



## **Fifth Addendum To Request for Proposal for Healthcare PPO/HMO, Medical Review Services, Vision, Dental PPO/HMO**

For the City of Chicago (the “City” or the “Lead Agency”)  
And

Active Employees—Cook County, Illinois (“Cook County”), Chicago Park District, City Colleges of Chicago, and the Officers’ Annuity and Benefit Fund of Cook County and Forest Preserve District Employees’ Annuity and Benefit Fund of Cook County (the “Cook County Pension Fund”),

(which are sometimes referred to individually as an Agency or a Municipal Agency,  
and collectively as the Agencies or Municipal Agencies)

### ***Data and Document Files***

The following seven files will be emailed to all potential proposes who have registered.

City DHMO Provider Match File.xlsx	<b>City of Chicago.</b> A new dental HMO file of provider match data.
City of Chicago HMO Large Claims	<b>City of Chicago.</b> A new large claims file.
City Colleges Large Claims	<b>City Colleges:</b> A new large claims file.
Cook County_2018 HMO HCC mod.xlsx	<b>Cook County.</b> A new large claims file.
Cook County_2018 PPO HCC mod.xlsx	<b>Cook County.</b> A new large claims.
Word Version of Aug 7 2019 Scope of Services.docx	<b>All Agencies</b> Word version of Scope for Proposers’ use in preparing a response.
Word Version of Aug 7 2019 Interrogatives.docx	<b>All Agencies</b> Word version of Interrogatives for Proposers’ use in preparing a response.

## Questions and Answers

Original Item #	Addendum Four Question	Previous Answer From Addendum Four	Addendum Five Response
6	Please provide large claim (paid amounts over \$100,000) details (paid amount, diagnosis, plan) for the most recent 12 months of monthly claims provided, for all agencies.	To be addressed in an upcoming Addendum.	<p><u>City of Chicago:</u>  <b>PPO:</b> Is not seeking stop loss and City will not be providing this additional information for the PPO. See Third Addendum #81.  <b>HMO:</b> A large claim HMO file is provided with this Addendum Five.</p> <p><u>Cook County:</u> High cost claims for Medical PPO and HMO are provided with this Addendum Five.</p> <p><u>CPD:</u> Stop loss is desired for both PPO and HMO. Please provide your best proposal based on the information provided.</p> <p><u>CCPF:</u> Does not have stop loss, is not seeking stop loss, and will not provide a large claims file. A full year of billed charges has been provided.</p> <p><u>CCC:</u> Medical PPO does not currently have stop loss. Medical HMO is fully insured so stop loss is n/a.,</p>
115	<b><u>City of Chicago</u></b> Please provide a large claim report for the HMO and PPO plans that corresponds to the latest 12 month experience period (4/18-3/19)	<u>City PPO:</u> See Third Addendum item #81. <u>City HMO:</u> <b><i>See upcoming addendum</i></b>	See item immediately above.
100	<b><u>All AGENCIES:</u></b> Please confirm Claim Fiduciary (Carrier or Agency) for each agency	<p><u>City of Chicago:</u> Medical PPO, Medical HMO, Dental PPO and Dental HMO carrier is BCBSIL; for vision carrier is Davis Vision.  <u>CCPF:</u> Agency</p> <p><u>Cook County:</u> See upcoming addendum  <u>CPD:</u> See upcoming addendum  <u>CCC:</u> See upcoming addendum</p>	<p><u>Cook County:</u> Carrier</p> <p><u>CPD:</u> Carrier.</p> <p><u>CCC:</u> Carrier</p>

Original Item #	Addendum Four Question	Previous Answer From Addendum Four	Addendum Five Response
113	<p><b>City Colleges</b>  Please provide a large claim report for the HMO and PPO plans that corresponds to the latest 12 month experience period (4/18-3/19)  *Please provide a census for each subgroup/agency with columns for zip code, vision tier, DOB, and vision plan selection  *Please provide monthly vision claims and lives by plan for each subgroup/agency</p>	CCC is reviewing this.	<p><u>CCC:</u></p> <p>See response to item #6 above.</p> <p>Please prepare your response based on the information provided.</p>