

REQUEST FOR PROPOSALS FOR
MEDICARE ADVANTAGE AND PRESCRIPTION DRUG
FOR THE
PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN (PEEHIP)
RFP 19-006

1 PURPOSE/ INTRODUCTION

1.1 INTRODUCTION

Through the issuance of this Request for Proposal (RFP), Alabama's Public Education Employees' Health Insurance Plan (PEEHIP) is soliciting proposals from qualified Bidders that can provide Medicare Advantage and Prescription Drug (MA-PD) services to its Medicare-eligible retirees and Medicare-eligible dependents of retirees. If interested and able to meet the requirements described in this RFP, PEEHIP appreciates and welcomes your offer.

The contract term is for a three-year period beginning January 1, 2020 with Implementation to begin at contract award. There will not be an extension of the contract period.

Five additional RFPs are being released separately from the MA-PD Services RFP. They are:

- Medical
- Prescription Drug
- Flexible Program Administration
- Optional Dental, Vision, Hospital Indemnity and Cancer
- Wellness/Disease Management (DM)/Technology Services

Please note that Alabama PEEHIP has chosen to market the Medical, Prescription Drug, FSA, Optional Plans, Wellness/DM/Technology Services and MA-PD coverages separately. This RFP is only for MA-PD. Responses provided in this RFP should be for MA-PD only. Any information provided by respondents, which pertains to the Medical, Prescription Drugs, FSA, Optional Plans or Wellness/DM/Technology Services (unless explicitly requested within the RFP), will not be considered in evaluation of this RFP. This includes attempts by Bidders to provide MA-PD premiums that are contingent upon the additional award of business in connection with the Medical, Prescription Drug, FSA, Optional Plans or Wellness/DM/Technology Services. If you are interested in proposing services for any of the five additional RFPs, you may do so independently under each distinct RFP.

PEEHIP reserves the right to award any service in whole or in part, if proposals suggest that doing so would be in PEEHIP's best interest. PEEHIP also reserves the right to issue multiple awards, no award or cancel or alter the procurement at any time. In addition, PEEHIP reserves the right to extend the proposed RFP period, if needed. Proposals containing the lowest cost will not necessarily be awarded as PEEHIP recognizes that factors other than costs are important to the ultimate selection of the provider or providers of their benefit plan. Proposals provided in response to this RFP must comply with the submittal requirements set forth in later sections, including all forms and certifications, and will be evaluated in accordance with the criteria and procedures described herein. Based on the results of the evaluation, PEEHIP will award the contract(s) to the most advantageous Bidder(s), based on cost and the technical evaluation factors set forth in the RFP. Any contract awarded hereunder shall be subject to the approval of the PEEHIP Board of Control and all appropriate PEEHIP and governmental officials in accordance with applicable state laws and regulations.

Please read the entire solicitation package and submit an offer in accordance with the instructions. All forms contained in the solicitation package must be completed in full and submitted along with the Technical Response and Price Proposal Worksheet, which combined, will constitute the offer. **This RFP and your response, including all subsequent documents provided during this RFP process will become part of the contract terms and policy between the parties.**

PEEHIP has retained Segal Consulting (Segal) to assist in the evaluation of the proposals for completeness and responsiveness to the RFP and to review such proposals with them. Each proposal shall be evaluated in accordance with the company's selection criteria and other relevant factors listed below:

- Value of the benefit plans and services, taking into consideration the requirements of the RFP, proposed services and any "value-added" terms, conditions and service levels
- Cost of the proposed benefits and/or services
- Programs provided by the firm designed and proven to maximize CMS funding through risk adjustment strategies and minimize claim cost through medical management strategies
- Qualifications of the firm including financial capacity and staffing, and availability of staff to work with PEEHIP during Open Enrollment and continue to support PEEHIP throughout the contract
- Bidder's experience with MA-PD Plans, commitment to such plans, and experience offering such plans to public sector employers
- Network access and network management (medical and pharmacy)
- Bidder's ability to educate, communicate with and support provider entities
- Bidder's ability to educate and communicate with retirees and families/caretakers
- Bidder's ability to minimize enrollee disruption
- Proven strategies to maximize Star ratings and receive bonus subsidies from CMS

All Bidders must meet the general conditions set forth in this RFP and are asked to respond only to the specific questions asked.

2 GENERAL INFORMATION

2.1 BACKGROUND

PEEHIP was established in 1983 by the Alabama legislature to provide quality health care insurance benefits for employees of public institutions of education within the State of Alabama which provide instruction at any combination of grades K through 14, exclusively under the auspices of the State Board of Education, the Alabama Community College System Board of Trustees, or the Alabama Institute for Deaf and Blind. These health care benefits are available to all full-time, permanent part-time, and retired employees, and their eligible dependents.

Local employer units consist of all city school systems, county school systems, and community colleges in the State of Alabama. These entities are not allowed to opt out of the PEEHIP program. All 13 state four-year colleges and universities offer the PEEHIP program to their retirees, with only two institutions offering the program to the active population. However, others may join the program subject to meeting applicable requirements.

PEEHIP offers coverage through a self-insured hospital-medical plan and a self-insured prescription drug plan to its actively employed members and to its members who are early retirees. In addition to the benefits provided to active members and early retirees, PEEHIP provides medical and pharmacy benefits through a fully-insured Medicare Advantage with Part D plan to approximately 74,000 members including Medicare-eligible retirees and Medicare-eligible dependents of retirees.

If an enrollee or dependent is Medicare-eligible due to age or disability at the time of the enrollee's retirement, the MA-PD will become effective on the member's date of retirement for the Medicare-eligible member and any Medicare-eligible dependents. The Medicare-eligible retiree's other covered dependents who are not Medicare eligible will remain in the PEEHIP (non-Medicare) hospital-medical and prescription drug plans.

PEEHIP anticipates that all Medicare-eligible retirees and Medicare-eligible dependents of PEEHIP retirees, and qualifying Medicare-eligible primary ESRD beneficiaries will automatically be enrolled in the MA-PD plan unless they choose to opt out. If a member beneficiary opts out, he/she will lose their PEEHIP hospital-medical coverage and prescription drug coverage altogether and will not be permitted to re-enroll in PEEHIP until the next PEEHIP Open Enrollment period of July 1 through August 31 for an October 1 effective date. If the member has family coverage, opting out will dis-enroll the entire family from both hospital-medical coverage and prescription drug coverage.

Retirees and covered dependents who age into Medicare will automatically be enrolled into the MA-PD Plan, effective on their Medicare eligibility date. There shall be no gap in coverage for those aging into MA-PD. The working aged who retire shall be automatically enrolled into the MA-PD Plan effective their date of retirement.

Retirees and their dependents who are enrolled in the MA-PD Plan and subsequently drop, terminate, or otherwise lose their Medicare Part B coverage will lose their PEEHIP hospital-medical coverage and prescription drug coverage and will not be permitted to re-enroll in PEEHIP until the following Open Enrollment. If the subscriber loses their Part B and has family coverage, the entire family will be dis-enrolled.

2.2 CONTRIBUTION INFORMATION

For all Medicare-eligible retirees and all Medicare-eligible dependents of retirees receiving coverage through PEEHIP, PEEHIP pays 97% of the cost of the premium for individual coverage for a Medicare-eligible retiree and 85% of the cost of the premium for the Medicare-eligible retiree plus one Medicare-eligible dependent. This applies only to members who retired prior to October 1, 2005, or members who retired on or after October 1, 2005, and before January 1, 2012, with 25 years of service. All members who retired on or after October 1, 2005, are subject to the Retiree Sliding Scale premium based on years of service. The Retiree Sliding Scale Premiums can be found in the Reference Documents section of this RFP - **Appendix A**. Members who retired on or after January 1, 2012 are subject to the sliding scale premiums, which are based on age at retirement, years of service, and the cost of the insurance program. For the purposes of this RFP, assume that the contribution strategy will not change; however, bids cannot be conditional on any cost sharing arrangement. PEEHIP reserves the right to change their cost sharing and contribution strategies.

2.3 OBJECTIVES

PEEHIP seeks to provide high quality, cost-effective benefits to its retirees and their families. PEEHIP is soliciting offers on a fully-insured, national passive MA-PD PPO plan, with the same benefits for services rendered in or out-of-network. The proposed MA-PD PPO plan should mirror the current benefits design for Medicare-eligible PEEHIP retirees within CMS guidelines. The current benefits are outlined in the 2018-2019 Member Handbook - **Appendix B**. Bidders are encouraged to identify and offer features or enhancements that provide additional value without adding cost as well as any creative solutions that will achieve PEEHIP's goals. Of particular interest are programs that focus on wellness, medical management, maximization of CMS funding and minimization of claims cost.

2.4 SCOPE OF WORK

Provide MA-PD PPO services with respect to such group insurance coverages, plans and programs as listed in this RFP.

The following services are requested to be performed by the Bidder(s):

- Member Services
- Claims Adjudication
- Data Reporting
- Member Enrollment and Eligibility Maintenance
- Revenue Maximization
- Medical Management
- Network Access and Network Management
- Provider Advocacy and Assistance with Claims Issues
- Medicare Advantage and Part D Administrative Assistance
- Effective Member Communications
- Patient and Family/Caretaker Education and Assistance

2.5 CONTRACT TERM

The contract term will be for three (3) years starting January 1, 2020 through December 31, 2022.

3 RESPONSE INSTRUCTIONS

3.1 INSTRUCTIONS FOR SUBMITTING OFFERS

Detailed instructions for the completion and submission of your proposal will be found in the eRFP. Proposal Tech will be available to assist you with technical aspects of utilizing the system. Any questions regarding content should be submitted directly to Segal using the "Ask Questions" feature on the main RFP page.

All sections must be answered completely and as outlined in the RFP using Proposal Tech. It is not acceptable to use the term "See Attached" as a response to any of the questions, fee quotation forms, or plan or network comparisons. Such a response could jeopardize your chances for consideration.

Please note that Reference Documents (i.e., claims data, census, etc.) will only be provided to Bidders that have submitted a completed and signed Non-Disclosure Agreement (NDA) to the Solicitation Contact. NDAs will be provided on the Proposal Tech system for completion. Completed and signed NDA's should be emailed to Ms. Jennifer Slutzky, at JSlutzky@segalco.com and NOT posted to the Proposal Tech site. NDA's posted to Proposal Tech will not be accepted.

Final submissions must be posted with Proposal Tech at www.proposaltech.com before the due date and time cited. Access to the eRFP will be locked after that time. Bidders will not be able to post or change their responses. **Late proposals will not be considered.**

3.2 QUESTIONNAIRE INSTRUCTIONS

PEEHIP and Segal Consultants will review and evaluate each proposal carefully. Many questions within the RFP system do not require lengthy responses. When a question does require a written response, please provide a response that is clear and concise. DO NOT answer any of the questions by referring to a prior answer or by referring to an attachment. Any such answers will not be considered and will constitute sufficient grounds for rejecting a proposal.

ANSWERS TO THE QUESTIONS SHOULD BE AS SHORT AND CONCISE AS POSSIBLE TO FACILITATE OUR ANALYSIS AND TO AVOID CONFUSION.

3.3 BIDDERS CONFERENCE

A Bidders Conference Call will not be held in connection with the RFP. Bidders should submit questions via Proposal Tech as outlined in this RFP.

3.4 PROPOSAL DELIVERY

Bidder must provide copies of its proposal submission as follows:

1. Technical Proposal:

Eight (8) hard copies, bound and tabbed, with one (1) marked "Original" and having original signatures; and one (1) electronic copy on one (1) CD or thumb drive.

1. Price Proposal:

Eight (8) hard copies, bound and tabbed, with one (1) marked "Original" and having original signatures; and one (1) electronic copy on one (1) CD or thumb drive.

1. Redacted Copy:

One (1) hard copy and one (1) electronic copy in pdf, redacted for proprietary information.

The Technical Proposal and Price Proposal **must be labeled and packaged separately**. In the event of a discrepancy/conflict between the Proposal Tech submission and the hard copy version, the Proposal Tech version will take precedence. In the event of a power failure or similar occurrence, the hard copy version will be used. In the event a document or section is omitted from the Proposal Tech version of Bidder's response, PEEHIP reserves the right to accept the omitted document or section, if included, in the hard copy version. All documents shall remain in the native format (e.g., Excel documents should remain in Excel formats). Copies should be addressed and mailed or delivered to the **Solicitation Contact**:

Ms. Jennifer Slutzky
Senior Consultant
Segal Consulting
2727 Paces Ferry Road SE, Building One
Suite 1400
Atlanta, GA 30339-7200

Complete Proposals must be submitted via Proposal Tech by **5:00 p.m. EST on April 15, 2019**, and the hard copy Technical Proposal must be received by **5:00 p.m. EST on April 17, 2019**.

Proposals will not be accepted after these stated dates and times. PEEHIP reserves the right to reject any and all responses to this RFP.

Any questions regarding this RFP must be submitted electronically using the "Ask Question" feature via the Proposal Tech website by April 1, 2019 at 5:00 p.m. EST.

3.5 KEY DATES

Event	Due Date
Release of RFP	March 26, 2019
Notification of Intent to Bid and Receipt of NDA (by 5:00 pm EST)	April 1, 2019
Written Questions from Bidders Due Date (by 5:00 p.m. EST)	April 1, 2019
Response to Questions from Bidders	April 8, 2019
Electronic Bid Due Date (by 5:00 p.m. EST)	April 15, 2019

Event	Due Date
Hard Copy Bid Due Date (by 5:00 p.m. EST)	April 16, 2019
Notification of Finalist(s)	April 18, 2019
Finalist(s) Presentation(s) in Montgomery	April 25, 2019
Anticipated Contract(s) Award Date	May 7, 2019
Implementation Begins	June 1, 2019
Proposed Effective Date	January 1, 2020

3.6 SELECTION OF PARTNER(S)

All responding Bidders will be notified in writing within a reasonable length of time following the selection. Prior to the selection of a Bidder partner, two or more Bidders may be requested to make oral presentations in person to the evaluation committee. The proposal shall become the property of PEEHIP.

3.7 ECONOMY OF PREPARATION

The proposal should be prepared simply and economically and provide a concise description of Bidder's response to the requirements of this RFP. Emphasis should be on clarity. PEEHIP will not be responsible for any costs incurred by Bidder in the preparation, submission, or presentation of a proposal.

3.8 NEWS RELEASES

News releases pertaining to this RFP, or to any services to which it relates, will be made only with prior written approval of PEEHIP, which may be withheld for any reason.

3.9 ADDENDA TO THE RFP

Any modifications made to this RFP prior to the proposal due date will be provided to all Bidders via the Proposal Tech system described in this RFP.

3.10 SOLICITATION CONTACT

All questions regarding this RFP should be submitted to the **Solicitation Contact**, Ms. Jennifer Slutzky, through the Proposal Tech website. Questions regarding technical issues with the website should be directed to Proposal Tech, by calling (877) 211-8316, ext. #4, and asking for support. Any questions that arise concerning this RFP may be directed to Ms. Jennifer Slutzky via the Proposal Tech website, prior to **5:00 p.m. EST on Monday, April 1, 2019**.

Proposers are not allowed to communicate concerning this RFP with any PEEHIP member or employee except as provided by existing work agreements. For violation of this provision, PEEHIP reserves the right to reject the proposal of the violator.

3.11 DISCLOSURE OF PROPOSAL CONTENTS

Proposals and supporting documents are kept confidential until the evaluation process is complete and a contract has been awarded. Bidders should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure, if required by law. Bidders should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "confidential." Bidders shall redact this information in the redacted copy provided to PEEHIP pursuant to Section 3.4 Proposal Delivery. Bidders shall also state any legal authority as to why the redacted material should not be

subject to public disclosure under Alabama open records laws and is marked as proprietary information. Information contained in the Price Proposal may not be marked confidential. It is the sole responsibility of Bidder to indicate information that is to remain confidential. If Bidder identifies its entire proposal as confidential, PEEHIP may deem the proposal non-responsive and may reject it.

Bidder agrees to intervene in and defend any lawsuit brought against PEEHIP for its refusal to provide Bidder's alleged confidential and/or proprietary information to a requesting party. PEEHIP shall provide Bidder written notice of any such lawsuit within ten (10) days of receipt of service by PEEHIP. Bidder shall intervene within thirty (30) days of notice or will be deemed to have waived any and all claim that information contained in the proposal is confidential and/or proprietary and any and all claims against PEEHIP for disclosure of Bidder's alleged confidential and/or proprietary information.

4 INTENT TO BID

4.1 If your company intends to submit a proposal for MA-PD in response to this RFP, and wishes to access the Reference Documents (i.e., claims data, census, etc.), please complete the Intent to Bid form and Non-Disclosure Agreement (NDA), and email both forms to Ms. Jennifer Slutzky, at JSlutzky@segalco.com, **by 5:00 p.m. EST on Monday, April 1 2019**. The Intent to Bid and NDA forms may be downloaded from the Proposal Tech system for completion.

Reference Documents will only be provided to Bidders that have submitted a completed and signed NDA to Ms. Slutzky.

Completed Intent to Bid and NDA forms must be submitted via e-mail. **Forms posted to Proposal Tech will not be accepted.**

Attached Document(s): [Non-Disclosure Agreement_Segal Model Mutual Bid-related Confidentiality Agreement \(Global\).DOC](#), [Intent to Bid Form_FINAL.doc](#)

5 INFORMATION REQUIRED FROM BIDDERS

5.1 QUALIFICATIONS OF THE FIRM - BUSINESS ORGANIZATION

5.1.1 State the full name and address of your organization, and if applicable, the branch office or other subordinate element that will perform or assist in performing the work hereunder.

Unlimited.

5.1.2 Indicate whether you operate as an individual, partnership, limited liability company, or corporation.

Unlimited.

5.1.3 State the name of the state in which you are formed or incorporated.

Unlimited.

5.1.4 State whether you are currently in good standing in the state in which you are formed or incorporated and provide a Certificate of Good Standing from that state.

Unlimited.

5.1.5 State whether you are licensed to operate in the State of Alabama.

500 words.

5.2 QUALIFICATIONS OF THE FIRM - PRIOR EXPERIENCE

5.2.1 To be considered a viable Bidder, the following minimum requirements for prior experience must be met:

- Bidder must be currently providing MA-PD services to at least one group health plans with a minimum of 50,000 lives
- Bidder must have a minimum of five (5) years of MA-PD group experience
- Bidder must not have any bankruptcy filings within the last 5 years; and
- Bidder's senior officers, board members, or directors must not have any felony convictions.

Unlimited.

5.3 QUALIFICATIONS OF THE FIRM - MANPOWER

5.3.1 Identify lead individuals by name and title. Include a resume for each and the proposed percent of time dedicated to this account (based on 40 hour work-week).

Unlimited.

5.4 QUALIFICATIONS OF THE FIRM - AUTHORIZED OFFICIALS

5.4.1 Include the names, titles, e-mails and telephone numbers of personnel of the organization authorized to execute the proposed contracts with PEEHIP.

Unlimited.

5.5 COST AND PRICE ANALYSIS

5.5.1 The information requested in this section and the RFP questionnaire is required to support the reasonableness of your proposal price. PEEHIP desires to enter into a three-year contract for performing the MA-PD services for plan years 2020 through 2022. In the Price Proposal Worksheet, please adhere to the following:

Reflect the details of the expected total contract cost for plan year 2020.

Provide rate cap guarantees for 2021 and 2022.

Specifically include the following components in your detailed pricing:

- Savings anticipated through improved outcomes, administration and oversight of your MA-PD program
- Savings anticipated through maximization of CMS funding based on risk adjustment strategies

- Minimization of claim cost through medical management strategies
- Note: All “add-on” costs must be estimated and documented in the Price Proposal Worksheet – **Attachment 1.**

Please confirm you have submitted the Price Proposal Worksheet as described in this section.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

5.6 SCORING CRITERIA

5.6.1 Proposals will be evaluated by an evaluation committee. Selection will be based on all factors listed below and others implicit within the RFP and will represent the best performance and reasonable costs for PEEHIP.

Oral presentations may be required as part of the evaluation criteria.

Technical Proposal Section	Maximum Points
General Information, Capabilities, and Experience with National MA-PD PPO Plans	100 points
Data, Reporting and Performance Measurement	100 points
CMS Revenue Maximization Strategies	100 points
Medical Managements, Wellness and Disease Management	125 points
Network Access and Network Management	125 points
Member Services, Claims Processing, Staffing and Account Management	125 points
HIPAA Compliance	75 points
Total Technical Proposal	750 points
Total Price Proposal	250 points
Total Proposal	1,000 points
Finalist Interviews/Site Visits (optional)	100 points

5.7 OTHER INFORMATION

5.7.1 Other documents and information that may be helpful in preparing your proposal may be accessed via the Internet. Bidders are responsible for checking the PEEHIP website for the most up to date information. The PEEHIP and PEEHIP-related websites include:

<http://www.rsa-al.gov/>- RSA home page

<http://www.rsa-al.gov/peehip/>- PEEHIP home page

https://www.rsa-al.gov/uploads/files/UnitedHealthcare_YPE_2019.pdf - Your Plan Explained

<http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/coatoc.htm> - Statutes establishing and governing PEEHIP – See Title 16, Chapter 25A

5.8 ADDITIONAL PROCUREMENT DOCUMENTS

5.8.1 The following documents, labeled **Exhibits 1-8** in Proposal Tech, must be completed and submitted with your proposal:

1. State of Alabama Disclosure Statement (Required by Article 3B of Title 41, Code of Alabama 1975) – two pages
2. Sample PEEHIP State Contract
3. Business Associate Agreement
4. Immigration Compliance Certificate (submission must include entire E-Verify Memorandum of Understanding, verified by the U.S. Department of Homeland Security)
5. IRS Form W-9
6. Bidder Verification Adherence to the PEEHIP Statement on HIPAA Compliance Documentation. Please see the Business Associate Data Security Policy as a reference as Exhibit 6A.
7. RSA Third Party Vendor Security Questionnaire
8. Trading Partner Agreement

Please confirm you have downloaded, completed and uploaded all of the procurement documents listed above. If not, please explain.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

6 GENERAL PROPOSAL CONDITIONS

Below are the general conditions for submitting a proposal. By checking “Agree”, Bidder represents the proposal submitted adheres to these conditions, unless otherwise noted in the proposal. **Failure to meet any of these conditions may result in disqualification of proposal.** This RFP and your response, including all subsequent documents provided during this RFP process, will become part of the contract terms and policy between the parties. If a Bidder takes exception to any of these conditions, it must be so noted in the Bid Exceptions and Deviations Document of their proposal response. These requirements will also explicitly apply to any subcontractors used by the Bidder to deliver services to PEEHIP.

6.1 Any award will be made to the Bidder(s) whose proposal(s) is/are deemed to be in the best interest of PEEHIP. PEEHIP reserves the right to reject any and all proposals.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.2 Bidder agrees to respond to this RFP in full, including all requirements.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.3 Any cost incurred by Bidder in preparing or submitting proposals or attending Finalist Interviews is Bidder's sole responsibility. Proposals will not be returned.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.4 Bidder will not be bound by oral explanations or instructions given during the competitive process or after the award of the contract(s). However, PEEHIP reserves the right to request that Bidder put any such oral explanations or instructions into writing and, once in written format, such documentation shall become part of Bidder's proposal for purposes of becoming part of the final agreement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.5 Bidder agrees to be bound by its proposal for a period of at least 270 days, during which time PEEHIP and/or Segal may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall not affect the remainder of the proposal, but only the portion as amended or clarified.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.6 Any exceptions to terms, conditions, or other requirements in any part of these specifications must be clearly pointed out in the appropriate section of the proposal. Otherwise, it will be considered that all items offered are in strict compliance with the specifications.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.7 The proposal must be signed (electronic signature is acceptable) by a legal representative of the bidding firm, who is authorized to bind the firm to a contract in the event of the award. All rates, fees and terms presented will be considered legally binding. Please see the PEEHIP Binding Signature document, attached in the Manage Documents section of the eRFP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.8 All Bidder services must adhere to relevant CMS, federal and state laws and regulations.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.9 Any early termination provision contained in your contract cannot be tied to financial provisions or penalties. Either party can terminate the contract without cause. However, PEEHIP can provide 30 days' notice while you will be required to provide 180 days' notice to PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.10 Bidder agrees to provide completed Alabama Disclosure Statement, Immigration Compliance Certificate (entire E-Verify Memorandum of Understanding (MOU), verified by U.S. Office of Homeland Security), and IRS Form W-9 with submission of proposal.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.11 Bidder agrees that the MOU for e-Verify will match the EIN on the IRS Form W-9 or offer an explanation on company letterhead of why the numbers are different.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.12 Bidder agrees there will be no initial or ongoing commissions or finder's fees payable on any plan or services as a result of this RFP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.13 There are NO additional fees (beyond those outlined in the Price Proposal) required to provide the services outlined in this RFP. Any mandatory fees must be clearly outlined in the Price Proposal. Under no circumstances will PEEHIP be liable to Bidder for fees not disclosed in Bidder's written proposal.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.14 Bidder agrees to abide by the following contract language: Contractor acknowledges that Contractor is an independent contractor, and neither Contractor nor Contractor's employees are to be considered employees of PEEHIP or entitled to benefits under the State of Alabama Merit System.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.15 Bidder agrees to abide by the following contract language: Contractor acknowledges that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article 11, Section 213 of the Constitution of Alabama, 1901, as amended by Amendment Number 26. It is further agreed that if any provisions of this Agreement shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Agreement, be enacted, then that conflicting provision in the Agreement shall be deemed null and void. Contractor may not assign this Agreement or any interest herein or any money due hereunder without the expressed written consent of PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.16 Bidder agrees to abide by the following contract language: To the fullest extent permitted by law, the Contractor shall indemnify, defend, and hold harmless PEEHIP, the State of Alabama, and their affiliates, and

their respective administrators, officers, directors, agents, and employees (the "Indemnitees"), from and against any and all claims, damages, losses, and expenses, including, but not limited to, attorney's fees, arising out of or resulting from the Contractor's performance of services under this Agreement and/or any other of the Contractor's acts and/or omissions under this Agreement. Without limiting the foregoing in any manner, the Contractor shall indemnify, defend, and hold harmless the Indemnitees from and against any and all claims, damages, losses and expenses, including, but not limited to, attorney's fees, (a) incurred as a result of the Contractor's violation of any law, rule or regulation; (b) arising out of, or related to, the Contractor's breach of warranty or representation; or (c) arising out of, or related to, the Contractor's negligent or willful misconduct.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.17 Bidder agrees to abide by the following contract language: Contractor acknowledges and agrees that, PEEHIP shall not indemnify or hold harmless Contractor, its affiliates, administrators, officers, employees, or agents. Contractor further acknowledges and agrees that PEEHIP shall not be liable to Contractor for any late fees, penalties, collection fees, or attorney fees.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.18 Bidder agrees to abide by the following contract language: Contractor acknowledges that, in the course of performing its responsibilities under this Agreement, Contractor may be exposed to or acquire information that is proprietary or confidential to PEEHIP or its members. Contractor agrees to hold such information in confidence and not to copy, reproduce, sell, assign, license, market, transfer, or otherwise disclose such information to third parties or to use such information for any purpose whatsoever, without the express written permission of PEEHIP, other than for the performance of obligations hereunder or as required by applicable state or federal law. For purposes of this Agreement, all records, financial information, specifications, and data disclosed to Contractor during the term of this Agreement, whether submitted orally, in writing, or by any other media, shall be deemed to be confidential in nature unless otherwise specifically stated in writing by PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.19 Bidder agrees to abide by the following contract language: Contractor acknowledges that PEEHIP may be subject to Alabama open records laws or similar state and/or federal laws relating to disclosure of public records and may be required, upon request, to disclose certain records and information covered by and not exempted from such laws. Notwithstanding anything to the contrary contained in Contractor's proposal or in this final Agreement, Contractor acknowledges and agrees that PEEHIP may comply with those laws and any such compliance shall not be deemed a violation with any provision of Contractor's proposal or final Agreement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.20 Bidder agrees to abide by the following contract language: By signing this contract, the contracting parties affirm, for the duration of the Agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the Agreement and shall be responsible for all damages resulting therefrom.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.21 Bidder agrees to abide by the following contract language: In compliance with Act 2016-312, Contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.22 Bidder agrees to abide by the following contract language: In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involve the payment of money, Contractor's sole remedy is the filing of a claim with the Board of Adjustment to the State of Alabama. For any and all other disputes arising under the terms of this Agreement which are not resolved by negotiation, the parties agree to utilize appropriate forms of nonbinding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.23 Bidder agrees to abide by the following contract language: This Agreement shall be governed by and construed in accordance with Alabama Law, without giving any effect to the conflict of laws provision thereof.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.24 Bidder agrees to make changes in a timely manner in such instances where the Alabama Legislature enacts legislation that impacts PEEHIP and requires such changes.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.25 Insurance. Bidder shall maintain or obtain (as applicable), with respect to the activities in which Bidder engages pursuant to this Agreement, professional liability (errors and omissions) insurance and general liability insurance in amounts reasonable and customary for the nature and scope of business engaged in by such party. Bidder shall deliver to PEEHIP evidence of such insurance on or before the Effective Date and annually thereafter and name PEEHIP as an additional insured. Please specify the liability coverage amounts you are offering for this account.

Single, Radio group.

1: Agree, please specify coverage amounts;

2: Disagree, explain: [Unlimited]

6.26 If selected as a finalist, PEEHIP will require that you provide copies of all privacy policies, terms of use protections and any other terms related to cyber security protection. Please note that this applies not only for how you will use and transfer data but also as it relates to employee sites or portal access.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.27 Bidder will accept liability for any mistakes, errors, or omissions it makes in providing services to PEEHIP and its members.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.28 Bidders must have all licenses necessary to do business in the State of Alabama and to perform the services required by PEEHIP. If you have an application for license pending please provide a copy of the application. Such license(s) must be in effect before January 1, 2020.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.29 Bidder agrees to provide a sample Services Agreement that includes provisions for all agreed-upon bid conditions. Bidder shall upload the sample agreement in the corresponding Required Documents section of this RFP. By accepting Bidder's proposal, PEEHIP is not agreeing to nor accepting the terms of Bidder's sample agreement. PEEHIP reserves the right to negotiate or reject the terms of Bidder's agreement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.30 PEEHIP requires that the contract be signed, at least 30-days prior to go-live. Bidder agrees to meet this deadline.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.31 Bidder will execute and remain in full compliance with the attached Business Associate Agreement (BAA) with PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.32 Bidder must notify PEEHIP within 30 days of purchase, acquisition and any other change in its ownership or partners or control affecting 10% or greater interest, any acquisition by it of 10% or greater interest in any subsidiary, and any new agreement with, by or between any affiliates that is relevant to the contract.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.33 Bidder will not render or administer services off-shore, and all work performed will be in the contiguous United States.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.34 Bidder agrees to provide its organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 18 report.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.35 Bidder acknowledges and agrees that Bidder has a continuing obligation to disclose any change of circumstances that will affect its qualifications as a Bidder.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.36 UNIQUE MEMBER IDENTIFIER ADMINISTRATION REQUIREMENT: Bidder must be able to accept, store, and report member-level detail, using the following data elements:

1. Social Security Number
2. Individual Personal Identification number (PID), assigned by PEEHIP to each covered member (subscribers and dependents)
3. Subscriber Personal Identification number (PID), assigned by PEEHIP and reported for each covered member on an account

PEEHIP stores and tracks member-level detail using SSNs and unique PEEHIP-assigned PIDs. ALL eligibility and member-level reporting must include these unique identifiers. The Bidder must be able to accept and track each individual plan member based upon the SSN and PEEHIP-assigned member PID. The following chart provides an example of how the Unique Member Identifier should be structured.

Contract Participants	Individual SSN	PEEHIP-assigned Individual PID	PEEHIP-assigned Subscriber PID
John Doe – Subscriber	XXX-XX-XXX1	12222222	12222222
Jane Doe – Spouse	XXX-XX-XXX2	22345678	12222222
Julie Doe – Child	XXX-XX-XXX3	32345678	12222222
Jack Doe – Child	XXX-XX-XXX4	42345678	12222222

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

6.37 Confirm that all file transmissions will include member-level detail using these identifiers - SSNs, PEEHIP-assigned Individual Personal Identification Number (PID)s, and PEEHIP-assigned Subscriber PIDs.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.38 Bidder must have the capability to process daily transmittal of eligibility files, and maintain eligibility files, on a daily basis, and transmit and receive a reconciliation file to/from PEEHIP electronically, on a weekly and monthly basis.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.39 Bidder must assign the ID card contract numbers (without containing the PEEHIP assigned PIDs). Note that the vendor assigned contract numbers will not be stored in PEEHIP's system.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.40 Bidder agrees to utilize PEEHIP's Trading Partner Agreement related to the 834 file format to update the eligibility records on a daily basis. PEEHIP will provide the Trading Partner Agreement to the Bidder. Please review the PEEHIP 834 Reporting Mapping - **Appendix A** in the Reference Documents section.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.41 Bidder agrees to the specified eligibility rules established by PEEHIP and as stated in the PEEHIP Member Handbook.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.42 Bidder must provide detailed disclosure of all invoice line items to PEEHIP at each monthly billing cycle in the electronic format prescribed by PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.43 Bidder agrees that all reporting submitted by Bidder must be reconciled to the billing.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.44 Bidder will attach a copy of its most recently completed HIPAA assessment in the Required Documents section of the RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.45 Bidder will supply PEEHIP with the most recent copy of its completed HIPAA assessment every time one is completed within 10 business days of Bidder's receipt of same.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.46 All personnel/staff in Bidder's organization must have completed HIPAA training, at least annually.

Single, Radio group.

- 1: Agree, explain: [Unlimited],
- 2: Disagree, explain: [Unlimited]

6.47 All employees at Bidder's organization have been trained on how to report a security incident or potential breach under HIPAA.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.48 If awarded the contract, PEEHIP or its agent or representative may, at any point during the Agreement, perform an on-site self-assessment of Bidder's organization based on HIPAA requirements.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.49 Bidder has attached documents that indicate Bidder is in compliance with the PEEHIP Statement on HIPAA Compliance Document in the Additional Procurement Documents section of the RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.50 Bidder has attached a copy of its Information Security Policy and Procedures in the Required Documents section of the RFP. These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.51 Bidder must be able to accept and process standard HIPAA-compliant enrollment data electronically, on a daily basis.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.52 Bidder agrees that PEEHIP owns its data and that such data will be considered proprietary and will not be shared, except at PEEHIP's request, with full knowledge and express written consent.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.53 Upon termination of the contract, Bidder must provide historical data to succeeding Bidder or PEEHIP, as directed, at no additional charge. Bidder must provide, at no additional cost to PEEHIP, up to five (5) files of historical data, for the three previous contract years, to any new Bidder selected by PEEHIP. Transition of data will begin immediately following notification of termination and must be complete within 90 days of that notification. Within 14 days of notification, bidder must provide files as of the notification date. Bidder must provide all data on a rolling basis at least once every 30 days thereafter until all PEEHIP data has been provided to the succeeding bidder or to PEEHIP as directed.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.54 Bidder must notify PEEHIP, in writing, immediately upon identification of system-related problems, programming problems or data transfer problems. Bidder must make every effort necessary to correct such problems within 48 hours regardless of the time or date in order to minimize any disruption to members.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.55 Bidder must provide operational and system redundancy and disaster recovery procedures to ensure disruption-free service in the Required Documents section of the RFP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.56 Bidder must provide a dedicated Implementation Manager whose sole account is PEEHIP and who, in coordination with the dedicated Account Manager and PEEHIP Account Management team, will effectively manage the implementation of this program. The dedicated Implementation Manager must continue to support PEEHIP a minimum of 60 days after the implementation date of January 1, 2020, should PEEHIP desire. Such support includes, but is not limited to, weekly calls with PEEHIP and the designated Account Management team, maintenance of issue-tracking logs, and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.57 Bidder must have the ability to accept “warm transfers” from PEEHIP's Member Services Call Center to Bidder's call center(s) at no additional cost to PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.58 No covered Medicare-eligible retiree or covered Medicare-eligible dependent of a retiree shall lose or gain coverage as a result of vendor change. All transition-of-care-related issues and non-confinement provisions must be expressly waived for the initial enrollment for covered retirees and covered dependents that have already satisfied the limitations under the existing plan, unless otherwise specified in the eligibility rules established by PEEHIP and/or CMS.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.59 Bidder agrees to be audited by PEEHIP or an entity chosen by PEEHIP. The Bidder will cooperate with any outside audit firm PEEHIP selects to perform the audit. PEEHIP reserves the right to review and audit the operations of the Bidder, including the Bidder's internal control procedures and records, at any point during the life of the contract. Additionally, PEEHIP or its designated agent will be permitted to annually audit Bidder's performance under the contract, at no cost to PEEHIP, including, but not limited to, claims processing and payment, customer service, and banking and billing records to assure that claims subject to each proposed

coverage are evaluated in accordance with the plan provision. If an audit identifies performance guarantees are not being met, PEEHIP will expect the Bidder to pay for follow-up audits to confirm resolution of any problem(s) that are uncovered during the initial audit. PEEHIP reserves this right to audit for the duration of the agreement and for a period of three (3) years following expiration or termination thereof.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.60 All PEEHIP information disclosed during the proposal and contract term must remain strictly confidential unless disclosure is required by law.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7 MEDICARE ADVANTAGE AND PRESCRIPTION DRUG (MA-PD) CONFIRMATIONS

7.1 Confirm your current capability to provide each of the following. If your proposal includes subcontractors, confirm that the arrangement you propose is currently operational and will not be first implemented for PEEHIP. **Confirmation on each of the following is required to respond to the rest of this section of the RFP.**

Requirement	Confirmed/ Not Confirmed	Explanation if Not Confirmed
a. Confirm that you will provide an MA-PD PPO plan with same in-network and out-of-network cost sharing for members.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
b. Confirm that you will provide the requested plan design(s) identically in all states.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
c. Confirm that you will provide the same fully-insured rates throughout the country.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
d. Confirm that you will agree to a three-year contract with PEEHIP based on the effective date of coverage.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
e. Confirm that you are willing to cover members entering your plan that have been diagnosed with End Stage Renal Disease (ESRD).	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required

f. Confirm that you agree that retirees who are disabled and on Medicare, but who are under age 65, are eligible for the MA-PD PPO plan(s) proposed.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
g. Confirm that you agree to provide the MMRs and MORs as detailed in this RFP.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
h. Confirm that you agree to provide detailed claims data as detailed in this RFP.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
i. Confirm that your pricing is based on PEEHIP's actual claims data (claims line detail will be provided) provided to Bidders in connection with this RFP.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
j. Confirm you will notify PEEHIP when you first identify significant issues that cause member disruption.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
k. Confirm you will notify PEEHIP when you first identify significant issues that cause provider disruption.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
l. MA-PD Bidder agrees to send timely notification letters to members and their prescribing physicians of drug formulary changes or other changes where there is a negative impact on the member at no additional fee.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
m. MA-PD Bidder agrees to provide two-full time employees to work in the PEEHIP office at the MA Bidder's expense. The full-time employees should be Member Service representatives whose primary responsibilities are to answer member service calls (consistent with the responsibilities of other member service representatives not on-site), and who will also be available to work with PEEHIP management staff and have access to PEEHIP systems for the purposes of resolving claim and member issues. They should have detailed knowledge of the plan benefits and have expertise in timely resolving complex pharmacy and medical claims issues. These persons should be solely dedicated to PEEHIP. Please confirm and describe how your organization will train these employees to ensure high quality service to PEEHIP and its members.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required
n. Confirm that you will provide a designated clinical manager to PEEHIP for both medical and pharmacy programs, who will have full knowledge of all clinical programs in effect as well as all clinical programs offered by your organization. Confirm that the clinical managers will have sufficient resources to efficiently and effectively handle the work load.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed	<i>Unlimited.</i> Nothing required

8 QUESTIONNAIRE - GENERAL INFORMATION, CAPABILITIES, AND EXPERIENCE WITH NATIONAL MA-PD PLANS

8.1 REFERENCES

8.1.1 Provide three (3) current customer group health plan references. For at least one (1) of these references, Bidder should cover at least 50,000 group health plan members. PEEHIP is interested in working with carriers that have experience with and a history of providing MA-PD benefits to public sector plans of similar size. Provide the following for each reference:

	Reference 1	Reference 2	Reference 3
a. Customer name	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of covered members	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Description of services (MA-PD)	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

8.1.2 Provide this same information for two (2) recently-terminated customers. Include the reason the engagement was terminated.

	Reference 1	Reference 2
a. Customer name	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of covered members	<i>Unlimited.</i>	<i>Unlimited.</i>

d. Description of services (MA-PD)	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Reason for termination	<i>Unlimited.</i>	<i>Unlimited.</i>

8.2 COMPANY OVERVIEW

8.2.1 Please provide the following information:

	Your Company	Parent Company
Legal Company Name	<i>500 words.</i>	<i>500 words.</i>
Corporate Office Address	<i>500 words.</i>	<i>500 words.</i>
Telephone Number	<i>500 words.</i>	<i>500 words.</i>
Company URL (web address)	<i>500 words.</i>	<i>500 words.</i>

8.2.2 Provide the location of your office(s) that would be responsible for managing the PEEHIP contract.

Unlimited.

8.2.3 Provide the names of all subcontractors along with the type of services they will provide, the number of years your firm has utilized the subcontractor, and the contractual relationship between subcontractor and your company. Please use the table provided below.

	Name and Address	Type of Service(s)	Years Utilizing this Contractor	Contractual Relationship
1.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
2.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
3.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required

4.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
5.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
6.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required

8.2.4 Has your organization experienced recent merger or acquisition activity? If so, please describe. Has your organization recently undergone any workforce realignments? If so, please describe. Are there any anticipated changes in ownership or business developments, including, but not limited to, mergers, stock issues, and the acquisition of new venture capital? If so, please explain.

1000 words.

8.2.5 Does your company have any current or pending litigation? If yes, please explain.

Single, Radio group.

1: Yes, explain: [1000 words],

2: No

8.2.6 Has your company been sanctioned by CMS in the past 5 years? If so, please explain.

Single, Radio group.

1: Yes, explain: [Unlimited],

2: No

8.2.7 Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months?

Unlimited.

8.2.8 What are the most recent ratings for your company by the following?

	Rating	Date
A.M. Best	<i>10 words.</i>	<i>To the day.</i>
Fitch	<i>10 words.</i>	<i>To the day.</i>
Moody's	<i>10 words.</i>	<i>To the day.</i>
Standard and Poor's	<i>10 words.</i>	<i>To the day.</i>

8.2.9 If your rating has changed within the past 12 months for any of the rating agencies, please explain.

Unlimited.

8.2.10 Is your organization:

Single, Radio group.

1: Privately held,

2: Publicly traded,

3: A Mutual Holding Company,

4: Other. Please describe: [Unlimited]

8.2.11 What fidelity and surety insurance or bond coverage do you carry or would you recommend to protect PEEHIP? Specifically, describe the type and amount of the fidelity bond insuring your employees, which would protect PEEHIP in the event of a loss.

Unlimited.

8.2.12 Confirm that you will provide the most recent 2 years of your firm's audited financial statements. Provide the requested financial statements as an attachment to your proposal.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

8.3 EXPERIENCE

8.3.1 Describe your organization's experience participating in Medicare with an EGWP option for both Part C and Part D benefits. Include the number of years that your organization has participated in Medicare and a brief history of key developments over this time, such as when your first group Medicare plan was offered. Please also include insight on the direction of your program over the next five years.

Unlimited.

8.3.2 Provide statistics regarding your MA business for your entire book of business. Break out your MA individual book of business and your MA employer group book of business, further broken out for your public sector group of business. Provide both number of enrolled members for individual and group and number of employer group clients for 2015 - 2019.

	Individual Members	Total Group Members	Total Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Public Sector Groups with 50,000+ lives
2015	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2016	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2017	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

8.3.3 Provide your organization's year-end Medicare membership for each year that you have participated in the Medicare program.

Unlimited.

8.3.4 a. How many new group MA members did your organization add effective January 1, 2018 and January 1, 2019? b. How many new MA groups did your organization add effective January 1, 2018 and January 1, 2019?

Unlimited.

Decimal.

8.3.5 What percentage of your 2018 total group MA-PD membership renewed for the 2019 plan year?

Percent.

8.4 STAFFING

8.4.1 Confirm that all Member Service Representatives (MSR), clinical staff and other applicable team members are appropriately licensed or certified in the state in which they are employed. Describe the licensing requirements for your staff.

Single, Radio group.

1: Confirmed: [Unlimited],

2: Not confirmed: [Unlimited]

8.4.2 Confirm that you will be available and participate in the PEEHIP's Open Enrollment communications campaign. Describe your involvement and how you will assist members in learning about their benefit options. Note that Open Enrollment is scheduled to begin on each July 1 and ends September 10. Members who previously elected not to enroll in our MAPD plan can request to enroll in the MAPD plan during our annual Open Enrollment for an October 1 effective date.

Single, Radio group.

1: Confirmed: [Unlimited],

2: Not confirmed: [Unlimited]

8.4.3 Confirm that your organization will conduct on-site, state wide educational sessions for PEEHIP's Medicare-eligible retirees and Medicare-eligible dependents of retirees July 1 and throughout the remainder of the Open Enrollment Period. Confirm that you will conduct at least 75 of these meetings (one in each of 67 counties plus two or more meetings in the larger populated counties.)

Single, Radio group.

1: Confirmed: [Unlimited],

2: Not confirmed: [Unlimited]

8.4.4 Every year, there will be approximately 12 retiree district meetings as well as approximately 12 local county retiree meetings conducted on an annual basis. Please confirm that at least one MA-PD representative from the PEEHIP account team will be available to attend and, if requested, present at these meetings.

Single, Radio group.

1: Confirmed: [Unlimited],

2: Not confirmed: [Unlimited]

8.4.5 PEEHIP would like for your organization to provide on-site staff. Two full-time employees will be needed to work in the PEEHIP offices as Member Service representatives for medical and pharmacy issues. These employees will also need to be available to PEEHIP management staff for the purpose of resolving claim and member issues. Describe how your organization would train the on-site staff to support the members and PEEHIP staff.

Single, Radio group.

1: Confirmed: [Unlimited],

2: Not confirmed: [Unlimited]

8.4.6 Confirm your understanding and agreement that ALL on-site staff will be subject to a background check.

Single, Radio group.

1: Confirmed: [Unlimited],

2: Not confirmed: [Unlimited]

8.4.7 Please provide the following information:

	Response
A statement of whether the Bidder or any of the Bidder’s employees, agents, independent contractors, or subcontractors have been convicted of, pled guilty to, or pled nolo contendere to any felony, and if so, an explanation providing relevant details.	<i>Unlimited.</i>
A statement of whether there is any concluded or pending litigation against the Bidder or Bidder’s employees related to a contract engagement; and if such litigation exists, an attached opinion of counsel as to whether the pending litigation will impair the firms performance in a contract under this RFP.	<i>Unlimited.</i>
A statement of whether the Bidder or any of the Bidder’s business associates have reported a HIPAA breach involving 500 or more individuals in a given state or jurisdiction.	<i>Unlimited.</i>
A statement on how Bidder vets employees and\or contract personnel to ensure workforce clearance procedures are followed under HIPAA.	<i>Unlimited.</i>
A statement as to whether, in the last ten years, Bidder or any of its subcontractors has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.	<i>Unlimited.</i>

8.5 MEMBER SERVICES

8.5.1 Please describe the hours and days the Members Services unit will have live representatives available to PEEHIP members.

1000 words.

8.5.2 Is there a Pre-Enrollment information line available during Open Enrollment as well as an Information line available throughout the year?

1000 words.

8.5.3 How are calls "after hours" of operation handled?

Single, Radio group.

- 1: Voice mail,
- 2: No service,
- 3: Full service – 24/7,
- 4: Some extended hours for calls,
- 5: Other, please specify: [500 words]

8.5.4 Confirm each of the following:

Member Services	Response
a. Bidders will operate a dedicated member services unit with a toll-free dedicated member services telephone line to answer questions from PEEHIP’s members.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
b. Bidders will have special telephone features for the hearing impaired.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
c. Resources will be available to assist non-English speaking callers through a translation service.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
d. All calls will be recorded and kept for 24 months and made available for PEEHIP’s review upon request.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
e. MSR will warm or soft transfer members to other service areas or Vendors including PEEHIP, if necessary.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
f. Members will be able to opt out of the Interactive Voice Response (IVR) to speak with a live MSR.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed

8.5.5 Please provide the geographic location of the Member Service unit(s) that will be servicing PEEHIP's members. Will this service be outsourced? If so, provide the name of the outsourcer.

Unlimited.

8.5.6 How large is your MA Member Service Department? How many employees work exclusively in this department?

500 words.

8.5.7 Describe your firm's process for providing training to MSRs to serve a senior membership.

Unlimited.

8.5.8 Describe how you can provide PEEHIP's staff call monitoring capability for live and/or recorded calls remotely and on-site. If recorded calls, confirm that you will allow PEEHIP to select a sampling on a weekly basis.

Please describe if your organization's system is capable of allowing PEEHIP staff to hear a specific call made to your call center if the PEEHIP staff person can provide the date, time, and MSR involved.

Unlimited.

8.5.9 Describe the escalation process for Member Service satisfaction and complaints.

Unlimited.

8.5.10 Describe the escalation process for urgent drug claim issues where claims are rejecting at the pharmacy and members need immediate assistance and resolution.

Unlimited.

8.5.11 Confirm you will handle all initial internal and external appeals in accordance with CMS requirements and guidelines. Describe how you will comply with this requirement.

Single, Radio group.

- 1: Confirmed: [Unlimited],
- 2: Not confirmed: [Unlimited]

8.5.12 Confirm you will handle any and all grievances in accordance with CMS requirements and guidelines. Describe how you will comply with this requirement.

Single, Radio group.

- 1: Confirmed: [Unlimited],
- 2: Not confirmed: [Unlimited]

8.5.13 Confirm that you will mail, via surface mail, a member ID card to all members at least ten (10) business days before the "go-live" date based on the information confirmation from CMS. Confirm that you will mail ID cards to newly-enrolled members within ten (10) business days of receiving confirmation from CMS. Confirm that you will re-issue the member ID card within five (5) business days of notice if a member reports a lost card or for any reason that results in a change to the information disclosed on the member ID card.

Single, Radio group.

- 1: Confirmed: [Unlimited],
- 2: Not confirmed: [Unlimited]

8.5.14 Confirm that you will issue new member ID cards as required by PEEHIP, at your expense.

Single, Radio group.

- 1: Confirmed: [Unlimited],
- 2: Not confirmed: [Unlimited]

8.5.15 Confirm your ability to provide a member ID card that, at a minimum, includes the following information:

ID Card Information	Response
The member's name;	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Vendor-assigned Contract Number;	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed

Bidder's twenty-four (24) hour, seven (7) day/week toll-free eligibility and pre-certification services telephone number and applicable co-payments for services.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
List any elements not currently included.	<i>Unlimited.</i>

8.5.16 Do you use an outside vendor to print ID cards? If yes, what security measures do you have in place to prevent a breach?

Single, Radio group.

- 1: Yes, explain: [Unlimited],
- 2: No

8.5.17 If your organization has experienced a security breach, describe the breach and how your organization achieved resolution.

Unlimited.

8.5.18 Will you issue a combined ID card for medical and prescription drug services? Provide a sample of the ID card.

Single, Radio group.

- 1: Yes. Sample is attached,
- 2: Yes. Sample is not attached, explain: [Unlimited],
- 3: No, explain: [Unlimited]

8.5.19 Describe when the Evidence of Coverage (EOC) will be available annually in accordance with CMS requirements.

Unlimited.

8.5.20 Please complete the following table:

Provider Directories	Response
Describe the provider directories available to your membership.	<i>Unlimited.</i>
Are the directories available to be accessed online?	<i>Yes/No.</i>
If so, how often are the online directories updated?	<i>Unlimited.</i>
Do you issue hard copies?	<i>Yes/No.</i>
If so, how often are they provided?	<i>Unlimited.</i>

8.5.21 Indicate whether your member website captures the following:

Member Website Capabilities	Response
Provider directory and provider search (physician, hospital, pharmacy, and ancillary providers) for Providers that accept Medicare assignment)	Yes/No.
Directions to provider's office provided by Map Quest or other mapping/direction applications	Yes/No.
Ability to make a doctor's appointment online	Yes/No.
Ability to review claims payment status online	Yes/No.
Ability to review a history of claims payments (medical and pharmacy), including deductible status, and out-of-pocket maximum status	Yes/No.
Ability to see a summary of PEEHIP's plan design and review the EOC	Yes/No.
Ability to print ID cards and request replacement cards	Yes/No.
Ability to contact Member Services online	Yes/No.
Star Ratings	Yes/No.
Information about diseases and conditions	Yes/No.
Contact information for PEEHIP, its other vendors, and links to their websites	Yes/No.
Online access to forms	Yes/No.
Up to date PEEHIP-specific formularies with tier rankings	Yes/No.
Ability to review/select incentives (i.e., gift cards) when they are available to the member.	Yes/No.

8.5.22 Describe your organization's Member Satisfaction Surveys and provide the most recent results. *Unlimited.*

8.6 ACCOUNT MANAGEMENT/ CLIENT SERVICES

8.6.1 Please provide contact information for the Account Executive that will be assigned to this engagement.

	Response
Company Name	100 words.

Contact Name	100 words.
Contact Title	100 words.
Address	100 words.
Office Number	50 words.
Mobile Number	50 words.
e-Mail Address	100 words.
Company URL (web address)	100 words.

8.6.2 Identify the key Account Management team you propose to work on this account and provide an organization chart, including names and titles, of management and key personnel that will be responsible for account management. Some positions may be dedicated and others may be designated. For the purpose of this RFP, “Dedicated” is defined as the Bidder's staff members who are solely assigned to perform Services in furtherance of this Contract, which means the Bidder does not assign them to work for any other client or customer. “Designated” is defined as the Bidder's staff members who are assigned to perform Services in furtherance of this Contract, but may also be assigned to work for other clients or customers. Please indicate which positions are Dedicated vs. Designated.

Unlimited.

8.6.3 Indicate whether the person who will fill each position is already employed by your firm or whether he/she will be recruited upon Contract award. If the person(s) are already employed, provide resumes, length of time with your firm and length of time in their current position. At a minimum, the positions below should be included.

1. Account Executive – Responsible for overall account relationship including strategic planning in relation to plan performance, consultative services, recommendations for benefit design and cost containment opportunities, overseeing contractual services under the contract with PEEHIP, and managing all other Bidder’s staff working on this account. The Account Director shall have at least 3 years of experience with your firm as an Account Director in similar engagements.
2. Account Manager – Responsible for overseeing and managing day-to-day activities pertinent to the MA-PD account. The Account Manager must provide consistent, quality support to PEEHIP staff in all areas related to the account including but not limited to member inquiries and requests, provider relations, member communications, etc. The Account Manager must have excellent member service skills.
3. Actuary – Responsible for developing PEEHIP’s premiums for MA-PD plan options and projecting future claims costs and CMS reimbursements. Will assist PEEHIP in determining the projected short- and long-term financial impact(s) of prospective programs. The Actuary shall be a Fellow of the Society of Actuaries and have experience in rating MA-PD plans for groups similar to PEEHIP.
4. Medical Director – Responsible for design and clinical effectiveness of medical management and wellness programs to manage the risk of PEEHIP’s membership and therefore control future cost/premium increases. Will work pro-actively and collaboratively with PEEHIP to identify health risks in PEEHIP’s membership that are behaviorally caused and, as necessary, develop modified or additional

programs to target these risks. Will assist PEEHIP in determining the projected short- and long-term clinical and health impact(s) of current and prospective programs.

5. Medicare Director – Responsible for coordinating with CMS to ensure that all MA-PD filings are structured to properly and fully support PEEHIP’s requirements. Also develops processes and strategies to maximize CMS funding to minimize premiums. Proactively assists PEEHIP in developing strategic considerations to maximize operational and cost efficiencies. Responsible for communicating CMS and MA-PD program updates and the resulting impact on PEEHIP’s program. Must have at least 3years of experience as a Medicare Director in similar engagements.
6. Pharmacy Director – Responsible for managing the overall pharmacy operation, including all account services directly related to clinical pharmacy including formulary management, clinical plan rules and programs, medication therapy management, and specialty pharmacy. Will provide information and recommendations with respect to new drug/therapy introductions and clinical pharmacy best practices.
7. Clinical Account Director – Responsible for overall account relationship including strategic planning in relation to plan performance, consultative services, recommendations for benefit design, improving clinical outcomes and cost containment opportunities, overseeing clinical services under the contract with PEEHIP, and managing all other Bidder’s clinical staff working on this account.
8. Privacy Officer/Attorney – Responsible for ensuring compliance with all applicable laws and regulations, including HIPAA, and PPACA. Responsible for maintaining internal controls to protect PHI and adequate and timely steps are taken in the event of a breach of confidentiality. Responsible for communicating program and policy updates to PEEHIP and coordinating as necessary with PEEHIP’s internal counsel and staff.
9. Operations Director – Responsible for overseeing the file transfer process of eligibility data, interfaces between vendors, reporting, and data sharing. Responsible for all Member Services and communications. The Operations Director shall have at least 3 years of experience as an Operations Director in similar engagements.
10. Implementation Manager – Responsible for development and execution of implementation plan. Coordinates with PEEHIP’s internal and external resources. The Implementation Manager shall have at least three (3) years of experience as an Implementation Manager covering at least 50,000 group health members and larger.

Unlimited.

8.6.4 Please describe your firm's turnover rate, as it pertains to Account Management staff.

500 words.

8.6.5 Confirm that you will provide an Account Executive and a backup account staff member that will handle ALL service matters related to the operation of the program.

Single, Radio group.

1: Confirmed, explain: [Unlimited],

2: Not confirmed, explain: [Unlimited]

8.6.6 Confirm that you will respond to all PEEHIP inquiries within one (1) business day.

Single, Radio group.

1: Confirmed, explain: [Unlimited],

2: Not confirmed, explain: [Unlimited]

8.6.7 Describe your firm's process to escalate problems or concerns through the corporate structure to facilitate resolution of issues.

Unlimited.

8.6.8 Discuss how your firm will track this requirement and report your findings to PEEHIP.

Unlimited.

8.6.9 Confirm that you will provide an annual score card to PEEHIP so that PEEHIP can assess your performance. Please upload a sample of your annual score card.

Single, Radio group.

- 1: Confirmed, uploaded to Proposal Tech, explain: [Unlimited],
- 2: Confirmed, not uploaded to Proposal Tech, explain: [Unlimited],
- 3: Not confirmed, explain: [Unlimited]

8.6.10 Confirm that your team will attend on-site quarterly meetings with PEEHIP to present current plan and service performance, address any recent issues/challenges encountered, suggest potential savings opportunities, and discuss other pertinent topics to be identified prior to each meeting. At a minimum, PEEHIP requests that an account team member closely involved in the daily operations of the PEEHIP account and an executive-level team member with oversight responsibility attend all quarterly meetings. The mid-year and year-end meetings are expected to provide more robust, detailed plan metrics, observations, and consultative discussion.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.6.11 Confirm that your team will attend PEEHIP's Board meetings at your expense.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.6.12 Do your services include legislative updates to plan sponsors?

Single, Radio group.

- 1: Yes – included in Standard Fees,
- 2: Yes – for Additional Charge,
- 3: No

8.6.13 Discuss how your firm will notify PEEHIP when you first identify significant issues that cause member disruption. How will you track the issue through to resolution while keeping PEEHIP updated on status?

Unlimited.

8.6.14 Discuss how your firm will notify PEEHIP when you first identify significant issues that cause provider disruption. How will you track the issue through to resolution while keeping PEEHIP updated on status?

Unlimited.

8.7 CLAIMS PROCESSING

8.7.1 Using most recent year-end data, complete the table below for the claim office that will have payment responsibility for this account:

	Target	Actual 2018 year end results
Total annual claim volume per year (in total number of claims)	500 words.	500 words.
Average claims processed per processor per day	500 words.	500 words.
Claims turnaround time (percent of clean claim transactions processed within 14 calendar days following receipt of claim)	500 words.	500 words.
Average number of business days to process a clean claim from date received to date check/EOB issued	Decimal.	Decimal.
Financial accuracy (percentage of claim dollars paid without error, relative to total claim dollars paid)	500 words.	500 words.
Processing accuracy (percentage of claims processed without error, relative to the total number of claims processed)	500 words.	500 words.
What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 10 business days?	Percent.	Percent.
What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 30 business days?	Percent.	Percent.

8.7.2 Confirm that the claims processing system is integrated with the eligibility and Member Services system.

Single, Radio group.

1: Confirmed, explain: [Unlimited],

2: Not confirmed, explain: [Unlimited]

8.7.3 Describe the claims payment process for “clean claims” from date of receipt to full adjudication of checks to providers or patients. If the process is different for network and non-network claims please discuss separately.

1000 words.

8.7.4 Describe the claims payment process for “non-clean claims” from date of receipt to full adjudication of checks to providers or patients. If the process is different for network and non-network claims please discuss separately.

1000 words.

8.7.5 Provide the following information regarding internal claims audit(s):

	Response
What are the current standards for internal claim audits?	<i>Unlimited.</i>
How often are claim processors audited?	<i>Unlimited.</i>
When an error is found, what is the time period for correction of the claim?	<i>Unlimited.</i>
Are reports monthly, quarterly, semi-annual, etc.?	<i>Unlimited.</i>
What claims do you consider for high dollar audits?	<i>Unlimited.</i>
Are high dollar audit claims handled internally?	<i>Unlimited.</i>
How are criteria determined for internal audits? What triggers do you utilize?	<i>Unlimited.</i>
What percent of claims are audited internally?	<i>Unlimited.</i>
What is the ratio of quality reviewers to claim processors?	<i>Unlimited.</i>

8.7.6 Describe your process to ensure that benefits or program changes that have the potential to create member disruption and provider payment issues are made timely and accurately. Such changes include mandated CMS updates of service codes, fee schedules, etc.

1000 words.

8.7.7 Describe protocol and use of proper quality control testing for any benefit or program changes (e.g. codes or fee schedule updates) prior to live release.

1000 words.

8.7.8 Describe how you monitor denied claims for trends and patterns to timely determine if outreach is needed to a provider's office for educating/training on proper filing, codes, etc. so the provider may submit a clean and accurate claim.

1000 words.

8.8 REPORTING TO PEEHIP

8.8.1 Describe your standard web portal and Member Services utilization reports (i.e., number of hits and calls and the nature of the members' inquiries) and provide examples.

Unlimited.

8.8.2 Confirm that you will provide monthly, quarterly, and annual appeals reports to PEEHIP.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.3 Confirm that you will provide and present quarterly reports to PEEHIP.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.4 Bidders shall create and generate standard utilization and cost reports. Provide a list of your standard reports. In addition, include a description of each report and the frequency of the report.

Unlimited.

8.8.5 Are these reports available online currently?

Unlimited.

8.8.6 Confirm that you are able to customize reports and this is included in your quoted premium(s).

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.7 Confirm that your organization will provide claim line detail for ALL claims—medical and pharmacy—including, but not limited to, financial and diagnoses information. PEEHIP intends to maintain this data as part of their data warehouse as it does the rest of their covered population.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.8 Confirm that your organization will provide this data in a mutually agreed upon format by the 15th day of the month following the subject month.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.9 Confirm that claims line detail for ALL claims will include member level detail using SSNs, PEEHIP-assigned Individual PIDs, and PEEHIP-assigned Subscriber PIDs.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.10 Confirm that you will submit the Part C and Part D Medicare Membership Reports (MMR) monthly, including all fields as received from CMS. The monthly MMR will be submitted by the end of the corresponding month.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.11 Confirm that you will submit the Part C and Part D Model Output Reports (MOR) upon request, no more often than annually, including all fields as received from CMS. The latest MOR will be submitted within 30 days of request.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.12 Confirm you will provide PEEHIP a weekly Transaction Reply Report (TRR) file.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.13 Confirm you will work with PEEHIP on a daily basis to resolve any discrepancies that may arise from the nightly 834 file.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.14 Confirm that the vendor generated reports listed above and any others that may develop throughout the contract term will be reviewed and verified for accuracy prior to distribution.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.15 Confirm that PEEHIP will be provided sufficient information regarding the previous year's renewals to audit them for accuracy and compare them to actual experience.

Single, Radio group.

- 1: Confirmed, explain: [Unlimited],
- 2: Not confirmed, explain: [Unlimited]

8.8.16 Is there an additional charge for ad hoc reporting? If so, please provide the average cost per report and the average preparation time.

Single, Radio group.

- 1: Yes, explain: [Unlimited],
- 2: No, explain: [Unlimited]

8.9 ELIGIBILITY

8.9.1 Describe your enrollment system (including how long it has been in place and whether there are plans to use a new system within the next three years), hardware and software, and detail how updates are made regarding eligibility.

Unlimited.

8.9.2 Confirm that you will update eligibility data within 24 hours from receipt of data.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, explain: [500 words]

8.9.3 PEEHIP will handle all enrollments and cancellations and transmit that data in an 834 file daily to Bidder for processing. Confirm that you will electronically accept and process, on a daily basis, the ASC X12 Benefit Enrollment and 834 Maintenance (834) transaction provided file format sent to you by PEEHIP daily.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.4 Confirm that your organization will not enroll or cancel PEEHIP members on its own unless there is a conflict from CMS.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.5 If a conflict from CMS is found, confirm that the conflict information will be reported back to PEEHIP within one business day so PEEHIP can correct and retransmit their records.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.6 Confirm that your present system is capable of handling more than 1 file in a day if requested by PEEHIP.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.7 Confirm you will utilize PEEHIP's Trading Partner Agreement related to the 834 file format to update the eligibility records on a daily basis. PEEHIP will provide the Trading Partner Agreement to the Bidder.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.8 Confirm that you will be responsible for validating participant eligibility through CMS.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.9 Confirm that your organization will store member-level detail using SSNs, PEEHIP-assigned Individual PIDs, and PEEHIP-assigned Subscriber PIDs and will include it on any member-level reporting back to PEEHIP.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.10 With regard to exchanging data, PEEHIP will include their SSNs, PEEHIP-assigned Individual PIDs, and PEEHIP-assigned Subscriber PIDs for each individual in the 834 file format. Please confirm that your organization will store the PIDs and Contract Numbers, and include them along with the member's SSN, on all member-level reporting, back to PEEHIP.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.11 Please confirm that your organization will generate a reconciliation file monthly or on demand and that this file will contain, at a minimum, the member's SSN, PID, contract number, demographics, enrollment date, and cancel date.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.12 Describe the processing procedures to ensure files are received and processed timely. What safeguards are in place to detect missing files?

Unlimited.

8.9.13 Confirm that you will stop an eligibility upload in the event that established error thresholds are exceeded.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.14 Describe how you propose to notify PEEHIP in the event an eligibility upload is aborted.

Unlimited.

8.9.15 Will the previous file be reinstated?

Unlimited.

8.9.16 Confirm that you will provide direct same day confirmation that the eligibility file was received, properly loaded, processed, and that this confirmation will include the date of receipt.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.9.17 Explain your process of working error reports generated from the file loads.

Unlimited.

8.9.18 Describe the process for manual entry and safeguards in place (i.e., authorization to make manual entries, audit tracking of who made changes, etc.)

Unlimited.

8.9.19 Describe the address information maintained on your enrollment system. Include in your response your ability to store member phone numbers and email addresses.

Unlimited.

8.9.20 Does your system have the capability to store more than one address per Enrollee, not including a confidential mailing address?

Single, Radio group.

1: Yes,

2: No, explain: [Unlimited]

8.9.21 Describe the procedures in place to accommodate a confidential mailing address as required by Title II of HIPAA.

Unlimited.

8.9.22 How much historical eligibility information is maintained on an individual's file? How much is accessible online, real time versus archived?

Unlimited.

8.9.23 Describe your ability to manage CMS eligibility issues and how you propose to work with PEEHIP staff on these issues.

Unlimited.

8.9.24 Describe the process necessary regarding CMS eligibility issues for members that only have a P.O. Box address?

Unlimited.

8.9.25 Confirm that there will be no minimum participation requirements.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.10 COORDINATION OF BENEFITS (COB)

8.10.1 Confirm that, at a minimum, your organization will accept and use the COB data provided by PEEHIP in the 834 file to process claims.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.10.2 Indicate whether you have any sources of COB information in addition to the information received in PEEHIP's 834 file.

Unlimited.

8.11 PREMIUM PAYMENT AND ENROLLMENT ACTIVITY

8.11.1 Please describe what would happen if a member failed to pay their PEEHIP premiums and their PEEHIP MA-PD coverage is cancelled retroactively.

Unlimited.

8.11.2 Confirm whether PEEHIP would be allowed to reinstate (retro-reinstatement) the member once payment is received.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.11.3 PEEHIP allows enrollment outside of Open Enrollment for qualifying life events. Most of the time the enrollment is effective retroactively. Describe how this would be handled under your proposed MA-PD plan.

Unlimited.

8.11.4 PEEHIP allows prospective cancellations outside of Open Enrollment. Members cannot reenroll until the PEEHIP Open Enrollment Period for an October 1 effective date. Confirm how this would be handled under your proposed MA-PD plan.

Unlimited.

8.11.5 Explain low-income subsidies and how they impact copayments, deductibles and premiums. How will this process be managed by your organization?

Unlimited.

8.12 REVENUE MAXIMIZATION

8.12.1 In the table below, provide your CMS Five-Star Quality Rating for the 2017, 2018 and 2019 national MA-PD PPO plan you will be offering, and comment on the ratings (or lack of ratings, if applicable).

CMS Five-Star Quality Rating	2017	2018	2019	Comments
Staying Healthy: Screenings, Tests and Vaccines	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i> Nothing required
Managing Chronic (Long-Term) Conditions	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i> Nothing required
Member Experience with Health Plan	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i> Nothing required
Member Complaints and Changes in the Health Plan's Performance	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i> Nothing required
Health Plan Customer Service	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i> Nothing required
Drug Plan Customer Service	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i> Nothing required
Member Complaints and Changes in the Drug Plan's Performance	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i> Nothing required
Member Experience with the Drug Plan	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i> Nothing required

Drug Safety and Accuracy of Drug Pricing	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i> Nothing required
Total Five-Star Quality Rating	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i> Nothing required

8.12.2 Describe your plans for CMS Star Rating maximization.

Unlimited.

8.12.3 Describe your approaches to risk adjustment. Include in your response any innovative programs you use to improve the accuracy of the risk scores and any increase in scores you have been able to achieve.

Unlimited.

8.12.4 Describe your process for reconciling member risk scores with risk scores on file with CMS, tracking member risk scores, and tracking the financial impact of risk-adjusted scores.

Unlimited.

8.12.5 How do your risk adjustment strategies impact the pharmacy risk score?

Unlimited.

8.12.6 What does your organization do to educate providers on the importance of complete medical record documentation to support the data used for risk adjustment?

Unlimited.

8.13 DATA REPORTING TO CMS

8.13.1 What controls does your organization have in place to ensure all required data is sent to CMS for each data collection period?

Unlimited.

8.13.2 What does your organization do to audit the quality and completeness of provider claims data?

Unlimited.

8.13.3 What controls are in place to ensure that claims data that is submitted to CMS includes only valid risk adjustment codes?

Unlimited.

8.13.4 What controls are in place to ensure that data sent to CMS is from a valid provider type?

Unlimited.

8.13.5 What controls are in place to identify duplicate transactions that are ineligible from a CMS perspective?

Unlimited.

8.13.6 What process is in place to assess and/or monitor the potential financial impact for instances of noncompliance (particularly as it relates to the submission of duplicate transactions)?

Unlimited.

8.13.7 Describe your processes and strategies for improving encounter data now and in the future.

Unlimited.

8.13.8 Provide your book of business prescription drug event (PDE) error rate for 2017 and 2018.

Unlimited.

8.14 MEDICAL MANAGEMENT

8.14.1 Describe in detail all programs and services, such as wellness programs, disease management programs, case management programs, pharmacy utilization management programs, etc. you will offer with this plan that may in some way control costs.

Unlimited.

8.14.2 Describe your medical management experience with retiree groups.

Unlimited.

8.14.3 Describe how your program design enhances quality of care, including improvements in health status and clinical outcomes. How does your approach differ between your MA-PD products and your commercial plans?

Unlimited.

8.14.4 Discuss how you engage targeted individuals to participate in your programs.

Unlimited.

8.14.5 Describe your outreach to the membership with chronic conditions.

Unlimited.

8.14.6 Describe your process for identifying and collaboratively managing members with both medical and behavioral health issues.

Unlimited.

8.14.7 Indicate which of the following Case Management components are offered by your organization:

Case Management	Offered
a. Pre-admission review/Pre-determination	<i>Yes/No.</i>
b. In-patient admission/concurrent review	<i>Yes/No.</i>
c. Discharge planning	<i>Yes/No.</i>

d. High-risk post-discharge outreach	Yes/No.
e. Retrospective review	Yes/No.
f. Outpatient review	Yes/No.
g. Catastrophic/long-term Case Management	Yes/No.
h. Episodic/short-term Case Management	Yes/No.
i. End-of-life program identification and transition	Yes/No.

8.14.8 Describe in detail your capabilities and processes regarding discharge planning. Please include how many on-site (in facility) and remote case managers you propose at the various facilities statewide to serve the PEEHIP membership to minimize as much as possible any disruption during the discharge or transition of care process.

Unlimited.

8.14.9 How does your organization use pharmacy data to identify high risk, high need populations?

Unlimited.

8.14.10 Describe your Rx utilization management programs (Prior Authorizations, Step Therapy, Quantity Level Limitations, age and gender restrictions, Medication Therapy Management program, high-risk drug programs for the elderly, etc.).

Unlimited.

8.14.11 In your response, include the process for enrollment, targeting, reporting, and outcomes reporting.

Unlimited.

8.14.12 Can the above programs be customized for PEEHIP's membership?

Unlimited.

8.14.13 Describe the circumstances under which prior authorization of a drug is required.

Unlimited.

8.14.14 Are Prior Authorizations performed in-house or by a third party?

Unlimited.

8.14.15 Describe the non-formulary Prior Authorization process.

500 words.

8.14.16 Describe the transition process you will utilize for members who are currently using non-formulary prescription drugs, drugs requiring prior authorization, step therapy, or quantity level limits.

Unlimited.

8.15 FINANCE AND BANKING

8.15.1 Please provide a sample detailed invoice.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

8.15.2 Currently, PEEHIP can remit payment for an invoice via check or EFT only. Confirm that you are able to accept both payment formats.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

8.15.3 Confirm you will provide invoices/billing on a monthly basis.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9 NATIONAL MA-PD PPO

9.1 DESCRIPTION OF THE GROUP HEALTH PLAN TO BE PROCURED

9.1.1 PEEHIP wishes to procure a fully-insured, national MA-PD PPO plan with the same benefits for services rendered in-network and out-of-network.

9.2 PLAN DESIGN

A summary of current Medicare-eligible retiree benefits is attached in **Appendix B**. The MA-PD PPO should function as a passive PPO that provides the same level of benefits for retirees when they see a provider outside the network that accepts Medicare. The national MA-PD PPO plan you propose must meet all CMS requirements, and any benefits not delineated in the plan design must be covered at least at the minimum requirement set by CMS. Bidders may not deviate downward from these plan designs in any manner other than to meet CMS requirements. You may offer supplemental benefits and/or enhanced benefits as long as they are at no cost to PEEHIP and its membership. **Note that PEEHIP's prescription drug program does not provide mail order benefits.**

9.2.1 Confirm you will be able to replicate the current plan design for the national MA-PD PPO plan, with the same benefits for services rendered in-network and out-of-network for medical and Part D prescription drug services, with no mail order benefits. If not, indicate any deviations.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.2.2 If you denoted any deviations above, provide the actuarial value of these deviations.

Unlimited.

9.2.3 If you are offering supplemental benefits and/or enhanced benefits, please describe these.

Unlimited.

9.2.4 Confirm that you will provide the Silver Sneakers program at no additional cost.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.2.5 PEEHIP is interested in discounted benefits the Contractor is able to negotiate and provide to its members for non-covered services at the member's expense. PEEHIP is particularly interested in a discount program for hearing aids with locations for fittings and adjustments locally represented in the State of Alabama. Please describe any programs your organization is able to offer for hearing aids as well as other discount programs.

Unlimited.

9.2.6 Confirm that you are able to provide PEEHIP's current customized EGWP formulary. PEEHIP's current formulary is provided in **Appendix D**.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.2.7 Confirm you are willing to work closely with PEEHIP on the drug formulary to ensure the least amount of member disruption as members transition from the active/non-Medicare plan to the MA-PD plan.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.2.8 Please describe how your plan covers emergency services incurred outside of the U. S.

Unlimited.

9.3 NETWORK ACCESS AND MANAGEMENT

9.3.1 Perform and provide a GeoAccess analysis based on your contracted MA PPO provider network and the census file provided to Bidders that have signed the NDA. Use the access standards in the table below for your analysis. Only providers under contract with the plan should be included. In other words, do not count all providers that accept Medicare if you meet the 51% Rule.

Provider Type	Urban Enrollees	Suburban Enrollees	Rural Enrollees
Primary care physician	4 in 5 miles	4 in 10 miles	2 in 20 miles
Hospital	2 in 5 miles	2 in 10 miles	1 in 20 miles
Cardiologist	2 in 5 miles	2 in 10 miles	1 in 20 miles
Gastroenterologist	2 in 5 miles	2 in 10 miles	1 in 20 miles
Orthopedist	2 in 5 miles	2 in 10 miles	1 in 20 miles
Rheumatologist	2 in 5 miles	2 in 10 miles	1 in 20 miles

Other specialist	4 in 5 miles	4 in 10 miles	2 in 20 miles
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Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

9.3.2 Does your organization meet CMS's MA coordinated care network adequacy requirement for PEEHIP's Medicare-eligible retiree membership (the 51% rule)? Discuss how you are able to meet this requirement.

Single, Radio group.

1: Yes,

2: No, explain: [Unlimited]

9.3.3 What is your percentage of network adequacy with regard to the 51% rule based on PEEHIP's membership?

Unlimited.

9.3.4 What PBM do you currently use? How long have they been in place? When does your current contract with your PBM expire?

Unlimited.

9.3.5 Perform and provide a GeoAccess analysis based on your contracted pharmacy network and the census file provided in **Appendix E**. Provide this separately for independent pharmacies and chain pharmacies. Use the access standards in the table below for your analysis.

Provider Type	Urban Enrollees	Suburban Enrollees	Rural Enrollees
Pharmacy	2 in 5 miles	2 in 10 miles	2 in 20 miles

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

9.3.6 Are all major pharmacy chains in-network for the Part D benefit? List any major pharmacy chains excluded from your network.

Unlimited.

9.3.7 Describe your contracting strategy for independent pharmacies and how discounts differ between independent pharmacies and chain pharmacies.

Unlimited.

9.3.8 What is the number of contracted independent pharmacies in your network in the State of Alabama?

Unlimited.

9.3.9 Please indicate in which of the 50 states your organization is licensed to offer employer-sponsored, network-based MA-PD solutions.

Unlimited.

9.3.10 Please complete the following:

	Response
a. Based upon PEEHIP's provided retiree census data, identify any areas in which you are filed to operate where your provider network and network pharmacies may not have adequate capacity to meet the potential demand.	<i>Unlimited.</i>
b. How is adequacy determined by your organization?	<i>Unlimited.</i>
c. What are your plans for expansion in these areas?	<i>Unlimited.</i>
d. What is your solution to meet the pharmaceutical needs of members who live in areas where pharmacy access is inadequate?	<i>Unlimited.</i>
e. Indicate any areas where your network access does not meet the CMS-standard access requirements.	<i>Unlimited.</i>

9.3.11 Describe your organization's approach for credentialing providers and pharmacies to participate in your network (your recruitment strategy).

Unlimited.

9.3.12 Describe in detail your organization's approach to contract with providers currently utilized by PEEHIP members. Include in your response how you outreach to providers, build and maintain relationships, work through contractual issues, etc. to bring them into your network.

Unlimited.

9.3.13 Describe your organization's MA-PD network growth and development plans. Describe your organization's approach for selecting and recruiting providers and pharmacies to participate in your MA-PD networks.

Unlimited.

9.3.14 An Excel file labeled Medical and Rx Providers - **Attachment 2** - is a provider utilization file representative of the medical and Rx utilization experience for PEEHIP's Medicare-eligible retirees and their Medicare-eligible dependents for this plan. For each provider listed, please indicate if the medical provider or pharmacy is in the network (i.e., a participating provider) for the plan(s) you are proposing. Note for pharmacy providers, separate columns will be used to indicate if the pharmacy is a chain or an independent.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

9.3.15 Describe any provider advocacy services or programs you offer between your organization and providers including education, communication and support for providers including items such as:

- Claim payment issues
- provider relations and outreach strategies
- types of providers included
- topic specific education
- changes such as new products or policies

- practice-based support
- alignment with local and statewide provider societies continuous improvement

Unlimited.

9.3.16 How many provider advocates do you have working in the state of Alabama? Please list those employees physically working in Alabama and those working telephonically in Alabama.

1000 words.

9.3.17 Describe any processes, interactions and resources you employ to support providers with payment services and policies including items such as:

- claims filing and processing
- coding
- clinical criteria and code editors
- coverage determinations
- prior authorizations
- rejected claims or claims denial outreach
- medical necessity denials verses admin denials
- other carrier policies
- escalated issues and quick/accurate issue resolutions
- review of trends for targeted and ongoing education

Unlimited.

9.3.18 Does your organization provide satisfaction surveys to providers? If so, describe the survey and uses of results.

1000 words.

9.4 IMPLEMENTATION

9.4.1 Provide an Implementation Project Plan for the national MA-PD PPO plan. Include a detailed timetable assuming a Notice of Contract Award by May 7, 2019 for a January 1, 2020 Program 'go-live' date. Note that PEEHIP's Open Enrollment Period begins each July 1. Development of communications is expected to commence upon Contract Award to assist PEEHIP with any communications necessary prior to Open Enrollment. Your firm's implementation plan should assume that PEEHIP-specific communications to Members and external stakeholders must be completed by **June 14, 2019**.

At a minimum, the Implementation Project Plan must provide specific details on the following:

- a. Identification and timing of significant responsibilities and tasks
- b. Names, titles, and implementation experience of key implementation staff and time dedicated to PEEHIP during implementation
- c. Identification and timing of PEEHIP's responsibilities
- d. Transition requirements with the incumbent vendors
- e. Staff assigned to attend and present at Open Enrollment/educational sessions
- f. Member communication plan - including development and assistance to PEEHIP, prior to Open Enrollment, and on-site Open Enrollment meetings and district and local retiree meetings as described in the Staffing section of this RFP

g. Data and timing requirements from current vendors to ensure transition of care and prior- authorization data is appropriately transferred

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

9.4.2 Confirm that any changes or additional detail to the implementation plan will be submitted to PEEHIP within 5 business days of receiving Notice of Contract Award.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.4.3 Confirm that at least sixty (60) days prior to January 1, 2020 effective date, PEEHIP will have a readiness review of the pending awardees, including an on-site review of the Bidder's facilities. Bidders shall participate in all readiness review activities conducted by PEEHIP staff to ensure the Bidder's operational readiness. Readiness review will include verification (by PEEHIP or its agent) that PEEHIP's benefits have been properly loaded into your claims processing system. PEEHIP will provide the Bidders with a summary of findings as well as areas requiring corrective action. Describe how your organization will comply with this requirement.

Unlimited.

9.4.4 Demonstrate how your organization will test the program to ensure claims will process correctly on the Program 'go-live' date of January 1, 2020. Confirm you will conduct testing with an actual retail pharmacy from the Point-of-Sale transaction to a completed transaction where the pharmacy successfully processes the prescription drug claim for a successful fill of the medication.

Unlimited.

9.4.5 Are you willing to provide a one-time implementation allowance to fund, as approved by PEEHIP, implementation support, pre-implementation audits, readiness assessments, communication plans, outside printing costs, etc.? What dollar amount are you willing to provide?

Unlimited.

9.4.6 Identify the Implementation Team you propose to work on this account and provide an organization chart defining the Implementation Team roles. Include names and titles for the entire proposed Implementation Team including key positions and support staff.

Unlimited.

9.4.7 Please provide resumes and MA-PD experience and qualifications for each individual, listed in the organization chart provided to respond to the above question.

Unlimited.

9.4.8 What challenges and disruptions do you foresee members experiencing as they change plans? How do you propose dealing with those challenges and disruptions in order to make the transition to a new plan go smoothly for members?

Unlimited.

9.4.9 Confirm that all PEEHIP members will have a valid ID card in hand prior to January 1, 2020.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain [Unlimited]

9.4.10 Confirm your organization will provide a weekly status report on the Implementation Project Plan detailing current activities, closed tasks, problems, and any recommendations.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain [Unlimited]

9.4.11 Confirm your organization will provide a weekly Problem Identification Report - an ad hoc report that details any implementation issues, their impact on the overall project, and which task(s) in the Implementation Project Plan will be affected.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain [Unlimited]

9.4.12 Confirm your organization will provide a Final Report detailing all implementation activities and final enrollment is complete.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain [Unlimited]

9.4.13 List and describe any additional implementation reports that you will provide. Please include the frequency of each report.

Unlimited.

9.4.14 How long will the Implementation Team stay involved after Program 'go-live' date for troubleshooting before a handoff to the Account Management team?

Unlimited.

9.5 COMMUNICATION AND EDUCATION

9.5.1 Describe how your organization can effectively communicate with and educate PEEHIP's retirees about your programs and services available to them.

Unlimited.

9.5.2 What will be your communication and education strategy, and why do you think this strategy is the right one?

Unlimited.

9.5.3 How will you implement this strategy?

Unlimited.

9.5.4 Please list all communication and educational materials CMS requires you to provide to members.

Unlimited.

9.5.5 What do you provide above and beyond what CMS requires?

Unlimited.

9.5.6 Provide samples of communications and educational materials.

Single, Radio group.

1: Attached,

2: Not attached, explain in comments

9.5.7 Confirm that letters are able to be customized with PEEHIP's logo as requested by PEEHIP?

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain in comments

9.5.8 Confirm that PEEHIP will be provided an opportunity to review and approve all communication materials (including letters, brochures, electronic, website, etc.) prior to being sent to members and providers.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain in comments

9.5.9 Identify your standard communication materials and indicate those that can be customized at no additional charge and those that require an additional charge. Indicate fee if there is an additional charge.

	Response	Amount of Fee
Member ID Cards	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	<i>500 words.</i>
Claim Forms	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	<i>500 words.</i>
Summary Plan Description	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	<i>500 words.</i>
Summary of Material Modifications	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	<i>500 words.</i>
Toll-Free Telephone Access	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	<i>500 words.</i>
Internet Access	<i>Single, Radio group.</i> 1: Standard,	<i>500 words.</i>

	2: Custom, 3: Additional Fee	
General Letters and Correspondence sent to Participants	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	<i>500 words.</i>
Annual Benefit Statements	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	<i>500 words.</i>
HIPAA Privacy Notices	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	<i>500 words.</i>
HIPAA Proof of Coverage document	<i>Single, Radio group.</i> 1: Standard, 2: Custom, 3: Additional Fee	<i>500 words.</i>

9.5.10 Do you publish a member newsletter for MA members? If so, provide a copy of the most recent member newsletter.

Single, Radio group.

1: Yes. Copy is attached,

2: Yes. Copy is not attached, explain: [Unlimited],

3: No

9.6 PERFORMANCE GUARANTEES

PEEHIP is interested in negotiating performance standards on financial performance results with the selected Bidder to encourage the Bidder to provide superior performance. Bidder's failure to meet the performance guarantee(s) would result in financial penalties. Please review and complete Performance Guarantees - Attachment 3. Guarantees beyond those required are encouraged.

9.6.1 Confirm your agreement with the proposed service level targets and associated guarantees.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain [Unlimited]

10 PRICE PROPOSAL

10.1 Data for Pricing

10.1.1 Bidders will be provided the following information for development of the Price Proposal:

1. PEEHIP's medical data at the claims line detail including diagnoses information. This will be data incurred and paid 1/1/2017 – 1/31/2019.
2. PEEHIP's pharmacy data at the claims line detail. This will be data incurred and paid 1/1/2017 – 1/31/2019.
3. PEEHIP's eligibility file, 1/1/2017 – 1/31/2019.
4. Medical and Pharmacy Risk Scores by month from January 2017 – January 2019
5. Census – **Appendix E**

Pricing must be based on PEEHIP's data provided. Bids based on manual data will not be accepted

Confirm your pricing is based on PEEHIP's data provided.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain [Unlimited]

10.2 Format of Pricing

Bidders shall submit pricing in the format described below for the national MA-PD PPO proposed, based on the terms and conditions set forth in this RFP. Bidder's price offer shall serve as the basis for compensation terms of the resulting contract. Failure to submit pricing as provided in this section may render Bidder's entire offer non-responsive and ineligible for award.

Pricing shall be submitted in the following format: Provide the fully-insured per member monthly premium rates for 2020 (first year of the contract: January 1, 2020 - December 31, 2020) based on the services required as specified in this RFP by completing the Price Proposal Worksheet – **Attachment 1**. It is understood that if CMS requires a certain benefit level that is superior to what is listed in this RFP, then the CMS benefit should be applied and noted. The premium rate quoted is to cover all services Bidder must provide as described in this RFP.

Bidder is required to break out its price between the medical (MA) and prescription drug (PD) components of the plan. It must further break out the two components into the claims components and the non-claims components as described in the Price Proposal Worksheet instructions.

BIDDER'S PRICING OFFER: Attach additional pages if necessary or if the format of pricing specified requires additional pages.

1. Bidder's price for calendar year 2020: Bidder is to complete Price Proposal Worksheet
2. PEEHIP is seeking a partner to provide MA-PD services as a viable long-term solution for their Medicare population. This requires pricing throughout the contract term that recognizes the need for reasonable year over year increases in premiums. While we recognize certain provisions of the pricing is dependent on CMS pricing terms released annually, we also believe organizations should be able to price for such fluctuations in a three year contract. Therefore, we are requesting bidders to provide annual total premium rate cap guarantees for each succeeding year under the contract.

Subsequent annual premium rates (2021 and 2022) will be based on claims experience of those enrolled in each plan, verified demographics, other documented actuarial factors, and projected health care cost trends. Subsequent annual premium rates will be negotiated annually and reflected in a written amendment to the Contract executed by both parties.

Note that PEEHIP's prescription drug program does not provide mail order benefits.

Note that Generic Law in Alabama requires pharmacies to dispense generic scripts in place of brand scripts where available and chemically equivalent, unless otherwise directed by the prescribing physician.

10.2.1 This RFP requires that pricing be based on PEEHIP's actual claims data (claims line detail) as well as PEEHIP's plan design provided to Bidders in connection with this RFP. Proposals based upon manual rates will not be accepted. Confirm your agreement with this requirement.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain [Unlimited]

10.2.2 Confirm the pricing is based on PEEHIP's current medical and prescription drug plan design as well as its current formulary.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain [Unlimited]

10.2.3 Confirm that pricing will not include any taxes unless accompanied by proof that PEEHIP is subject to the tax. If necessary, Bidders may request the applicable agency's tax exemption number and federal tax exemption information.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain [Unlimited]

11 BID EXCEPTIONS AND DEVIATIONS

11.1 If your bid does not fully comply with the specifications in this RFP, please upload and complete the Bid Exceptions and Deviations Document.

Single, Radio group.

1: Bid does not fully comply - Document Attached,

2: Bid does fully comply - Document Not Attached

12 RESPONSE DOCUMENTS

12.1 Please complete the PEEHIP Price Proposal Worksheet - **Attachment 1**

Single, Pull-down list.

1: Attached,

2: Not provided

12.2 Please complete the Medical and Rx Providers Excel File - **Attachment 2**

Single, Pull-down list.

1: Attached,

2: Not provided

12.3 Please complete the PEEHIP Performance Guarantees - **Attachment 3**

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

13 REFERENCE DOCUMENTS

13.1 Please note that Reference Documents (i.e., claims data, census, etc.) will only be provided to Bidders that have submitted a completed and signed Non-Disclosure Agreement (NDA) to the Solicitation Contact. NDAs will be provided on the Proposal Tech system for completion by April 1, 2019. Completed and signed NDA's should be emailed to JSlutsky@segalco.com and NOT posted to the Proposal Tech site. NDA's posted to Proposal Tech will not be accepted.

Retiree Sliding Scale Premiums – **Appendix A**

2018-2019 Member Handbook (with current plan designs) – **Appendix B**

PEEHIP 834 Reporting Mapping – **Appendix C**

Current Customized EGWP Formulary – **Appendix D**

Census

Medical Claims

Pharmacy Claims

Eligibility File

Medical and Pharmacy Risk Scores

14 REQUIRED DOCUMENTS

14.1 Copy of your most recently completed HIPAA Assessment.

Single, Radio group.

- 1: Attached,
- 2: Not attached, explain: [Unlimited]

14.2 Copy of your Information Security Policy and Procedures. These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.3 Proof of Errors and Omissions (E&O) Insurance.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.4 Your organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 18 report.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.5 Copy of your operational and system redundancy procedures. These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.6 Copy of your disaster recovery procedures. These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.7 Account Management Team organization chart.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.8 Account Team resumes.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.9 Annual Score Card sample.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.10 Sample claim form.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.11 List of your standard reports, including description and frequency.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.12 Sample monthly invoice.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.13 Sample Implementation Project Plan and timetable.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.14 Sample communications materials.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]

14.15 Copy of Services Agreement.

Single, Radio group.

1: Attached,

2: Not attached, explain: [Unlimited]