Washoe County School District
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Health Insurance Benefit Program
RFP #19-002
ADDENDUM #1

It is the Proposer's responsibility to read the entire RFP document along with any addenda and to respond to all requirements completely. All other terms and conditions in the RFP document shall remain the same.

QUESTIONS & ANSWERS

Question 1: I am reaching out in regards to the recent RFP listing - **Health Insurance Benefit Program - RFP NUMBER: 19-002.**

I'm with a company that delivers Hearing Aid benefits in a Managed Care, bundled service, and contracted fee arrangement with no member balance billing. We are a hearing carve-out program that would complement the group medical benefit.

Would you consider an RFP response for hearing benefits? There are several advantages here – employer claim savings, no member balance billing, and a high performing closed network of audiologists that provide an all-inclusive benefit including hearing aids. If you have other clients that would be interested in offering a benefit that covers hearing aids, we'd be happy to set up a call to discuss next steps. Below I've included more about our organization.

Answer: No, not as a part of this RFP.

Question 2: Snapshot of current active and retiree enrollment by tier:

Active

Plan	EE Only	EE + Spouse	EE + Child	EE + Children	EE + Family
PPO					
EPO					
H.S.A.					

Non-Medicare Retiree

Plan	EE Only	EE + Spouse	EE + Child	EE + Children	EE + Family
PPO					
EPO					
H.S.A.					

Medicare Retiree

Plan	EE Only	EE + Spouse	EE + Child	EE + Children	EE + Family
PPO					
EPO					
H.S.A.					

Answer: See Attachment to this Addendum

Question 3: Monthly Medical and Rx enrollment by plan (PPO, EPO, H.S.A.) and status (Active/Non-Medicare Retiree, Medicare Retiree) for 2016, 2017 and 2018 YTD.
Answer: See Attachment to this Addendum

Question 4: Monthly Medical claims by plan (PPO, EPO, H.S.A.) have been provided for the period 1/1/16 through 10/31/18. Please break out the claims by plan by status (Active/Non-Medicare Retiree, Medicare Retiree).
Answer: See Attachment to this Addendum

Question 5: Monthly Retiree Rx claims have been provided for the period 1/1/16 through 10/31/18. Please break out further by retiree status (Non-Medicare Retiree, Medicare Retiree).
Answer: See Attachment to this Addendum

Question 6: Diagnosis for large claims paid in 2016, 2017 and 2018 YTD.
Answer: See Attachment to this Addendum

Question 7: Is the QHDHP plan self-funded or fully insured? And PPO same question?
Answer: Both the current QHDHP and PPO are self-funded plans.

Question 8: For the HMO (EPO) being self-funded what are the admin fees attributing to total costs for the plan.
Answer: Approximately $14,700 for CY 2018.

Question 9: What Specific deductibles should we quote?
Answer: The current specific deductible is $400,000. Quote as desired.

Question 10: Please specify whether the Specific Stop Loss and Aggregate Stop Loss quotes should be 12/12, 12/15, or other.
Answer: 24/12 is preferred.

Question 11: Can we obtain any EGWP Rx claims? We would like 24 months, with enrollment and claims for each month.
Answer: See Attachment to this Addendum

Question 12: The RFP questionnaire does not request anything specifically from GRS, either MA or EGWP? Do any Performance Guarantees need to be tied to GRS?
Answer: To the degree you can make them consistent with the active program.

Question 13: Is the request to provide a dental GEO and Disruption? If so, we will need the same data submitted for the Medical GEO and Disruption in order to complete the Dental portion.
Answer: No, this is not required.

Question 14: Can we get a copy of the United/ Save-RX benefits and all EGWP benefits?
Answer: Included is a summary from United regarding the Medicare D coverage they provide. The self-funded wrap administered through Save-Rx bring benefit levels to match current prescription benefits as outlined in the Plan Documents for Actives and Non-Medicare members.

Question 15: Are the member benefits the same for the Part D plans as what is listed for active members in the plan summaries provided. If not please provide the Part D benefit information.
Answer: Yes, see answer to Question 14.

Question 16: How do the plans coordinate with Medicare? Which option best describes the current coordination method:

A) After Medicare pays 80%, the plan subtracts what it would have paid from the actual amount Medicare paid if it were Primary. Since the plan would have paid 80% as Primary, the same as Medicare did, the plan will pay nothing.

B) After Medicare pays 80%, the plan pays 80% of the remaining 20% of the charge. After both Medicare and the plan have paid out, the member would pay 4% coinsurance.

C) After Medicare pays 80%, the retiree plan will pay up to 100% of the remaining amount so the member incurs no out of pocket costs.

Answer: HTH follows the plan document and standard COB rules for processing claims:

SPD: Coordination of Benefits

ORDER OF BENEFIT DETERMINATION RULES

Under Order of Benefit Rules, whether This Plan is the "primary" plan or a "secondary" plan is determined in accordance with the following rules in the order specified below.

Medicare as an "Other Plan" when retired - When claimant is a retiree, Medicare Part A (hospital) and Part B (medical) will become the primary payer when claimant obtains Medicare eligibility, regardless of whether or not they enroll in Medicare. If claimant does not enroll in Medicare upon eligibility (based on standard 40 quarters), this Plan will process eligible expenses at 20% of Usual and Customary (U&C).

This provision also applies to the retiree's dependent upon reaching Medicare eligibility.

Non-Dependent vs. Dependent - The benefits of a plan which covers the Claimant other than as a dependent (i.e., as an employee, member, subscriber or retiree) will be determined before the benefits of a plan which covers such Claimant as a dependent. However, if the Claimant is a Medicare beneficiary and, as a result of federal law, Medicare is secondary to the plan covering the person as a dependent and primary to the plan covering the person as other than a dependent (e.g., a retired employee), then the order of benefits between the two plans is reversed so that the plan covering the person as an employee, member,

NOTE: The determination of This Plan's "normal liability" will be made for an entire Claim Determination Period (i.e. Calendar Year). If this Plan is "secondary", the difference between the benefit payments that This Plan would have paid had it been the primary plan and the benefit payments that it actually pays as a secondary plan is recorded as a "benefit reserve" for the Covered Person and will be used to pay Allowable Expenses not otherwise paid during the balance of the Claim Determination Period. At the end of the Claim Determination Period, the benefit reserve returns to zero.

Question 17: Can you provide a member level census with gender, DOB and zip codes of the Medicare retirees and their dependents. (Currently only have subscriber based census)
Answer: See Attachment to this Addendum

Question 18: It appears you currently have a gap plan in place to cover copays and hospital stays. Is this currently blended into the rates? Is this voluntary? How does this coverage work?
Answer: No, the premium is not blended into the rate and it is not voluntary.

Question 19: How does the administration work currently between Welldyne and Hometown with respect to the non-comingling of RX benefits? And to confirm the RX has a completely separate out of pocket EVEN though the out of pocket is the same as the medical?
Answer: Hometown Health coordinates a medical and RX accumulator file with Welldyne and accumulates the total out of pocket per the plan by individual or family. Also, the PPO and EPO plans have separate out-of-pocket amounts as shown in the Plan Documents.

Question 20: What % of the rebates are passed through back to WCSD?
Answer: 95% of rebates are passed back to the District.

Question 21: How are specialty drugs handled with respect to copays?
Answer: Use same copay levels as for other prescription drugs except for specialty drugs through Intercept Program. Please refer the "Prescription Drug Program" section in the Plan Documents for explanation of the Intercept Program.

Question 22: What is Intercept? Do they have separate copays for the specialty Rx? How does this work?
Answer: See answer to Question 21.

Question 23: Does this group currently have a Retail 90 program in place?
Answer: Yes

Question 24: For the dental, is the request for Fully Insured and ASO?
Answer: This is up to the Proposer.

Question 25: What are the current Wellness funds that HHP has implemented in the past?
HHP is Hometown Health Plan or HHP (for short) currently offers the wellness platform via Healthy Tracks. The question relates around dollars that HHP gives annually for Wellness on top of the Healthy Tracks program? Or do they subsidize a portion of the program? Typically an implementation dollar amount is set (past) and then an annual dollar amount every year (current). So for example at onset a carrier might give 50k and then annually 20k of the contract period. How is it set up or is it set up this way?
Answer: The District's Wellness Plan is self-insured and not a commercial plan, so it is not set up as described.

Question 26: Does HHP currently pay for the COBRA administration or is there an additional price point?
Answer: No, this is an additional fee. The current fee is $1.05 PEPM.

Question 27: What is the price point for the wrap network via PHCS?
Answer: $4.75 per eligible member

Question 28: What is the price point for UM/CM through HHP?
Answer: UM included in fees. CM is $120/Hour

Question 29: With respect to turn around time on the missing components related to our questions will there be an opportunity for an extension, if requested?
Answer: At this time the District doesn't anticipate extending the question deadline or the proposal due date.

Question 30: I cannot see any plan design information for the Medicare Retiree EGWP Plan which is currently with United Healthcare and SavRx.
Answer: See answer to Question 14.

Question 31: Is this benefit part of this RFP, and if so, how would I go about obtaining the specifications for it?
Answer: Coverage for Medicare retirees is part of the RFP but it does not have to be through an EGWP.

Question 32: How do we determine which of the individuals on the census are covered under this plan?
Answer: See answer to Question 17.

Question 33: Will there be an opportunity for an extension?
Answer: See answer to question 29.

Question 34: Can you please supply a breakdown of insured lives by numbers of:

34A: Active employees and their dependents
Answer: See Attachment

34B: Pre-age 65 Retirees and their dependents Post-age 65 Retirees and their dependents
Answer: See Attachment

34C: Also, is the WCSD premium contribution for these groups the same? If not, can you please clarify what the employer contribution is for each group?
Answer: The District contributes the same dollar amount for Active Employees. The District does not contribute towards Retiree premiums

Question 35: Please confirm how OON claims are paid for dental…MAC or UCR. If UCR, what percentile?
Answer: Per the Summary Plan Document:

IMPORTANT: For those services or supplies where rates have been negotiated with providers participating in the dental PPO network, such rates will apply to ALL providers (PPO and Non-PPO) in lieu of the Usual, Customary and Reasonable allowance.

Question 36: If the group wants us to project claims, I will need enrollment by month for the experience information provided for dental broken out.
Answer: Dental enrollment matches medical enrollment.

Question 37: We are formally requesting a two week extension upon receipt of all questions in conjunction with previous question #28.
Answer: See answer to question 29.

Question 38: The RFP indicates all proposals must provide coverage for Actives and Retirees (Medicare and Non-Medicare), however it is our understanding that the current benefit arrangement includes a separate EGWP Part D Only benefit for Medicare-eligible retirees through United HealthCare. Would you be able to consider a proposal for just this benefit?
Answer: No, not at this time.

Question 39: Assuming the answer to this question is yes, please note the additional questions:

39A: Please provide a census for just those members currently enrolled in the UHC EGWP Part D Only Plan. This indication is absent from the "Plan" column of the provided census.
Answer: NA

39B: Please verify what the portion of the premium is paid by Washoe County School District vs. that paid by the retirees
Answer: NA

39C: Please confirm the current EGWP Part D Only plan design as well as that which is in scope for 2020
Answer: NA

39D: Please provide the following data in Excel format assuming you are interested in a drug disruption report for this population: National Drug Code (NDC), Drug Tier, and Dispensing Date
Answer: NA

39E: Please confirm that it is acceptable to not reply to those portions of the questionnaire which deal specifically with lines of coverage for which we will not be quoting
Answer: NA

39F: Please provide 12 to 24 months of claim experience for the current EGWP Part D Only plan.
Answer: NA

Question 40: Would the District be willing to provide their current administrative fees?

Answer: Medical/Dental TPA, PPO Network, UR Management - $11.50 PEPM
COBRA Administration - $1.05 PEPM
Large Case Management - $120.00/hour
Multiplan (PHCS) - $4.75 PEPM for eligible members
One Health - $4.90 PEPM for eligible members
Dental Network - $.65 PEPM
Stop-Loss Insurance – 25.69 PEPM

Question 41: Please provide what services are included in the fixed cost TPA fees.
Answer: See answer to Question 40.

Question 42: Are there any external vendors bidders will be required to interface with? If yes, please provide details regarding services provided and any required file layouts
Answer: Unknown at this time, will depend upon program selected by the District.

Question 43: Confirm no bid bond, surety bond or performance bond is required with this request.
Answer: Per Page 1 of the RFP document, no surety (bond) is required.

Question 44: Clarification: Section 47.0 Scope of Work/Services – Current Services and Vendors; please confirm that access to the "Primary Hospital Contracts" accessed through Nevada Health is through a separate arrangement and contracting not in scope for the bidding vendors. If confirmed, please advise TPA's access to the information, i.e. access through re-pricing system.
Answer: Proposers are asked to provide a bundled program independent of any current contract arrangements.

Question 45: Questionnaire – Wellness: Describe how your company is prepared to support the District's current wellness program; please provide details surrounding the current program for review and support response.
Answer:

- **Customizable Wellness Health Management online portal/website**
- **Ability for claims data analysis with wellness data/health risk assessment**
- **Data report integration with claims, wellness portal and member eligibility**
- **Possibility for health coaching and disease management programming**
- **Client account management**
- **Robust customer/member service (both telephonic and online)**
- **In person Biometric/Wellness screenings**
- **Support for current wellness program initiatives. Please review the WCSD Wellness webpage at www.washoeschools.net/wellness for additional details.**

Question 46: Please provide the appropriate ancillary services data (summaries, census, claims, provider disruption file, etc.) for the lines that the District is willing to receive proposals for.
Answer: This information has already been provided for the services requested in this proposal.

Question 47: What is the current customer service team arrangement?

Answer: Account manager/director that meets with District Risk Management staff weekly as well as attends monthly Insurance Committee meetings. Also has account support team to answer all questions and help with member issues timely and efficiently.

Question 48: Does the District have stop loss coverage? If yes, can you provide the current carrier info and stop loss type and deductible levels?
Answer: The District has specific stop-loss through Voya with a $400,000 deductible. The composite premium is $25.69 PEPM.

Question 49: Exhibit 9 does not have enough information to run the disruption. Along with the information already provided, please provide a new disruption file with current tiers/formulary indicators. Additionally, will the District provide an Rx claims repricing file for analysis?
Answer: Exhibit 9 provides patient copay amounts which can be used to determine tier and formulary/non formulary prescriptions.

Question 50: Exhibit 10 does not have enough information to run the disruption. Along with the information already provided, please provide a new disruption file with Provider Name, TIN and Zip Code. Additionally, will the District provide a Medical claims repricing file for analysis?
Answer: See Attachment – this attachment will only be sent to proposer who have submitted a Letter of Intent.

Question 51: Can the District provide a full claims package broken down by type of service (i.e.: average bed days per admit)?
Answer: See Attachment

Question 52: Please clarify with regard to Section 1.0 – Submission of RFP: Are we to include in the one sealed Cost proposal envelope 1 hard copy or 15 (total number of binders requested). Section 48 states 14 copies. Also should the cost proposal be included on the flash drive?
Answer: As per Section 1.12 and Section 48, please include 14 copies of the price proposal in the separate, sealed cost proposal envelope. A complete copy of the proposal should be on the flash drive including the cost proposal.

Question 53: Is the FINANCIAL STABILITY documentation that is requested in a separate envelope need 1 copy or 15 copies?
Answer: Only one copy of the financial stability documentation is needed.

Question 54: It is not clear if it is Washoe County School District's intention to continue to offer a Medicare Part D EGWP + Wrap program for Medicare retirees.

54A: Is Washoe County School District intending to continue the EGWP + Wrap arrangement for Medicare retirees?
Answer: Proposers are asked to provide a bundled program independent of any current contract arrangements. If proposal includes a viable EGWP + Wrap arrangement, it would be considered.

54B: Given that EGWP + wrap plans are not typically integrated with medical plans that are not Medicare Advantage, and EGWP + wrap plans and the associated subsidies are not available to anyone other than Medicare-primary retirees and spouses, how does Washoe County School District wish to see proposed pricing for a Medicare Part D EGWP + Wrap plan?

Answer: Proposed EGWP + Wrap pricing needs to be included in proposed program's overall pricing.

Question 55: With regards to the Wellness Program, are employees allowed to receive monetary incentives from the carrier by completing action items?
Answer: Currently WCSD is self-insured for the Wellness Program and members can receive monetary incentives through the program.

Question 56: Can you provide your current drug formulary?
Answer: See attachment to this Addendum.

Question 57: Is a Bid Bond required?
Answer: Please refer to the answer to question 52.

Question 58: Will the current rate structure for all fixed medical and dental fees be provided?
Answer: See answers to Questions 40 and 41.

Question 59: Please define partner firm vs vendor for contracted services.
Answer: This RFP is requesting proposals for fully insured or full bundled solutions. As such, if a firm cannot provide a fully bundled solution as required by the RFP, it is acceptable to partner with other firms that may be able to provide specific portions of the fully bundled solution that your firm cannot provide so a complete proposal can be submitted.

Question 60: Will a detailed line item by individual claimant by provided in order to evaluate network savings?
Answer: See answer to Question 50.

Question 61: Will a complete HMO and PPO network provider directory be available in MS Excel, in order to conduct a network disruption analysis?
Answer: A provider directory is not available in MS Excel. A printable version of the directory is available on Hometown Health.com. Follow the description of the network for the best option to the plan that is being selected. https://www.hometownhealth.com/provider-directory-filter/

Question 62: Will diagnosis and prognosis be provided on the large claim data?
Answer: See answer to Question 6.

Question 63: Does WCSD currently have specific and/or aggregate reinsurance in place today? If so, please provide limits, factors, cost structure etc.
Answer: See answer to Question 48.

Question 64: Is the intention of WCSD to keep American Fidelity as the open enrollment vendor and all optional products, FSA-dependent and medical, HSA banking, LTD, STD and optional life?
Answer: This is not a part of the RFP

Question 65: Does WCSD contribute to the Employee Health Savings Account.? If yes, what are the contribution amounts and rules?
Answer: Yes, the 2019 Contribution is $1,805/year with half contributed at the beginning of the year and half in the middle of the year.

Question 66: How long has the current HSA been in place?
Answer: Since January 1, 2017

Question 67: What is the average WCSD Employee's HSA Account Balance?
Answer: HSA accounts are members' personal accounts and WCSD would not have access to that information.

Question 68: What are the total Assets Under Management through the current HSA Custodian?
Answer: WCSD does not have access to that information.

Question 69: Can the TPA/Carrier quote new options for FSA and HSA Custodian/Administrator?
Answer: No, that is not a part of the RFP.

Question 70: Will WCSD provide detailed claims reports by benefit plan?
Answer: See answer to Question 50 for combined claims detail.

Question 71: Will WCSD provide the following additional data to the pharmacy utilization file for 2018?
71A: Unique Member i=Identifier
Answer: See Exhibit 9 (revised) as per section 47.0 of the RFP Document only proposers who submit a letter of intent will receive Exhibit 9

71B: Date of Fill
Answer: See Exhibit 9 (revised) as per section 47.0 of the RFP Document only proposers who submit a letter of intent will receive Exhibit 9

71C: Prescription Number
Answer: See Exhibit 9 (revised) as per section 47.0 of the RFP Document only proposers who submit a letter of intent will receive Exhibit 9

71D: National Drug Code (NDC)
Answer: See Exhibit 9 (revised) as per section 47.0 of the RFP Document only proposers who submit a letter of intent will receive Exhibit 9

71E: Dispensed Quantity
Answer: See Exhibit 9 (revised) as per section 47.0 of the RFP Document only proposers who submit a letter of intent will receive Exhibit 9

71F: Day Supply
Answer: See Exhibit 9 (revised) as per section 47.0 of the RFP Document only proposers who submit a letter of intent will receive Exhibit 9

71G: Ingredient Cost
Answer: See Exhibit 9 (revised) as per section 47.0 of the RFP Document only proposers who submit a letter of intent will receive Exhibit 9

71H: Plan Pay Amount

Answer: See Exhibit 9 (revised) as per section 47.0 of the RFP Document only proposers who submit a letter of intent will receive Exhibit 9

71I: Total Cost
Answer: See Exhibit 9 (revised) as per section 47.0 of the RFP Document only proposers who submit a letter of intent will receive Exhibit 9

71J: Dispensing Fee
Answer: See Exhibit 9 (revised) as per section 47.0 of the RFP Document only proposers who submit a letter of intent will receive Exhibit 9

71K: Tax
Answer: NA

71L: Pharmacy Number (NCPDP number)
Answer: See Exhibit 9 (revised).

Question 72: Will WCSD provide membership by month for 2018?
Answer: See answer to Questions 34.

Question 73: What is the current Specialty Pharmacy?
Answer: PBM is Welldyne as is Specialty (US Specialty Care).

Question 74: Will WCSD provide the cost proposal from the PBM to ensure continuity of fees and services?
Answer: This is a confidential and proprietary contract between the Nevada Business Group on Health and the vendor and as such, we are not able to provide the cost proposal.

Question 75: Will WCSD provide a current copy of the prescription formulary in MS Excel to include GSN (or GPI), tier number, and prior authorization requirements?
Answer: We are unable to provide formulary in Excel format, GSN, GPI, tier number or prior authorization requirements.

Question 76: Will WCSD provide a list of the top 20 specialty pharmacy medications for the past 12 months?
Answer: See attachment.

Question 77: Will WCSD provide additional information on the "Intercept Program"?
Answer: See answer to Question 21.

Question 78: Notwithstanding Section 4.0 of the RFP, to the full extent allowable by law, please confirm that WCSD will sign a confidential and non-disclosure agreement to protect trade secret and propriety business information submitted and appropriately labeled as such including but not limited to provider reimbursement schedules, contract terms and conditions and financial statements.
Answer: If a firm believes specific information contained in their proposals are trade secret, propriety business information or otherwise confidential under the Nevada Revised Statutes (NRS), then the firm should designate that specific information as confidential with the specific NRS citation, which is the basis for the confidential designation. The WCSD will not accept for consideration a proposal that is entirely or

substantially marked confidential. Proposal costs are not considered confidential. A public records request for any documents that are part of this RFP will be processed by the WCSD Office of the General Counsel and in accordance with the Nevada public records laws. WCSD does not sign confidential and non-disclosure agreements as part of the RFP process.

Question 79: Section 47.4, Employee Contributions and Total Plan Cost Projections. Do the total plan funding amounts listed include administrative expenses, or are they purely claims expenses? Are there administrative expenses that are not included in the total plan funding?
Answer: Yes, they include all administrative expenses.

Question 80: Section 47.5, Enrollment and Communication, indicates the vendor's representatives will need to be at all meetings.

80A: In addition to open enrollment meetings, are there other meetings at which attendance is expected?
Answer: Yes, insurance committee meetings.

80B: Will the account manager be required to meet in person with WCSD management weekly or more frequently?
Answer: Typically the account manager meets in person weekly with our Risk Management department, but these meetings could be conducted via Skype if necessary.

80C: Will the account manager be required to meet in person with the WCSD risk management committee on a monthly or more frequent basis?
Answer: The Account Manager would be required to meet with them monthly at Insurance Committee meetings.

Question 81: Section 47.7, Rates, indicates that "Rates must be proposed on a 5-tier basis…" Please confirm that rates for a self-funded solution are to be provided by the school district and not the vendor.
Answer: Confirmed. However, if proposing on a self-funded basis, please ensure all cost elements of a self-funded program are included in the proposal.

Question 82: Section 51.0 indicates "Pricing provided by the Proposer shall not increase during the initial three (3) year contract term beyond what was proposed and agreed upon in writing with the original contract execution. After the initial contract term, if a renewal is exercised, a price adjustment may be submitted for review and authorization by WCSD prior to any optional renewal term." However, networks include contracts with thousands of providers and each provider's contract renews separately and may have variations in cost. Please confirm that it is WCSD's intent that, for self-funded proposals, this price adjustment stipulation applies to administrative fees and not provider fee schedules, unless specifically indicated by the vendor.
Answer: Confirmed.

Question 83: Is it possible to get the following information broken down between active and retired employees with their related dependents?

Plan	Employees/Retirees	Total Members
PPO	6,783	10,803
EPO	195	325
QHDHP	622	1,271
Dental	7,600	12,399
Medicare EGWP	523	652

Answer: See Question 34

Question 84: Per RFP Section 1.7 *Any irregularities or lack of clarity in the RFP should be brought to the attention of WCSD's Purchasing Department for correction or clarification.*

84A: Questionnaire: Section - *Dental Plan* states Exhibits 1, 2 and 3 this should be Exhibits 2, 3, 4 which are the plan summary for PPO, EPO and QHDHP
Answer: Noted irregularities are correct.

84B: Questionnaire: Section - *Provider Network*, Question #3 refers to Exhibit 4 which is the plan summary for the QHDHP. Should be Exhibit 5, Enrollment_Eff_100118
Answer: Noted irregularities are correct.

84C: Questionnaire: Section - *Provider Network*, Question #4 refers to Exhibit 9, which is the Pharmacy_0818-1018. Should be Exhibit 10 Utilization by Provider
Answer: Noted irregularities are correct.

84D: Questionnaire: Section - *Pharmacy Program*, Question 2 refers to Exhibit 8, which is the open enrollment schedule. Should be Exhibit 9, Prescription Utilization File.
Answer: Noted irregularities are correct.

Question 85: Can you tell or confirm what these acronyms are: ACT (actives) and COB (COBRA), AW, AWO, SSO and SSW?
Answer:

- **ACT = actives**
- **COB = Cobra**
- **AW = Active with Medicare**
- **AWO = Active without Medicare**
- **SSO = Surviving Spouse without Medicare**
- **SSW = Surviving Spouse with Medicare**