

# 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, 2019. If interested and able to meet the requirements described in this RFP, PEEHIP appreciates and welcomes your offer.

Five additional RFPs are being released separately from the Medical ASO RFP. They are:

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

Please note that Alabama PEEHIP has chosen to market the Medical, Prescription Drug, Flex Program, Optional Plans, MA and Wellness/DM/Technology services 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 five additional RFPs, you may do so independently under each distinct RFP. Any information provided by respondents, which pertains to Prescription Drugs, Flex, Optional Plans, MA or Wellness/DM/Technology services (unless explicitly requested within the RFP) will not be considered in evaluation of this RFP. This includes attempts by Bidders to provide Medical ASO fees that are contingent upon the additional award of business in connection with the Prescription Drug, Flex, Optional Plans or MA services. However, understanding the potential for overlap of services between Medical ASO and Wellness/DM/Technology, PEEHIP will allow for separate and distinct Price Proposals to be submitted with this RFP for Bidders bidding on both Medical ASO and a portion of, or all of, the Wellness/DM/Technology services. The Bidder must still submit a Price Proposal for a stand-alone Medical ASO contract, and may additionally submit a Price Proposal(s) for Medical ASO if Bidder is awarded a portion of, or all of, the Wellness/DM/Technology services. Given that the Wellness/DM/Technology RFP provides flexibility for Bidders to bid on one, two or three components, the Bidder must provide pricing taking into account this flexibility on behalf of PEEHIP.

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**

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**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
- 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
- Bidder's ability and willingness to support PEEHIP's population health goals

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

## 2 GENERAL INFORMATION

### 2.1 BACKGROUND

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

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

PEEHIP 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 provided through group #14000 and currently administered by MedImpact Healthcare Systems.
- 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.

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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 UnitedHealthcare.

## 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.

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 \$1,450 for individual or \$2,700 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 \$7,900 for individual and \$15,800 for family coverage for calendar year 2019.
- 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 Population Health

Wellness / Disease Management

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In 2014, PEEHIP employed a wellness / disease management strategy with the goal of educating their participants while encouraging them to take control of their health. **Team Up For Health** is the wellness program whose vision is to create a healthy lifestyle culture among PEEHIP participants and ultimately reduce claims cost. The program promotes health and well-being through customized wellness programs designed to meet the participants' diverse needs. The program is currently administered by ActiveHealth Management (AHM) with PEEHIP's collaboration and the Alabama Department of Public Health.

PEEHIP's wellness-based incentive program offers participants the opportunity to earn a waiver of the \$50 monthly wellness premiums (the incentive can be earned by both the member and the spouse individually) by completing required wellness activities each year by the August 31 deadline. Non-participating eligible members will incur the \$50 monthly wellness premium until they complete their required activities. PEEHIP then grants a prospective waiver of the wellness premium. Some of PEEHIP's additional approaches and programs to wellness and medical management are listed below:

- Health fairs,
- Biometric screenings,
- Annual flu-shots,
- Lifestyle Management Programs (i.e., Metabolic syndrome weight loss programs, pre-diabetes, diabetes, cardiovascular disease, tobacco cessation, etc.),
- App based and on-line portals for patient self-management of diabetes and other self-management wellness programs, and
- Disease management.

More information can be found at: <http://www.rsa-al.gov/index.php/members/peehip/health-wellness/wellness-program>

## 2.4 Enrollment

The following provides the approximate enrollment numbers for the PEEHIP medical plan as of December 30, 2018:

	Active		Retired		Total		Member Contracts	Covered Persons	Lives per Contract
	Single	Family	Single	Family	Single	Family			
<b>Total</b>	<b>32,453</b>	<b>50,010</b>	<b>7,290</b>	<b>6,105</b>	<b>39,743</b>	<b>56,115</b>	<b>95,858</b>	<b>224,281</b>	<b>2.34</b>

## 2.5 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.

PEEHIP recognizes that there are health and wellness challenges in the State of Alabama that must be addressed at the cultural level, particularly around the continuous growth of obesity, prediabetes, and diabetes. PEEHIP is looking to develop new solutions to address the diabetic epidemic. PEEHIP desires to contract with a vendor who is willing to collaboratively develop and implement new approaches and measurable solutions to effectively change how people in the PEEHIP plan make decisions about their health, recognizing that those solutions may need to reach more broadly into the community as a whole in order to achieve maximum effectiveness for the PEEHIP membership.

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 predict

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future plan liability is one of the most critical aspects of competition. Equally important are the Bidder's demonstrated results in implementing measures to control and flatten rising cost trends through program design and member centric services, as well as the ability to negotiate costs with their network providers and facilities. PEEHIP desires a three-year contract, with a gain-sharing arrangement, discount guarantees, and performance standards with fees at risk.

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

- Offer a competitive financial arrangement with fees at risk around guarantees
- 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

## 2.6 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
- Additional member services (including wellness, pre-diabetes and diabetes, member advocacy and closing gaps in care)
- 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
- Behavioral Health Management
- Specialized Program and Network Management (including but not limited to managing prescription drugs covered under the medical benefit, telemedicine, site of care management, maternity management, hemophilia program management, opioid management, ABA management, etc.)
- Supporting A Changing Culture On Pre-diabetes and Diabetes
- Vendor Interfaces
- Data and Reporting
- Effective Implementation and Transition Support

## 2.7 CONTRACT TERM

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The contract term is for a three-year period beginning October 1, 2019 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 eRFP. Proposal Tech will be available to assist you with technical aspects of utilizing the system. Any questions regarding content should be submitted directly to Segal using the "Ask Questions" feature on the main RFP page.

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

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

Final submissions must be posted with Proposal Tech at [www.proposaltech.com](http://www.proposaltech.com) before the due date and time cited. Access to the eRFP will be locked after that time. Carriers will not be able to post or change their responses. Late proposals will not be considered.

### 3.2 QUESTIONNAIRE INSTRUCTIONS

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

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

### 3.3 BIDDER'S CONFERENCE

A Bidders Conference Call will be held for this RFP the week of February 18. The exact date and time of 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. The contact information for the conference call is:

Dial In: (877) 818 7893

Conference Code: 678 306 3120

### 3.4 PROPOSAL DELIVERY

The Bidder must provide copies of its proposal submission as follows:

#### 1. Technical Proposal:

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

#### 2. Price Proposal:

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

### 3. Redacted Copy:

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

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

Ms. Jennifer Slutzky  
Senior Health Consultant  
Segal Consulting  
2727 Paces Ferry Road SE  
Suite 1400  
Atlanta, GA 30339

Complete Proposals should be submitted via the Proposal Tech website by **5:00 p.m. EST on March 13, 2019**. Hard copy proposals should be delivered to the address noted above. **Hard copy proposals will be accepted until 5:00 p.m. EST on March 14, 2019**. Proposals will **not** be accepted after these stated dates and times. PEEHIP reserves the right to reject any and all responses to this RFP.

***Any questions regarding this RFP must be submitted electronically using the "Ask Question" feature via the Proposal Tech website by February 25, 2019 at 5:00 p.m. EST.***

### 3.5 KEY DATES

Event	Due Date
Release of RFP	February 14, 2019
Bidder's Conference Call	Week of February 18, 2019
Notification of Intent to Bid and Receipt of NDA (by 5:00 pm EST)	February 22, 2019
Written Questions from Bidders Due Date (by 5:00 pm EST)	February 25, 2019
Response to Questions from Bidders Released	March 1, 2019
Electronic Bid Due Date (no later than 5:00 p.m. EST)	March 13, 2019
Hard Copy Bid Due Date (no later than 5:00 p.m. EST)	March 14, 2019
Notification of Finalist(s)	Week of March 25, 2019
Finalist(s) Presentation(s) in Montgomery	Week of April 1 2019
Anticipated Contract Award Date	May, 2019
Implementation Begins	May, 2019
Proposed Effective Date	October 1, 2019

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## 3.6 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 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.

## 3.7 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.

## 3.8 NEWS RELEASES

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

## 3.9 ADDENDA TO THE RFP

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

## 3.10 SOLICITATION CONTACT

All questions regarding this RFP should be submitted to the Solicitation Contact, Ms. Jennifer Slutzky, through the Proposal Tech website. Questions regarding technical issues with the website should be directed to Proposal Tech, by calling (877) 211-8316, ext. #4, and asking for support. Any questions that arise concerning this RFP may be directed to Ms. Jennifer Slutzky via the Proposal Tech website, prior to 5:00 p.m. EST on February 25, 2019.

## 3.11 DISCLOSURE OF PROPOSAL CONTENTS

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



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## 4 INTENT TO BID

4.1 If your company intends to submit a proposal for administration of PEEHIP's self-insured medical program in response to this RFP, and wishes to access the Reference Documents (e.g., plan information, demographics, claims, etc.), please complete the Intent to Bid form and Non-Disclosure Agreement (NDA), and email both forms to Ms. Jennifer Slutzky, at (JSlutzky@segalco.com), by February 22, 2019. The Intent to Bid and NDA forms may be downloaded from the Proposal Tech system for completion.

Reference Documents will be provided only to Bidders that have submitted a completed and signed NDA to Ms. Slutzky. **Completed Intent to Bid and NDA forms must be submitted via e-mail --forms posted to Proposal Tech will not be accepted.**

Attached Document(s): [Non-Disclosure Agreement Segal Model Mutual Bid-related Confidentiality Agreement \(Global\).DOC](#)

## 5 INFORMATION REQUIRED FROM BIDDERS

### 5.1 QUALIFICATIONS OF THE FIRM - BUSINESS ORGANIZATION

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

*Unlimited.*

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

*Unlimited.*

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

*Unlimited.*

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

*Unlimited.*

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

*500 words.*

### 5.2 QUALIFICATIONS OF THE FIRM - PRIOR EXPERIENCE

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

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

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- 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).

*Unlimited.*

### 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.

*Unlimited.*

### 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 2020, 2021 and 2022
- PEEHIP desires to enter into a three-year contract for performing the administration services for medical benefits for fiscal plan years 2020 through 2022. Be specific regarding the following:
  - administrative fees (although lowest cost is not necessarily the only decision-making factor)
  - network fees
  - fee basis for medical administration must be on a per-employee-per-month (PEPM) basis
  - three-year fee guarantee is requested
- Note: All "add-on" costs are estimated and 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.

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<b>Technical Proposal Section</b>	<b>Maximum Points</b>
Organizational Stability, Experience and Client References	50
Basic and Additional Member Services	100
Account Management	75
Eligibility, Reporting and Data Interfaces	100
Claims Processing, COB and Audits	50
Network Management and Access	100
Medical Management, Behavioral Health and Specialized Programs and Networks	100
Cultural Change Around Pre-Diabetes and Diabetes	75
Implementation and Communications	50
Performance Guarantees	50
<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

### 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/index.php/members/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 Proposal Tech, must be completed and submitted with your proposal:

1. State of Alabama Disclosure Statement (Required by Article 3B of Title 41, Code of Alabama 1975) – two pages
2. Sample PEEHIP State Contract
3. Business Associate Agreement

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4. Immigration Compliance Certificate (submission must include entire E-Verify Memorandum of Understanding, verified by the U.S. Department of Homeland Security)
5. IRS Form W-9
6. Bidder Verification Adherence to the PEEHIP Statement on HIPAA Compliance Documentation. Please see the Business Associate Data Security Policy as a reference as Exhibit 6A.
7. RSA Third Party Vendor Security Questionnaire
8. Trading Partner Agreement

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

*Single, Radio group.*

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

## 6 GENERAL PROPOSAL CONDITIONS

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

Attached Document(s): [PEEHIP Binding Signature Final.docx](#)

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

## Alabama PEEHIP Medical PPO RFP

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

6.17 Bidder agrees to abide by the following contract language: Contractor acknowledges and agrees that, PEEHIP shall not indemnify or hold harmless Contractor, its affiliates, administrators, officers, employees, or

## Alabama PEEHIP Medical PPO RFP

agents. Contractor further acknowledges and agrees that PEEHIP shall not be liable to Contractor for any late fees, penalties, collection fees, or attorney fees.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

6.22 Bidder agrees to abide by the following contract language: In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involve the payment of money, Contractor's sole remedy is the filing of a

## Alabama PEEHIP Medical PPO RFP

claim with the Board of Adjustment to the State of Alabama. For any and all other disputes arising under the terms of this Agreement which are not resolved by negotiation, the parties agree to utilize appropriate forms of nonbinding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

6.28 Bidders must have all licenses necessary to do business in the State of Alabama and to perform the services required by PEEHIP. If you have an application for license pending please provide a copy of the application. Such license(s) must be in effect before October 1, 2019.

*Single, Radio group.*

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



## Alabama PEEHIP Medical PPO RFP

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

1. Social Security Number

## Alabama PEEHIP Medical PPO RFP

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.

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

## Alabama PEEHIP Medical PPO RFP

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

## Alabama PEEHIP Medical PPO RFP

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

6.56 Bidder must provide a dedicated Implementation Manager whose sole account is PEEHIP and who, in coordination with the dedicated Account Manager and PEEHIP Account Management team, will effectively manage the implementation of this program. The dedicated Implementation Manager must continue to support PEEHIP a minimum of 60 days after the implementation date of October 1, 2019, 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.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

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

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

*Single, Radio group.*

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

6.58 No 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: [ Unlimited ]

6.59 Bidder agrees to be audited by PEEHIP or an entity chosen by PEEHIP. The Bidder will cooperate with any outside audit firm PEEHIP selects to perform the audit. PEEHIP reserves the right to review and audit the operations of the Bidder, including the Bidder's internal control procedures and records, at any point during the life of the contract. Additionally, PEEHIP or its designated agent will be permitted to annually audit Bidder's performance under the contract, at no cost to PEEHIP, including, but not limited to, claims processing and payment, customer service, and banking and billing records to assure that claims subject to each proposed coverage are evaluated in accordance with the plan provision. If an audit identifies performance guarantees are not being met, PEEHIP will expect the Bidder to pay for follow-up audits to confirm resolution of any problem(s) that are uncovered during the initial audit. PEEHIP reserves this right to audit for the duration of the agreement and for a period of three (3) years following expiration or termination thereof.

*Single, Radio group.*

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

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

*Single, Radio group.*

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

## 7 MEDICAL 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.

# Alabama PEEHIP Medical PPO RFP

## *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 ]

7.5 Summary Plan Documents (SPD), Proof of Coverage and benefit booklets must be mailed 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 PEEHIP requires, at a minimum, EOB's to be mailed or emailed to the member upon receipt of each claim, based upon the member's elected EOB format.

## *Single, Radio group.*

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

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

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

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

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

*Single, Radio group.*

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

7.10 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 ]

7.11 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 ]

7.12 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 ]

7.13 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 ]

7.14 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 ]

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

*Single, Radio group.*

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

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

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

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

7.17 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 ]

7.18 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 ]

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

*Single, Radio group.*

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

7.20 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 ]

7.21 All outpatient mental health service (network mental health centers) plan maximums accumulate on a fiscal plan year basis - October 1st - September 30th. Plan maximums for all other services accumulate on a calendar year basis - January 1st - December 31st. Confirm your ability to track separate maximum benefit accumulation periods.

*Single, Radio group.*

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

7.22 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 ]

7.23 Confirm that there will be no minimum participation requirements.

*Single, Radio group.*

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

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



# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

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

7.25 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 ]

7.26 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 ]

7.27 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 ]

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

7.30 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 ]

7.31 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 ]

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

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*Single, Radio group.*

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

7.33 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 ]

7.34 Confirm you will integrate with PEEHIP's Wellness and Disease Management vendors to analyze impacts of wellness programs on members, offer reporting and insight into utilization, and promote PEEHIP wellness programs with providers in a manner agreed upon with PEEHIP.

*Single, Radio group.*

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

7.35 Confirm you agree to work closely with stand-alone wellness, disease management and/or technology services providers to provide holistic care to members, which may include sharing claims data and information?

*Single, Radio group.*

- 1: Yes,
- 2: No

7.36 Confirm you are willing to invest resources state-wide and develop a strategy with PEEHIP to leverage existing health improvement and education programs in the state; as well as advertise health and wellness all for the purpose of creating a healthier culture in PEEHIP and in Alabama.

*Single, Radio group.*

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

7.37 Confirm your understanding that effective February 1, 2019, PEEHIP carved out their hemophilia management program from the pharmacy benefit and move it under their medical benefit.

*Single, Radio group.*

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

7.38 PEEHIP's goal is to obtain the best price while limiting member disruption and out-of-pocket expense. Therefore, if awarded the business, the Bidder will be expected to comply with all additional analyses PEEHIP may request during implementation and on an ongoing basis to determine which is the most cost advantageous and least disruptive method between the two different physician-administered Specialty Drug delivery channels (Medical versus Specialty PBM). Also, depending upon the outcome of the ongoing analyses, Bidder must be willing to implement and fully comply with PEEHIP's delivery decision while continuing to monitor cost and disruption.

*Single, Radio group.*

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

7.39 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

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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 ]

## 8 QUESTIONNAIRE

### 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.

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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.

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 (2018)	500 words.
Percent Lives Covered from Top 10 Clients	500 words.
Total Number of Your Organization’s Employees (2018)	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 between subcontractor and your company. Please use the table provided below.

	Name and Address	Type of Service(s)	Years Utilizing this Contractor	Contractual Relationship
1.	Unlimited. Nothing required	Unlimited. Nothing required	Unlimited. Nothing required	Unlimited. Nothing required

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2.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
3.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
4.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required
5.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required

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	<i>Unlimited.</i>
b. Days cash on hand	<i>Unlimited.</i>
c. Debt to equity ratio	<i>Unlimited.</i>

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.

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500 words.

8.2.10 Describe any parent/subsidiary relationship.

500 words.

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.

*Unlimited.*

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## 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.

	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
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

8.3.2 How many new groups did your organization add effective January 1, 2019?

	2019 New Groups
Actives and Early Retirees	<i>Integer.</i>

8.3.3 What percentage of your 2018 total group membership renewed for the 2019 plan year?

	2018 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

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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

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

*500 words.*

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 2018 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,



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	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, 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.

*1000 words.*

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

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*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 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.*

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

*Unlimited.*

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

*500 words.*

8.4.20 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.)?

*Unlimited.*

8.4.21 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

8.4.22 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

8.4.23 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

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- 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

*Unlimited.*

8.4.24 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

8.4.25 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 ]

8.4.26 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.*

8.4.27 Complete the table below regarding ID Cards:

	Response	Comments
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, 2019.	<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	<i>500 words.</i>

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

8.4.28 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.*

8.4.29 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.*

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

*500 words.*

8.4.31 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.*

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

*500 words.*

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

*500 words.*

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

*Unlimited.*

## 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 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

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

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

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

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 ]

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 ADDITIONAL MEMBER SERVICES

8.6.1 For weight loss management, pre-diabetes, and diabetes, provide a brief description of:

	Response
a. your program(s)	<i>1000 words.</i>
b. specialty networks/centers of excellence	<i>1000 words.</i>
c. services	<i>1000 words.</i>

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d. coverage available throughout the State of Alabama	1000 words.
e. number of providers in Alabama	1000 words.
f. Identification of candidates and/or precertification requirements	1000 words.
g. how members are incentivized and directed	1000 words.
h. how quality and cost efficiency are improved	1000 words.
i. how outcomes were tracked and measured for 2017 and 2018	1000 words.

8.6.2 If you offer weight management, prediabetes, or diabetes programs, how do you define engagement? What strategies and incentives have you used in the past to achieve the most continuous engagement? In what ways have you partnered with other wellness and disease management vendors to deliver a comprehensive health benefit to members?

*1000 words.*

8.6.3 Do you have a network of Registered Dietitians in Alabama? How are Registered Dietitian visits covered (i.e. must be billed as part of physician visit, must have physician referral, etc.)?

*1000 words.*

8.6.4 Describe any other networks of weight loss and/or diabetes-related specialists you use for your weight loss management, pre-diabetes and diabetes programs? Describe how visits to these specialists are covered.

*1000 words.*

8.6.5 What are your organization's categories of gaps in care and how do you quantify them?

*1000 words.*

8.6.6 Describe how your organization identifies and monitors patient gaps in care.

*1000 words.*

8.6.7 Describe how you outreach to the identified member to close these gaps.

*1000 words.*

8.6.8 Describe how you outreach to the identified member's physician to close the gaps in care.

*1000 words.*

8.6.9 What is your organization's process to close the identified gaps in care and how do you track the closings?

*1000 words.*

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

1000 words.

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

500 words.

8.6.12 How do these additional services improve the member experience?

1000 words.

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

1000 words.

8.6.14 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.

8.6.15 Confirm you are able to “turn off” the wellness component of your medical program for the subscriber and covered spouse if PEEHIP were to elect a stand-alone wellness provider. Describe your strategy to integrate and partner with a stand-alone wellness provider to achieve lower utilization and better member population health.

*Single, Radio group.*

1: Confirm, explain: [ 500 words ] ,

2: Not confirm

8.6.16 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

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

*Single, Radio group.*

1: Yes,

2: No

8.6.18 Provide utilization statistics for 2017 and 2018 for your 24-Hour Nurse Line.

	2017	2018
Total number of member calls to the 24-Hour nurse line	<i>Integer.</i>	<i>Integer.</i>
Total number of unique member calls to the 24-hour nurse line as a percent of total covered membership	<i>Integer.</i>	<i>Integer.</i>

## 8.7 ACCOUNT MANAGEMENT/ CLIENT SERVICES

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



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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.

8.7.2 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.

8.7.3 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

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

	Name	Location	Years of Industry Experience	Years with Your Firm	Years in Current Position	Number of Accounts Currently Assigned	Brief Description of Staff Member's Job Functions
Account Executive	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.
Account Manager	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.

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Onsite Service Representative	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.
Member Service Manager	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.
Implementation Coordinator	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.
Claims Manager	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.
Designated Clinical Representative	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.
IT Coordinator	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.
Other	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.

8.7.5 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 ]

8.7.6 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.

*Unlimited.*

8.7.7 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.

*Single, Radio group.*

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

8.7.8 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 ]

8.7.9 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

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

*Single, Pull-down list.*

- 1: Yes,
- 2: No

8.7.11 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.

*Unlimited.*

8.7.12 Confirm that you will provide an annual 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

8.7.13 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

8.7.14 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-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 ] .

8.7.15 Confirm the Account Manager will lead 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

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

*Single, Radio group.*

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

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## 8.8 ELIGIBILITY

8.8.1 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

8.8.2 Confirm that you can process eligibility electronically.

*Single, Pull-down list.*

- 1: Yes,
- 2: No

8.8.3 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 ]

8.8.4 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.

8.8.5 Confirm files will to 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.

*Single, Radio group.*

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

8.8.6 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.

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

*Single, Radio group.*

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

8.8.8 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.

*1000 words.*

8.8.9 Provide sample error reports.

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*Single, Pull-down list.*

- 1: Provided,
- 2: Not provided.

8.8.10 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 ]

8.8.11 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 ]

8.8.12 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.*

8.8.13 Can PEEHIP staff make eligibility changes online?

*Single, Radio group.*

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

## 8.9 CLAIMS PROCESSING

8.9.1 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	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Percent.</i>	<i>Percent.</i>
Claims Supervisors	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Percent.</i>	<i>Percent.</i>
Claims Managers	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Percent.</i>	<i>Percent.</i>
Auditors	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Percent.</i>	<i>Percent.</i>

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Quality Control Managers	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Percent.</i>	<i>Percent.</i>
Clinical Review Staff	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Percent.</i>	<i>Percent.</i>

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

*200 words.*

8.9.3 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

8.9.4 Confirm your system has the flexibility to administer PEEHIP's plan provisions without manual interventions. If not, describe which provisions require manual intervention.

*Single, Radio group.*

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

8.9.5 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 ]

8.9.6 How is medically-necessary defined? What tools are provided to the claims examiners to assist in their determination of medical necessity?

*1000 words.*

8.9.7 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

*Unlimited.*

8.9.8 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

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

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*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 ]

8.9.10 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

8.9.11 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.

*Single, Radio group.*

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

8.9.12 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.*

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

*Percent.*

8.9.14 What percentage of total claims are auto-adjudicated for your State of Alabama Book of Business?

*Percent.*

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

*500 words.*

8.9.16 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

8.9.17 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

8.9.18 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.)?

*500 words.*

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8.9.19 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 ]

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

*Percent.*

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

*500 words.*

8.9.22 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.

*Unlimited.*

8.9.23 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

8.9.24 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

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

	Target	Actual 2018 year end results
Total annual claim volume per year (in total number of claims)	500 words.	500 words.
Average claims processed per processor per day	500 words.	500 words.
Claims turnaround time (percent of clean claim transactions processed within 14 calendar days following receipt of claim)	500 words.	500 words.



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Average number of business days to process a clean claim from date received to date check/EOB issued	<i>Decimal.</i>	<i>Decimal.</i>
Financial accuracy (percentage of claim dollars paid without error, relative to total claim dollars paid)	<i>500 words.</i>	<i>500 words.</i>
Processing accuracy (percentage of claims processed without error, relative to the total number of claims processed)	<i>500 words.</i>	<i>500 words.</i>
What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 10 business days?	<i>Percent.</i>	<i>Percent.</i>
What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 30 business days?	<i>Percent.</i>	<i>Percent.</i>

8.9.26 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.*

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

*500 words.*

8.9.28 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.)?

*Unlimited.*

8.9.29 Are your eligibility and claim systems compliant with current HIPAA regulations?

*Single, Pull-down list.*

- 1: Yes,
- 2: No

8.9.30 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.*

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

*Single, Pull-down list.*

- 1: Yes,
- 2: No

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## 8.10 COORDINATION OF BENEFITS (COB)

8.10.1 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.*

8.10.2 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 ]

8.10.3 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

8.10.4 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 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

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

*1000 words.*

8.10.6 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

8.10.7 What are your average subrogation rates of return for 2017 and 2018?

*500 words.*

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

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

## 8.11 NETWORK MANAGEMENT

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

*Percent.*

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

*500 words.*

8.11.3 Please provide your network provider turnover rate.

	Current Year	Prior Year
Provider Turnover Rate	<i>500 words.</i>	<i>500 words.</i>

8.11.4 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

8.11.5 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.*

8.11.6 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 ]

8.11.7 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

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

*500 words.*

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8.11.9 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.

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

1000 words.

8.11.11 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

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

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

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

500 words.

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

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*Single, Radio group.*

- 1: Wholly own,
- 2: Partially own,
- 3: Lease,
- 4: Other, please specify: [ 500 words ]

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

*500 words.*

8.11.16 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.*

8.11.17 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.*

8.11.18 Explain how PEEHIP will be informed of major contract disputes or potential network disruption to its members.

*1000 words.*

8.11.19 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 non-network claim.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

8.11.20 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

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

*Unlimited.*

8.11.22 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

8.11.23 PEEHIP expects that network physicians 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.

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*Single, Radio group.*

- 1: Yes,
- 2: No

8.11.24 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>
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>

8.11.25 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>

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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>

8.11.26 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

8.11.27 How do you engage network physicians to work toward improved wellness in patients for each of the following:

	Response
Pre-diabetes	<i>1000 words.</i>
Diabetes	<i>1000 words.</i>
Weight Management	<i>1000 words.</i>
For other conditions	<i>1000 words.</i>
For HEDIS requirements. Please also describe which HEDIS requirements are addressed.	<i>1000 words.</i>

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

*500 words.*

8.11.29 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.

*Unlimited.*

8.11.30 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

*Unlimited.*

8.11.31 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.

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1000 words.

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

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

Unlimited.

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

1000 words.

8.11.34 Describe your Transplant network.

Unlimited.

8.11.35 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>
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>

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



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*Single, Radio group.*

1: Physician Referral,

2: UR/Med.Mgmt Referral,

3: Direct Access,

4: Other, please specify: [ 500 words ]

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

*1000 words.*

8.11.38 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?

*Unlimited.*

8.11.39 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?

*1000 words.*

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

*1000 words.*

8.11.41 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.*

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

*1000 words.*

8.11.43 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.?

*1000 words.*

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

*1000 words.*

8.11.45 Describe any other value-based contracting practices you have in place both nationally and in Alabama.

*1000 words.*

8.11.46 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.*

8.11.47 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.*

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8.11.48 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>

8.11.49 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>
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>

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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>

8.11.50 Please fill in the average provider discounts off eligible charges and the corresponding % of Medicare reimbursements with contracts as of February 1, 2019 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>

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

*Unlimited.*

8.11.52 Describe your reimbursement policy for non-network claims.

*1000 words.*

8.11.53 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.*

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

*Single, Radio group.*

1: Confirmed,

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

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

*1000 words.*

## Alabama PEEHIP Medical PPO RFP

8.11.56 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 ]

### 8.12 MEDICAL MANAGEMENT

8.12.1 Describe your Utilization Management programs including your pre-service review process (i.e., precertification, prior authorization).

*1000 words.*

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

*1000 words.*

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

*1000 words.*

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

*1000 words.*

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

*1000 words.*

8.12.6 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.*

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

*Single, Radio group.*

1: Yes, explain: [ 500 words ],

2: No

8.12.8 Describe your approach to large case management and complex care.

*1000 words.*

8.12.9 Describe identification and selection criteria for individual case management.

*Unlimited.*

## Alabama PEEHIP Medical PPO RFP

8.12.10 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.*

8.12.11 Who prepares and who authorizes the case management treatment plan? What follow-up procedures are there for case management?

*1000 words.*

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

*1000 words.*

8.12.13 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.*

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

- 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
- 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.*

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

*1000 words.*

8.12.16 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>

8.12.17 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.

# Alabama PEEHIP Medical PPO RFP

*Unlimited.*

8.12.18 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.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

8.12.19 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 ]

## **8.13 BEHAVIORAL HEALTH**

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

*1000 words.*

8.13.2 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

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

*1000 words.*

8.13.4 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.

*Unlimited.*

8.13.5 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

8.13.6 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

8.13.7 How long is a patient monitored after discharge?

*1000 words.*

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

*1000 words.*

8.13.9 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

8.13.10 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

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

*Single, Pull-down list.*

1: Confirmed, please explain:,

2: Not confirmed, please explain:

8.13.12 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.*

8.13.13 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.*

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

*Unlimited.*

8.13.15 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).

*Unlimited.*

# Alabama PEEHIP Medical PPO RFP

## 8.14 SPECIALIZED PROGRAMS AND NETWORKS

8.14.1 Do you currently work with clients to create clinical and utilization management programs for prescription drugs covered through the medical benefit? If yes, describe your programs.

*1000 words.*

8.14.2 Describe how you monitor the accuracy of the administration of these drugs (i.e. how do you ensure the authorized drug and dosage mirrors the actual administration of the drug and dosage?).

*1000 words.*

8.14.3 Confirm your organization will work with PEEHIP and its third party consultants to create custom clinical and utilization management programs for prescription drugs covered through the medical benefit that are clinically and financially sound, acknowledging that the program criteria PEEHIP is requesting is likely to be more robust and stringent than the standard program you normally implement.

*1000 words.*

8.14.4 Confirm your Account Team will include a dedicated clinical resource to work with PEEHIP management to better manage their prescription drugs covered through the medical benefit.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed, please explain

8.14.5 Confirm you will lead bi-weekly calls to review all new drugs to market, high dollar calls, identifying high,-cost low-value outliers for exclusion, identifying the lowest cost site of care, etc.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed, please explain

8.14.6 Describe how you manage and/or influence utilization of the most appropriate and cost-efficient site of care for administration of prescription drugs administered through the medical benefit.

*1000 words.*

8.14.7 Do you currently have contracted rates with network providers for drugs administered through the medical benefit? Do they include rebates?

*1000 words.*

8.14.8 Describe any programs or processes currently in place or being developed to contract with network providers for pricing on these drugs.

*1000 words.*

8.14.9 Are you able to work with the PBM to secure aggressive rebates on claims processed under the medical benefit? If so, please explain your process.

*1000 words.*

8.14.10 If receiving rebates, how does your organization track and report them?

*1000 words.*

8.14.11 How do you pass along 100% of these rebates and with what frequency?



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1000 words.

8.14.12 Confirm your willingness to guarantee that your organization will pass along 100% of rebates on drugs covered under the medical plan.

*Single, Radio group.*

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

8.14.13 Describe your reporting and monitoring of prescription drugs administered through the medical benefit. What information is tracked? What patterns and trends do you monitor?

1000 words.

8.14.14 Confirm you will provide all NDC level and/or 14-character GPI codes associated with such medical claims in the claims file.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed, please explain

8.14.15 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.

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

1000 words.

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

1000 words.

8.14.18 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.

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

1000 words.

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

1000 words.

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

<b>Provider Type</b>	<b>Average Length of Employment</b>	<b>Number of Fulltime Employees</b>	<b>Number of Part-time Employees</b>	<b>Number of Contract Workers</b>	<b>Total Consults provided in 2018</b>	<b>Total Consults provided in 2017</b>

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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>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

8.14.22 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: [ Unlimited ] ,

2: Not confirmed

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

*1000 words.*

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

*1000 words.*

8.14.25 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.*

8.14.26 Describe how you track program outcomes and measure success for maternity management. Please share your program's outcomes for 2018 and 2017, respectively.

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1000 words.

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

1000 words.

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

*Single, Pull-down list.*

1: Confirmed, please explain;

2: Not confirmed

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

1000 words.

8.14.30 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.

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

1000 words.

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

1000 words.

8.14.33 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.

8.14.34 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 2017 and 2018

	Response
a. Hemophilia Management	1000 words.
b. Opioid Management	1000 words.
c. Dialysis Management and Clinic Support	1000 words.

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

8.14.35 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.*

8.14.36 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?

*Unlimited.*

### **8.15 ATTACKING THE DIABETIC EPIDEMIC**

8.15.1 Describe how you will support and partner with PEEHIP in changing the culture around pre-diabetes and diabetes in the PEEHIP plan. Include specific actions you can take in Alabama.

*1000 words.*

8.15.2 What are the greatest areas of opportunity to impact member health with respect to obesity, pre-diabetes and diabetes?

*1000 words.*

8.15.3 How will your organization incorporate community resources to support cultural change?

*1000 words.*

8.15.4 Describe your member and population management strategies to reduce the prevalence of prediabetes and diabetes in the state of Alabama. How do any of these strategies integrate with case management?

*Unlimited.*

8.15.5 How will your organization encourage members to become more motivated and engaged in their personal health and well-being through continuous activity and learning? How can you get members to 'buy in'?

*1000 words.*

8.15.6 How will your organization encourage providers to promote lifestyle change (i.e., through value-based contracting, other initiatives, etc.)?

*1000 words.*

8.15.7 What might an advertising and marketing campaign look like to 'get the word out' and influence a healthier culture? How could you leverage community and state leaders/influencers?

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*1000 words.*

8.15.8 What financial and non-financial resources are you willing to commit to this initiative?

*1000 words.*

8.15.9 What dollar amount are you willing to commit for a marketing campaign?

*1000 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.

**Wellness/Disease Management/Technology Services Vendor(s)**– Bidder will provide weekly medical claims data to these Vendor(s).

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, wellness program vendors, and others.

*1000 words.*

8.16.2 Confirm that you will work with PEEHIP's PBM vendor to download Rx 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 Confirm you will share data and information with stand-alone wellness, disease management, technology services and/or any other PEEHIP third party vendor on a weekly basis at no additional charge.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

8.16.4 Confirm you will engage and exchange patient information with the Wellness and Disease Management vendor's clinical staffs to enhance/improve holistic care of the patient. Describe your process of engaging and working with the Wellness and Disease Management clinical staffs.

*1000 words.*

8.16.5 How would your reports capture data gleaned through integration with the Wellness and Disease Management vendor, and patient outcomes achieved? Please describe the data captured.

*1000 words.*

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

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Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.16.7 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
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

8.16.8 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?

# Alabama PEEHIP Medical PPO RFP

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.)?

*Unlimited.*

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: Hemophilia Management Program,

11: Other Programs

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.*

# Alabama PEEHIP Medical PPO RFP

8.17.8 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 ]

8.17.9 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 ]

8.17.10 How many reports or hours are included for ad hoc or customized reports at no additional charge?

*500 words.*

8.17.11 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 ]

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

*500 words.*

8.17.13 Reports must be stratified by Plan, if applicable, and sub-stratified by: Actives, Retirees <65, and Dependent <65. 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
If problems are discovered, the cost of follow-up audits will be paid by your organization.	<i>Single, Radio group.</i>



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	1: Agree, 2: Disagree
Bidder agrees to fund up to \$35,000 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 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 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 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 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 Consultants, 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 wire transfer.

*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 May 7, 2019 for an October 1, 2019 “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 14, 2019. 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 ]

## Alabama PEEHIP Medical PPO RFP

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 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

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

*Unlimited.*

8.20.7 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.

*Unlimited.*

8.20.8 Does your Implementation Team conduct pre-implementation and post-implementation testing?

*Single, Radio group.*

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

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

*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 ]

## Alabama PEEHIP Medical PPO RFP

8.20.10 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.*

8.20.11 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

8.20.12 During the 3rd calendar quarter of 2019, 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 its 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.

*Unlimited.*

8.20.13 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.

*Unlimited.*

## 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 December 2018
2. PEEHIP's medical data at the claims line detail with layout and control totals. This will be data incurred 10/1/2017 – 9/30/2018 and paid through 12/31/2018.
3. PEEHIP's enrollment file, 10/1/2017 – 9/30/2018 – **Bidder will be able to link the enrollment file to the medical data file.**

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Once the letter of intent and Non-Disclosure Agreement are received, Segal will release the data to the Bidder along with Network Access and Price Proposal response document worksheets. The process will be initiated through Segal’s Secure File Transfer system. The Segal contact is:

Jennifer Slutzky

[JSlutzky@segalco.com](mailto:JSlutzky@segalco.com)

## 9.2 NETWORK ACCESS

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

## Alabama PEEHIP Medical PPO RFP

<i>Chiropractor</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
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The definition of whether a county is urban or non-urban is included in 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:

- Bidder must utilize Optum TM, GeoAccess<sup>®</sup>, 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 code.
- The access reports should include providers under contract as of February 1, 2019, and may also include providers that have entered a legally binding letter of intent or letter of agreement with the Bidder.

9.2.2 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, number of Providers by county, and a Provider Listing. Data should include providers under contract as of February 1, 2019, 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 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.

If Bidder is also submitting a proposal for components of the Wellness/DM/Technology proposal and would like to provide separate pricing for combined award of Medical Administration and Wellness/DM/Technology components, Bidder may submit separate Price Proposals, one for Medical Administration only and additional ones for Medical Administration pricing if combined with Wellness/DM/Technology services (labeled accordingly). Note that the enhanced pricing should only reflect the services included in this RFP. Given that the Wellness/DM/Technology RFP provides flexibility for Bidders to bid on one, two or three components, the Bidder must provide pricing taking into account this flexibility on behalf of PEEHIP.

Price Proposal documents have been included with this RFP as Attachments B-F.

## 9.4 REPRICING FILE

9.4.1 Once the Bidder's letter of intent and Non-Disclosure Agreement forms are signed and submitted by the Bidder, a repricing file containing participant claims experience for the most recent 12-month period 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.

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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 97,000 (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 8.6 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.

## 9.8 GAIN SHARING MODEL

9.8.1 PEEHIP is seeking a partner to provide Medical Administration services as a viable long-term solution for their Active and non-Medicare Retiree population. Therefore, PEEHIP is including a gain-sharing on target pricing, throughout the contract term, that recognizes the need for reasonable year over year increases in PMPM costs. While we recognize certain provisions of the pricing are dependent on vendor partners, we also believe organizations should be able to collaborate and work toward the same PEEHIP goals as described in this RFP. Therefore, we are requiring Bidders to participate in a gain-sharing arrangement with 10% of administrative fees withheld and the ability to share up to 20% of savings based on annual total PMPM targets for each year under the contract. The Gain Sharing model being proposed is included as Attachment F with descriptions and calculations shown.

Annual total PMPM targets will be based on claims experience of those enrolled in the plan, verified demographics, other documented actuarial factors, and projected health care cost trends. Subsequent annual total PMPM targets will be developed annually and reflected in a written amendment to the Contract executed by both parties.

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## 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 G - 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.*

## 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 Gain Sharing Model file - Attachment F

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*Single, Radio group.*

1: Attached,  
2: Not provided

11.7 Please complete the Performance Guarantees file - Attachment G

*Single, Radio group.*

1: Attached,  
2: Not provided

## 12 REFERENCE DOCUMENTS

12.1 Note: The Reference documents will only be provided to Bidders that have submitted a completed and signed Non-Disclosure Agreement (NDA) to the solicitation contact. NDAs will be provided on the Proposal Tech system for completion. Completed and signed NDA's should be emailed to Jennifer Slutzky at [JSlutzky@segalco.com](mailto:JSlutzky@segalco.com) and NOT posted to the Proposal Tech site.

- PEEHIP 834 Reporting Mapping– Appendix A
- PEEHIP Member Handbook 2018-19 – Appendix B
- Benefit Matrix – Appendix C
- Supplemental Plan Matrix – Appendix D
- BCBS PPO Summary of Benefits and Coverage – Appendix E

## 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

Attached Document(s): [Bid Exceptions & Deviations Doc.doc](#)

## 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

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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.

*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

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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.

*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