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# Solicitation Amendment

## SEBB Program Fully Insured Medical Plans

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### RFP No. 2716

### Amendment No. 4

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**Date Issued:** July 3, 2018

**Purpose:** To amend the RFP to make the updates/corrections described in HCA's answers to the Round 1 questions in Amendment 3 and to incorporate Exhibit K, *Draft Contract*.

Amendment need not be submitted with Proposal. All other Terms, Conditions, and Specifications remain unchanged. The above referenced solicitation is amended as follows:

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1. Section 1.6, **Statement of Work**, subsection E, *Data Reporting and Analytics*, item #5 is hereby deleted and replaced with the following:
  5. Capacity to create customized reports that are similar to those received by HCA's self-insured plans so that HCA can obtain a comprehensive overview of clinical factors and cost drivers to inform HCA's internal operations and external stakeholders. A template is currently being built and will be provided to ASB(s) at a later time.
2. Section 1.7, **Minimum Qualifications**, #8 is hereby deleted and replaced with the following:
  8. Must meet an A.M. Best financial rating of A- at the time of Proposal submittal, or comparable rating from one of the independent agencies who rate the financial strength of insurance companies (e.g., Standard & Poor's, Moody's, Fitch, etc.). Bidder to provide a copy of their most recent report with this rating.
3. Exhibit F, **HCA Health Transformation Vision**, section 1, *Innovative Leadership and Administrative Support*, item f is hereby deleted and replaced with the following:
  - f. Current financial risk arrangements using the Alternate Payment Model (APM) framework (see Appendix 1 – *CMS Framework for Value-Based Payments or Alternative Payment Models (CMS LAN APM)*) to indicate by category the proportion of providers in VBP arrangements. Beginning in Plan Year 2020, the Bidder should anticipate responding annually to HCA's VBP Survey (an example of this can be found in Appendix 8 – *2017 Paying for Value Survey*). The updated survey is scheduled to be released in the summer of 2018. Bidders should not submit a response to this survey as part of their Proposal.

4. Exhibit H, **Operations**, section 11, *Implementation Plan*, item c.iii, the second bullet point regarding the HCA clinical audit is hereby deleted.
5. Appendix 6, **Proposed Service Area(s)**, is hereby deleted and replaced with the updated Appendix 6 attached to and included with this amendment.
6. Appendix 10, **2018 UMP Classic Plan Design**, is hereby deleted and replaced with the updated Appendix 10 attached to this amendment.
7. Appendix 11, **Proposed Plan Design(s)**, is hereby deleted and replaced with the updated Appendix 11 attached to this amendment.
8. The *Draft Contract* included with this amendment, is hereby incorporated as **Exhibit K** to the RFP.

**Appendix 6 – Proposed Service Area(s)**

This appendix has been included as a separate excel attachment. Bidders must complete the Proposed Service Area(s) spreadsheet indicating which counties Bidder will be covering in its Proposal starting January 1, 2020. Proposed service areas are by county.

The excel document has been updated to include a zip code list for Bidder's reference.

**Appendix 10 – 2018 UMP Classic Plan Design**

Table 1

<b>2018 UMP Classic Point of Service Cost Sharing</b>	
<b>Medical</b>	
Deductible (single/family)	\$250/\$750
Coinsurance	15%
Maximum out of Pocket (single/family)	\$2,000/\$4,000
<b>Drug</b>	
Deductible (single/family)	\$100/\$300
Coinsurance	Preventative- 0% Value- 5% Generic- 10% Preferred- 30% Non-preferred- 50%
Maximum out of Pocket (single/family)	\$2,000/no max

Table 2

<b>2018 UMP Classic Benefit Specific Cost Sharing</b>		
<b>Covered Services</b>	<b>Cost Share</b>	<b>Subject to Deductible?</b>
Ambulance (medical emergencies)	Subject to Coins.	Yes
Acupuncture (16 visits)	Subject to Coins.	Yes
Applied Behavior Analysis Therapy (ABA)	Subject to Coins.	Yes
Chemical Dependency:		
Inpatient	Subject to Coins.	Yes
Outpatient	Subject to Coins.	Yes
Contraceptive Services	Preventative: 0% Coins. Standard: Subject to Coins.	Preventative: No Standard: Yes
Dental Services (covered medical services)	Subject to Coins.	Yes
Diabetes Control Program	0% Coins.	No
Diabetes Prevention Program	0% Coins.	No
Diagnostic tests, laboratory, and x-rays	Subject to Coins.	Yes
Durable medical equipment, supplies, and prostheses	Subject to Coins.	Yes
Emergency Room	Subject to Coins.	Yes
End-of-life counseling (hospice)	0% Coins.	Yes
End-of-life counseling (non-hospice, 30 visits)	Subject to Coins.	Yes
Family planning services	Subject to Coins.	Yes
Headaches, chronic migraines (Botox)	Subject to Coins.	Yes
Hearing aids	Any dollar amount over \$800	No
Hearing exams, routine (1 per year)	0% Coins.	No
Home health care	Subject to Coins.	Yes

Hospice (includes respite and prescription drugs, up to 6 months hospice, 14 visits respite)	Medical and prescription drug services paid 100% after deductible	Yes
Hospital Services:		
Inpatient	Copay/Subject to Coins.	Yes
Outpatient	Subject to Coins.	Yes
Immunizations	0% Coins.	No
Joint replacement surgery		
Inpatient	Copay/Subject to Coins.	Yes
Outpatient	15% coinsurance	Yes
Joint replacement surgery: COE Program	0% Coins.	Yes
Mammograms (diagnostic)	Subject to Coins.	Yes
Mammograms (screening)	0% Coins.	No
Massage Therapy (16 visits)	Subject to Coins.	Yes
Mastectomy and breast reconstruction	Subject to Coins.	Yes
Mental health treatment:		
Inpatient	Copay/Subject to Coins.	Yes
Outpatient	Subject to Coins.	Yes
Naturopathic physician services	Subject to Coins.	Yes
Obstetric and newborn care (inpatient)	Subject to Coins.	Yes
Office visits	Subject to Coins.	Yes
Physical, occupational, speech and neurodevelopmental therapy (60 visits)	Subject to Coins.	Yes
Preventative care: vaccines, routine exams, and some screening tests	0% Coins.	No
Skilled nursing facility	Copay/Subject to Coins.	Yes
Spinal and extremity manipulations/chiropractic (10 visits per year)	Subject to Coins.	Yes
Surgery:		
Inpatient	Copay/Subject to Coins.	Yes
Outpatient	Subject to Coins.	Yes
Telemedicine services	Subject to Coins.	Yes
Tobacco cessation	0% Coins.	No
Transgender services	Subject to Coins.	Yes
Urgent care	Subject to Coins.	Yes
Vision care: diseases and disorder of the eye	Subject to Coins.	Yes
Vision exams, routine	0% Coins.	No
Vision hardware, adults (glasses, contact lenses)	Any amount over \$150 every 2 years	No
Vision hardware children (age 18 and under), glasses: plan pays 1 pair per year	\$0	No
Well-child visits	0% Coins.	No

## 2018 UMP Classic List of Exclusions:

1. Air ambulance, if ground ambulance would serve the same purpose.
2. Autologous blood and platelet-rich plasma injections.
3. Bariatric surgery under the following circumstances: BMI 30 to 34 without Type II Diabetes Mellitus. BMI less than 30. Patients younger than 18 years of age.
4. Bone growth stimulators for: Nonunion of skull, vertebrae or tumor related. Ultrasonic stimulator – delayed fractures and concurrent use with other noninvasive stimulator.
5. Bone morphogenetic protein-7 (rhBMP-7) for use in lumbar fusion.
6. Bronchial thermoplasty for asthma.
7. Cardiac nuclear imaging for: Asymptomatic patients, patients with known coronary artery disease and no changes in symptoms.
8. Carotid artery stenting of intracranial arteries.
9. Carotid intima media thickness testing.
10. Complications arising directly from services that would not be covered by the plan during the current plan year. The plan will cover complications arising directly from services that the plan paid for you in the past.
11. Computed tomographic colonography (CTC), also called a virtual colonoscopy, for routine colorectal cancer screening
12. Corneal refractive therapy (CRT), also called orthokeratology.
13. Coronary or cardiac artery calcium scoring.
14. Coronary artery tomographic angiography for: Patients who are asymptomatic or at high risk of coronary artery disease; CCTA used for coronary artery disease investigation outside of the emergency department or hospital setting; and CT scanners that use lower than 64-slice technology.
15. Cosmetic services or supplies, including drugs and pharmaceuticals. However, the plan does cover: Reconstructive breast surgery following a mastectomy necessitated by disease, illness, or injury. Reconstructive surgery of a congenital anomaly, such as cleft lip or palate, to improve or restore function.
16. Court-ordered care, unless determined by the plan to be medically necessary and otherwise covered.
17. Custodial care
18. Deep brain stimulation and transcranial direct current stimulation when used as non-pharmacological treatments for treatment-resistant depression.
19. Dental care for the treatment of problems with teeth or gums, other than the specific covered dental services
20. Dietary or food supplements, including but not limited to; herbal supplements, dietary supplements, medical foods, and homeopathic drugs. Infant or adult dietary formulas. Medical foods. Minerals. Prescription or over-the-counter vitamins.
21. Dietary programs.
22. Discography for patients with chronic low back pain and lumbar degenerative disc disease. This does not apply to patients with the following conditions: Radiculopathy, Functional neurologic deficits (motor weakness or EMG findings of radiculopathy), Spondylolisthesis greater than Grade 1, Isthmic spondylolysis. Primary neurogenic claudication associated with stenosis. Fracture, tumor, infection, inflammatory disease. Degenerative disease associated with significant deformity
23. Drugs or medicines not covered by the plan
24. Drugs or medicines obtained through mail-order pharmacies located outside the U.S.
25. Educational programs, except as part of a diabetes control program, diabetes education, diabetes prevention program, and tobacco cessation services.
26. Electrical Neural Stimulation (ENS), which includes Transcutaneous Electrical Nerve Stimulation (TENS) Units.
27. Email consultations or e-visits.
28. Equipment not primarily intended to improve a medical condition or injury, including but not limited to: Air conditioners or air purifying systems, arch supports, communication aids, elevators, exercise equipment, massage devices, overbed tables, residential accessibility modifications, sanitary supplies, telephone alert systems, vision aids, whirlpools, portable whirlpool pumps, or sauna baths.
29. Erectile or sexual dysfunction treatment with drugs or pharmaceuticals.
30. Experimental or investigational services, supplies, or drugs.
31. Extracorporeal shock wave therapy for musculoskeletal conditions.

32. Eye surgery to alter the refractive character of the cornea, such as radial keratotomy, photokeratectomy, or LASIK surgery.
  33. Facet neurotomy for the thoracic spine or headache.
  34. Fecal microbiota transplantation for treatment of inflammatory bowel disease.
  35. Foot care not related to diabetes: cutting of toenails, treatment for diagnosed corns and calluses, or any other maintenance-related foot care.
  36. Functional neuroimaging for primary degenerative dementia or mild cognitive impairment.
  37. Treatment of chronic tension-type headache with Botox. Treatment of chronic migraine or chronic tension-type headache with acupuncture, massage, trigger point injections, transcranial magnetic stimulation, or manipulation/manual therapy (example: chiropractic services).
  38. Hip resurfacing.
  39. Hip surgery for treatment of Femoroacetabular Impingement (FAI) Syndrome.
  40. Home health care such as: private duty or continuous care in the member's home, housekeeping or meal services, care in any nursing home or convalescent facility, care provided by or for a member of the patient's family, any other services provided in the home that do not meet the definition of skilled home health care.
  41. Hospital inpatient charges for non-essential services or features such as: admissions solely for diagnostic procedures that could be performed on an outpatient basis, reserved beds, services and devices not medically necessary, personal or convenience items.
  42. Hyaluronic acid injections (viscosupplementation) for treatment of pain in any joint other than the knee.
  43. Hyperbaric oxygen therapy treatment for: brain injury including traumatic (TBI) and chronic brain injury, cerebral palsy, multiple sclerosis, migraine or cluster headaches, acute and chronic sensorineural hearing loss, thermal burns, non-healing venous, arterial and pressure ulcers.
  44. Imaging of the sinus for rhinosinusitis using X-ray or ultrasound.
  45. Immunizations for the purpose of travel or employment, even if recommended by the Centers for Disease Control and Prevention.
  46. Implantable drug delivery systems (infusion pumps or IDDS) for chronic non-cancer pain.
  47. In vitro fertilization and all related services and supplies, including all procedures involving selection of embryo for implantation.
  48. Incarceration: Services and supplies provided while confined in a prison or jail.
  49. Infertility or fertility testing or treatment after initial diagnosis, including drugs, pharmaceuticals, artificial insemination, and any other type of testing, treatment, complications resulting from such treatment (e.g., selective fetal reduction), or visits for infertility.
  50. Knee arthroscopy for osteoarthritis of the knee.
  51. Late fees, finance charges, or collections charges.
  52. Learning disabilities treatment after diagnosis, except as covered under the following benefits: ABA therapy, physical, occupational, speech, and neurodevelopment therapy, or when part of treating a mental health disorder.
  53. Lumbar artificial disc replacement.
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54. Lumbar fusion for degenerative disc disease.
  55. Magnetic resonance imaging, upright (uMRI).
  56. Maintenance care
  57. Manipulations of the spine or extremities (non-spinal, arms or legs.)
  58. Marriage, family, or other counseling or training services, except as provided to treat an individual member's neuropsychiatric, mental, or personality disorder.
  59. Massage therapy services when the massage therapist is not a preferred provider.
  60. Medicare-covered services or supplies delivered by a provider who does not offer services through Medicare, when Medicare is the patient's primary coverage.
  61. Microprocessor-controlled lower limb prostheses (MCP) for the feet and ankle.
  62. Missed appointment charges.
  63. Noncovered provider types: Services delivered by providers not listed as a covered provider type
  64. Novocure (tumor treating fields).
  65. Orthoptic therapy except for the diagnosis of strabismus, a muscle disorder of the eye.
  66. Orthotics, foot or shoe: Items such as shoe inserts and other shoe modifications

67. Osteochondral allograft/autograft transplantation for joints other than the knee.
68. Out-of-network provider charges that are above the allowed amount.
69. Over-the-counter contraceptive supplies intended for use by males.
70. Pharmacogenomics testing for depression, mood disorders, psychosis, anxiety, ADHD, and substance use disorder.
71. Positron Emission Tomography (PET) scans for routine surveillance of lymphoma.
72. Postage and handling related to medical services and supplies.
73. Prescription drug charges over the allowed amount, regardless of where purchased.
74. Prescription drugs that require preauthorization unless the request is supported by medical justification from a clinician other than the patient or member of the patient's family or approved by the plan.
75. Proton beam therapy for conditions other than: ocular cancers, pediatric cancers central nervous system tumors, other non-metastatic cancers with the following conditions when expected treatment has failed.
76. Provider administrative fees—any charges for completing forms, copying records, or finance charges, except for records requested by the plan to perform retrospective (post payment) review.
77. Recreation therapy.
78. Replacement of lost, stolen, or damaged durable medical equipment.
79. Replacement of medications that are any of the following: confiscated or seized by Customs or other authorities, contaminated, damaged, expired, lost or stolen, ruined.
80. Residential treatment programs that are not licensed to provide residential treatment.
81. Reversal of voluntary sterilization (vasectomy, tubal ligation, or similar procedures).
82. Riot, rebellion, and illegal acts: services and supplies for treatment of an illness, injury, or condition caused by a member's voluntary participation in a riot, armed invasion or aggression, insurrection or rebellion, or sustained by a member arising directly from an act deemed illegal by a court of law.
83. Separate charges for records or reports.
84. Service animals: any expenses related to a service animal.
85. Services covered by other insurance, including but not limited to motor vehicle, homeowner's, renter's, commercial premises, personal injury protection (PIP), medical payments (Med-Pay), automobile no-fault, general no-fault, underinsured or uninsured motorist coverage.
86. Services delivered by providers or facilities delivering services outside the scope of their licenses.
87. Services or supplies that are not medically necessary for the diagnosis and treatment of injury or illness or restoration of physiological functions, and are not covered as preventive care, even if services are prescribed, recommended, or approved by your provider. Services or supplies provided by a family member or any household member, a resident physician or intern acting in that capacity, solely for comfort, or for which you are not obligated to pay.
88. Services performed during a non-covered service.
89. Services performed primarily to ensure the success of a non-covered service, including but not limited to a hiatal hernia repair done to ensure the success of a non-covered laparoscopic adjustable gastric banding surgery.
90. Services supplemental to digital mammography. Non-high-risk patients: magnetic resonance imaging (MRI), Hand held ultrasound (HHUS), automated breast ultrasound (ABUS). High-risk patients: hand held ultrasound (HHUS), automated breast ultrasound (ABUS).
91. Services, supplies, or drugs related to occupational injury or illness
92. Services, supplies, or items that require preauthorization unless the request is supported by medical justification from a clinician other than the patient or member of the patient's family or approved by the plan.
93. Skilled nursing facility services or confinement: when primary use of the facility is as a place of residence, when treatment is primarily custodial.
94. Sleep apnea diagnosis and treatment as indicated in referenced Medicare national and local coverage determinations.
95. Spinal cord stimulation for chronic neuropathic pain.
96. Spinal injections, therapeutic of the following types: medial branch nerve block, intra-discal, facet injections
97. Spinal surgical procedures known as vertebroplasty, kyphoplasty, and sacroplasty.
98. Stereotactic radiation surgery and stereotactic body radiation therapy.
99. Telephone or virtual consultations or appointments, except when considered 'telemedicine' services.



100. Travel, transportation, and lodging expenses, except as specified for ambulance services covered by the plan, or approved travel and lodging costs related to the Center of Excellence (COE) Program for joint replacement.
101. Ultrasounds during pregnancy (non high-risk only): any more than one in week 13 or earlier, any more than one during weeks 16-22.
102. Upright magnetic resonance imaging (uMRI)
103. Vagal nerve stimulation for the treatment of depression.
104. Vitamin D screening and testing is not covered as part of routine screening.
105. Weight control, weight loss, and obesity treatment: programs, drugs, services, or supplies for weight control, weight loss, or obesity treatment. Exercise or diet programs (formal or informal), exercise equipment, or travel expenses associated with non-surgical or surgical services are not covered. Such treatment is not covered even if prescribed by a provider, except as covered under diabetes control program, diabetes prevention program, nutrition counseling and therapy, or preventative care. Any bariatric surgery procedure, any other surgery for obesity or morbid obesity, and any related medical services, drugs, or supplies, except when approved by preauthorization review.
106. Workers' compensation: When a claim for workers' compensation is accepted as being caused by a work-related injury or illness, all services related to that injury or illness are not covered, even if some services are denied by workers' compensation.

**Appendix 11 – Proposed Plan Design(s)**

<b>“Plan Name”</b>		
<b>Counties Offered in:</b>		
<b>Point of Service Cost Sharing</b>		
<b>Medical</b>		
Deductible (single/family)		
Coinsurance		
Maximum out of Pocket (single/family)		
<b>Drug</b>		
Deductible (single/family)		
Coinsurance	Preventative- % Value- % Generic- % Preferred- % Non-preferred- %	
Maximum out of Pocket (single/family)		
<b>Benefit Specific Cost Sharing</b>		
<b>Covered Services</b>	<b>Cost Share</b>	<b>Subject to Deductible?</b>
Ambulance (medical emergencies)		
Acupuncture (16 visits)		
Applied Behavior Analysis Therapy (ABA)		
Chemical Dependency:		
Inpatient		
Outpatient		
Contraceptive Services		
Dental Services (covered medical services)		
Diabetes Control Program		
Diabetes Prevention Program		
Diagnostic tests, laboratory, and x-rays		
Durable medical equipment, supplies, and prostheses		
Emergency Room		
End-of-life counseling (hospice)		
End-of-life counseling (non-hospice, 30 visits)		
Family planning services		
Headaches, chronic migraines (Botox)		
Hearing aids		
Hearing exams, routine (1 per year)		
Home health care		
Hospice (includes respite and prescription drugs, up to 6 months hospice, 14 visits respite)		
Hospital Services:		
Inpatient		
Outpatient		

Immunizations		
Joint replacement surgery		
Inpatient		
Outpatient		
Joint replacement surgery: COE Program		
Mammograms (diagnostic)		
Mammograms (screening)		
Massage Therapy (16 visits)		
Mastectomy and breast reconstruction		
Mental health treatment:		
Inpatient		
Outpatient		
Naturopathic physician services		
Obstetric and newborn care (inpatient)		
Office visits		
Physical, occupational, speech and neurodevelopmental therapy (60 visits)		
Preventative care: vaccines, routine exams, and some screening tests		
Skilled nursing facility		
Spinal and extremity manipulations/chiropractic (10 visits per year)		
Surgery:		
Inpatient		
Outpatient		
Telemedicine services		
Tobacco cessation		
Transgender services		
Urgent care		
Vision care: diseases and disorder of the eye		
Vision exams, routine		
Vision hardware, adults (glasses, contact lenses)		
Vision hardware children (age 18 and under), glasses: plan pays 1 pair per year		
Well-child visits		

**Exclusions List:**

Assuming exclusions are the same for every plan the Bidder submits, only one redline exclusion list is necessary for the plan submittals. If there are changes to the exceptions list based on plan design, note those changes.