror currently receives enrollment files from the Department of Civil Service and will not be receiving a separate enrollment file, will they receive separate eligibility transaction records on their existing enrollment file?
A16		**Please see response to Question 15.**
Q17	Section IV Page 4-23	Are there any unions up for negotiation over the term of the 5-year agreement?

A17		**It is anticipated that all of the unions will be up for negotiation over the term of the 5-year agreement.**
Q18	Section IV Page 4-30	Please confirm the Standard Credit Amount, it currently states "…for each .01 to 10% below the ninety-five percent (95%) minimum access standard…." (9.b.(5)(b)). Should this state "….for each .01 to 1.0%" instead?
A18		**The performance guarantee in Section IV.B.9.b. (5)(b) should read: "*The Standard Credit Amount for each .01 to 1.0%...".* See page 4-30 of amended Section IV.**
Q19	Section IV Page 4-41	Can the Department please provide a list of the current contact lens brands that are part of the incumbent's "standard" selection?
A19		**The contact lens brands that are a part of the incumbent's standard selection are as follows:** **<u>Planned Replacement:</u>** **Biofinity CooperVision** **Frequency Aspheric CooperVision** **<u>Disposables:</u>** **2 Week ACUVUE 2 Vistakon** **2 Week ACUVUE OASYS Vistakon** **2 Week Biomedics 55 Premiere CooperVision** **Daily ClearSightTM 1-Day CooperVision** **Daily 1-Day ACUVUE MOIST Vistakon** **ACUVUE OASYS for ASTIGMATISM Vistakon** **Biomedics Toric CooperVision** **ACUVUE OASYS for PRESBYOPIA Vistakon** **Please refer to Section IV.B.12 of the RFP regarding Contact Lens Selection.**
Q20	Section IV Page 4-41	Do all Participating Providers dispense from formulary selection when dispensing lenses? If not, what percent of providers contact lens claims are from the incumbent formulary?
A20		**Not all contact lenses dispensed by participating providers were from the current contact lens formulary. Since 2012, 76% of contact lenses dispensed by participating providers were outside of the formulary and enrollees utilized their contact lens allowance; while 24% of dispensed contact lenses were from the current formulary and covered under the collection allowance.**
Q21	Section IV Page 4-41	Does the contact lens allowance include the contact lens fit and follow up? Are they separate today?
A21		**The contact lens fit and follow-up is separate from the contact lens allowance for all groups when done at a participating provider. The contact lens fit and follow up occurs at no charge to enrollees and dependents when done at a participating provider. Please refer to Exhibit III.A for the contact lens fitting utilization.**

		When services are received from an out of network provider, the contact lens allowance is applied to the fitting fee and contact lens materials. For NYSCOPBA, Council 82, PBANYS, PBA and PIA enrollees and dependents, the $184 out of network allowance is applied to the contact lens fitting and contact lens materials. For PEF and M/C enrollees and dependents, the $40 out of network allowance is applied to the cost of the contact lens fitting and contact lens materials. Please refer to Exhibit III.E for the out of network reimbursement schedule.
Q22	Section V Page 5-3	In the Cost Proposal Requirements section it states "The Administrative Fee Per Enrollee fees shall be quoted on a per Enrollee per month basis." Please confirm Offerors should be proposing Administrative Fees as a PEPM (Per Enrollee Per Month meaning employee or subscriber) or PMPM (meaning Per Member Per Month including all employees or subscribers and their eligible dependents). Section II: Introduction states the "The NYS Vision Plan currently has close to 103,767 Enrollees with approximately 256,530 covered members." Section VIII: Glossary of Terms, defines Enrollee as "Employee" or "Dependent."
A22		**The Administrative Fee should be quoted and will be assessed on the number of employees (enrollees) or approximately 103,767, please see Section I.**
Q23	Appendix D	Under Contract Goals section of Appendix D, it states that the overall goal for Minority and Women-Owned Enterprises has been established as 20% of the administrative cost component of the Contract. This goal differs from the goal of 1% outlined in Section II: Procurement Protocol and Process (Page 2-22). Please confirm goal percentage is 1%.
A23		**Confirmed, please see amended Appendix D.**
Q24	Exhibit I.Z	Per Exhibit I.Z, once completed Confidentiality Agreement and Certificate of Non-Disclosure is submitted offers will be provided detailed claims data however this does data does not appear to have been provided on the CD we received on 2/11/16.
A24		**Offerors will not be provided with any detailed claims data. Exhibit II.B contains only NYSHIP enrollment counts by zip code. Exhibit I.Z is a general Confidentiality Agreement and Certificate of Non-Disclosure used by the Department.**
Q25	Exhibit II.A	Is enrollment data for the period 2012-2015, either annual or monthly subscriber/member counts available? If so, can the Department provide this data?
A25		**Average annual subscriber contracts are as follows for years 2012-2015:** **2012 – 104,043**

2013 – 104,353
2014 – 103,629
2015 – 103,858

Q26 Exhibit II.C

Do dependents age out at the end of the month or end of the calendar year in which are no longer eligible?

A26 **Dependents are removed from the plan at the end of the month in which they lose eligibility due to age.**

Q27 Exhibit III.A

What percentage of the frames dispensed within each retail price band were from the current carriers' frame formulary (tower) vs. frames available from the providers standard inventory?

A27 **56% of all dispensed frames were from the incumbent's current frame collection; while 44% of all dispensed frames were non-collection frames and obtained by members under their frame allowance.**

Q28 Exhibit III.D

Are monthly amounts for both paid claims and ASO fees available? If so, can they be provided by the Department?

A28 **Please see the added Exhibit III.D.1 for information regarding the claims expenses and administrative expenses paid by month from 2012 through 2015.**

Q29 Exhibit III.D

Are August – December 2015 paid claims and ASO fee data available? If so, can they be provided by the Department?

A29 **Yes, please review amended Exhibit III.D for information regarding the claims expenses and administrative expenses paid from 2012 through 2015.**

Amended March 15, 2016

Q30 Appendix D

Can you confirm if the 1% is based on the combination of both the administration and claim cost? Example, if the overall annual billed amount to the plan is $50,000.00 (administration and claims), is the expectation that we would spend $500.00 with a certified MWBE company? Is it an indirect spend or direct/specific to this account spend?

A30 **As referenced in Appendix D (amended March 8, 2016), the 1% Contract Goal for MWBE participation relates to the overall cost of the Contract. The overall cost of the contract is comprised of claim costs and administration costs. Only MWBE spending that pertains to this contract will be counted towards the goal.**