

**State of Connecticut  
Department of Social Services  
Medicaid Managed Care – HUSKY A, SCHIP Managed Care – HUSKY B, and  
Charter Oak Managed Care  
For the State of Connecticut  
REQUEST FOR PROPOSALS**

**010308DSS\_HUSKY\_CO\_RFP**

**FIFTH Addendum**

**RELEASE DATE - 031708**

The following information amends the contents of the original RFP issued on January 1, 2008.

- 1. Section I – 3 Overview Description of Charter Oak – the third sentence is clarified as follows:** If, in the development of its Business (Cost) Proposal the Bidder determines that the total target premium is insufficient to provide each of the Charter Oak covered services, the Bidder **MUST** propose a premium that includes the provision of each of the Charter Oak covered services and **MAY** propose **an alternative cost sharing arrangement including changes to co-pays or co-insurance. The benefit package MAY NOT be altered.**
- 2. Section II – Section 15 J – Personnel and Position Assurances (page 13 - 14) has been revised** with the deletion of the last sentence “The Department shall reimburse the Contractor for those staff expenses actually incurred.” See Question and Answer #5.
- 3. Section IV- Proposal Contents Part One: Transmittal Communication, Forms and Acceptances:** The Department is changing the order of submission requirements for Part One of the Bidders’ response. The Amendment Acknowledgements should precede the Transmittal Letter . The pages of Amendment Acknowledgements do not have to be numbered. Page number requirement Section III – Proposal Format Requirements subsection 6 on page 18) should begin with the Transmittal Letter.
- 4. Section IV – Part Two – 3B Management Plan has been revised to apply to proposed subcontractors. “The bidder shall, for the Bidder as the proposed prime Contractor and any proposed subcontractor, describe a**

management plan for the project that includes at a minimum:” See Question and Answer #7.

**5. Section IV – Part Two – 4A 1 has been revised** with the deletion of “other”. See Question and Answer #13.

**6. Section IV – Part Three – 3.04 subsection d (page 41) has been deleted and replaced with the following:**

d. A process by which Members may obtain a contract services that the MCO does not provide.

**7. Section IV – Part Three – 3.20 (pg 65), subsection b under “The Bidder shall:”** has been clarified as follows “Describe its process to provide the care coordination and services outlined in 3.20 a1 – 8 and b above.

**8. Section IV-Part Three – 3.30 subsection x (page 85) has been clarified as follows:**

“Expenditures on marketing and marketing related activities shall not exceed one percent (1.0%) of the MCOs administrative expenditures during each year for the first three years of the resultant contract. Marketing expenditures shall not exceed one half of one percent (0.5%) of administrative expenditures during each year for the last two years of the resultant contract.”

**9. Section IV-Part Three- 3.58 Freedom of Information (pages 111 and 112) is deleted in its entirety and replaced with the following section originally set forth in Section II – 15 - M:**

**3.58 Freedom of Information and Performance of a Governmental Function**

a. In performing any acts required or described by this Contract, the Contractor shall be considered to be performing a governmental function for the Department, as that term is defined in section 1-200(11) of the Connecticut General Statutes. Pursuant to section 1-218 of the Connecticut General Statutes, therefore, the Department is entitled to receive a copy of records and files related to the performance of the governmental function, as set forth in this Contract. Such records and files are subject to the Freedom of Information Act and may be disclosed by the Department pursuant to the Freedom of Information Act. Requests to inspect or copy such records or files shall be made to DSS in accordance with the Freedom of Information Act. Accordingly, if the Contractor is in receipt of a request made pursuant to the Freedom of Information Act to

inspect or copy such records or files, the Contractor shall forward that request to DSS.

b. Upon receipt of a Freedom of Information Act request by the Department that seeks records or files related to the performance of the governmental function performed by the Contractor for the Department, the Department shall send such request to the Contractor. The Contractor shall review the request and, with reasonable promptness, search its records and files for documents that are responsive to the request. The Contractor shall promptly notify the Department if any clarification of the request is needed in order to proceed with the search for responsive records or files. The Contractor shall send to the Department a copy of those documents that are responsive to the request or otherwise notify the Department that it has no documents responsive to the request. Upon the completion of the Contractor's search for responsive documents, the Contractor shall notify the Department in writing that the search and production of documents is complete. If, upon review of the request, the Contractor determines that it will require more than fourteen (14) days to search for and provide copies of responsive documents to the Department, the Contractor shall contact the Department within seven (7) days of the receipt of the request from the Department.

c. If the Contractor concludes that any of the responsive documents fits within any of the subdivisions of subsection (b) of section 1-210 of the Connecticut General Statutes, and that the Department should not disclose such documents, the Contractor shall mark said documents accordingly prior to sending them to the Department and shall explain the basis for its conclusion. The Department shall review the Contractor's conclusion and explanation and, as necessary, discuss said conclusion with the Contractor. If the Department agrees that any of the marked documents should not be disclosed, the Department shall not release those documents in its response to the Freedom of Information request. If, however, the Department disagrees in good faith, with the conclusion by the Contractor that said documents should not be disclosed, the Department shall notify the Contractor, in writing, that it intends to release the documents fourteen (14) days from the date of the notice. The Contractor shall notify the Department of its intention to file any legal action in response to the Department's notification that it will release said documents, at least 24 hours in advance of filing such action.

d. If the Contractor concludes that a document is protected by attorney-client or work product privilege, the Contractor may decline to produce the documents and must specifically assert the privilege by identifying the nature of the document and claiming the privilege, the date of the document, the author of the document and to whom it was written.

e. If the Contractor asserts an exemption under paragraph c or a privilege under paragraph d of this section, and the Department honors said claim, the

Contractor shall seek to intervene in order to defend the claim for an exemption or privilege in any subsequent Freedom of Information Commission proceeding challenging the Department's refusal to disclose said documents.

**10. Section IV-Part Three- 5.02 Maximum Annual Out-of-Pocket Limits for Certain Types of Cost-Sharing subsections a1 and a2 are corrected as follows:**

1. The HUSKY B Income Band 1 limit shall be **\$760.**
2. The HUSKY B Income Band 1 limit shall be **\$1350.**

**11. Section IV-Part Three- 5.03 Premium Billing and Collection; 5.04 Notification of Premium Payments Due; 5.05 Non-payment of the Premium Payments; 5.06 Premium Payments Received after Member Disenrollment; 5.08 Member Premium Paid by Another Entity or Individual; 5.09 Partial Premium Payments and 5.10 Tracking Premium Payments are DELETED IN THEIR ENTIRETY.**

**12. Pages 5 through 10 of this addendum provides the Department's responses to certain questions raised in accordance with the provisions of the RFP.**

**13. The Department is preparing a data book for the Bidders' use in developing its Business (Cost) Proposal. The data book will be posted as an addendum to this RFP, will be posted to the Bidders' Library and will provide a summary of the HUSKY financial and encounter data reporting. The data book is expected to be posted the week of March 31, 2008.**

This **FIFTH Addendum to 010308DSS\_HUSKY\_CO\_RFP** is being issued by the Issuing Office on the 17<sup>th</sup> day of March, 2008.

**This Addendum must be signed and returned with your submission.**

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Company Name

Approved \_\_\_\_\_

**Kathleen M. Brennan  
State of Connecticut  
Department of Social Services**

(Original Signature on Document in Procurement File)

Managed Care MCO RFP Questions Addendum 5

	Section Number	Page Number	Question	Response
1	I.2	3	This paragraph states... "In accordance with the timetable specified in this RFP, the Department will build on this established infrastructure to and through this procurement will utilize an existing, known implementation process to transition the existing HUSKY A & B program into the plans contracted with through this selection process." Please define <i>known implementation process</i> .	Since the initial implementation of the HUSKY program the Department has worked with an enrollment broker to facilitate the enrollment of eligible members into participating HUSKY plans. The Department will continue to work with the enrollment broker and the plans selected through this RFP to enroll members into participating plans .
2	1.2	3-4	In the description for type of enrollment for HUSKY A, HUSKY B & Charter Oak, it states "Mandatory, Managed Care (through December 31, 2007.) Will it be mandatory enrollment through the entire contract period?"	Yes
3	3	4	Under type of enrollment for Charter Oak it says "Individuals without health insurance for the last six (6) months or those who meet certain qualifying criteria to exempt them from the uninsured requirement" Please provide details on what certain qualifying criteria is.	Charter Oak will follow the exemption criteria established for HUSKY B (refer to Section 17b-299 (c) of the Connecticut General Statutes) with the exception of the length of time uninsured (Two (2) months under HUSKY B; six (6) months under Charter Oak).
4	II.6	9	Under the Procurement Reference Library it says enrollment information is available on the Web site. We are unable to find this. Can you please provide the enrollment information on the HUSKY A & B programs and projected enrollment for the Charter Oak Program?	Access the Bidders' Library on the Charter Oak page of the DSS website - <a href="http://www.ct.gov/dss/charteroak">http://www.ct.gov/dss/charteroak</a>
5	II.15 - J.	13	This paragraph states... "DSS may require the removal and replacement of any of the Contractor's personnel who do not perform adequately on the contract, regardless of whether they were previously approved by DSS. The Department shall reimburse the Contractor for those staff expenses actually incurred." Should any changes in key personnel be necessary, how will this process work? Has the State exercised this provision in the past?	Reimbursement to the Contractor under the resultant contract will be in accordance with a capitated risk-based arrangement. The capitated rates proposed by Bidders, accepted by the Department and documented in the resultant contract will include administrative costs including costs associated with staffing and personnel. Therefore, resultant Contractor's bear the responsibility for staffing costs, including costs associated with any replacement of staff required by the Department. The final sentence of Section II - 15 - J on page 14 of the original RFP has been deleted.
6	IV - Part Two - 3	23	Throughout this section, the bidder is required to provide information for "key personnel." What is the Department's definition for "key personnel?" For example, can "key personnel" be considered management?	At a minimum, the individual with primary supervisory authority over the staff and operations of the following functional areas shall be considered as "key personnel" - Member Services and Outreach, Provider Enrollment and Credentialing, Quality Assessment and Performance Improvement, Utilization Management/ Review, Data Systems and Project Manager. Bidders' are also free to identify individuals as Key Personnel or positions within the organizational structure as Key Positions that will be filled by Key Personnel.
7	IV - Part Two - 3 A and B	23	In section 3A (Corporate Project Unit), the bidder is required to provide the information for itself and any proposed subcontractor. Section 3B does not specifically state that the information is required for subcontractors. Is it correct that the bidder only needs to respond to section 3B for itself and not its proposed subcontractors?	Corresponding information IS required for any proposed Subcontractor. Section IV - Part Two - 3B has been revised to clarify this requirement.
8	IV - Part Two - 3C	24	In addition to the Project Manager, can the bidder identify additional staff who will have responsibilities for certain areas of this contract?	YES. Page 5 of 10

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	Section Number	Page Number	Question	Response
9	IV - Part Two - 3D	24	This section requires the bidder to provide job descriptions or resumes for key personnel in certain functional areas. If a staff member has responsibilities in more than one area, should the bidder include that staff person's resume in each area or only once?	Bidders' discretion. A Bidder may provide multiple copies of an individual's resume or direct the Department to the resume in the proposal. The Department must, however, be provided able to review the qualifications of proposed key personnel for each functional area identified in Section IV-Part Two-3D1.
10	IV - Part Two - 3D	24	How many references should a staff person provide on his/her resume?	A minimum of TWO
11	IV - Part Two - 3D	24	Number 2 asks for job descriptions <u>or</u> resumes; however, 2.c and d of this question asks for resume-specific items. If we only submit job descriptions, letters c and d will be incomplete. Will the State waive this requirement if we are only submitting job descriptions?	If the Bidder does not have a proposed individual to staff a functional areas identified in Section IV-Part Two-3D1 then they are to include a job description with proposed qualifications of the individual they would seek to fill the position. In such cases the Bidder should identify the type of experience they would require, including relevant education, experience and training but would not be required to address items c and d which are solely related to information that is required to be provided in a resume for a specific individual..
12	IV - Part Two - 4A	25	Please clarify: Shall bidders provide corporate experience for only the last five years relative to each of the items 1-7?	YES
13	IV - Part Two - 4A	25	The bidder is requested to list all sanctions, fines, penalties or letters of non-compliance issued against it. Would this include Mercer audit results?	YES. Bidders must list all sanctions, fines, penalties or letters of non-compliance issued them by any State Agency, including State of Connecticut agencies and/or any commercial vendor in any state, including Connecticut. The word "other" has been removed from Section IV - Part Two 4 - A - 1 to encompass the State of Connecticut.
14	IV - Part Three - 3.02	40	The bidder is requested to "propose written policies regarding member rights." Should the bidder provide actual policies or a narrative?	Bidders' should propose ACTUAL policies.
15	IV - Part Three - 3.04	41	Does the State currently have a vendor in place who is providing Disease Management services for any Medicaid populations? If so, please indicate the current Disease Management Vendor and provide the scope of services rendered. Will these services be assessible to HUSKY A & B members enrolled in managed care?	No. There is currently no separate vendor in place providing Disease Management services.
16	IV - Part Three - 3.04	41	What is the State's intent for the selected MCO to provide a Disease Management program for the Husky A & B and Charter Oak membership, i.e. Asthma, Diabetes, CHF, etc?  Would the State accept a care coordination model which integrates disease management as part of the proposed care coordination model?	Contractor must demonstrate a Disease Management program that, at a minimum, covers High Risk Pregnancies, Asthma and Diabetes. It is up to the Contractor to choose how to deliver this disease management program in a variety of ways and should support its chosen business model in its proposal response.
17	IV - Part Three - 3.05h	43	Please clarify the co-payment prohibition as it relates to emergency services <u>and</u> subsequent screening and treatment needed to diagnose the condition. It appears from Part IV: Section IV-Part III 5.14.a-b, the prohibition is on emergency services which, by definition, are only needed to "evaluate or stabilize an emergency medical condition." May the MCO or its providers seek co-payment for post-stabilization services, including screening and treatment needed for diagnosis of the Member's condition?	The Contractor shall not charge a member for emergency services nor "subsequent screening and treatment needed to diagnose the specific condition or to stabilize the Member.

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	Section Number	Page Number	Question	Response
18	IV - Part Three - 3.16	56	The bidder is requested to propose how it will ensure that its network providers comply with the Department's PDL. What type of monitoring will DSS require in order to ensure compliance?	The Department will work collaboratively with the Contractor to develop and implement an appropriate and effective compliance monitoring strategy.
19	IV - Part Three - 3.16	56	The bidder is requested to propose pharmacy data sharing requirements. Is it the Department's intent to have real-time access to pharmacy data? Will it provide the pharmacy name, provider name and number and dispensing data? If not real time, how frequent and in what format?	The pharmacy data layout is available on the Bidders' Library. The Department will work collaboratively with the Contractor to develop and implement an appropriate and effective compliance monitoring strategy.
20	IV - Part Three - 3.18	59	The MCO shall have the responsibility for reimbursing dental screens and fluoride treatments for HUSKY A & B Members under age three. What are the specific procedure codes providers should use to bill for these services?	The provider will use the procedure codes that are on the Medicaid fee schedule.
21	IV - Part Three - 3.19 Husky A Only - b	61	Does the MCO maintain the right to review and determine medical appropriateness of health care, diagnostic services, and treatments ordered by providers for HUSKY A members under the age of 21 using the definition of medical appropriateness identified by the Connecticut RFP on page 35? If not, who makes this determination?	Yes
22	IV - Part Three - 3.20	65	The bidder is required to describe its process to provide the care coordination and services "outlined in (b) through (h) above." However, the contract provisions end at (b). Are there contract requirements (c-h) that were omitted from this section?	Subsection b under "The Bidder shall:" in Section IV - Part Three- 3.20 (page 65 of the original RFP) is deleted and replaced with the following: "b. Describe its process to provide the care coordination and services outlines in section 3.20 a 1 - 8."
23	IV - Part Three - 3.29	79	Does the State's definition of "provider surveys" include soliciting feedback on provider services in an open communication, i.e. Can MCOs solicit members' feedback on providers electronically via an e-mail link so that the MCO can appropriately address a network or Member Services issue?	Yes
24	IV - Part Three - 3.30j	82	What does the State define as "unsolicited personal contact" with potential members? Does this preclude the use of any general marketing intended to educate the Member about the availability of the plan and its services? For example, in many states, plans use billboards and radio ads to provide this information.	The contractor must conform to all the marketing guidelines in 3.30 including but not limited to obtaining the Department's approval for all MCO marketing materials (a). The marketing guidelines in (J) specifically prohibits any mass media campaign to identify potential members except as prior approved by the Department.
25	IV - Part Three - 3.30x	85	Does the 1.0% limit apply to each of the first three years separately or to the first three-year period in total? Similarly, does the 0.5% limit apply to the fourth and fifth year separately or to that two-year period in total?	The 1% applies to each of the first three years separately. The 0.5% limit applies to the fourth and fifth years separately.
26	IV - Part Three - 3.30	86	The bidder is required to submit an outline of its proposed marketing and outreach plan. How is the Department defining "outreach" in this section?	"Outreach" in the context of marketing refers to any assertive effort by the MCO to primarily attract potential members to enroll in the MCO. "Outreach" in the context of health education, refers to efforts primarily focused on improving health or advancing health awareness to existing members.

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	Section Number	Page Number	Question	Response
27	IV - Part Three - 3.53	108	Please provide a full list of required reports.	Within the Bidders' Library, historical financial reporting requirements have been posted. However, modifications are expected to be made to these reports (e.g. changes to reflect the new rate structure). Contractors will be given advance notice to make changes to their reporting systems. Additional reports will be discussed with the selected Contractor's and the Department at the data reporting work group .
28	IV - Part Three - 3.58	111	The language in this section is different than the language the MCOs were required to comply with. Is this correct?	YES. The language in section 3.58 is deleted in its entirety and replaced with the Freedom of Information and Performance of a Governmental Function language that is set forth in Section II - 15- M on pages 14 through 16 of the original RFP.
29	IV - Part Three - 4.04	116	Will the State have a process in place to notify the MCO so that a NOA or Continuation of Benefits can be initiated?	The Department will provide the MCO a NOA template. The MCO will be responsible for issuing the NOA when there is a denial, suspension, termination or reduction of service or good. The guidelines for the continuation of benefits is defined in section 4.04.
30	IV - Part Three - 5.02 a 1 & 2 and Appendix B - page 5	128	The maximum out-of-pocket limits specified in these two sections appear to conflict with each other. Please clarify.	The maximum annual out-of-pocket limits for HUSKY B Income Band 1 and HUSKY B Income Band 2 in section 5.02 a on page 128 of the original RFP are revised as follows: 1. The HUSKY B Income Band 1 limit shall be <b>\$760</b> ; 2. The HUSKY B Income Band 2 limit shall be <b>\$1,350</b> .
31	IV - Part Three - 5.03	130	To improve the efficiency of billing, would the State consider any of the following options regarding billing members for premiums: 1) requiring employers to collect the Charter Oak premium from the individual's paycheck; 2) requiring Charter Oak members to use credit cards to pay for their premium and that this be via the internet 3) award only one Charter Oak contract in order to minimize the costly aspects of premium collection and processing. The above options would allow for a more efficient and cost effective billing and collection process.	The State is in negotiations with its enrollment broker to handle the billing and collection process. Successful contractor would receive payment in full from the State and would not be involved in the billing or collection process.
32	IV - Part Three - 5.12	135	Are deductibles calculated on a calendar year or rolling year from the Member's effective date with the plan?	Rolling twelve-month period from the Member's effective date with the Plan. See Appendix C: Charter Oak Plan Design Worksheet - Summary.
33	IV - Part Three - 5.12 a	135	For the Charter Oak CRCS, should we assume that just MCO claims count toward the deductible (including claims from another MCO if the member was enrolled in that MCO during the same eligibility period)? Or, should we assume that CT ASO and pharmacy claims also count toward the deductible. Both behavioral health and pharmacy have co-payments and coinsurance that should not apply until the deductible is met."	For Charter Oak, only coinsurance counts towards the deductible or out-of-pocket maximums. Also, Charter Oak members will be locked-in for 12 months into their selected MCO. Pharmacy and BH (with the exception of BH inpatient) have copays, which will not need to be counted towards the deductible or out-of-pocket maximums. For BH inpatient, the co-insurance will need to be included in the deductible and/or out-of-pocket maximums.
34	IV - Part Three - 5.16b(1)	138	Please define family as it applies to this paragraph. How will DSS communicate the family status of HUSKY B Members to the MCO?	Member living in the same household as determined by the Department or its agent. This information will be sent to the MCO in accordance with HIPAA compliant 834 data transaction.
35	IV - Part Three - 5.16b(2)	138	Please define family as it applies to this paragraph. How will DSS communicate the family status of Charter Oak Members to the MCO?	Member living in the same household as determined by the Department or its agent. This information will be sent to the MCO in accordance with HIPAA compliant 834 data transaction.

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	Section Number	Page Number	Question	Response
36	IV - Part Three - 5.23	145	Will the MCOs have access to real-time pharmacy claims data in order to track prescription drug utilization limits for Charter Oak? Please describe how an MCO would monitor prescription drug utilization limits given that the Department is proposing to provide MCOs with a monthly file? CHNCT would suggest this RFP section be modified. The State's pharmacy subcontractor should be responsible for monitoring prescription drug utilization and notify the Department, MCO's, etc. when a Member has reached his or her limit.	DSS will monitor the prescription drug utilization and notify the MCO's when a member has reached his or her limit. Specifics will be discussed in the reporting work group.
37	IV - Part Three - 7.04 a 2	159	If a member changes residency to another state on or after the first day of a month, is the MCO responsible for services delivered to that member in another state throughout that month?	The HUSKY A, HUSKY B and Charter Oak programs have a Connecticut residency requirement. With few exceptions, if a member changes residency to another state, they are no longer eligible. HUSKY A, HUSKY B and Charter Oak members may reside out of state temporarily, e.g., to attend school, vacation, or participate in residential treatment, and continue eligibility in the program. The MCO will be responsible for covered services delivered to members while visiting or residing out of state, including necessary transportation services. For those members whose residence changes to that of another state, the MCO is responsible for their member until the MCO receives a disenrollment transaction from the Department. Members who choose to go out of state in order to obtain services are limited to emergency services only, unless the services are prior authorized or provided by a network provider.
38	IV - Part Three - 7.05 a 2	161	Please clarify the start and end date of the 60-day "open enrollment period" for both HUSKY and Charter Oak members. The definition at Sec IV - III.1 for "Open Enrollment Period" says: "A sixty (60) day period, which ends on the fifteenth (15th) of the last month of the lock-in period, during which time the Member has the opportunity to change managed care plans for any reason." However, Section 7.05.a.2 states, "The last sixty (60) days of the lock-in period will be an open enrollment period, during which time Members may change managed care plans."	Open enrollment is the 60-day period of time at the end of an eligibility period during which a member may choose a new MCO for any reason. The open enrollment period shall end on the 15th day of the month in which the member's eligibility ends.
39	IV - Part Four - 3	190	Does the minimum net worth requirement as stated in this section apply to an MCO that is not licensed as an HMO/health care center by the CT Insurance Department?	The minimum net worth requirement as stated in this section applies unless the MCO meets the requirements under 17b-266(b)(2) of the Connecticut General Statutes.
40	IV - Part Four - 4	190	The MCO is required to obtain a fidelity bond in an amount not less than \$100,000.00. Can DSS establish a uniform amount for the fidelity bond across MCOs?	The Department has established a minimum amount to protect against potential employee dishonesty and related consequences. The MCO may choose to examine its potential risks and choose to increase the bond amount.
41	Appendix A	1	If pharmacy services are not included in the capitation payment, the following clarification is requested. Are claims associated with all pharmaceutical products, including both legend drugs and over-the-counter drugs, i.e., any pharmaceutical product having an NDC number, indeed not the responsibility of the MCO, regardless of whether submitted as a pharmacy claim or medical claim?	The responsible party for paying pharmacy claims will be determined by the point of service. The MCO will be responsible for medical claims including those claims for pharmacy products administered by a doctor or other qualified provider in his or her office. These drugs may include specialty drugs that have a limited shelf life and require coordination between the supplier and the doctor and are not typically available through a pharmacy. This exception does not apply to immunizations that are available free from the CT Department of Public Health. The Department will be responsible for those services (pharmacy products) delivered by a pharmacist.
42	Appendix C	N/A	If a bidder submits its proposal without offering a dental or vision rider for Charter Oak, can the bidder add that benefit later in the year?	Yes but only on an annual basis prior to the annual open enrollment period.

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	Section Number	Page Number	Question	Response
43	General	General	Is it possible that the DEPARTMENT will contract with a given bidder for only certain programs and/or certain counties?	No - only statewide bids for all three programs will be accepted. To be a DSS will only award contracts to Contractors for all three programs on a statewide basis.
44	General	9	In order to plan our coordination of services with the providers of the carve out benefits, please provide the Value Options contract, the PBM contract, the dental contract, and the four MCO's contracts in its Bidder's Library?	The Department has posted the scopes of work from the Value Options contract and the current HUSKY A and HUSKY B contracts to the Bidders' Library. There is no existing PBM or dental contract. Requests for additional portions of these contracts as well as other contracts should be directed to the Issuing Office.