

# Alabama PEEHIP Medical PPO RFP

## 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 vendors that can provide administration services only (ASO) for PEEHIP's self-insured Medical PPO Plan and Supplemental Medical Plan.

The effective date for the Medical ASO contract is October 1, 2022. If interested and able to meet the requirements described in this RFP, PEEHIP appreciates and welcomes your offer.

Four additional RFPs have recently been or are being released separately from the Medical ASO RFP. They are:

- Flexible Program Administration (FSA)
- Optional Dental, Vision, Hospital Indemnity and Cancer Plans
- Medicare Advantage and Prescription Drugs (MA-PD)
- Medical-Pharmacy Drug Program

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

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 to the most advantageous Bidder, based on the evaluation of cost and capability 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 Worksheets, 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 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 services, taking into consideration the requirements of the RFP, proposed services and any "value added" terms, conditions and service levels
- Cost of the proposed services and negotiated provider discounts

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- Qualifications of the firm including financial capacity, staffing, and availability of staff to work with PEEHIP during Open Enrollment and continue to support PEEHIP after the program's "go-live" date
- Bidder's experience with the appropriate plans; commitment to such plans; experience offering such plans to public sector employers
- Bidder's ability to educate and communicate with program participants
- Bidder's ability to minimize enrollee disruption

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 three institutions offering the program to the active population. However, others may join the program subject to meeting applicable requirements.

PEEHIP active employees and non-Medicare eligible retirees can choose one of three medical plans and/or either/or both of two Flexible Spending Accounts (active employees only), and/or any of four optional coverage plans as follows:

- Hospital Medical Plan currently administered by Blue Cross and Blue Shield of Alabama (BCBSAL) (group #14000).
- Drug coverage is currently administered by Express Scripts.
- Health Maintenance Organization currently administered by Viva Health Network.
- Supplemental Medical Plan currently administered by Blue Cross and Blue Shield of Alabama (group #61000)
- Flexible Spending Accounts - Healthcare and Dependent Care currently administered by HealthEquity.
- Optional Coverage Plans currently administered by Southland Benefit Solutions, LLC, - consisting of Dental, Hospital Indemnity, Vision and Cancer.

Medicare eligible retirees and Medicare eligible dependents of retirees are covered under a Medicare Advantage Plan with Part D included. This plan is currently administered by Humana.

### 2.2 PEEHIP Supplemental Medical Plan

*(Active Members and Non-Medicare-Eligible Retirees)*

In addition to the Hospital Medical Plan, PEEHIP offers a Supplemental Medical Plan designed to only be a supplemental plan to other primary coverage. It does not cover the cost of services excluded by the member's primary group plan.

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## PEEHIP Supplemental Medical Plan Guidelines:

- There is no monthly premium for a single or family plan when the member uses the employer contribution amount for the PEEHIP Supplemental Medical Plan.
- The PEEHIP Supplemental Medical Plan provides secondary coverage to the member and covered dependent(s) when primary coverage is provided by another employer.
- The PEEHIP Supplemental Medical Plan supplements a primary insurance plan by covering the copayment, deductible, and/or coinsurance of a primary insurance plan or the preferred or participating allowance, whichever is less.
- PEEHIP Hospital Medical Plan limitations and exclusions will apply.
- The PEEHIP Supplemental Medical Plan will not pay for amounts in excess of the allowed amount for services rendered by a non-preferred provider, amounts in excess of the maximums provided under the primary insurance plan, any services denied by the primary insurance plan, or any penalties or sanctions imposed by the primary insurance plan.
- Members enrolled in plans with deductibles greater than \$1,400 for individual or \$2,800 for family are also not eligible for the PEEHIP Supplemental Medical Plan (subject to change)
- To be eligible for reimbursement under the PEEHIP Supplemental Medical Plan, the primary insurance plan must have either 1) applied the eligible charges to the deductible, or 2) made primary payment for the services rendered.
- For inpatient mental health and substance abuse services, there is a maximum allowance of 30 total days per member per plan year.
- For outpatient mental health and substance abuse services, there is a maximum allowance of 10 visits per member per plan year.
- The annual maximum amount paid from the PEEHIP Supplemental Medical Plan will be limited to \$8,700 for individual and \$17,400 for family coverage for calendar year 2022.
- Only active employees and non-Medicare-eligible retirees and dependent(s) are eligible to enroll in this plan.
- Members can enroll at any time during the year, prospectively.
- **The PEEHIP Supplemental Medical Plan cannot be used as a supplement to the PEEHIP Hospital Medical Plan, VIVA Health Plan (offered through PEEHIP), Marketplace (Exchange) Plans, State Employees Insurance Board (SEIB), and Local Government Board (LGB). In addition, active members who have Tricare or Champus as their primary coverage cannot enroll in the PEEHIP Supplemental Medical Plan.**
- The PEEHIP Supplemental Medical Plan cannot be used as a supplement to Medicare (i.e. active members cannot be enrolled in Medicare only).

## 2.3 Enrollment

The following provides the approximate enrollment numbers for the PEEHIP medical plan as of September 30, 2021:

	Active		Retired		Total		Member Contracts	Covered Persons	Lives per Contract
	Single	Family	Single	Family	Single	Family			
<b>Total</b>	<b>32,527</b>	<b>51,226</b>	<b>5,571</b>	<b>6,709</b>	<b>38,098</b>	<b>57,935</b>	<b>96,033</b>	<b>229,341</b>	<b>2.39</b>

## 2.4 OBJECTIVES

PEEHIP seeks to provide high quality, cost-effective benefits to its active and early retiree members and their dependents. PEEHIP is soliciting offers for self-insured medical and supplemental medical plans administration.

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PEEHIP desires to contract with a vendor who is willing to collaboratively develop and implement existing and proven as well as new innovative approaches to reduce cost by targeting unnecessary utilization. This includes but is not limited to leveraging effective prior authorizations, pre-certifications, concurrent reviews, and other clinically appropriate industry standard utilization management tools to ensure only necessary procedures, tests, admissions, etc. are paid by the plan.

A key issue for PEEHIP is the ability to control and accurately predict program costs. With a self-insured program, PEEHIP's health benefit cost is a substantial percent of total annual costs. PEEHIP's ability to reduce future plan liability is one of the most critical aspects of competition. Equally important as the aforementioned measures to control and flatten rising cost is the Bidder's ability to negotiate costs with their network providers and facilities. PEEHIP desires a three-year contract, with discount guarantees and performance guarantees with fees at risk.

Specifically, PEEHIP is looking for a Medical Administrator that will:

- Offer a competitive financial arrangement with fees at risk around performance guarantees
- Implement best practice strategies to manage care and utilization to reduce excessive, unnecessary, and/or wasteful utilization
- Offer a broad provider network throughout the state with comprehensive access to healthcare providers
- Show strong financial stability
- Deliver an overall program that is consistent with PEEHIP's culture, benefits philosophy, budgetary goals, and plan objectives
- Demonstrate innovative and quality-oriented medical and claims administration with robust controls to ensure appropriateness and medical necessity where relevant
- Provide excellent communication services
- Provide superior account service to PEEHIP, on-site staffing and excellent customer support to members
- Provide seamless implementation of the program for PEEHIP and its members
- Produce accurate, consistent, timely and comprehensive management reporting
- Adhere to the requested Performance Guarantees

## 2.5 SCOPE OF WORK

Provide administration services for Medical PPO coverage 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):

- Basic Member Services
- Effective Member Communications
- Account Management
- Member Enrollment and Eligibility Maintenance (Note: PEEHIP handles enrollment and eligibility in-house. Bidders are required to use PEEHIP's 834 files for adding or terminating coverage).
- Claims Processing and Coordination of Benefits Management
- Network Management
- Medical Management
- Additional member services
- Disease Management
- Behavioral Health Management
- Specialized Program and Network Management (including but not limited to telemedicine, maternity management, opioid management, ABA management, etc.)

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- Vendor Interfaces
- Data and Reporting
- Auditing Rights
- Effective Implementation and Transition Support
- Coordinate with PEEHIP's medical-drug vendor and associated coupon vendor

## 2.6 CONTRACT TERM

The contract term is for a three-year period beginning October 1, 2022 with Implementation to begin at contract award. There will not be an extension of the contract period.

## 3 RESPONSE INSTRUCTIONS

### 3.1 INSTRUCTIONS FOR SUBMITTING OFFERS

Detailed instructions for the completion and submission of your proposal will be found in the electronic RFP (eRFP) on ProposalTech. ProposalTech will be available to assist you with technical aspects of utilizing the system.

All sections must be answered completely and as outlined in the RFP, using ProposalTech.

Final submissions must be posted with ProposalTech at [www.proposaltech.com](http://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. PEEHIP reserves the right to ask Bidders follow-up questions through ProposalTech as may be necessary to fully evaluate bidder capabilities.

Please note that these instructions are to be read and followed by each Bidder and that failure to follow these instructions may result in rejection of a proposal offer for non-responsiveness or cancellation of contract if already awarded. **Any mention of “days” in this RFP will refer to calendar days unless noted.**

In order for your proposal to be considered and accepted, you must provide answers to the questions presented in this RFP. Each question must be answered specifically and in detail. Be sure to review this entire RFP before responding to any of the questions, so that you have a complete understanding of all of PEEHIP's requirements with respect to the proposal.

**\*\*\*DO NOT ALTER THE QUESTIONS/Requirements OR QUESTION/requirement NUMBERING\*\*\***

1. Provide answers to all questions in your submission.
2. Provide an answer to each question even if the answer is “not applicable” or “unknown.”
3. Answer the question as directly as possible.
  - If the question asks “How many...”, provide a number.
  - If the question asks, “Do you...”, indicate Yes or No followed by any additional narrative explanation.
4. Where you desire to provide additional information to assist the reader in more fully understanding a response, refer the reader of your RFP response to your appendix/attachments. However, direct responses to all of the RFP questions must be provided and will be looked upon favorably.

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5. Bidder will be held accountable for accuracy/validity of all answers.

If your proposal is different in any way (whether more or less favorable) from what is requested in this RFP, clearly indicate and explain the difference in the response to that particular question and the *Bid Exceptions & Deviations Form*. If you do not, the submission of your proposal will be deemed a certification that you will comply in every respect (including, but not limited to, coverage provided, funding method requested, benefit exclusions and limitations, underwriting provisions, etc.) with the requirements set forth in this RFP.

If you are unable to perform any required service, indicate clearly: a) what you are currently unable to do, and, b) what steps will be taken (if any) to meet the requirement, the timetable for that process and who will be responsible for the implementation, along with that person's qualifications.

All products should be priced individually. If pricing terms are provided for combining services, show the pricing terms as a separate line item.

**Intent to bid and Non-Disclosure Form (NDA):** If your company intends to submit a proposal for administration of PEEHIP's Medical PPO plan, and wishes to access data (e.g., plan information, demographics, etc.), please complete the *Intent to Bid Form* and submit completed form through ProposalTech per the instructions on Section 4 Intent to Bid and Non-Disclosure Form (NDA) section by the deadline outlined in Section 3.4 Key Dates. Upon receipt of Intent to Bid form and confirmation of fully executed NDA, Bidders will receive data in connection with this RFP. An *Intent to Bid Form* does not bind participants to submit a proposal. Late Intent to Bid forms will not be accepted.

**Bidder questions:** Any questions regarding this proposal should be submitted directly via ProposalTech using the "Ask Questions" feature on the main RFP page. Questions from any potential Bidder will be answered. Questions sent via email or telephone will not be accepted. PEEHIP reserves the right to provide a combined answer to similar questions. Any and all questions and answers to this RFP will be posted on ProposalTech. Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support.

**Submission of proposals:** Your completed proposal including Signature-Ready Contracts, are to be submitted electronically via ProposalTech.

All decisions and evaluations will be determined from the proposals submitted electronically via ProposalTech.

The Bidder must also provide two copies of its proposal via a thumb drive: One copy will have the complete proposal submission and the other copy will have the complete proposal submission that has been redacted for proprietary information.

In the event of a discrepancy/conflict between the ProposalTech submission and the thumb drive version, the ProposalTech version will take precedence. In the event a document or section is omitted from the ProposalTech version of the Bidder's response, PEEHIP reserves the right to accept the omitted document or section, if included, in the thumb drive version. All documents should remain in their native formats. Thumb drives should be addressed and mailed or delivered to:

Mr. Frank Roemer  
PEEHIP  
201 South Union Street  
5th Floor  
Montgomery, Alabama 36104

Thumb drives should be delivered to the address noted above by date specified on Section 3.4 Key Dates table. Proposals will not be accepted after these stated dates and times. PEEHIP reserves the right to reject any and all responses to this RFP.

Your completed proposal should be submitted in the following format:

- Cover Letter

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- Completed Section 4: Intent to Bid and Non-Disclosure Agreement (NDA)
- Completed Section 5: Information Required From Bidders
- Completed Section 6: General Proposal Conditions
- Completed Section 7: Medical PPO Plan Confirmations
- Signature-Ready Contract that addresses all the items in Section 6 and 7
- Completed Section 8: Questionnaire
- Completed Section 9: Network Access, Price Proposal and Data Submission Requirements
- Required Attachments

## 3.2 QUESTIONNAIRE INSTRUCTIONS

PEEHIP and Segal 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 BIDDER'S CONFERENCE

A Bidders Conference Call will be held for this RFP the week of April 4, 2022. The exact date and time of the call as well as information to access the call will be posted to Proposal Tech. All interested Bidders should plan to attend. It will be assumed that potential Bidder(s) attending this conference call have reviewed the RFP in detail and are prepared to bring up any substantive questions not already addressed in this RFP.

## 3.4 KEY DATES

Event	Due Date
Release of RFP	April 4, 2022
Bidder's Conference	Week of April 11, 2022
Notification of Intent to Bid and Receipt of NDA (by 5:00 pm EST)	April 14, 2022
Written Questions from Bidders Due Date (by 5:00 pm EST)	April 15, 2022
Response to Questions from Bidders Released	April 21, 2022
Electronic Bid Due Date (no later than 5:00 p.m. EST)	May 2, 2022
Thumb Drive Due Date (no later than 5:00 p.m. EST)	May 4, 2022
Notification of Finalist(s)	Week of May 9, 2022
Finalist(s) Presentation(s) in Montgomery	Week of May 16, 2022
Anticipated Contract Award Date	June 8, 2022
Implementation Begins	Mid June 2022
Proposed Effective Date	October 1, 2022

## 3.5 SELECTION OF PARTNER

All responding Bidders will be notified in writing within a reasonable length of time following the selection. Prior to the selection of a vendor partner, two or more Bidders may be requested to make oral presentations

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in person to the evaluation committee. Any costs incurred by Bidder related to oral presentations shall be borne by such Bidders. The proposal shall become the property of PEEHIP.

## 3.6 ECONOMY OF PREPARATION

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

## 3.7 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.

## 3.8 ADDENDA TO THE RFP

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

## 3.9 SOLICITATION CONTACT

All questions regarding this RFP should be submitted to the Solicitation Contact, Ms. Jennifer Slutzky, through the Ask Question link in the left-hand side menu of the RFP in Proposal Tech. Questions regarding technical issues with the website should be directed to Proposal Tech, by calling (877) 211-8316, ext. #4, and asking for support.

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.

## 3.10 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 that material should not be subject to public disclosure under Alabama open records laws and is marked as proprietary information. Information contained in the cost proposal may not be marked confidential. It is the sole responsibility of the Bidder to indicate information that is to remain confidential. If the 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.

***\*The identification of confidential responses has been turned on for this RFP. If you feel that a response to a question contains proprietary/confidential information, click the "Disclosure" tab located underneath the question and check the box for "Exemption from Disclosure." Provide a reason for the exemption in the text***

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*field provided. If you do not provide a reason for exemption, the question will not be considered answered. If you have any questions regarding this process, please contact Proposal Tech Support at 877-211-8316 x84.*

## 4 INTENT TO BID AND NON-DISCLOSURE FORM (NDA)

The signature-ready contract must address all items requested in the General Proposal Conditions and the Medical PPO Confirmations Sections. Agreement to the terms and language in these sections will be a critical factor in Bidder evaluation and selection and an authorized binding signature will be required.

4.1 If you intend to submit a proposal for administration of PEEHIP's Medical PPO Plan, and wish to access the data (e.g., plan information, demographics, etc.), the *Intent to Bid Form* must be completed and submitted via the ProposalTech system per the Key Dates table in Section 3.4. Note that the *Intent to Bid Form* also requires bidders to name a designated recipient(s) to whom the RFP related data should be sent.

**PLEASE FOLLOW THE INSTRUCTIONS BELOW. SIMPLY UPLOADING THE INTENT TO BID FORM TO PROPOSALTECH DOES NOT GIVE SEGAL ACCESS TO THE FILE.**

Instructions for submission: Click on the Messaging/History in the left-hand side menu and on the following page create a "New" message and select "Individual User" (Jennifer Slutzky) to send to. Once your attachment is uploaded be sure to check the box to include your attachment with the email and then click "Send."

Upon receipt of the *Intent to Bid Form* Segal will review internally whether we have a current Global or Bid-Related NDA/Confidentiality Agreement on file in our system, with each Bidder. No data will be issued without first having a signed NDA/Confidentiality Agreement on file.

If there is no NDA/Confidentiality Agreement on file with Segal, a document will be issued to the interested Vendor for signature and instructions to return signed form. Verbiage is non-negotiable. Upon receipt of the newly signed NDA, or confirmation of an existing NDA on file, Segal will establish a secure workspace and upload the data file(s). A system-generated e-mail will be sent to the Vendor's designated data recipient, containing a link to instructions for accessing the workspace.

*Single, Radio group.*

- 1: Completed and sent,
- 2: Not provided

## 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.

*500 words.*

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

*500 words.*

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

*500 words.*

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.

*500 words.*

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:

1) Bidder must have provided administration services for medical PPO coverage (on a self-funded basis) for the last 5 years to each:

- one state-level health plan with at least 150,000 lives; and
- a book of business with at least 2 million covered lives.

2) Bidder must not have any bankruptcy filings within the last 5 years: and

3) Bidder's senior officers, board members, or directors must not have any felony convictions.

Please confirm that your organization meets the above minimum Bidder requirements.

*Single, Radio group.*

1: Yes,

2: No

### **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).

*500 words.*

### **5.4 QUALIFICATIONS OF THE FIRM - AUTHORIZED OFFICIALS**

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

*500 words.*

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## 5.5 QUALIFICATIONS OF THE FIRM - 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 proposed price. In the Price Proposal Worksheet, please adhere to the following:

- Reflect the details of the expected total contract cost for fiscal plan years 2023, 2024 and 2025
- PEEHIP desires to enter into a three-year contract for performing the administration services for medical benefits for fiscal plan years 2023 through 2025. Be specific regarding the following:
  - administrative fees (although lowest cost is not necessarily the only decision-making factor)
  - network fees
  - fee basis for Medical PPO administration must be on a per-employee-per-month (PEPM) basis
  - three-year fee guarantee is requested

Note: All “add-on” costs must be documented in the **Price Proposal** as outlined in Section 9 of the RFP.

## 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.

<b>Technical Proposal Section</b>	<b>Maximum Points</b>
Organizational Stability, Experience and Client References	50
Basic and Additional Member Services	50
Account Management	75
Eligibility, Reporting and Data Interfaces	75
Claims Processing, COB and Audits	50
Network and Access	75
Medical Management, Disease Management, Behavioral Health and Specialized Programs and Networks	175
Implementation and Communications	50
Transparency and No Surprises Act	50
Performance Guarantees	100
<b>Total Technical Proposal</b>	<b>750 points</b>
<b>Total Price Proposal</b>	<b>250 points</b>
<b>Total Proposal</b>	<b>1,000 points</b>
Finalist Interviews/Site Visits (optional)	100 points

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## 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 as follows:

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

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

<http://www.rsa-al.gov/index.php/employers/peehip/>- PEEHIP employers section of RSA web page

[www.sos.alabama.gov](http://www.sos.alabama.gov) - Secretary of State home page

<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 ProposalTech, must be completed and submitted with your proposal:

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

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

6.5 Bidder agrees to be bound by its proposal for a period of at least 180 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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

## Alabama PEEHIP Medical PPO RFP

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: [ 500 words ]

6.10 Bidder agrees to provide completed Exhibit 1 - Alabama Disclosure Statement, Exhibit 4 - Immigration Compliance Certificate (entire E-Verify Memorandum of Understanding (MOU), verified by U.S. Office of Homeland Security), and Exhibit 5 - IRS Form W-9 with submission of proposal.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

6.11 Bidder agrees that the MOU for e-Verify will match the EIN on the Exhibit 5 - 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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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.

# Alabama PEEHIP Medical PPO RFP

## *Single, Radio group.*

- 1: Agree, please specify coverage amounts;
- 2: Disagree, explain: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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 October 1, 2022.

## *Single, Radio group.*

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

6.29 Bidder agrees to provide a signature-ready 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: [ 500 words ]

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

## *Single, Radio group.*

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

6.31 Bidder will execute and remain in full compliance with the attached Exhibit 3 - Business Associate Agreement (BAA) with PEEHIP.

## *Single, Radio group.*

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

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: [ 500 words ]

# Alabama PEEHIP Medical PPO RFP

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

**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.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

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

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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

*Single, Radio group.*

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

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: [ 500 words ]

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.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree, explain: [ 500 words ] ,

2: Disagree, explain: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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: [ 500 words ]

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

## Alabama PEEHIP Medical PPO RFP

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: [ 500 words ]

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 to minimize any disruption to members.

*Single, Radio group.*

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

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: [ 500 words ]

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 October 1, 2022, 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: [ 500 words ]

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: [ 500 words ]

6.58 No loss/No gain: No covered PEEHIP members shall lose or gain coverage as a result of a vendor change.

*Single, Radio group.*

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

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

# Alabama PEEHIP Medical PPO RFP

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: [ 500 words ]

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: [ 500 words ]

## 7 MEDICAL PPO PLAN CONFIRMATIONS

Below are the specific confirmations for submitting a Medical PPO proposal. By checking “Confirmed”, Bidder represents the proposal submitted adheres to these confirmations, unless otherwise noted in the proposal. **Failure to agree to any of these confirmations may result in disqualification of proposal.** If a Bidder takes exception to any of these confirmations, it must be so noted in the Bid Exceptions and Deviations Document of their proposal response. These confirmations will also explicitly apply to any subcontractors used by the Bidder to deliver services to PEEHIP.

7.1 Completion of this proposal confirms your ability to duplicate requested benefits. If you are unable to meet all requirements, variations should be clearly reported in the Bid Exceptions and Deviations Document. Completion in whole or in part will also act as confirmation of the accuracy of the data provided in your proposal.

*Single, Radio group.*

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

7.2 Confirm you will provide at least one full-time employee to work in the PEEHIP office at the Medical Administrator's expense. The full-time employee must have working knowledge of the Administrator's claims system, serve as a contact for resolution of claim issues, and provide customer service to PEEHIP members as well as PEEHIP staff. The PEEHIP account should be the only account assigned to this employee.

*Single, Radio group.*

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

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

*Single, Radio group.*

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

7.4 Confirm you will send out a Proof of Coverage document on every member and dependent whose coverage is cancelled from the hospital medical coverage. The Proof of Coverage document must be sent within 10-15 business days of receipt of the cancellation date from the 834 transmittal file regardless of the date of the cancellation.

*Single, Radio group.*

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

## Alabama PEEHIP Medical PPO RFP

7.5 Summary Plan Documents (SPD), Proof of Coverage and benefit booklets must be mailed or emailed to each member annually. ID cards must be mailed to each member upon initial enrollment, to new enrollees and to those members who lose their ID cards and request replacement card(s). Explanation of Benefits must be mailed or emailed to the member upon receipt of each claim, based upon the member's elected EOB format. Certain benefit booklets will only be mailed out upon request. Bidder agrees to adhere to mailing the communications materials as described at no additional charge.

*Single, Radio group.*

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

7.6 Confirm that SPDs, Benefit Booklets, and all other communication pieces will be subject to final approval by PEEHIP and must be available to be produced in a style similar to those provided by PEEHIP. Draft SPDs must be prepared by bidder and provided to PEEHIP in a manner that highlights all changes from PEEHIP's then-existing SPD and provided in Word format.

*Single, Radio group.*

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

7.7 Confirm that members never have to submit claim forms for in-network services.

*Single, Radio group.*

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

7.8 Confirm that there will be no balance billing for in-network services.

*Single, Radio group.*

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

7.9 Confirm that you will have certain providers removed from the PPO Network, at PEEHIP's request for such instances as evidence of fraud, waste and abuse or placement on the Office of Inspector General (OIG) Exclusions List, evidence of poor member health outcomes/management, etc.

*Single, Radio group.*

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

7.10 Confirm you will comply with PEEHIPs required policy that claims are handled on a PAY AND PURSUE basis.

*Single, Radio group.*

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

7.11 Confirm you will request refunds, on a monthly basis, from members and/or providers with respect to a claim incurred after the cancel date for up to 2 years from the incurred date. If the claim is misadjudicated, there is no time limit for the Medical Administrator to request refunds from the member and/or provider.

*Single, Radio group.*

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

## Alabama PEEHIP Medical PPO RFP

7.12 PEEHIP requires the Administrator to exercise a Claim Hold process. Claims are to be held (not processed) when certain scenarios arise, as specified by PEEHIP in the 834 file. Confirm you will be able to administer the Claim Hold process in a timely manner, including the hold and release of the claim, as PEEHIP requires.

*Single, Radio group.*

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

7.13 Confirm Bidder will be responsible for collecting any overpayments retroactively for two years from the date a claim is paid, and that overpayments will be paid back to PEEHIP even if the Administrator cannot recover from a provider.

*Single, Radio group.*

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

7.14 Confirm that you will not engage in cross plan offsets related to PEEHIP claims.

*Single, Radio group.*

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

7.15 Confirm that your organization does not engage in cross plan offsets for any plan.

*Single, Radio group.*

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

7.16 Confirm you will store additional group insurance information that is transmitted on the 834 file for coordination of benefits purposes so that claims are processed correctly as primary or secondary (an 834 Reporting File is included as an attachment for review).

*Single, Radio group.*

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

7.17 Confirm you have the capability of receiving and loading data provided by PEEHIP's current carrier(s) to allow for the tracking of certain member level information (e.g., deductibles/out of pocket maximum accumulations, pre-authorizations, case management, etc.).

*Single, Radio group.*

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

7.18 Confirm there are no charges associated with this data transfer.

*Single, Radio group.*

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

7.19 Confirm that proposed fees include transfer of claim accumulation information (deductible, out-of-pocket maximums, etc.) on an electronic file or media to any subsequent Administrator at no charge.

*Single, Radio group.*

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

7.20 Confirm your ability to track two separate maximum benefit accumulation periods, if requested. For example, the possibility of outpatient mental health service plan maximums accumulating on a fiscal year basis

## Alabama PEEHIP Medical PPO RFP

(October-September), while all other medical service plan maximums accumulate on a calendar year basis (January-December).

*Single, Radio group.*

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

7.21 Confirm that proposed fees include payment of "run out" claims at no extra charge. Run-out administration will be the responsibility of the then incumbent Administrator.

*Single, Radio group.*

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

7.22 Confirm that there will be no minimum participation requirements.

*Single, Radio group.*

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

7.23 Confirm that proposed fees will not be impacted by any plan changes implemented by PEEHIP as of the effective date.

*Single, Radio group.*

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

7.24 Confirm you will comply with any independent auditing or claims review firm employed by PEEHIP in providing required financial information, claim information and claim documents for claims audits and/or review.

*Single, Radio group.*

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

7.25 Confirm you agree to pay PEEHIP 100% of any overpayments made by PEEHIP as determined from an audit no later than 30 days after both parties have agreed to the recoveries, subject to a compounding interest penalty of 1% per month.

*Single, Radio group.*

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

7.26 Confirm you will be responsible for any and all costs associated with any investigation necessary to ensure that claims are adjudicated properly.

*Single, Radio group.*

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

7.27 Confirm that you will be responsible for defending any litigation concerning erroneous claims administration.

*Single, Radio group.*

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

7.28 Successful Bidder(s) must provide monthly DETAIL disclosure of all invoice line items to PEEHIP in electronic format prescribed by PEEHIP.

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*Single, Radio group.*

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

7.29 Confirm you will provide full plan accounting within ninety (90) days of the end of each contract year.

*Single, Radio group.*

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

7.30 Bidder must provide a data feed that includes all medical claims and patient information for the prior month by the 3rd business day of the current month. The data must be in the prescribed electronic format requested by PEEHIP.

*Single, Radio group.*

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

7.31 Confirm you will interface, share, and receive data files with PEEHIP and their vendors (i.e., PBM, Biometric Screening, etc.) at a frequency requested by PEEHIP at no additional charge.

*Single, Radio group.*

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

7.32 Confirm you will share information gained in the claims adjudication process as requested by PEEHIP and if directed by PEEHIP, with any other third party claims administrators or vendors employed by PEEHIP, within 5-10 business days of PEEHIP's request, at no additional charge.

*Single, Radio group.*

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

7.33 Confirm you will notify the Plan and each affected individual directly if a breach of unsecured protected health information is discovered, as required under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, and in accordance with the HIPAA/HITECH Comprehensive Final Rule.

*Single, Radio group.*

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

7.34 Confirm no component or detail of your offer whether technical or financial is contingent upon retaining medical drugs under the medical benefit as PEEHIP may wish to carve these out to a separate vendor either through the current procurement cycle or at a later date during the term.

*Single, Radio group.*

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

## 8 QUESTIONNAIRE

# Alabama PEEHIP Medical PPO RFP

## 8.1 REFERENCES

8.1.1 Please provide references of four (4) current clients of similar size and industry for which you provide similar services. At least one of these references must be a state-level plan with at least 150,000 covered lives.

	Company Name	Contact Name	Contact Title	Telephone	Email Address	Contract Start Date	Products/Services Offered	Number of Lives Covered
Reference 1	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.
Reference 2	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.
Reference 3	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.
Reference 4	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.

8.1.2 Please provide references of four (4) former clients of similar size and industry for which you provided similar services and the reason or termination.

	Company Name	Contact Name	Contact Title	Telephone	Email Address	Contract Termination Date	Products/Services Offered	Number of Lives Covered	Reason for Termination
Reference 1	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.
Reference 2	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.
Reference 3	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.
Reference 4	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.

## 8.2 COMPANY OVERVIEW

8.2.1 Please provide contact information for the individual authorized to answer questions regarding your response to the RFP.

# Alabama PEEHIP Medical PPO RFP

Contact Name	500 words.
Contact Title	500 words.
Address	500 words.
Telephone Number	500 words.
e-Mail Address	500 words.
Company URL (web address)	500 words.

8.2.2 Please complete the following table:

	Response
Year Organization Established	500 words.
Total Lives Covered (2021)	500 words.
Percent Lives Covered from Top 10 Clients	500 words.
Total Number of Your Organization’s Employees (2021)	500 words.

8.2.3 Provide names of all subcontractors along with type of services they will provide, the number of years your firm has utilized the subcontractor, and the contractual relationship including indication of general financial model such as shared savings, PMPM, fee for service, etc. between subcontractor and your company. Please use the table provided below.

	Name and Address	Type of Service(s)	Years Utilizing this Contractor	Contractual Relationship	General financial Model
1.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required
2.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required
3.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required
4.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required

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5.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required
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8.2.4 Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your sub-contractors.

1000 words.

8.2.5 Has your organization recently undergone any workforce realignments and/or experienced recent merger or acquisition activity? 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? Please explain.

500 words.

8.2.6 Please provide the most recent ratings and date of rating for your company by the major rating organizations.

	Rating	Date of Rating
Standard & Poors	10 words.	10 words.
Fitch	10 words.	10 words.
A.M. Best	10 words.	10 words.
Moody's	10 words.	10 words.

8.2.7 Provide the following financial information:

	Response
a. Current ratio	5 words.
b. Days cash on hand	5 words.
c. Debt to equity ratio	5 words.

8.2.8 Describe any changes in the organizational structure (including, but not limited to demutualization, addition/deletion of claim offices, addition/removal of product lines, and staff reductions) that have occurred in your organization over the last twelve (12) months or are anticipated to occur in the next 24 months.

500 words.

8.2.9 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.

500 words.

8.2.10 Describe any parent/subsidiary relationship.

500 words.

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8.2.11 Indicate how many years your organization has been in the business of providing the coverage(s) for which you are submitting a proposal.

*Single, Pull-down list.*

- 1: More than 10 years,
- 2: 5-10 years,
- 3: 1-4 years

8.2.12 Does your company have any administrative, regulatory, judicial actions or investigations regarding past or current activities? If yes, please explain.

*Single, Radio group.*

- 1: Yes: [ 500 words ] ,
- 2: No

8.2.13 Is your organization:

*Single, Radio group.*

- 1: Privately held,
- 2: Publicly traded,
- 3: A Mutual Holding Company,
- 4: Other. Please describe: [ 500 words ]

8.2.14 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, which would protect PEEHIP in the event of a loss.

*500 words.*

8.2.15 Please provide the following information:

- a. 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.
- b. 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 firm's performance in a contract under this RFP.
- c. 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.
- d. A statement on how Bidder vets employees and/or contract personnel to ensure workforce clearance procedures are followed under HIPAA.
- e. 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.

*1000 words.*

## 8.3 EXPERIENCE

8.3.1 Provide statistics regarding membership that receives medical administration services from your firm. Provide statistics further split as requested in the grid, below.

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	Total Group Covered Lives	Group Covered Lives in Alabama	Total Number of Employer Groups	Public Sector Covered Lives	Number of Public Sector Groups	Number of Clients with 150,000+ Covered Lives
2020	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2021	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

8.3.2 How many new groups did your organization add effective January 1, 2022?

	2022 New Groups
Actives and Early Retirees	<i>Integer.</i>

8.3.3 What percentage of your 2021 total group membership renewed for the 2022 plan year?

	2021 Total Group Member Percentage Renewed
Actives and Early Retirees	<i>Percent.</i>

## 8.4 BASIC MEMBER SERVICES

8.4.1 At a minimum, all Administrator's staff servicing PEEHIP must be available from 8:00 a.m. to 5:00 p.m., CST, Monday through Friday. Confirm your organization can meet this requirement.

*Single, Radio group.*

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

8.4.2 How are calls "after hours" of operation handled? Is there a voicemail system or capability for caller to leave messages after normal business hours?

*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 ]

8.4.3 Confirm the Member Services line will be dedicated solely to PEEHIP.

*Single, Pull-down list.*

- 1: Yes,
- 2: No

8.4.4 Confirm that the dedicated Member Services line will produce performance-reporting specific to PEEHIP only.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

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8.4.5 Do members reach a live representative or an interactive voice response unit (IVR) when calling Member Services?

*Single, Radio group.*

- 1: Yes [ 500 words ],
- 2: No

8.4.6 Do members have access to the claims/Member Service group via e-mail or internet? If yes, please specify features available (e-mail, web chat, etc.).

*Single, Radio group.*

- 1: Yes [ 500 words ],
- 2: No

8.4.7 Confirm that the Member Service group is accessible by a toll free number.

*Single, Pull-down list.*

- 1: Yes,
- 2: No

8.4.8 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.

*500 words.*

8.4.9 Using most recent year-end data, complete the table below for the office that would be handling PEEHIP calls:

	Target	Actual 2021 year end results
Call Volume (calls/day)	N/A	500 words.
Call Abandon Rate (%)	500 words.	500 words.
Average Speed of Answer (in seconds)	500 words.	500 words.
Average wait time (in seconds)	500 words.	500 words.

8.4.10 If the member services area uses a dedicated online call tracking and documentation system, check all characteristics below which describe the system:

System Characteristics	Response
Date of initial call	<i>Single, Pull-down list.</i> 1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)
Date inquiry closed	<i>Single, Pull-down list.</i> 1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)
Representative who handled call	<i>Single, Pull-down list.</i> 1: Does Track,

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	2: Does Not Track, 3: Not Applicable (No System Available)
Call status	<i>Single, Pull-down list.</i> 1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)
If and where issue was referred for handling	<i>Single, Pull-down list.</i> 1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)
Reason for call (issue)	<i>Single, Pull-down list.</i> 1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)
What was communicated to member	<i>Single, Pull-down list.</i> 1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)

8.4.11 Check all items below which pertain to calls handled by the Member Service Representatives (MSR):

*Multi, Checkboxes.*

- 1: All calls are recorded,
- 2: MSRs document all calls,
- 3: MSRs can make adjustments to claims during a call,
- 4: Calls are documented verbatim,
- 5: Calls are documented in summarization,
- 6: Other, please explain [ 500 words ]

8.4.12 Can the MSRs access claims status online real-time?

*Single, Radio group.*

- 1: Yes,
- 2: No: [ 500 words ]

8.4.13 How many months of claims history are available to MSRs?

*Decimal.*

8.4.14 Describe your efforts and procedures to achieve one call resolution when members call Member Services.

*500 words.*

8.4.15 Can MSRs make adjustments to claims during a call in real-time?

*Single, Pull-down list.*

- 1: Yes,
- 2: No

8.4.16 Confirm that the member can find a provider by calling the Member Service line.

*Single, Pull-down list.*

- 1: Yes,
- 2: No

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

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500 words.

8.4.18 What are the education and experience qualifications your organization requires of the MSR staff that will serve PEEHIP's members?

500 words.

8.4.19 Describe the training process for MSRs. In your answer, include whether MSRs are trained in-house, the duration of the training program, the methods by which they are trained and how they "graduate" from training, etc.)?

500 words.

8.4.20 Confirm that all web-based services and app-based services are included in the fees that you have provided and that no additional fees would apply.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

8.4.21 Do your web-based and app-based products comply with all current and known future security and HIPAA requirements for both aggregate and individual transactions?

*Single, Pull-down list.*

1: Yes,

2: No

8.4.22 Briefly describe your member website and member smartphone app (if applicable) capabilities including whether your member website and smartphone app include the following:

- a. Accurate provider directory and provider search (physician, hospital, pharmacy, and ancillary providers)
- b. Directions to provider's office provided by Map Quest or other mapping/direction applications
- c. Ability to make a doctor's appointment online
- d. Physician and hospital quality and outcomes data
- e. Physician and hospital pricing data by procedure by provider
- f. Physician and hospital reviews from other members
- g. Treatment cost estimator
- h. Information about diseases and conditions
- i. Ability to see a summary of PEEHIP's plan design and review PEEHIP's Evidence Of Coverage (EOC)
- j. Ability to review PEEHIP's appeals process and file an appeal online
- k. Ability to review the waste, fraud and abuse notification process
- l. Contact information for PEEHIP, its other vendors, and links to their websites
- m. On-line access to forms
- n. Ability to review claims payment status online
- o. Ability to review a history of claims payments (medical and pharmacy), including deductible status, out-of-pocket maximum status
- p. Ability to review or print out a Health Statement with a history of claims payments
- q. Ability to print ID cards and request replacement cards
- r. Dependent information
- s. Ability to contact member services online
- t. Other

2000 words.

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8.4.23 Confirm that you will include PEEHIP's logo throughout your portal and that online tools can be customized, as requested by PEEHIP.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

8.4.24 The Administrator agrees to keep its website and smartphone app current, up-to-date, and PEEHIP specific.

*Single, Radio group.*

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

8.4.25 Describe any applications for mobile devices your organization utilizes for messaging, provider lookup, general health information or other services including but not limited to the applications of the website.

*500 words.*

8.4.26 Complete the table below regarding ID Cards:

	<b>Response</b>	<b>Comments</b>
a. Confirm that you will issue a member ID card and mail, via surface mail, to covered Members within ten (10) business days following the enrollment period.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
b. Confirm that all PEEHIP covered members will have a valid ID card in hand prior to October 1, 2022.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
c. Confirm that you will re-issue the member ID card within five (5) business days of notification that a member has lost a card, or for any reason that results in a change to the information disclosed on the member ID card.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
d. Confirm extra ID cards will be available for a dependent child away from home attending school or residing out of area.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	<i>500 words.</i>
e. Confirm that ID cards will be subject to final approval by PEEHIP.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in	<i>500 words.</i>

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	comments, 2: Not confirmed, explain in comments	
f. How soon after eligibility data is successfully loaded will a member be able to print a temporary ID card from your web portal?	500 words.	
g. Indicate how many ID cards you will mail to subscribers who have family coverage, at no additional charge.	500 words.	

8.4.27 Do you use an outside vendor to print the ID cards? If yes, what security measures are in place to prevent a breach.

500 words.

8.4.28 If your organization has experienced a security breach as a result of an outside ID card vendor, describe the breach and how your organization achieved resolution.

500 words.

8.4.29 Describe the information captured in your organization's member satisfaction surveys and your process and format for collecting survey data.

500 words.

8.4.30 Will you send a member satisfaction survey to the entire PEEHIP membership? If not, please describe the percentage of PEEHIP membership targeted in your survey.

500 words.

8.4.31 What is your targeted survey response rate and what efforts do you employ to achieve that rate?

500 words.

8.4.32 Provide the most recent results of your annual Medical Plan survey.

500 words.

8.4.33 Confirm you are compliant with the Internal Claims and Appeals and External Review requirements under the Affordable Care Act (ACA).

500 words.

## 8.5 MEMBER COMMUNICATION

8.5.1 Bidder will prepare SPD, Proof of Coverage, benefit booklets, ID cards, and other plan descriptive material, as specified by PEEHIP. ID cards will not contain member Social Security numbers or PIDs, and other key health care provider identifiers for the convenience of the participants. Materials will be emailed (ID cards must be mailed) directly to the home residence of the participant (address provided in the 834 file) prior to the contract effective date, at no cost to PEEHIP.

*Single, Radio group.*

- 1: Agree,
- 2: Disagree

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8.5.2 Identify which communication materials can be customized at no additional charge 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: No Fee, 2: Additional Fee	500 words.
Claim Forms	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Summary Plan Description	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Summary of Material Modifications	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Toll-Free Telephone Access	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Internet Access	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
General Letters and Correspondence sent to Participants	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Annual Benefit Statements	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
HIPAA Privacy Notices	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
HIPAA Proof of Coverage document	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.

8.5.3 Confirm that PEEHIP can review all plan correspondence prior to release to members.

*Single, Radio group.*

- 1: Yes,  
2: No

8.5.4 Confirm that staff will be available and participate in PEEHIP's open enrollment communications campaign if requested by PEEHIP. Describe your involvement and how you will assist members in learning about their benefit options. Note that Open Enrollment is scheduled to begin each July 1 and ends on September 10.

*Single, Radio group.*

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

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8.5.5 Confirm that your organization will conduct on-site, state wide educational sessions for PEEHIP's eligible members and dependents of eligible members beginning no later than each July 1, and throughout the remainder of the Open Enrollment Period if requested by PEEHIP.

*Single, Radio group.*

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

## 8.6 ACCOUNT MANAGEMENT/ CLIENT SERVICES

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

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. At a minimum, your team should include an Account Executive, Account Manager, Onsite Service Representative, Member Service Manager, Implementation Coordinator, Claims Manager, Designated Clinical Representative and an IT Coordinator. For each team member listed, identify whether this staff member will be 100% dedicated to the PEEHIP account. If the member is not 100% dedicated to PEEHIP, please indicate the percentage of time the staff member will designate to the PEEHIP account as well as the number of other clients with which the staff member has responsibilities.

1000 words.

8.6.3 Provide an organization chart, including names and titles, of management and key personnel that will be responsible for the management of the PEEHIP account.

*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided

8.6.4 Provide the following information regarding the account service team that would be assigned to this account.

	Name	Location	Years of Industry	Years with	Years in Current	Number of Accounts	Brief Description of	Percentage of time staff
--	------	----------	-------------------	------------	------------------	--------------------	----------------------	--------------------------

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			Experience	Your Firm	Position	Currently Assigned	Staff Member's Job Functions	member will designate to PEEHIP
Account Executive	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Account Manager	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Onsite Service Representative	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Member Service Manager	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Implementation Coordinator	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Claims Manager	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Designated Clinical Representative	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
IT Coordinator	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Other	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.

8.6.5 Confirm your agreement that PEEHIP reserves the right to accept or decline the assigned account management personnel as well as other key staff designated for its program both initially and in future contract years.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

8.6.6 Confirm the Account Executive and other account management personnel, as needed, will be available during regular business hours and during emergencies including being available for frequent telephone and on-site consultation with PEEHIP in Montgomery, AL.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

8.6.7 Confirm you will have dedicated staff available to PEEHIP staff during the hours of 8:00 a.m. through 8:00 p.m. CT, Monday through Friday excluding holidays specified by PEEHIP.

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*Single, Radio group.*

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

8.6.8 Confirm that you will respond to all inquiries from PEEHIP's staff within one (1) business day.

*Single, Radio group.*

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

8.6.9 Do your services include legislative updates to plan sponsors?

*Single, Pull-down list.*

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

8.6.10 Do you employ legal staff in order to respond to legal and legislative issues?

*Single, Pull-down list.*

- 1: Yes,
- 2: No

8.6.11 Bidder must effectively advance the interest of PEEHIP's staff through the corporate structure to facilitate resolution of issues. Describe your organization's process to escalate problems or concerns through the corporate structure to facilitate resolution of issues. Discuss how your organization will track this requirement and report your findings to PEEHIP's staff.

*500 words.*

8.6.12 What influence does the client account management team have within the call center, particularly if the client is reporting an issue to Account Management? How does the Account Management team address the issues with the call center to get resolution?

*500 words.*

8.6.13 Confirm that you will provide an annual Account Management score card to PEEHIP so that PEEHIP can assess Bidder's performance. Please provide a sample of your annual score card.

*Single, Pull-down list.*

- 1: Confirmed, score card attached,
- 2: Not confirmed

8.6.14 Confirm your team will attend onsite Quarterly meetings with PEEHIP to present current plan and service performance, address any recent issues/challenges encountered, suggest potential savings opportunities specifically applicable to PEEHIP's plan, and discuss other pertinent topics to be identified prior to each meeting. At a minimum, PEEHIP requests that the appropriate clinical and analytical team members closely involved in the daily operations of the PEEHIP account and the Account Executive and Account Manager 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, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

8.6.15 Confirm that the Account Manager and Executive will prepare a dashboard showing in progress and proposed programs and cost savings initiatives. The dashboard will include a brief description and PEEHIP-

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specific data regarding member and cost impact. If any program is chosen by PEEHIP to be implemented, the Account Manager and Executive will provide an implementation checklist showing the periodic milestones until completion, responsible parties for each action item, and any relevant notes.

*Single, Radio group.*

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

8.6.16 Confirm the Account Manager will lead at minimum and at PEEHIP's request bi-weekly meetings with PEEHIP and maintain an accurate, up to date task log of current issues and discussion items. The Account Manager will be responsible for overseeing the task log and ensuring each identified issue is addressed until resolution is achieved. The Account Executive and Account Manager will be responsible for ensuring that all relevant parties to the specific issues will be present and prepared for each call.

*Single, Radio group.*

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

8.6.17 Confirm your team will attend PEEHIP's quarterly Board meetings at your expense.

*Single, Radio group.*

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

## 8.7 ELIGIBILITY

8.7.1 Confirm your ability to accept eligibility in PEEHIP's HIPAA compliant 834 file format as described in PEEHIP's Trading Partner Agreement document.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

8.7.2 Confirm that you can process eligibility electronically.

*Single, Pull-down list.*

- 1: Yes,
- 2: No

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

*Single, Radio group.*

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

8.7.4 Confirm you will devote IT/data resources to the PEEHIP account to oversee all eligibility files are accurately and timely loaded and processed.

*Single, Radio group.*

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

8.7.5 Confirm files will be loaded "as sent" by PEEHIP to reduce processing errors. This includes resolving errors in processing that can be resolved internally by "reading" the 834 as sent.

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*Single, Radio group.*

1: Confirmed [ 500 words ],

2: Not confirmed.

8.7.6 In the event an error is generated as a result of improper loading, confirm the devoted resources are responsible for researching and resolving the error within two business days.

*Single, Radio group.*

1: Confirmed [ 500 words ],

2: Not confirmed.

8.7.7 Confirm all Administrator's coding errors will be resolved within two business days.

*Single, Radio group.*

1: Confirmed [ 500 words ],

2: Not confirmed.

8.7.8 Describe your organization's process to identify errors through error reporting and how the IT/data resources will work the errors and communicate them to the PEEHIP team.

*500 words.*

8.7.9 Provide sample error reports.

*Single, Pull-down list.*

1: Provided,

2: Not provided.

8.7.10 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, please explain: [ 500 words ]

8.7.11 Confirm that you are able to accept multiple eligibility file submissions within the same day, in the event that PEEHIP needs to make eligibility edits in between regularly scheduled data file submissions.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, please explain: [ 500 words ]

8.7.12 Describe your best practice of eligibility reconciliation. Confirm that you will be able to produce a full eligibility file in PEEHIP's specified format on a monthly basis with an "as of" date agreed upon with PEEHIP. Confirm that any discovered discrepancies presented to you by PEEHIP will be resolved within 2 business days.

*1000 words.*

8.7.13 Can PEEHIP staff make eligibility changes online?

*Single, Radio group.*

1: Yes, please explain: [ Unlimited ],

2: No

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## 8.8 CLAIMS PROCESSING

8.8.1 With regard to the claim offices that will be used, provide the following:

- a. Location
- b. Staffing:

Complete the following table

Position	Number of Staff	Average Years of Total Claims Administration Experience	Average Years of Claims Administration Experience with Your Firm	Annual Turnover (%)	Work Remotely or from Home (%)
Claims Processors	500 words.	500 words.	500 words.	Percent.	Percent.
Claims Supervisors	500 words.	500 words.	500 words.	Percent.	Percent.
Claims Managers	500 words.	500 words.	500 words.	Percent.	Percent.
Auditors	500 words.	500 words.	500 words.	Percent.	Percent.
Quality Control Managers	500 words.	500 words.	500 words.	Percent.	Percent.
Clinical Review Staff	500 words.	500 words.	500 words.	Percent.	Percent.

8.8.2 What safeguards are in place to monitor quality (including retrospective claims reviews) and HIPAA compliance for staff that work in the office? For staff that work from home?

200 words.

8.8.3 Confirm your system will automatically adjudicate the current schedule of benefits for both the Hospital Medical Plan as well as the Supplemental Medical Plan that have been provided with this proposal.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

8.8.4 Describe the manual intervention involved in the monitoring and oversight of PEEHIP's plan provisions.

500 words.

8.8.5 Confirm you have no system limitations for administering the Supplemental Medical Plan (i.e. deductibles on primary high deductible plans, etc.)

Single, Radio group.

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

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8.8.6 Describe protocol and use of proper quality control testing for any benefit or program changes prior to live release. Include in your response the standard number of tests and applicable test areas.

*1000 words.*

8.8.7 Will you share the results of the medical audit testing with PEEHIP and its designee? Describe your process to address errors and adjustments found from the internal audit and quality assurance review. How are adjustments issued and what impact does it have, if any, on the implementation timing?

*1000 words.*

8.8.8 Will PEEHIP will have the ability to review your organization's external audit benefit testing scenarios? Will PEEHIP have the opportunity to provide customized scenarios for internal testing? For external audit testing conducted via a third party auditor, if applicable?

*1000 words.*

8.8.9 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.*

8.8.10 Describe the outreach made to providers and the education/training provided in the event a provider needs to be contacted because of trends and patterns related to denied claims.

*1000 words.*

8.8.11 How does your firm define "medically-necessary"? What tools are provided to claims examiners to assist in their determination of medical necessity?

*1000 words.*

8.8.12 What guidelines are used to determine medical necessity? How do you ensure the guidelines align with PEEHIP's benefit intent and not the intent of the guidelines? What is the frequency for evaluating and updating/revising the guidelines/protocols?

*500 words.*

8.8.13 Confirm you will work with PEEHIP to customize the guidelines for their plan.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

8.8.14 Please complete the following table on Utilization Management Programs:

UM Programs	Please define your polices and procedures for each category listed below.
Pre-certifications	<i>500 words.</i>
Prior Authorizations	<i>500 words.</i>
Concurrent Reviews	<i>500 words.</i>
Prospective Reviews	<i>500 words.</i>
Retrospectivte Reviews	<i>500 words.</i>
Other	<i>500 words.</i>

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8.8.15 Describe the referral process, indicating the method of communication that occurs between all parties (PCP, specialist, and medical management) prior to the issuance of a referral. Include a timeline for this process.

*500 words.*

8.8.16 Are there restrictions in physician contracts regarding discussion of medically effective procedures? Could a network physician be penalized for discussing a non-standard treatment modality with his/her patient?

*500 words.*

8.8.17 Describe your process for coordinating pre-certification and medical necessity reviews with PEEHIP's medical-pharmacy vendor (if carved out). Who will be responsible for the final determination?

*500 words.*

8.8.18 Describe any automated utilization management edits or procedures your system utilizes for the following, as well as any other automated system quality assurance/claim appropriateness controls you employ and feel would be beneficial to PEEHIP.

- Medical necessity
- Pre-certifications
- Claim accuracy
- Physician administered specialty drug utilization management

*500 words.*

8.8.19 Confirm that if any unapproved, non-medically necessary procedure is paid by the Medical Administrator, the Administrator will take full financial responsibility for the expense and reimburse PEEHIP for the charges.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

8.8.20 How are claims, customer service, utilization review and case management systems linked?

*Single, Radio group.*

1: Same system,

2: Integrated, but different systems,

3: Different systems, but accessible to all,

4: Not linked,

5: Some linked,

6: Other, please specify: [ 500 words ]

8.8.21 Does your claims system have the capability to automatically match claims with utilization management information both in- and out-of-network?

*Single, Pull-down list.*

1: Yes,

2: No

8.8.22 Does your organization have claims system changes planned (other than routine maintenance) during the term of PEEHIP's proposed contract. If yes, please describe the types of changes planned and anticipated timing of the changes.

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*Single, Radio group.*

1: Yes: [ 500 words ] ,

2: No

8.8.23 Describe the claim adjudication process, from receipt of claim submission to claim payment. Include any steps of claim review both before and after the claim is paid. Provide both a flow-chart and a time-table.

*1000 words.*

8.8.24 What percentage of total claims are auto-adjudicated for your national Book of Business?

*Percent.*

8.8.25 What percentage of total claims are auto-adjudicated for your Book of Business in Alabama?

*Percent.*

8.8.26 How does your organization increase auto adjudication rates for rural areas and in particular, where PEEHIP has large numbers of members?

*500 words.*

8.8.27 Does your claims system have the capability to process network, non-network, and out-of-area claims on the same system?

*Single, Pull-down list.*

1: Yes,

2: No

8.8.28 If a member visits an out of network provider and files for reimbursement via a paper claim, confirm that neither the member nor PEEHIP will be charged any additional fees for processing a paper claim.

*Single, Radio group.*

1: Confirmed [ 500 words ] ,

2: Not confirmed

8.8.29 Describe your process to review claims for billing irregularities by provider (such as regular overcharging, unbundling of procedures, upcoding or billing for inappropriate care for stated diagnosis, etc.). Include savings figures resulting from these procedures.

*500 words.*

8.8.30 How are claims selected for internal audit? What triggers do you utilize?

*Multi, Checkboxes.*

1: Random by system,

2: Set percent per day,

3: Set number per approver per day/week,

4: Diagnosis,

5: Dollar amount,

6: Other, please specify: [ 500 words ]

8.8.31 On average, what percentage of all claims are audited by internal audit group?

*Percent.*

8.8.32 What are the most typical errors uncovered by your internal auditors?

*500 words.*

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8.8.33 On average, what percentage of all claims that are internally audited are then adjusted in some way as a result of the audit? Describe your procedure for adjusting the claim including any contact with the provider.  
500 words.

8.8.34 Do you agree to return 100% of all recovered monies from overpayments or duplicate payments (without a recovery fee) to PEEHIP? (Check only one)

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

8.8.35 At what intervals are financial and claims payment accuracy tracked and reported?

Single, Pull-down list.

- 1: Weekly,
- 2: Monthly,
- 3: Quarterly,
- 4: Annually,
- 5: Other

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

	Target	Actual 2021 year end results
Total annual claim volume per year (in total number of claims)	Integer.	Integer.
Average claims processed per processor per day	Integer.	Integer.
Claims turnaround time (percent of clean claim transactions processed within 14 calendar days following receipt of claim)	Percent.	Percent.
Average number of business days to process a clean claim from date received to date check/EOB issued	Integer.	Integer.
Financial accuracy (percentage of claim dollars paid without error, relative to total claim dollars paid)	Percent.	Percent.
Processing accuracy (percentage of claims processed without error, relative to the total number of claims processed)	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.

8.8.37 How many additional claims processors will need to be hired to efficiently administer this group's claims should you be awarded the business?

500 words.

8.8.38 What are the education and experience qualifications your organization requires of claims processors?

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500 words.

8.8.39 Describe the training process for claims processors. In your answer, include whether examiners are trained in-house, the duration of the training program, the methods by which they are trained and how they “graduate” from training, etc.)?

500 words.

8.8.40 Confirm your eligibility and claim systems compliant with current HIPAA regulations?

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed [ 500 words ] .

8.8.41 What is the most recent date for which your eligibility system and your claim system were reviewed or validated against current HIPAA regulations?

500 words.

8.8.42 Was an outside auditor/reviewer employed for HIPAA review/validations?

*Single, Pull-down list.*

1: Yes,

2: No

## 8.9 COORDINATION OF BENEFITS (COB)

8.9.1 Explain how your system:

- a. Identifies existence of other insurance (e.g., from your book of business, another employer, workers compensation or motor vehicle insurance)
- b. Questions/tracks COB
- c. Handles COB conflicts
- d. Communicates with members and providers
- e. Interfaces with other group carriers regarding COB.

1000 words.

8.9.2 PEEHIP includes a COB flag in the 834 eligibility file, indicating that a member may have additional coverage. Confirm that you will acknowledge that flag as an indicator for COB.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, please explain: [ 500 words ]

8.9.3 Bidder will provide to PEEHIP a monthly file of updated other group health insurance information on covered members - employees, and their dependents, including the start and cancel date and PIDs.

*Single, Radio group.*

1: Confirmed, explain: [ 500 words ] ,

2: Not Confirmed

8.9.4 PEEHIP currently receives letters from the Subrogation Division of the incumbent Medical Administrator informing PEEHIP that it has contacted the subscriber on at least 2 occasions trying to get a questionnaire completed regarding an accident that the subscriber and/or dependent(s) were involved in. The letter from the Subrogation Division includes a questionnaire for PEEHIP to send to the subscriber along with a letter from

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PEEHIP. When PEEHIP mails the letter to the member, PEEHIP places the account on Claims Hold until information is received from the Medical Administrator that they have received needed information from member. Confirm your organization will mirror this process as currently administered and as specified by PEEHIP management.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

8.9.5 PEEHIP requires the Administrator pay secondary for dependents when the dependents are the subscriber on another employer's plan in their own name as well. This includes spouse and non-spousal dependents. Confirm your ability to administer COB in this manner. Bidder agrees to load COB information for the PEEHIP employee and dependents of the employee in their system and process claims according to PEEHIP's COB procedures.

*Single, Radio group.*

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

8.9.6 What are your average subrogation rates of return for 2020 and 2021?

*500 words.*

8.9.7 Confirm you will provide at least one full-time employees within the Administrator's subrogation department be dedicated to PEEHIP.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

8.9.8 Describe the COB and subrogation reporting you will provide to PEEHIP. At a minimum, the reporting should track savings. Please describe the frequency of this reporting.

*500 words.*

8.9.9 Confirm you will provide a monthly subrogation report specific to PEEHIP. Provide a sample of the monthly reporting that will be provided to PEEHIP.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

## 8.10 NETWORK MANAGEMENT

8.10.1 What is your firm's current book-of-business in-network utilization percentage?

*Percent.*

8.10.2 How are benefits applied in those service areas where your networks do not meet PEEHIP's access standards?

*500 words.*

8.10.3 Please provide your network provider turnover rate.

	2021	2020
--	------	------

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Provider Turnover Rate	Percent.	Percent.
------------------------	----------	----------

8.10.4 What has been your involuntary rate of removal of providers from your network?

*Single, Pull-down list.*

- 1: Under 5 percent in prior calendar year,
- 2: 5 - 10 percent in prior calendar year,
- 3: Over 10 percent in prior calendar year

8.10.5 Describe separately the out-of-service area, out-of-state, and out-of-country coverage for your PPO products for routine, urgent and emergency care.

*500 words.*

8.10.6 What criteria are used to identify the situations where there is no access to in-network providers?

*Single, Radio group.*

- 1: Mileage,
- 2: Travel Time,
- 3: Other (explain): [ 500 words ]

8.10.7 Are there any services or specialists that are not available in your physician networks in the service areas where there are plan participants?

*Single, Radio group.*

- 1: Yes,
- 2: No

8.10.8 If yes, please identify them and explain what provisions are made for patients requiring these services.

*500 words.*

8.10.9 If a network gap or deficiency is identified by the Bidder or by PEEHIP, how do you address the need for additional providers?

*1000 words.*

8.10.10 When a qualified network provider is not available, what is your process for approving use of non-network providers.

*1000 words.*

8.10.11 Confirm that you will maintain an accurate online directory of in-network providers to which PEEHIP members may refer and that this directory is updated at least weekly.

*Single, Radio group.*

- 1: Confirmed, please indicate how often your directory is updated: [ Unlimited ] ,
- 2: Not Confirmed

8.10.12 Confirm that you are able to provide the following minimum data elements for the provider inquiries:

	Response
Provider or Facility Name	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed

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Provider Address and telephone number	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Web address	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Medical Group	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Practicing Specialty(ies)	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Specialist Board Certified	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Providers that are not accepting new patients	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Age/gender limitations	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed

8.10.13 Please provide a general description on how you establish your organization's networks and the corresponding financial arrangements.

*500 words.*

8.10.14 Do you wholly own, partially own or lease your network?

*Single, Radio group.*

1: Wholly own,

2: Partially own,

3: Lease,

4: Other, please specify: [ 500 words ]

8.10.15 How much notice is a provider contractually required to give if they elect to terminate a contract with your network(s)?

*500 words.*

8.10.16 How much notice will PEEHIP be provided when providers are added to or leave a network? How will PEEHIP be notified of such change(s)?

*500 words.*

8.10.17 Explain how a member is informed when his/her provider is no longer contracted by the network. Please include details regarding the method used to notify members, timing of notification, etc.

*500 words.*

8.10.18 Explain when (how soon) and how PEEHIP will be informed of major contract disputes or potential network disruption to its members.

*1000 words.*

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8.10.19 In the event that a network physician refers a member to a non-network specialist or utilizes a non-network laboratory, confirm that you will adjudicate the non-network claim as a network claim.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

8.10.20 In the event that a non-network physician admits a member to a network hospital, confirm that claims incurred at the network hospital will be adjudicated as network claims.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

8.10.21 How do you monitor non-network utilization and what steps do you take to contract with these providers?

*500 words.*

8.10.22 If certain hospital based physicians (radiology, anesthesiology, ER, etc.) or services (ambulance, etc.) are not represented in your network of providers, can you administer these claims at the in-network benefit level when network hospitals are used?

*Single, Pull-down list.*

- 1: Yes,
- 2: No

8.10.23 PEEHIP expects that network physicians will be responsible for any precertification requirements and that the member will not be penalized if the physician does not follow the proper procedures. Confirm your organization can meet this requirement.

*Single, Radio group.*

- 1: Yes,
- 2: No

8.10.24 Please complete the table below regarding accreditation:

	<b>Response</b>	<b>Comments</b>
Have you received URAC accreditation (your response should be applicable to the specific locations of this client's members)?	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>500 words.</i>
If so, confirm you are willing to provide your written URAC report for each location accreditation (your response should be applicable to the specific locations of PEEHIP's members).	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>500 words.</i>
Is your plan/network NCQA accredited (your response should be applicable to the specific locations of this client's members)?	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>500 words.</i>
If so, confirm you will provide your written NCQA report for each location accreditation (your response should be applicable to the specific locations of PEEHIP's members)?	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>500 words.</i>

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If your plan/network is NCQA accredited, what was the accreditation date?	<i>To the day.</i> Nothing required	<i>500 words.</i>
If your plan/network is NCQA accredited, what is the next reevaluation date?	<i>500 words.</i>	<i>500 words.</i>

8.10.25 Check off those elements that are included in the provider selection process and provide the estimated percentage of network providers that satisfy the following selection criteria elements:

	In Selection Process	% of Providers
Require unrestricted state licensure	<i>Yes/No.</i>	<i>Percent.</i>
Review malpractice coverage and history	<i>Yes/No.</i>	<i>Percent.</i>
Require full disclosure of current litigation	<i>Yes/No.</i>	<i>Percent.</i>
Require current DEA registration	<i>Yes/No.</i>	<i>Percent.</i>
Review adherence to state and community practice standards	<i>Yes/No.</i>	<i>Percent.</i>
Onsite review of office location	<i>Yes/No.</i>	<i>Percent.</i>
Review hours of operation and capacity	<i>Yes/No.</i>	<i>Percent.</i>
Board eligibility	<i>Yes/No.</i>	<i>Percent.</i>
Review practice patterns and utilization results	<i>Yes/No.</i>	<i>Percent.</i>

8.10.26 Provided they meet your network's standards, are you willing to enroll non-network providers who currently treat PEEHIP's program participants and their dependents? If yes, describe your process to contract with such providers.

*Single, Radio group.*

1: Yes, explain: [ Unlimited ] ,

2: No

8.10.27 How closely do you monitor the performance of the DME network? Please include specifics regarding frequency of monitoring as well as measurements.

*500 words.*

8.10.28 Confirm that you will provide monthly DME reports to PEEHIP, which will provide complete details of paid claim dollars, equipment utilization details (types of equipment), and in- and out-of-network utilization savings.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed

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8.10.29 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:

- 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

1000 words.

8.10.30 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.

8.10.31 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

1000 words.

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

1000 words.

8.10.33 Describe your Transplant network.

500 words.

8.10.34 Confirm the existence of and describe the services and programs for each of the following Centers of Excellence:

	Response	Describe
Bariatric surgery	<i>Single, Radio group.</i> 1: Confirmed, 2: Not Confirmed	<i>500 words.</i>
Cancer	<i>Single, Radio group.</i> 1: Confirmed, 2: Not Confirmed	<i>500 words.</i>

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Cardiovascular	<i>Single, Radio group.</i> 1: Confirmed, 2: Not Confirmed	<i>500 words.</i>
Transplants	<i>Single, Radio group.</i> 1: Confirmed, 2: Not Confirmed	<i>500 words.</i>
End Stage Renal Disease	<i>Single, Radio group.</i> 1: Confirmed, 2: Not Confirmed	<i>500 words.</i>
Any other Centers of Excellence	<i>Single, Radio group.</i> 1: Confirmed, 2: Not Confirmed	<i>500 words.</i>

8.10.35 How do members access the Centers of Excellence (COE) and/or Transplant networks?

*Single, Radio group.*

- 1: Physician Referral,
- 2: UR/Med.Mgmt Referral,
- 3: Direct Access,
- 4: Other, please specify: [ 500 words ]

8.10.36 How frequently do you monitor the quality of your COEs to ensure they continue to deserve the designation?

*1000 words.*

8.10.37 What are your capabilities to provide actual outcome quality data regarding COEs to members so that they can make wiser choices regarding where they seek care and in turn realize better and lower cost outcomes for the Plan?

*500 words.*

8.10.38 What percentage of physician contracts contain performance metrics related to (1) preventive care and screening activities and (2) clinical outcomes both nationally and in Alabama? Provide details on these metrics.

*1000 words.*

8.10.39 What are your goals for the percentage of dollars at risk based on these clinical quality metrics?

*1000 words.*

8.10.40 What percentage of physician contracts contain performance metrics for (1) generic or low-cost drug prescribing and (2) in-network referral for lab, imaging, and other medical services?

*1000 words.*

8.10.41 What are your goals for the percentage of dollars at risk based on these cost-containment metrics?

*1000 words.*

8.10.42 What percentage of physician contracts contain performance metrics for improved clinical metrics (i.e. lower A1C, cholesterol, blood pressure, improved physical activity and nutrition, etc.)? Are you able to scale this percentage during the term? How quickly and to what degree?

*1000 words.*

## Alabama PEEHIP Medical PPO RFP

8.10.43 What are your goals for the percentage of dollars at risk based on these clinical quality metrics?

1000 words.

8.10.44 Describe any other value-based contracting practices you have in place both nationally and in Alabama. Describe how these arrangements influence physician behavior and utilization and discuss how this has led to client savings.

1000 words.

8.10.45 What are your capabilities to provide actual physician outcome quality data to members so that they can make wiser choices regarding where they seek care and in turn realize better and lower cost outcomes for the Plan?

1000 words.

8.10.46 Describe your efforts to inform providers of their performance metrics and your strategies to help providers improve quality and clinical outcomes. If risk scores are part of process, please elaborate.

1000 words.

8.10.47 Indicate what percentage of non-facility provider reimbursement is through the following types of payments for the network being proposed:

	<b>Primary Care Physicians (%)</b>	<b>Specialist Physicians (%)</b>	<b>Other Professionals (%)</b>
Fee Schedule	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Discount off Charges	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Bundled Payment	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Capitation	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Other (specify in additional rows)	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

8.10.48 Indicate what percentage of facility reimbursement is through the following types of payments for the network being proposed:

	<b>Inpatient Hospital (%)</b>	<b>Outpatient Hospital (%)</b>	<b>Other Outpatient Facilities (%)</b>
DRG	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
APC or other OP per case	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>

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Discount off Charges	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Bundled Payment	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Per diem rate (by bed type)	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Per diem rate (global)	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Other (specify in additional rows)	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

8.10.49 Please fill in the average provider discounts off eligible charges and the corresponding % of Medicare reimbursements with contracts as of February 1, 2022 commensurate with the repricing file in the Price Proposal.

Provider Type	Discount %	% of Medicare
Primary Care Physicians	<i>Percent.</i>	<i>Percent.</i>
Specialists	<i>Percent.</i>	<i>Percent.</i>
Diagnostic Services	<i>Percent.</i>	<i>Percent.</i>
Inpatient Hospital	<i>Percent.</i>	<i>Percent.</i>
Outpatient Hospital	<i>Percent.</i>	<i>Percent.</i>
Other Medical Services	<i>Percent.</i>	<i>Percent.</i>

8.10.50 Describe your ability to negotiate favorable reimbursements on behalf of PEEHIP and the members. 1000 words.

*500 words.*

8.10.51 Describe your reimbursement policy for non-network claims.

*1000 words.*

8.10.52 Does your company negotiate discounts with non-network providers and facilities on a case-by-case basis? Describe this program and indicate how you are compensated for this program (e.g., PEPM, percent of savings).

*1000 words.*

8.10.53 Confirm that PEEHIP can require a prior approval in such instances.

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*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, please explain: [ 500 words ]

8.10.54 How do you price HCPCS codes? What is your reimbursement on HCPCS codes?

*1000 words.*

8.10.55 The Medical Administrator must notify PEEHIP of all new medical treatments, that may have a material cost impact as they are introduced. Confirm your agreement that PEEHIP reserves the right to review and approve coverage of new medical treatments under the PEEHIP plan, unless required by law.

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, please explain: [ 500 words ]

8.10.56 Describe any current or planned “bundled payment/episodes of care” arrangements with Providers. Please list the entities in Alabama under such contracts.

*500 words.*

8.10.57 Describe any other “total cost of care” reduction programs. Please list the entities in Alabama under such contracts.

*500 words.*

## **8.11 MEDICAL MANAGEMENT**

### **8.11.1 General**

8.11.1.1 Describe your organization's approach to identifying and closing gaps in care.

*500 words.*

### **8.11.2 Utilization Management**

8.11.2.1 Describe your Utilization Management programs including your pre-service review process (i.e., precertification, prior authorization). Include final net savings figures resulting from these programs and list by program type.

*500 words.*

8.11.2.2 List any medical services categories your organization carves out on utilization management (e.g., high-tech imaging, oncology, spinal fusion, onsite clinical review).

*500 words.*

8.11.2.3 Do you have customized, rigorous preservice programs for any specific medical procedures for any clients currently? Please describe.

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*Single, Radio group.*

1: Yes, explain: [ 500 words ] ,

2: No

8.11.2.4 How is your organization leveraging data and technology to engage physicians in better compliance with evidence-based medicine and getting a broader view of their patient's health status and healthcare experiences?

*500 words.*

8.11.2.5 Describe your capabilities with respect to obtaining medical and prescription drug paid claim data for the purpose of “mining” that data to identify high-risk patients or those appropriate for proactive intervention due to non-compliance, co-morbidities or other indicators. Include the frequency of updating this data.

*500 words.*

8.11.2.6 Describe your methods for internally monitoring and evaluating the performance of utilization management activities.

*1000 words.*

8.11.2.7 Describe how you would identify service utilization problems and the corrective actions you would implement.

*1000 words.*

8.11.2.8 Describe your approach to educating and informing participants and providers on receiving authorization of health benefits prior to treatment.

*1000 words.*

8.11.2.9 Describe your approach to managing the care and behavior of “super-utilizers” (high cost claimants and/or patients whose utilization of emergency rooms and hospital inpatient services admissions is greater than the norm).

*1000 words.*

8.11.2.10 Describe your ability to identify potential high cost claimants prior to occurrence of excess utilization.

*1000 words.*

8.11.2.11 What steps will your staff take (before contract starts) to learn about the commonly used network facilities and providers in the State of Alabama so that you can identify network versus non-network providers during precertification and case management and steer participants toward network providers when possible?

*1000 words.*

8.11.2.12 Describe your processes for inpatient care management and post-acute transitions including items such as:

- Prior approval of inpatient status if any
- clinical workflow process and timely information exchange with inpatient care management team to facilitate ongoing care coordination
- peer-to-peer discussions during case reviews
- inpatient care managers in the facilities for care coordination
- discharge care planning to ensure coordination, alignment and appropriateness to meet member expectations

## Alabama PEEHIP Medical PPO RFP

- on-site nurse advocates for discharge planning and communication with members and families when appropriate in addition to hospital discharge planners
- post-acute transitions
- monitoring of recent case decisions including turn-around times, short-term and long-term clinical results

*1000 words.*

8.11.2.13 Describe how you monitor PEEHIP's inpatient population in network facilities and out-of-network facilities on a real-time basis.

*1000 words.*

8.11.2.14 Please explain how you will handle transition of care whether to other facilities or to a patient's home.

Hospitalized members	<i>500 words.</i>
Members in treatment	<i>500 words.</i>
Maternity members	<i>500 words.</i>

8.11.2.15 How many hospital-based case managers assisting with transition of care and discharge planning do you have in Alabama? Describe the typical procedures of these case managers in terms of transition of care.

*500 words.*

### **8.11.3 Case Management**

8.11.3.1 How do you define Case Management?

*500 words.*

8.11.3.2 Demonstrate how your Case Management program has achieved savings for your clients. Please include specific savings and achieved health outcomes in your examples.

*500 words.*

8.11.3.3 What outcomes are measured in your standard clinical management programs?

*500 words.*

8.11.3.4 Describe in detail the methodology and policy for calculating case management savings.

*500 words.*

8.11.3.5 Describe the criteria and process for case management referrals to the Medical Director, specialty programs, and community resources including how you address social determinates of health.

*500 words.*

8.11.3.6 PEEHIP desires a robust and aggressive Case Management program. Confirm your willingness to work with PEEHIP to develop/customize a more flexible identification process for case management protocols, with the goal of optimizing care while eliminating excess cost that will be specific to PEEHIP and PEEHIP's needs.

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*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

8.11.3.7 Describe your organization's philosophy of case management and the model under which it currently operates. Describe how the case management program integrates with other care management programs such as utilization review and quality management. Define any specialty case management programs including but not limited to oncology, transplant, maternity, NICU, ESRD, etc. In addition, describe your face-to-face member support and counseling offered to members receiving your case management services.

*1000 words.*

8.11.3.8 Describe identification and selection criteria for individual case management.

*1000 words.*

8.11.3.9 Describe, in detail, how your case management program would facilitate continuity of care and support for participants while managing Plan benefits in a way that promotes high-quality, cost-effective outcomes.

*1000 words.*

8.11.3.10 Once a member is engaged in case management, describe the modality, frequency, and objectives of follow up contact. What follow-up procedures are there for case management?

*1000 words.*

8.11.3.11 Describe the system access case managers have to medical and behavioral health records and imaged documents when handling telephonic and online inquiries.

*1000 words.*

8.11.3.12 Describe your procedures to successfully contact members selected for case management. What are all the methods in which you attempt to reach a member? How many attempts are made? What services or efforts are used to obtain updated contact information?

*1000 words.*

8.11.3.13 How do you define engagement? What strategies and incentives have you used in the past to achieve the most continuous engagement?

*1000 words.*

8.11.3.14 What percentage of a typical client population do you identify for case management? Of the identified population, what percentage do you anticipate engaging in your programs (express on a unique member, annualized basis)?

	Response
a. % of typical client population identified for case management	<i>Percent.</i>
b. % of part a. anticipated to engage in programs	<i>Percent.</i>

8.11.3.15 Do you utilize any web-based technology in the delivery of case management?

*Single, Radio group.*

1: Yes, explain: [ 500 words ],

2: No

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8.11.3.16 Describe your process when members decline case management.

*500 words.*

8.11.3.17 What is your process for post discharge outreach?

*500 words.*

8.11.3.18 Confirm you will meet (in-person or via conference call) with PEEHIP monthly regarding progress in case management, cases worked, savings achieved, transmission problems and any other issues related to the plan.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

## 8.12 ADDITIONAL MEMBER SERVICES

8.12.1 Describe any member advocacy, navigation services, or programs you offer in addition to the traditional core member services center.

*1000 words.*

8.12.2 Are there any additional charges for the advocacy or navigation services?

*500 words.*

8.12.3 How do these additional services improve the member experience?

*1000 words.*

8.12.4 What specific outcomes have you achieved with clients that utilize the advocacy and navigation programs?

*1000 words.*

8.12.5 Do you use emerging technology such as artificial intelligence and machine learning to improve the caller experience? If yes, describe how this is used and provide any results achieved.

*1000 words.*

8.12.6 Confirm you offer a 24-hour nurse line with staff available 24-hours a day, 365 days a year.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed

8.12.7 Is your 24-hour nurse line service in-house or subcontracted?

*Single, Radio group.*

1: Yes,

2: No

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## 8.13 DISEASE MANAGEMENT

8.13.1 Please describe your organization's approach to disease management and the model under which it currently operates. Describe how the designated chronic conditions are identified for engagement. Describe your engagement modalities.

1000 words.

8.13.2 Please describe any other Point Solutions, as defined in the RFP below, that you currently offer (or plan to offer by 2023) internally or through a Third Party. If more space is needed, please include attachment labeled, "**Attachment: Point Solutions**"

Point solutions management is defined as carefully evaluated health and well-being solution in lieu of traditional plan offerings including, but not limited to, concierge customer service, second opinion, and well-being platforms.

Digital health is an umbrella that includes wellness apps and clinically validated therapeutic interventions. Digital therapeutics are evidence-based hyper-personalized therapeutic interventions and care pathways to members that are driven by software programs, artificial intelligences, and/or personalized hardware to aid in the prevention, management, and treatment of multiple conditions including, but not limited to, weight loss, diabetes prevention, diabetes, heart disease, maternity, physical therapy, financial, and behavioral health.

1000 words.

8.13.3 If you partner with any third party digital therapeutic disease state management companies (or if you provide your own), complete the following by condition (do not provide actual pricing in this section - pricing will be requested as an optional service in Attachment D: ASO Fees and Discount Guarantees):

	Point Solution Provided?	Vendor Partner	Fee Arrangement	Included in the Current Proposal
a. Weight Management	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
b. Physical Therapy	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
c. Physical Activity	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
d. Diabetes Prevention Program	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
e. Diabetes	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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f. Hypertension	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
g. Behavioral Health / Substance Abuse	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
h. Infertility / Maternity	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
i. Other	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

### 8.14 BEHAVIORAL HEALTH

8.14.1 Provide a brief overview of your program and address how your behavioral health interventions are integrated with your medical interventions.

*1000 words.*

8.14.2 Which, if any, behavioral health services are subcontracted? Identify the program, the subcontractor, and background on your organization's relationship with them.

*Single, Radio group.*

1: Yes, explain: [ 500 words ],  
2: No

8.14.3 Describe the process for plan participants to access behavioral health services in a primary care setting, during chronic condition case management, during an acute inpatient episode, and during post-discharge follow up.

*1000 words.*

8.14.4 Describe any efforts used to educate members of available behavioral health services. Also describe education efforts to medical providers and facilities of your behavioral health services so that members who could benefit from those services can be referred if presenting at a medical provider.

*1000 words.*

8.14.5 Are specialty case managers used to manage Mental Health/Substance Use Disorder cases? What are their credentials?

*Single, Radio group.*

1: Yes, explain: [ 500 words ],  
2: No

8.14.6 Does the same case manager handle the member's care through all levels of care? For example, inpatient, intermediate, and outpatient?

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*Single, Radio group.*

1: Yes, explain: [ 500 words ] ,

2: No

8.14.7 How long is a patient monitored after discharge?

*500 words.*

8.14.8 What guidelines do you use to ensure appropriateness of treatment (utilization and duration for relevant medications and services)?

*500 words.*

8.14.9 Do Mental Health, Substance Use Disorder case managers routinely co-manage cases with medical and/or disease management case managers?

*Single, Radio group.*

1: Yes, explain: [ 500 words ] ,

2: No

8.14.10 Confirm you offer a comprehensive behavioral health network that includes a variation of providers such as Psychiatrists (MDs), Psychologists, Therapists, Counselors, Social Workers, DEA waiver providers, ABA Paraprofessionals, etc.

*Single, Pull-down list.*

1: Confirmed, please explain;

2: Not confirmed

8.14.11 What percentage of your behavioral health providers are accepting new patients?

*Percent.*

8.14.12 Do you have a clinically integrated delivery system that coordinates behavioral health services with medical services to improve the quality of care? Please describe.

*1000 words.*

8.14.13 Describe your (or your behavioral health subcontractor's) philosophy for best practice treatment for members with opioid addiction needing inpatient substance use services.

*1000 words.*

8.14.14 Describe how the size and caliber of your network will effectively meet PEEHIP's behavioral health needs.

*1000 words.*

8.14.15 PEEHIP requests the bidders to suggest a Mental Health/Substance Use Disorder program that will be cost-neutral to PEEHIP and would utilize in-network providers. Please note that PEEHIP has opted out of the Mental Health Parity and Addiction Equity Act. (Please review the PEEHIP Summary of Benefits and Coverage - Appendix E in the Reference Documents section for current Mental Health/Substance Use Disorder coverage).

*1000 words.*

8.14.16 Complete the following chart for mental health and substance use disorder providers. If services for a particular provider specialty are not provided, please indicate N/A:

## Alabama PEEHIP Medical PPO RFP

Provider Type	Average Length of Employment	Number of Fulltime Employees	Number of Part-time Employees	Number of Contract Workers	Total Consults provided in 2021	Total Consults provided in 2020
Psychiatrists, Board Certified/Eligible	<i>10 words.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Doctoral-Level Psychologists	<i>10 words.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Licensed Clinical Social Workers	<i>10 words.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Other Masters Prepared Clinicians	<i>10 words.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
DEA Registered ("X" waived) Providers	<i>10 words.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Other	<i>10 words.</i> Nothing required	<i>10 words.</i> Nothing required	<i>10 words.</i> Nothing required	<i>10 words.</i> Nothing required	<i>10 words.</i> Nothing required	<i>10 words.</i> Nothing required

### 8.15 SPECIALIZED PROGRAMS AND NETWORKS

8.15.1 Describe your approach to providing telemedicine services (e.g., immediate service, care coordination with PCP providers, etc.), and the advantages/disadvantages of this approach.

*1000 words.*

8.15.2 List the conditions/illnesses you believe most appropriate to be treated by telemedicine.

*1000 words.*

8.15.3 Describe any drill down reporting to evaluate the effectiveness of telemedicine (i.e., subsequent office visits with same presenting diagnosis).

*1000 words.*

8.15.4 What adjustments if any have you made to your telemedicine benefit since inception to make it more successful in truly redirecting utilization by treating members effectively and to their satisfaction?

*1000 words.*

8.15.5 Describe how using telemedicine is consistent with and/or preferable to the current standard of care.

*1000 words.*

8.15.6 Describe your arrangement with the medical professional(s) providing telemedicine services by specialty type (employees, ownership, contract workers, etc.)

*1000 words.*

8.15.7 Complete the following chart for telemedicine providers. If services for a particular provider specialty are not provided, please indicate N/A:

## Alabama PEEHIP Medical PPO RFP

Provider Type	Average Length of Employment	Number of Fulltime Employees	Number of Part-time Employees	Number of Contract Workers	Total Consults provided in 2020	Total Consults provided in 2021
Family/General Practice	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Nurse Practitioners	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Dermatology	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Mental Health Providers	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Internal Medicine	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Pediatrics	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Registered Dietician	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Other:	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>

8.15.8 When a telemedicine provider determines a referral to a traditional brick and mortar practice is appropriate, confirm you will refer within PEEHIP's contracted provider network, if available.

*Single, Radio group.*

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

8.15.9 Describe what services are included in a typical telemedicine consultation fee.

*1000 words.*

8.15.10 Describe your maternity management program's services and offerings, including the credentials of the care team.

*1000 words.*

8.15.11 PEEHIP currently offers an incentive to encourage expectant mothers to enroll in and stay engaged in the program throughout the duration of pregnancy. Would you propose offering other or different incentives?

*1000 words.*

8.15.12 Describe how you track program outcomes and measure success for maternity management. Please share your program's outcomes for 2020 and 2021, respectively.

*1000 words.*

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8.15.13 How do you differentiate and support low-risk versus high-risk pregnancies?

1000 words.

8.15.14 Provide a copy of your current maternity care management reports.

Single, Pull-down list.

1: Attached,

2: Not attached, please explain: [500 words]

8.15.15 How many air ambulance transportations do you experience in a year (book of business)?

1000 words.

8.15.16 How many air ambulance transportations (%) get denied (retroactively) each year? In case of denial, how do you administer those cases while holding the patient harmless?

1000 words.

8.15.17 How do you manage air ambulance transportation, so it is cost effective for PEEHIP in the event of an air ambulance claim?

1000 words.

8.15.18 Describe the process used to determine whether a patient will be transported via rotary air ambulance versus a fixed wing air ambulance?

1000 words.

8.15.19 Do you have a network for air ambulance providers? Please describe if the networks differ for the fixed wing and rotary air ambulances. If so, how many providers are in the network, and what requirements are in the hospital contracts for them to use in-network providers when transporting from hospital to hospital?

1000 words.

8.15.20 For each of the specialty programs listed below, provide a brief description of:

- a. your program
- b. specialty networks/centers of excellence
- c. services
- d. coverage available throughout the State of Alabama
- e. number of providers in Alabama
- f. precertification requirements
- g. how members are directed
- h. how quality and cost efficiency are improved
- i. how outcomes are tracked and measured
- j. outcomes for 2020 and 2021

	Response
a. Opioid Management	1000 words.
b. Dialysis Management and Clinic Support	1000 words.
c. Oncology Management	1000 words.
d. Joint and Hip Replacement Management	1000 words.

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e. Applied Behavioral Analysis (ABA) Management	1000 words.
f. Sleep Studies, In Lab and Home Management	1000 words.
g. Genetic Testing and Utilization Management	1000 words.
h. Other	1000 words.

8.15.21 If you offer an Opioid Management Program, describe how you monitor physician's prescribing patterns and identify potential over prescribers? What is your process to educate, track and follow up with potential over prescribers?

*1000 words.*

8.15.22 If you offer Opioid Management, what reporting do you have in place to measure the overall effect for individual members affected by your utilization management?

*500 words.*

### 8.16 VENDOR INTERFACES

The Bidder will be required to interface with the following organizations:

**PEEHIP** – Bidder will receive an initial full eligibility feed and daily eligibility updates. Bidder will provide routine reporting and systems access.

**PBM** – Bidder will receive access to pharmacy claims data.

**Medical Pharmacy Vendor** – Bidder will receive access to pharmacy claims data processed under the medical benefit.

**FSA** – Bidder will receive access to FSA data.

8.16.1 Discuss your experience in working collaboratively with your customers' other vendors, in particular your ability and experience in effectively sharing data and information with PBMs, Medical Pharmacy vendors and other vendors.

*1000 words.*

8.16.2 Confirm that you will work with PEEHIP's PBM vendor and Medical Pharmacy vendor to download prescription drug data into your system to enable the plan to have combined Medical and Rx reporting capabilities through you. If there is an additional cost for this service, please explain.

*Single, Radio group.*

- 1: Confirmed, with no additional cost,
- 2: Confirmed, with additional cost: [ 500 words ],
- 3: Not Confirmed

8.16.3 The term Medical-Drug is defined as a prescription medication that would typically be billed and administered under the medical benefit. PEEHIP will be contracting with a separate vendor to coordinate the dispensing, contracting, adjudication, and billing of these Medical-Drugs. The Medical-Drug vendor will be primary in managing the Medical-Drugs. Confirm that you will work with PEEHIP's Medical-Drug vendor to ensure there are no gaps in care and will bill and administer these drugs if requested by the Medical-Drug vendor.

*Single, Radio group.*

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

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8.16.4 Confirm you will share data and information with any PEEHIP third party vendor on a weekly basis at no additional charge.

*Single, Pull-down list.*

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

8.16.5 Confirm that you will provide medical data to the FSA Administrator on a daily basis at no additional charge.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

8.16.6 Does your program/system have the capability to share applicable data with the following vendors or programs?

	Response
Biometrics	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs
Case Management	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs
Demand Management	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs
Disability	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs
Disease Management	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs
Behavioral Health	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs
Eligibility	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs
Maternity Management	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs
PBM	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs
Providers	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs

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Wellness/Lifestyle Management	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs
Others, please specify:	<i>Multi, Checkboxes.</i> 1: Will submit to third party vendors/programs, 2: Will accept from third party vendors/programs

8.16.7 How do you ensure that PEEHIP's information is treated distinct/separate from other customers' information? What protocols are in place within your company to ensure that only authorized individuals within your company can view and/or edit PEEHIP's information?

*1000 words.*

## 8.17 DATA AND REPORTING

8.17.1 Describe capabilities are that are available to PEEHIP staff through your employer portal (i.e., view eligibility changes and validate eligibility data, view claims, pull standard reports, create customized ad hoc reports, etc.)?

*500 words.*

8.17.2 Does the online system allow PEEHIP to assign different levels of access, internally?

*Single, Pull-down list.*

1: Yes,

2: No

8.17.3 Confirm that your organization will provide to PEEHIP monthly claim data in a mutually agreed upon format by the 3rd working day of the month following the subject month.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

8.17.4 Confirm the monthly claims data will include member level detail using SSNs, PEEHIP-assigned Individual PIDs, and PEEHIP-assigned Subscriber PIDs.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

8.17.5 Indicate the reports you can provide on both a quarterly and an annual basis:

*Multi, Checkboxes.*

1: Financial Claim Update,

2: Utilization Review,

3: Network Utilization,

4: Clinical Review,

5: Preventive services,

6: Case Management,

7: Large Claimants,

8: Hospital Inpatient Review,

9: Maternity Program,

10: Other Programs

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8.17.6 Please attach sample quarterly and year-end financial and clinical management reporting packages (all files must be zipped under one file).

*Single, Radio group.*

1: Attached,

2: Not attached, explain: [ 500 words ]

8.17.7 What tools do you offer clients to spot and identify trends in claim information?

*500 words.*

8.17.8 Describe your ability to provide reporting for high cost claimants including each of the following performance indicators:

1. Distribution of cases within \$\$ ranges - e.g. \$150-\$300k, \$300k-\$1M, and >\$1M. Should include Medical and Rx
2. % of high cost claimants actively engaged in clinical programs
3. % of high cost claimants who were also high cost previous year
4. How do the % of high cost claimants compare with BOB
5. All the Details of Top 10 high cost claimants - diagnosis, what was done by CM, efforts by CM to reduce costs, etc.

*1000 words.*

8.17.9 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.

*500 words.*

8.17.10 Describe how your organization monitors and provides reporting on contractual Performance Guarantees. Provide a sample Performance Guarantee report.

*500 words.*

8.17.11 Complete the table below on your 2021 Medical PPO group book of business statistics on appeals and grievances.

	Response
<b>Total 2021 Member Medical Appeals</b>	
Total Dismissed	<i>Integer.</i>
Total Overturned	<i>Integer.</i>
Total Upheld	<i>Integer.</i>
<b>Total 2021 Provider Medical Appeals</b>	
Total Dismissed	<i>Integer.</i>
Total Overturned	<i>Integer.</i>
Total Upheld	<i>Integer.</i>
<b>Total 2021 Member Grievances</b>	

8.17.12 Confirm you will report quarterly on appeals and grievances in at least as much detail in the table above.

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*Single, Radio group.*

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

8.17.13 Are you able to accommodate requests for ad hoc or customized reporting (including utilization information)?

*Single, Radio group.*

- 1: Yes,
- 2: No,
- 3: Other, please specify: [ 500 words ]

8.17.14 Do you charge for ad hoc or customized reports? If so, please explain.

*Single, Radio group.*

- 1: Yes,
- 2: No,
- 3: Other, please specify: [ 500 words ]

8.17.15 How many reports or hours are included for ad hoc or customized reports at no additional charge?  
*500 words.*

8.17.16 Confirm that you will make available relevant and capable IT staffing to accommodate the reporting needs of PEEHIP in a timely manner.

*Single, Radio group.*

- 1: Yes,
- 2: No,
- 3: Other, please specify: [ 500 words ]

8.17.17 If you are able to accommodate ad hoc or customized reporting, what is the normal turnaround time to fulfill such requests?

*500 words.*

8.17.18 Reports must be stratified by Plan, if applicable, and sub-stratified by: Actives, Non-Medicare eligible Retirees and Non-Medicare eligible Dependents. Please confirm that you agree to this provision.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

## 8.18 AUDITS

8.18.1 Indicate whether or not you agree with the following statements regarding audits.

You will allow auditing of your operations as they relate to the administration and servicing of this account.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree
Your organization will not charge for services rendered in conjunction with the audit.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree

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If problems are discovered, the cost of follow-up audits will be paid by your organization.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree
Bidder agrees to fund up to \$40,000 for a pre-implementation audit.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree
Bidder agrees to fund up to \$60,000 for a mid-contract audit.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree

8.18.2 Confirm PEEHIP, via its auditor, has the right to perform audits with different scopes at different times during the contract year.

*Single, Radio group.*

1: Confirmed,  
2: Not confirmed

8.18.3 Confirm PEEHIP, via its auditor, has the right to perform additional audits during the year of similar scope if performed as a follow-up to ensure significant/material errors found in a previous audit have been corrected and are not recurring or if additional information becomes available to warrant further investigation.

*Single, Radio group.*

1: Confirmed,  
2: Not confirmed

8.18.4 Confirm PEEHIP, via its auditor, has the right to audit post termination of service contract.

*Single, Radio group.*

1: Confirmed,  
2: Not confirmed

8.18.5 Confirm your organization will provide a response to all findings received within 30 days of audit, or at a later date if mutually determined to be more reasonable based on the number and type of findings.

*Single, Radio group.*

1: Confirmed,  
2: Not confirmed

8.18.6 Confirm you will allow Segal, or any other party selected by PEEHIP, to audit all provisions governed by the contract.

*Single, Radio group.*

1: Confirmed,  
2: Not confirmed

8.18.7 Confirm you agree not to charge PEEHIP for EOBs/claims issued as corrections due to audits.

*Single, Radio group.*

1: Confirmed,  
2: Not confirmed

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## 8.19 FINANCE AND BANKING

8.19.1 What data/electronic information is needed to coordinate billing between you and PEEHIP for services provided?

500 words.

8.19.2 When are administrative fees due?

*Single, Radio group.*

- 1: Prior to first of the month,
- 2: First of the month,
- 3: End of the month,
- 4: Other: [ 500 words ]

8.19.3 For administration only services, please explain the claims funding process.

500 words.

8.19.4 Are funds requested from PEEHIP when a check is issued or when it is cleared?

*Single, Radio group.*

- 1: Funds are requested when the check is issued,
- 2: Funds are requested when the check is cleared

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

*Single, Radio group.*

- 1: Confirmed,
- 2: Not Confirmed

8.19.6 What is the frequency for claim funding?

*Single, Radio group.*

- 1: Once a day,
- 2: Once a week,
- 3: Every other week,
- 4: Every three days,
- 5: Once a month,
- 6: Other, please specify: [ 500 words ]

8.19.7 Do you require an initial deposit and/or imprest amount?

*Single, Radio group.*

- 1: Initial deposit only,
- 2: Imprest amount only,
- 3: Both

8.19.8 Confirm you will not charge interest on negative cash flow for any delay of payment.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

8.19.9 How often are claims released for payment?

*Single, Radio group.*

- 1: Daily,
- 2: Weekly,
- 3: Bi-Weekly,

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4: Monthly,

5: Other, please specify: [ 500 words ]

8.19.10 Do the banking reports reflect issued or cleared checks?

*Single, Pull-down list.*

1: Issued,

2: Cleared

8.19.11 Confirm that PEEHIP will not be charged for reissued checks or drafts.

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed

8.19.12 Confirm that you will accept fiduciary responsibility for claims processing at no additional charge.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed:

8.19.13 Do you require that self-funded plans use a specific bank for funding claims? If yes, indicate the name of the bank.

*Single, Radio group.*

1: Yes [ 500 words ] ,

2: No

## 8.20 IMPLEMENTATION SUPPORT

8.20.1 Provide a detailed timetable assuming a Notice of Contract Award of June 8, 2022 for an October 1, 2022 “go-live” date and an enrollment period of July 1 to September 10. The implementation plan should provide details on the key roles of each member of the implementation team. Your firm's implementation plan should assume that PEEHIP-specific communications to members and external stakeholders must be completed by June 9, 2022. At a minimum, the implementation plan must provide specific details on the following:

1. Identification and timing of significant responsibilities and tasks - PEEHIP and Bidder
2. Names, titles, and implementation experience of key implementation staff and time dedicated to PEEHIP during implementation
3. Data Interfaces - The Bidder will be required to transmit and receive data to and from PEEHIP and its vendors as determined necessary by PEEHIP.
4. Transition requirements with the incumbent vendor(s), including data needs and timing for transition of care (PA, current maternity cases, transplant patients, etc.)
5. Staff assigned to attend and present (if required) at open enrollment/educational sessions or other times as needed during the plan year
6. Member communication plan
7. Update PEEHIP's current SPD with redlines to be presented to PEEHIP for approval
8. Update PEEHIP's ID cards with redlines to be presented to PEEHIP for approval
9. Issuance of I.D. Cards

*Single, Radio group.*

1: Attached,

2: Not attached, explain: [ 500 words ]

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8.20.2 Confirm any changes or additional detail to the Implementation Project Plan with timetable, will be submitted to PEEHIP within 5 business days of receiving Notice of Contract Award.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

8.20.3 Confirm that, if awarded the business, you will be prepared to start implementation work as of the contract award date due to the lead time needed for open enrollment.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not Confirmed

8.20.4 Confirm your organization will provide weekly updates and/or meetings Final Report detailing all implementation activities and status including a Final Report.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

8.20.5 Describe how your organization will test the program to ensure claims will process correctly on the Program 'go-live' date of October 1, 2022.

*500 words.*

8.20.6 Describe the process and timing if PEEHIP elects to perform a third party pre-implementation audit. Please include in your response the development of testing scenarios, the duration of the audit and any blackout audit dates, the format of the audit and whether there will be a "live" webinar where PEEHIP and third party auditor can see claims being adjudicated on your system).

*500 words.*

8.20.7 Describe whether your Implementation Team conducts post-implementation testing?

*Single, Radio group.*

- 1: Yes,
- 2: No, explain [ 500 words ]

8.20.8 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., for the Medical Plans? If so, what dollar amount are you willing to provide?

*Single, Radio group.*

- 1: Confirmed, please specify amount: [ Dollars ] ,
- 2: Not Confirmed

8.20.9 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.

*500 words.*

8.20.10 Provide resumes and experience and qualifications for each individual, listed in the organization chart and the percentage of time each team member will dedicate to this account.

*500 words.*

8.20.11 Who has access to your common reference materials for plan design, account structure, rates, etc.?

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## *Multi, Checkboxes.*

- 1: Claims Office Staff,
- 2: Account Manager,
- 3: Customer Service Representatives,
- 4: Member Service Representatives,
- 5: Underwriting Staff,
- 6: Contract Department Staff,
- 7: Disease Management Program Staff,
- 8: Client,
- 9: Other, please specify: [ 500 words ]

8.20.12 What is your process or policy to confirm your internal reference source or sources are consistent with PEEHIP's (Employee Communication Materials, Open Enrollment Information, SPD and/or plan document)?

*500 words.*

8.20.13 Confirm you will provide a detailed eligibility and enrollment administration manual customized to PEEHIP's plan requirements at least 30 days prior to the effective date.

## *Single, Radio group.*

- 1: Yes - at least 30 days before effective date,
- 2: Yes - less than 30 days before effective date,
- 3: No

8.20.14 During the 3rd calendar quarter of 2022, PEEHIP requires an initial readiness review, including an on-site review of the Bidder's facilities. Bidder shall participate in all readiness review activities conducted by PEEHIP staff or it's agent to ensure the Bidder's operational readiness. Readiness review will include verification (by PEEHIP or its agent) that the Bidder has the system infrastructure and human capital to support PEEHIP's account. PEEHIP will provide the Bidder with a summary of findings as well as areas requiring corrective action. Describe in detail how your organization will comply with this requirement.

*500 words.*

8.20.15 At least thirty (30) days after the beginning of each subsequent plan year, the Bidder shall perform an ongoing readiness review, which will include verification that the PEEHIP's benefits have been correctly loaded and tested in your claims processing system. Upon completion of the readiness review, the Bidder shall provide confirmation to PEEHIP that all benefits have been accurately loaded and ready for processing of the claims. Describe in detail how your organization will comply with this requirement.

*500 words.*

## **8.21 TRANSPARENCY IN COVERAGE FINAL RULE AND NO SURPRISES ACT**

### **8.21.1 General**

8.21.1.1 Describe how your company will assure that PEEHIP will be in compliance with federal law and regulations concerning the Transparency in Coverage final rule and the No Surprises Act with respect to the services provided by your company.

*500 words.*

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8.21.1.2 List any subcontractors or third-parties who are providing assistance to you in complying with the law and regulations surrounding Transparency in Coverage, or who will be involved in work you may perform on behalf of PEEHIP.

*500 words.*

8.21.1.3 List any technical specifications that PEEHIP will need to meet in order to use any solution you intend to offer to comply with the Transparency in Coverage law and regulations, including software, hardware, or other information technology.

*500 words.*

8.21.1.4 Do you expect to be fully compliant with the Transparency in Coverage law and regulations and the No Surprises Act by the statutory and regulatory due dates? If not please explain.

*500 words.*

8.21.1.5 Are the fees you propose inclusive of all services related to the law and regulations? If not, please explain what additional costs the Plan may incur.

*500 words.*

### **8.21.2 Transparency Rules**

8.21.2.1 Describe your general process for complying with the Transparency in Coverage Final Rule.

*1000 words.*

8.21.2.2 Will you prepare an internet-based self-service tool that makes available to plan participants real time cost-sharing information in accordance with the rule (effective January 1, 2023 for 500 services and January 1, 2024 for remaining services)?

- a. Do you currently offer an internet-based self-service tool? If so, please describe how it differs from the regulations and how you will revise it.
- b. How will you make the tool available to plan participants, through your website, by providing information to plans, or through another option?
- c. Please provide screenshots of the web portal to be used for the participant cost-sharing disclosure.
- d. How will the required participant notice of disclosure be provided?
- e. How will you respond to individuals who request the information on paper instead of through the website?

*1000 words.*

8.21.2.3 Will you provide a price comparison tool via internet websites and via telephone that allow a participant to compare the amount of cost sharing that they will be responsible for by participating provider and geographic region consistent with the No Surprises Act (requirement delayed pending further regulation)?

*500 words.*

8.21.2.4 Will you provide the Plan with any of the three machine readable files on a monthly basis including in-network rates, out-of-network allowed amounts, and prescription drug negotiated rates (effective July 1, 2022 for in-network and out-of-network; delayed until further regulations for prescription drug rates)? If so, describe which files will be provided.

- a. Describe the information technology requirements necessary for transmitting files and/or posting them.
- b. If the Plan uses multiple service providers, will you provide assistance in consolidating the information into

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one file?

c. Will you send files to the Plan or provide another service to the Plan that allows the Plan to link to your website or another website?

*500 words.*

## **8.21.3 Gag Clause**

8.21.3.1 Do any contracts you are a party to contain a claim prohibiting disclosure of pricing terms (“gag clause”) which will be prohibited under the No Surprises Act (effective December 27, 2020)?

*500 words.*

8.21.3.2 If yes, please describe and state how you will assure they are removed. Indicate your timeline for removing gag clauses from contracts.

*500 words.*

## **8.21.4 No Surprises Act (effective January 1, 2022)**

8.21.4.1 Describe your process for paying for Emergency Services, Non-Emergency Services provided at an In-Network Facility, and Air Ambulance Services (“Covered Services”) under the No Surprises Act.

a. Are there any subcontractors used in determining the amount to pay for Covered Services? If so, please name them and describe the services being provided.

b. Will you establish the Qualifying Payment Amount, Recognized Amount, and Out-of-Network Rates for the Covered Services? Please describe your process for setting these rates and assuring participant cost-sharing is based on them.

*500 words.*

8.21.4.2 Have you assured that the Plan will pay for emergency services without prior authorization, without additional administrative requirements for nonparticipating providers and facilities, and without being solely based on diagnostic codes?

*500 words.*

8.21.4.3 If you are providing any preferred Network providers, describe how PPO contracts will be revised and what communications you will make to those providers concerning the Act.

a. Describe any provider or facility billing processes and how they will be affected by the No Surprises Act.

*500 words.*

8.21.4.4 Are there any State laws that affect your determination of the Recognized Amount for this Plan? If so please describe.

*500 words.*

8.21.4.5 Is there an All-Payer Model Agreement that affects your determination of the Recognized Amount for this Plan? If so please describe.

*500 words.*

8.21.4.6 Are there any areas in which you do not have sufficient information to calculate the contracted rate?

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*500 words.*

8.21.4.7 Plan sponsors may choose whether to use the contracted rate for their plans or all self-insured plans administered by the same entity. Please describe whether there is any financial difference between these two choices with respect to your provider contracts, and describe any recommendations with respect to this decision.

*500 words.*

8.21.4.8 Providers and facilities are required to provide patients with Notice and Obtain consent under certain circumstances involving:

- a. A nonparticipating provider or emergency facility when furnishing certain post-stabilization services, or
- b. A nonparticipating provider or facility when furnishing non-emergency services (other than ancillary services) at certain participating health care facilities.

*500 words.*

8.21.4.9 How will you determine whether the patient consented to services from an out-of-network provider at an In-Network facility, and is therefore not reimbursed under the No Surprises Act?

*500 words.*

8.21.4.10 What support will you provide to the Plan if a health care provider or facility elects to negotiate an out-of-network payment amount or elects to conduct Independent Dispute Resolution (IDR)?

- a. Will you prepare the IDR submission on behalf of the Plan at no additional cost?
- b. Will you pay IDR fees on behalf of the Plan, including general assessments and fees if the Plan is unsuccessful?
- c. Will the IDR submission be approved by the Plan or will the process be delegated to your company?

*500 words.*

8.21.4.11 How will you assist the Plan to pay for IDR, including the general assessment and specific charges for individual IDRs?

*500 words.*

8.21.4.12 Describe how the No Surprises Act will affect payment of Air Ambulance services under the Plan, and whether you will propose plan changes to this benefit?

*500 words.*

8.21.4.13 The Act requires ID cards to contain information about deductibles and out-of-pocket maximums. Describe what changes are needed to ID cards and how and when you will provide the new cards.

*500 words.*

8.21.4.14 If you provide a preferred provider network, describe how you will implement the required to allow continuation of care for individuals when their health care provider is terminated from the Network, pursuant to PHSA Section 2799A-3.

- a. Describe how patients will be protected from being billed at an out-of-network rate and how the patient will be provided with notice under the law.

*500 words.*

8.21.4.15 Describe your process for addressing participant or provider complaints that may be made against the plan under the Act.

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500 words.

8.21.4.16 Do you provide the plan's external review services? If so, how will you incorporate emergency services and air ambulance services into the external review process?

Unlimited.

8.21.4.17 Describe how you will support the additional External Appeals requirements for Covered Services? Do you provide a contract with an Independent Review Organization for external review?

500 words.

## 9 NETWORK ACCESS, PRICE PROPOSAL AND DATA SUBMISSION REQUIREMENTS

This section contains a number of worksheets and data files required to be submitted by the Bidder. Bidders shall submit network access and pricing in the format described below for the PPO network proposed, based on the terms and conditions set forth in this RFP. Attach additional pages if necessary or if the format specified requires additional pages. 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.

### 9.1 DATA FOR NETWORK ACCESS AND PRICING PROPOSAL

9.1.1 Bidders will be provided the following data for development of Network Access and the Price Proposal:

1. Census as of February 2022
2. PEEHIP's medical data at the claims line detail, excluding drugs administered and paid within medical coverage, with layout and control totals. This will be data incurred 12/1/2020 - 11/30/2021 and paid through 02/28/22. PEEHIP's enrollment file, 12/1/2020 - 11/30/2021 - Note: Bidder will be able to link the enrollment file to the medical data file.

### 9.2 NETWORK ACCESS

9.2.1 The Bidder is required to submit an accessibility report (Optum™, GeoAccess®, GeoNetworks or comparable software) for the provider network being proposed. **The report must be submitted by county.** Note that failure to include all participants in the analysis will require that your organization re-produce the reports.

The Bidder will be required to provide a summary of participants with and without access to network providers/facilities within the established mileage parameters for driving distance, listed below:

Provider Type	Urban	Non-Urban
<b>Facilities</b>		
Hospitals	1 within 20-miles	1 within 35-miles
Ambulatory Surgical Center	1 within 20-miles	1 within 35-miles
Urgent Care facilities	1 within 20-miles	1 within 35-miles
Imaging Centers	1 within 20-miles	1 within 35-miles
Inpatient Behavioral Health Facilities	1 within 20-miles	1 within 35-miles
<b>Primary Care</b>		

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<i>General/Family Practitioner (includes Internal Medicine, Family Medicine, and General Medicine)</i>	<i>2 within 10-miles</i>	<i>2 within 20-miles</i>
<i>OB/GYN (female members, age 12 and older)</i>	<i>2 within 10-miles</i>	<i>2 within 20-miles</i>
<i>Pediatrician (birth through age 18)</i>	<i>2 within 10-miles</i>	<i>2 within 20-miles</i>
<b><i>Specialists</i></b>		
<i>Endocrinologist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Urologist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Cardiologist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Dermatologist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Allergist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Psychologist/Psychiatrist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>General Surgeon</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Hematologist/Oncologist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Chiropractor</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>

The definition of whether a county is urban or non-urban is included in the Network Access file - Attachment A. The submitted access report (mapping and accessibility analysis) must demonstrate provider availability for EACH provider type listed above in the provider network access standard table. In the production of the reports, please note the following:

- The Bidder must utilize Optum TM, GeoAccess®, GeoNetworks or comparable software.
- The access report must indicate those participants with access and those without access according to provider network access standards above, by county.
- Access must be based on driving distance from the center of the participants' home zip codes.
- The access reports should include providers under contract as of April 1, 2022, and may also include providers that have entered a legally binding letter of intent or letter of agreement with the Bidder.

9.2.2 The Bidder must complete and submit the Network Access file - Attachment A, for the provider network being proposed. This file requires the number of members meeting access criteria, separately for urban and non-urban counties, number of providers by county, and a provider listing. Data should include providers under contract as of April 1, 2022, and may also include providers that have entered a legally binding letter of intent or letter of agreement with the Bidder.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

## 9.3 PRICE PROPOSAL

9.3.1 PEEHIP is looking to contract with an organization(s) that has proven success in managing provider costs and reducing utilization and can submit data timely in the required formats. The RFP submission was designed with knowledge of the capabilities of the market, and it is expected that each Bidder will comply with these requirements. If any issues or complications are expected, Bidders should submit questions.

Price Proposal documents have been included with this RFP.

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## 9.4 REPRICING FILE

9.4.1 Once the Bidder's Intent to Bid Form and Non-Disclosure Agreement Form are signed and secured, a repricing file will be made available through a secure file transfer protocol. No data will be made available prior to these forms being signed and submitted, and no modifications will be accepted.

The layout of the fields that will be included in the repricing file are detailed in Attachment B. This attachment also contains supporting descriptions of the Service Category Codes contained in the file that will be used for a required Self-Insured Projection detailed in Attachment E.

Using the repricing file above, Bidders are to provide the network status, contracted allowed amount and type of contract for each service in the file. Bidders are expected to reprice these files to most accurately represent the contractual arrangement in place. The file contains three fields to populate:

- Network Status - Y/N/L
  - Y - Currently under contract
  - L - Letter of intent
  - N - Not under contract or Out-Of-Network provider
- Contract Amount
- Type of Contract - (DRG, APC, F, D, B, O)
  - DRG
  - APC
  - F - Fee schedule
  - D - Discount off submitted charges
  - B - Bundled payment
  - O - Other contract arrangement

Bidders are required to complete and submit the repricing file in the exact formats requested.

## 9.5 CONTRACT IMPROVEMENTS

9.5.1 A worksheet, Attachment C, is available for Bidders to provide any known contract improvements above and beyond those detailed in Section 9.4.

## 9.6 ADMINISTRATIVE FEES

9.6.1 For the current contracts of approximately 96,000 (230,000 total participants), provide the monthly administrative fee per employee per month (PEPM), for all services included in this RFP in Attachment D. Fees will be broken out as Basic Services and Additional Member Services. Additional Member Services include services described in Section 8.12 and may or may not be accepted as a service by PEEHIP. Basic Services include all other administrative services described in this RFP. The totals in both sections should include all costs except actual claim payments to covered participants. Bidders are required to provide an administrative fee for each of the years in the 3-year contract period. Detailed instructions are included in Attachment D.

If there are additional fees to be charged based on per service costs, list them under other costs and provide an explanation. This would include items that are not predictable and may be variable.

The last required component of this attachment includes questions allowing the Bidder to provide provider fee guarantees. This worksheet should be completed and should provide details on recommended levels and amount of fees at risk.

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## 9.7 SELF INSURED PROJECTION

9.7.1 This section allows the Bidder to estimate the expected cost with their proposed provider network. Based on the specific claims experience provided in the repricing file, the Bidders are asked to estimate the expected costs under their medical management and pricing arrangements with providers in Attachment E. This is to be the Bidder's best estimate and should be performed as accurately as possible, in good faith.

The summary projection requires thoughtful inputs at a very high level, recognizing that a detailed projection would be performed differently for each Bidder. There are two main inputs required of the Bidders:

- **Utilization Adjustment:** if the Bidder feels that their medical management will alter the current utilization, an input is allowed to show their expectation. Explanation of anticipated changes are required.
- **Allowed Adjustment:** the submitted charge per service is included in the summary and it is required of the Bidder to provide an adjustment to get to their allowable charge per service. It is understood that this is not based on discounts alone and will represent movement between provider charges. The goal is to get to what the Bidder believes to be their per service cost.

This section provides an opportunity for the Bidder to demonstrate the strengths of their network and services.

It is imperative the Bidders return data in the exact formats prescribed. Failure to do so may cause the bid to be rejected.

Bidders are required to complete and submit the summary results of the repricing file in the exact formats and service categories included in the Self-Insured Projection - Attachment E. The worksheet has been pre-populated with the repricing data provided based on the Service Category Codes contained in the repricing file. Bidders are required to supplement the fields identified.

If Bidders are selected as finalists, a validation process of the submitted summary data will be initiated if necessary. At that time, the Bidder may be required to submit any requested supporting documentation.

## 10 PERFORMANCE GUARANTEES

10.1 The Bidder must agree to operational Performance Guarantees. Bidder's failure to meet the performance guarantee(s) would result in financial penalties. Bidder is expected to place at least 25% of total annual administration fees at risk. Please review and complete Attachment F - Performance Guarantees. Higher assessments than required are encouraged.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

10.2 Confirm your agreement with the proposed service level targets, measurement methodology, and reporting and penalty assessment schedule.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

10.3 Indicate the maximum percentage of administration fees you will place at risk, to guarantee excellent service to PEEHIP.

*Percent.*

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## 11 RESPONSE DOCUMENTS

11.1 Please complete the PEEHIP Network Access File - Attachment A

*Single, Radio group.*

1: Attached,  
2: Not provided

11.2 Please complete the Repricing Layout - Attachment B

*Single, Radio group.*

1: Attached,  
2: Not provided

11.3 Please complete the Contract Improvements file - Attachment C

*Single, Radio group.*

1: Attached,  
2: Not provided

11.4 Please complete the ASO Fees and Discount Guarantees file - Attachment D

*Single, Radio group.*

1: Attached,  
2: Not provided

11.5 Please complete the Self Insured Projection - Attachment E

*Single, Radio group.*

1: Attached,  
2: Not provided

11.6 Please complete the Performance Guarantees file - Attachment F

*Single, Radio group.*

1: Attached,  
2: Not provided

## 12 REFERENCE DOCUMENTS

12.1 The following reference documents will be released with the RFP:

- PEEHIP 834 Reporting Mapping- Appendix A
- PEEHIP Member Handbook - Appendix B
- Benefit Matrix - Appendix C
- Supplemental Plan Matrix - Appendix D
- BCBS PPO Summary of Benefits and Coverage - Appendix E

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## 13 BID EXCEPTIONS AND DEVIATIONS

13.1 If your bid does not fully comply with the specifications in this Request for Proposal (RFP), please complete and upload 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

## 14 REQUIRED DOCUMENTS

14.1 Sample Administrative Services Agreement.

*Single, Radio group.*

1: Attached,

2: Not provided

14.2 Copy of your most recently completed HIPAA Assessment.

*Single, Radio group.*

1: Attached,

2: Not provided

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

*Single, Radio group.*

1: Attached,

2: Not provided

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

*Single, Radio group.*

1: Attached,

2: Not provided

14.5 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 provided

14.6 Operational and System Redundancy Procedures. Note: These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractor's or lines of business.

*Single, Radio group.*

1: Attached,

2: Not provided

14.7 Disaster Recovery Procedures. Note: These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractor's or lines of business.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.8 Account Team Organization Chart.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.9 Account team resumes.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.10 Annual Score Card/Account Management Satisfaction sample.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.11 Flow-chart and timetable for adjudication of in network medical claims.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.12 Flow-chart and timetable for adjudication of out-of- network medical claims.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.13 Monthly subrogation report.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.14 Sample claim forms.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.15 Sample quarterly and year-end financial and clinical management reporting packages (all files must be zipped under one file).

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.16 Sample error reports (related to eligibility files).

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.17 Current maternity care management reports.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.18 Sample monthly invoices.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.19 Implementation Plan and time-table.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

14.20 Sample communications materials

*Single, Radio group.*

- 1: Attached,
- 2: Not provided