

# Alabama PEEHIP Medical PPO RFP

In order to participate in this procurement, follow the process below:

*Go to <http://www.proposaltech.com/home/app.php/register>. Enter your email address into the field provided. No registration code is necessary. Click "Begin Registration." If you already have an account with Proposal Tech it will be listed on the registration page, if you do not, you will be asked to provide company information. Once your account has been confirmed, check the appropriate box for the RFP you're registering for and click the "Register" button. An invitation will be mailed to you within fifteen minutes. If you have any questions regarding the registration process, contact Proposal Tech Support at 877-211-8316 x84.*

## 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 Offerors that can provide administration services only (ASO) for PEEHIP's self-insured Medical PPO Plan and Supplemental Medical Plan services to its active members, non-Medicare eligible retirees, and their dependents. If interested and able to meet the requirements described in this RFP, PEEHIP appreciates and welcomes your offer.

The contract term is for a three-year period, beginning October 1, 2025, with Implementation to begin at contract award. There will not be a contract extension.

PEEHIP expects all Offerors to be familiar with, and all proposals to comply with, the Additional Terms and Conditions for Retirement Systems of Alabama RFPs, which are located at:

- [https://www.rsa-al.gov/uploads/files/RSA\\_Reservation\\_of\\_Rights\\_and\\_Requirements\\_for\\_ITBs\\_and\\_RFPs\\_REV\\_6\\_30\\_2023.pdf](https://www.rsa-al.gov/uploads/files/RSA_Reservation_of_Rights_and_Requirements_for_ITBs_and_RFPs_REV_6_30_2023.pdf)
- [https://www.rsa-al.gov/uploads/files/RSA\\_Standard\\_Terms\\_and\\_Conditions\\_for\\_Solicitations\\_and\\_Contracts\\_Rev\\_10\\_30\\_2024.pdf](https://www.rsa-al.gov/uploads/files/RSA_Standard_Terms_and_Conditions_for_Solicitations_and_Contracts_Rev_10_30_2024.pdf)
- [https://www.rsa-al.gov/uploads/files/RSA\\_Procedures\\_for\\_Resolution\\_of\\_Controversies.pdf](https://www.rsa-al.gov/uploads/files/RSA_Procedures_for_Resolution_of_Controversies.pdf)

Please note that PEEHIP receives 100% of the drug rebates generated by the medical-pharmacy administered by its medical TPA. The medical-pharmacy component is not intended to be a revenue source for the medical TPA. Please see sections 2.5, 6 and 7.15 of this RFP for additional medical-pharmacy information and PEEHIP expectations.

PEEHIP reserves the right to award any service in whole or in part, to one or more Offerors, if submitted 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 or alter any procurement dates or deadlines, if deemed to be in PEEHIP's best interest. Proposals containing the lowest cost will not necessarily be awarded as PEEHIP recognizes that factors other than costs are important to the ultimate selection of the provider or providers of their benefit plan. Proposals provided in response to this RFP must comply with the submittal requirements set forth in later sections, including all forms and certifications, and will be evaluated in accordance with the criteria and procedures described herein. Based on the results of the evaluation, PEEHIP will award the contract(s) to the most advantageous Offeror(s), based on cost and the technical evaluation factors set forth in the RFP. Any contract awarded hereunder shall be subject to the approval of the PEEHIP Board of Control and all appropriate PEEHIP and governmental officials in accordance with applicable state laws and regulations.

Please read the entire solicitation package and submit an offer in accordance with the instructions. All forms contained in the solicitation package must be completed in full and submitted along with the Technical

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Response and Price Proposal, which combined, will constitute the offer. **This RFP and your response, including all subsequent documents provided during this RFP process will become part of the contract terms and policy between the parties.**

PEEHIP has retained Segal Consulting (Segal) to assist in the evaluation of the proposals for completeness and responsiveness to the RFP and to review such proposals with them. Each proposal shall be evaluated in accordance with the PEEHIP'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
- Offeror's experience with the appropriate plans; commitment to such plans; experience offering such plans to public sector employers
- Offeror's ability to educate and communicate with program participants
- Offeror's ability to minimize enrollee disruption

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

## 2 GENERAL INFORMATION

### 2.1 BACKGROUND

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

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

PEEHIP active employees and non-Medicare eligible retirees can choose from two medical plans, an additional Supplemental Medical Plan, and four optional coverage plans. Active employees can also choose from two Flexible Spending Accounts.

- Hospital Medical Plan currently administered by Blue Cross and Blue Shield of Alabama (BCBSAL) (group #14000).
- Prescription Drug coverage is currently administered by Express Scripts.
- Health Maintenance Organization is currently administered by Viva Health Network.
- Supplemental Medical Plan currently administered by BCBSAL (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 and this coverage is not part of this RFP.

## 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 such as precertification requirements, visit maximums, procedure limitations, age limits, etc., will apply in addition to the exclusions and limitations of the primary insurance coverage.
- 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 qualified High Deductible Health Plans (HDHP) 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.
- The annual maximum out-of-pocket amount paid from the PEEHIP Supplemental Medical Plan will be limited to the individual and family coverage amounts of the PEEHIP Hospital Medical Plan. \$9,200 for individual and \$18,400 for family coverage for calendar year 2025.
- Only active employees and non-Medicare-eligible retirees and dependent(s) are eligible to enroll in this plan.
- Members can enroll at any time during the year, prospectively.
- **The PEEHIP Supplemental Medical Plan cannot be used as a supplement to the PEEHIP Hospital Medical Plan, VIVA Health Plan (offered through PEEHIP), Marketplace (Exchange) Plans, State Employees Insurance Board (SEIB), and Local Government Board (LGB). In addition, active members who have Tricare or Champus as their primary coverage cannot enroll in the PEEHIP Supplemental Medical Plan.**
- The PEEHIP Supplemental Medical Plan cannot be used as a supplement to Medicare (i.e. active members cannot be enrolled in Medicare only).

## 2.3 Enrollment

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The following provides the approximate enrollment numbers for the PEEHIP medical plan as of January 31, 2025:

	Active		Retired		Total		Member Contracts	Covered Persons	Lives per Contract
	Single	Family	Single	Family	Single	Family			
Total	34,624	52,025	3,753	5,284	38,377	57,309	95,686	228,489	2.39

## 2.4 OBJECTIVES

PEEHIP seeks to provide high quality, cost-effective benefits to its active and early retiree members and their dependents. PEEHIP is soliciting offers for the administration of a self-insured medical plan and a supplemental medical plan. The proposed plans should mirror the current benefits design. The current benefits can be found at: <https://www.rsa-al.gov/peehip/publications/>

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

A key issue for PEEHIP is the ability to control and accurately predict program costs. With a self-insured program, PEEHIP's health benefit cost is a substantial percent of total annual costs. The Offeror's ability to reduce future plan liability and negotiate costs with network providers and facilities are some of the most critical aspects of competition.

PEEHIP desires a three-year contract, with discount guarantees and performance guarantees with fees at risk.

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

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

## 2.5 SCOPE OF WORK

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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 Offeror(s):

- Basic Member Services
- Effective Member Communications and Open Enrollment support
- Account Management
- Member Enrollment and Eligibility Maintenance (Note: PEEHIP handles enrollment and eligibility in-house. Offerors are required to use PEEHIP's 834 files for adding or terminating coverage).
- Claims Processing and Coordination of Benefits Management
- Network Management
- Medical Case Management and Disease Management
- Additional Member Services
- Behavioral Health Management
- Specialized Program and Network Management (including but not limited to telemedicine, maternity management, opioid management, ABA management, etc.)
- Vendor Interfaces
- Data and Reporting
- Auditing Rights
- Effective Implementation and Transition Support
- Medical-pharmacy administration with 100% pass through rebates and timely reporting transparency

## 2.6 CONTRACT TERM

The contract term is for a three-year period beginning October 1, 2025 with Implementation to begin at contract award. There will not be an extension of the contract period.

## 3 RESPONSE INSTRUCTIONS

### 3.1 INSTRUCTIONS FOR SUBMITTING OFFERS

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

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

Final submissions must be posted with ProposalTech at [www.proposaltech.com](http://www.proposaltech.com) no later than the due date and time cited. Access to the eRFP will be locked after that time. Offerors will not be able to post or change their responses. Late proposals will not be considered. PEEHIP reserves the right to ask Offerors follow-up questions through ProposalTech as may be necessary to fully evaluate offeror capabilities.

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

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

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1. Provide answers to all questions in your submission.
2. Provide an answer to each question even if the answer is "not applicable" or "unknown."
3. Answer the question as directly as possible.
  - If the question asks, "How many...", provide a number.
  - If the question asks, "Do you...", indicate Yes or No followed by any additional narrative explanation.
4. If you desire to provide additional information to assist the reader in more fully understanding a response, you can do so by referring the reader to your appendix/attachments. However, you must first provide direct responses to all of the RFP questions if you want your RFP response to be looked upon favorably.
5. Offeror will be held accountable for accuracy/validity of all answers.

If your RFP response is different in any way (whether more or less favorable) from what is requested in this RFP, clearly indicate and explain the difference in the response to that particular question and the Proposal Exceptions & Deviations Form - Attachment 1. If you do not, the submission of your proposal will be deemed a certification that you will comply in every respect (including, but not limited to, services provided, funding method requested, all costs for printed materials and mailing, benefit exclusions and limitations, underwriting provisions, etc.) with the requirements set forth in this RFP.

If you are unable to perform any required service, indicate clearly: a) what you are currently unable to do, and, b) what steps will be taken (if any) to meet the requirement, the timetable for that process and who will be responsible for the implementation, along with that person's qualifications. All products should be priced individually. If pricing terms are provided contingent upon combining some services within this RFP, show the pricing terms as a separate line item.

**Intent to Propose Form and Non-Disclosure Agreement (NDA):** If your company intends to submit a proposal for this procurement, and wishes to access the secure data (e.g., claims, demographics, etc.), please complete the *Intent to Propose Form* posted to ProposalTech.

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

*Single, Radio group.*

1: Completed and sent via the instructions above,

2: Not provided

Attached Document(s): [Intent to Propose Form.docx](#)

3.2 It is the Offeror's sole responsibility to assure delivery by the designated deadline. The Intent to Propose Form should indicate your organization's primary contact, direct telephone number, and e-mail address. The form should also indicate the name and email address of the primary data contact.

Upon receipt of the Intent to Propose Form and confirmation that each Minimum Requirement will be met, Segal will review its files for a current Global or Bid-Related NDA/Confidentiality Agreement. If there is a NDA/Confidentiality Agreement on file with Segal, Segal will send the data securely to the interested Offeror, as appropriate.

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If there is no NDA/Confidentiality Agreement on file with Segal, an NDA document will be issued to the interested Offeror for signature. **Verbiage is non-negotiable.** Upon receipt of the newly signed NDA, or confirmation of an existing NDA on file, the data will be securely released to the Offeror via Segal's Secure File Transfer (SFT) system.

**Secure data will not be released until Offeror's Intent to Propose form is submitted and a signed NDA between the Offeror and Segal is in place.**

**Offeror questions:** Any questions regarding this RFP should be submitted directly via ProposalTech using the "Ask Questions" feature to Jennifer Slutzky. Please submit your RFP related questions via ProposalTech to Segal no later than the date and time as specified in this RFP. Questions from any potential Offeror that is considering a response to this RFP will be answered. Questions sent via email or telephone will not be accepted. PEEHIP reserves the right to provide a combined answer to similar questions. Any and all questions and answers to this RFP will be posted on ProposalTech.

**Submission of proposals:** Proposals are to be submitted electronically via the ProposalTech system by the specific due date and time. Proposals posted later than the time and date specified in this RFP will not be considered. If you choose not to offer a proposal, please confirm this in writing with the specific reason(s) for your declination.

All decisions and evaluations will be determined from the proposals submitted electronically via ProposalTech. Your completed proposal should be submitted in the following format:

- Cover Letter
- Completed Section 4: Information Required From Offerors
- Completed Section 5: General Proposal Conditions
- Completed Section 6: Medical PPO Plan Confirmations
- Signature Ready Contract that includes the sample contract in Exhibit 2 of Section 4.8 and addresses all the items in Sections 5 and 6
- Completed Section 7: Questionnaire
- Completed Section 8: Network Access, Price Proposal and Data Submission Requirements
- Completed Section 9: Performance Guarantees

In addition to the items outlined above, Offerors shall also provide a complete, electronic, redacted copy of your proposal with your submission.

**Proprietary Items Exempt from Disclosure:** Offerors must follow the ProposalTech system when responding to the RFP. If any items of this proposal are considered proprietary or confidential, Offerors must check the box corresponding to that question's answer indicating it is exempt from disclosure. See Section 3.10 for additional details. Failure to follow these directions may result in your responses being released as part of any open records request made in compliance with Alabama state law.

**Instructions for downloading a redacted proposal:** Click on the **Standard** selection under the **Reports / Print** heading in the left-hand side menu. On the following screen check the box for an **External Report**. Under the filtered report options select **Flagged** and check the box under the **Exclude Marked** column for **Confidential**. Once those selections have been made click **Generate Report** and attach the redacted proposal here. Confirm you have attached a copy of your redacted proposal submission.

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*Single, Pull-down list.*

1: Confirmed and attached,

2: Not confirmed

## 3.3 QUESTIONNAIRE INSTRUCTIONS

PEEHIP and Segal will review and evaluate each proposal carefully. Many questions within the RFP system do not require lengthy responses. 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.

## 3.4 OFFERORS CONFERENCE

An Offerors Conference Call will not be held in connection with the RFP. Offerors should submit questions via ProposalTech as outlined in this RFP.

## 3.5 KEY DATES

Event	2025 Due Dates
Release of RFP	April 4
Notification of Intent to Propose (by 5:00 pm EST)	April 10
Written Questions from Offerors Due Date (by 5:00 pm EST)	April 10
Proposals Due (no later than 5:00 p.m. EST)	April 30
Finalist Interviews	Week of May 12
Anticipated Contract Award Date	June 3
Implementation Begins	Upon receipt of Contract Award
Open Enrollment Period Support	June - September 30
Proposed Effective Date	October 1

To avoid elimination from the RFP process, all proposals must be returned in the format and by the dates outlined in this RFP.

PEEHIP reserves the right, at any time, to alter any deadlines or revise any part of the Key Dates table above by notifying all Offerors through the ProposalTech system.

## 3.6 SELECTION OF PARTNER(S)

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

## 3.7 ECONOMY OF PREPARATION

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



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## 3.8 NEWS RELEASES

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

## 3.9 ADDENDA TO THE RFP

Any modifications made to this RFP prior to the proposal due date will be provided to all Offerors via the ProposalTech 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 ProposalTech. Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support.

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

## 3.11 DISCLOSURE OF PROPOSAL CONTENTS

Proposals and supporting documents are kept confidential until the evaluation process is complete, and a contract has been awarded. Offerors 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; however, commercial or financial information obtained in response to a solicitation that is not designated privileged or confidential in a proposal may be considered a public record. Offerors should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "confidential." Offerors shall redact this information in a redacted copy provided to PEEHIP pursuant to Section 3.1 INSTRUCTIONS FOR SUBMITTING OFFERS. Offerors 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 price proposal may not be marked confidential. It is the sole responsibility of the Offeror to indicate information that is to remain confidential. If the Offeror identifies its entire proposal as confidential, PEEHIP may deem the proposal non-responsive and may reject it.

Offeror agrees to intervene in and defend any lawsuit brought against PEEHIP for its refusal to provide Offeror's alleged confidential and/or proprietary information to a requesting party. PEEHIP shall use best efforts to provide Offeror written notice of any such lawsuit within ten (10) days of receipt of service by PEEHIP. Offeror 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 Offeror's alleged confidential and/or proprietary information.

***\*The identification of confidential responses has been turned on for this RFP. If you feel that a response to a question contains proprietary/confidential information, click the "Disclosure" tab located underneath the question and check the box for "Exemption from Disclosure." Provide a reason for the exemption in the text field provided. If you do not provide a reason for exemption, the question will not be considered answered. If you have any questions regarding this process, please contact ProposalTech Support at 877-211-8316 x84.***

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## 4 INFORMATION REQUIRED FROM OFFERORS

### 4.1 QUALIFICATIONS OF THE FIRM - BUSINESS ORGANIZATION

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

*500 words.*

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

*500 words.*

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

*500 words.*

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

*500 words.*

### 4.2 QUALIFICATIONS OF THE FIRM - MINIMUM REQUIREMENTS

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

4.2.1 Offeror must be currently providing self-funded Medical PPO services to at least one group health plan with a minimum of 100,000 lives.

Confirm you meet this requirement.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

4.2.2 Offeror must have a minimum of five (5) years of self-funded Medical PPO group experience.

Confirm you meet this requirement.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

4.2.3 Offeror must be licensed to offer employer-sponsored, network-based self-funded Medical PPO solutions in all 50 states and U.S. territories where PEEHIP members currently reside.

Confirm you meet this requirement.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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4.2.4 Offeror must not have any bankruptcy filings within the last 5 years; and Offeror's senior officers, board members, or directors must not have any felony convictions.

Confirm you meet this requirement.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

### 4.3 QUALIFICATIONS OF THE FIRM - MANPOWER

4.3.1 Provide a brief description of your organization's background and history. Include the length of time in business and the length of time administering programs and services requested in this RFP. Identify key strengths or competitive advantage that differentiate your company from your competitors. Describe how your overall staff including and specifically your leadership team are qualified and equipped to manage PEEHIP account if awarded the contract.

*500 words.*

### 4.4 QUALIFICATIONS OF THE FIRM - AUTHORIZED OFFICIALS

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

*500 words.*

### 4.5 COST AND PRICE ANALYSIS

4.5.1 The information requested in this section and the RFP questionnaire is required to support the reasonableness of your proposal price. PEEHIP desires to enter a three-year contract for performing the Medical PPO administration services. Offeror shall submit a completed Price Proposal in its native format. Failure to submit pricing as shown in the Price Proposal may render Offeror's entire Offer non-responsive and ineligible for award.

- Note: All “add-on” costs must be estimated and documented in the Price Proposal - Attachment 2.
- Be specific regarding the following:
  - administrative fees (although lowest cost is not necessarily the only decision-making factor)
  - network fees
  - fee basis for Medical PPO administration must be on a per-employee-per-month (PEPM) basis
  - three-year fee guarantee is requested

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 500 words ]

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## 4.6 SCORING CRITERIA

4.6.1 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. PEEHIP reserves the right for site visits and to incorporate their results into the scoring evaluation if deemed appropriate.

Technical Proposal Section	Maximum Points
Organizational Stability, Experience and Client References	50
Basic and Additional Member Services	50
Account Management/Client Services	75
Eligibility, Reporting and Data Interfaces	75
Claims Processing, COB and Audits	50
Network Access and Network Management	75
Medical Case Management and, Disease Management, Behavioral Health and Specialized Programs and Networks	125
Open Enrollment, Implementation and Communications	50
HIPAA/Cybersecurity; MHPAEA Transparency and No Surprises Act	50
Medical-Pharmacy	75
Performance Guarantees	75
<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>
<b>Finalist Interviews/Site Visits (optional)</b>	<b>100 points</b>

## 4.7 OTHER INFORMATION

4.7.1 Other documents and information that may be helpful in preparing your proposal may be accessed via the Internet as follows:

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

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

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

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

<https://alison.legislature.state.al.us/code-of-alabama> - Statutes establishing and governing PEEHIP - See Title 16, Chapter 25A

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## 4.8 ADDITIONAL PROCUREMENT DOCUMENTS

4.8.1 The following documents, labeled Exhibits 1-8 in ProposalTech, must be completed and submitted with your proposal:

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

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

Attached Document(s): [Exhibit 1 State of Alabama Disclosure Statement.pdf](#), [Exhibit 2 Sample PEEHIP State Contract.docx](#), [Exhibit 3 Business Associate Agreement.pdf](#), [Exhibit 4 Immigration Compliance Certificate.pdf](#), [Exhibit 5 IRS Form W-9.pdf](#), [Exhibit 6A - Verification Adherence to BA Policy.docx](#), [Exhibit 6 Verification of Adherence to the PEEHIP Statement on HIPAA Compliance Documentation.pdf](#), [Exhibit 7 RSA Third Party Vendor Security Questionnaire FINAL.xlsx](#), [Exhibit 8 Trading Partner Agreement 2025.docx](#)

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

## 5 PROPOSAL CONDITIONS

### 5.1 GENERAL PROPOSAL CONDITIONS

Below are the general conditions for submitting a proposal. By checking “Agree”, Offeror 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 an Offeror takes exception to any of these conditions, it must be so noted in the Proposal Exceptions and Deviations Document of their proposal response. These requirements will also explicitly apply to any subcontractors used by the Offeror to deliver services to PEEHIP.

5.1.1 Any award will be made to the Offeror(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: [ 500 words ]

# Alabama PEEHIP Medical PPO RFP

5.1.2 Offeror agrees to respond to this RFP in full, including all requirements.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.3 Any cost incurred by Offeror in preparing or submitting proposals or attending Interviews & Final Strategy Evaluations is Offeror's sole responsibility. Proposals will not be returned.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.4 Everything provided to PEEHIP in writing by an offeror is binding upon the offeror. PEEHIP expects that all oral explanations or instructions will be made in good faith, and PEEHIP reserves the right to request that any oral explanations and commitments be provided in writing.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.5 Offeror agrees to be bound by its proposal for a period of at least 180 days, during which time PEEHIP and/or Segal may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall not affect the remainder of the proposal, but only the portion as amended or clarified. An offeror awarded a contract pursuant to this RFP further agrees to be bound by its proposal, best and final offer, and other written clarifications and confirmations (except as otherwise agreed by the parties) as though the same is a signed contract until such time as the parties execute a contract. Further, once a contract is executed, only negotiated terms in the agreement may take precedence over your proposal and you will be expected to perform all commitments made in your proposal for the duration of the contract term.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.7 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.docx](#)

*Single, Radio group.*

1: Agree and attached document,

2: Disagree, explain: [ 500 words ]

5.1.8 All Offeror services must adhere to relevant federal and state laws and regulations.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.9 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 270 days' notice to PEEHIP.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.11 Offeror agrees that the MOU for e-Verify will match the EIN on the Exhibit 5 - IRS Form W-9 or offer an explanation on company letterhead of why the numbers are different.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.13 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 Offeror for fees not disclosed in Offeror's written proposal.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.15 PEEHIP's sample contract contains restrictions on the use and/or development of Artificial Intelligence (AI). Confirm your agreement with such restrictions. Please disclose as part of your proposal all uses and/or development of AI with regard to the provision of services for PEEHIP. Also disclose all potential uses of PEEHIP

## Alabama PEEHIP Medical PPO RFP

data, deidentified or otherwise, to create or populate AI applications or programs for your firm or any of your affiliates, associates, partners, or subcontractors.

*Single, Radio group.*

1: Agree, explain: [ 500 words ] ,

2: Disagree, explain: [ 500 words ]

5.1.16 Offeror 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, including to an affiliate or to entities controlling, controlled by or under common control with Contractor, without the expressed written consent of PEEHIP.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.17 Offeror 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, penalties and expenses, including, but not limited to, attorney's fees, arising out of or resulting from the performance of services by Contractor, its employee(s), agent(s), affiliate(s), subsidiary(ies), partner(ship)s, related entity(ies), and/or subcontractor(s), under this Agreement and/or any other acts and/or omissions of Contractor, its employee(s), agent(s), affiliate(s), subsidiary(ies), partner(s), related entity(ies), and/or subcontractor(s) 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 (and/or any of its employees', agents', affiliates', subsidiaries', partners', related entities', and/or subcontractors') 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 or the negligent or willful misconduct of any its employees, agents, affiliates, subsidiaries, partners, related entities, and/or subcontractors.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.19 Offeror 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



## Alabama PEEHIP Medical PPO RFP

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.20 Offeror 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: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.22 Offeror 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. In compliance with Ala. Code 41-16-161, Contractor hereby certifies that Contractor, without violating controlling law or regulation does not and will not, during the term of this Agreement, engage in economic boycotts.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.23 In compliance with Ala. Code §41-16-161, Contractor hereby certifies that Contractor, without violating controlling law or regulation does not and will not, during the term of this Agreement, engage in economic boycotts.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

## Alabama PEEHIP Medical PPO RFP

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree, please specify coverage amounts,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.29 Offeror will accept liability for any mistakes, errors, or omissions it makes in providing services to PEEHIP and its members. Offeror agrees to promptly notify PEEHIP upon the discovery of any mistakes, errors, or omissions made by it or any of its affiliates, subcontractors, or agents in the provision of services to PEEHIP or its members.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.30 Offerors 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, 2025.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.31 Offeror agrees to provide a sample Services Agreement that includes provisions for all agreed-upon proposal conditions. Offeror shall upload the sample agreement with their proposal submission. By accepting Offeror's proposal, PEEHIP is not agreeing to nor accepting the terms of Offeror's sample agreement. PEEHIP reserves the right to negotiate or reject all terms of Offeror's sample agreement.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.32 PEEHIP expects the contract to be signed, at least 30-days prior to go-live. Confirm you agree to meet this deadline. Confirm that you also agree to respond to all PEEHIP contract drafts with a written responsive draft within 15 business days from receipt of the PEEHIP draft. Confirm that you agree to pay to PEEHIP a daily penalty in the amount of \$500 per day for every calendar day past 15 business days that you fail to respond to PEEHIP's draft.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.33 Offeror agrees to negotiate any resulting contract in good faith and further agrees that it will not refuse a request for contract edit based solely upon Offeror maintaining standard language in all agreements. Offeror agrees that any edit in rejection of PEEHIP language will be accompanied by a thorough and transparent explanation for the rejection. Offeror also agrees that the sample contract provided by Offeror is expected to align with custom PEEHIP criteria agreed upon in RFP response.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.34 Offeror will execute (without modification) and remain in full compliance with the attached Exhibit 3 - Business Associate Agreement (BAA) with PEEHIP.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.35 Offeror must notify PEEHIP at least 60 days prior to the effective date of any purchase, acquisition and any other change in its ownership or partners or control, whether directly or indirectly, affecting 10% or greater interest, any acquisition by it or its parent company (or ultimate parent company) of 10% or greater interest in any subsidiary, and any new agreement with, by or between any affiliates that is relevant to the

## Alabama PEEHIP Medical PPO RFP

contract that may affect the services or prices, or that may affect Offeror's transparency to PEEHIP. Offeror agrees to negotiate in good faith a decrease in rates owed by PEEHIP if PEEHIP is adversely affected by the purchase, acquisition, partnership, sale, or agreement.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.36 Offeror will not render or conduct its administrative services off-shore, and all of Offeror's services (including, without limitation, call centers and billing operations) shall be performed in the contiguous United States.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.37 Offeror 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 21 report.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.38 Offeror acknowledges and agrees that Offeror has a continuing obligation to disclose any change of circumstances that will affect its qualifications as an Offeror. Furthermore, the Offeror awarded a contract has a continuing obligation to immediately disclose to PEEHIP any change of circumstances, law, etc., that will affect its ability to provide the services at the agreed upon rates.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

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

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

Contract Participants	Individual SSN	PEEHIP-assigned Individual PID	PEEHIP-assigned Subscriber PID

## Alabama PEEHIP Medical PPO RFP

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 ]

5.1.40 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: [ 500 words ]

5.1.41 Offeror must have the capability to process daily transmittal of eligibility files, and maintain eligibility files, on a daily basis, and transmit and receive a reconciliation file to/from PEEHIP electronically, on a weekly and monthly basis. All files must be accepted in PEEHIP's prescribed format, and any contract with PEEHIP that results from this RFP will not allow Offeror to change this format for any reason during the term of the Agreement.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.43 Offeror agrees to execute and utilize PEEHIP's Trading Partner Agreement related to the 834 file format to update the eligibility records on a daily basis if awarded a contract under this RFP. PEEHIP will provide the Trading Partner Agreement to the Offeror. Please review the PEEHIP 834 Reporting Mapping. Confirm that you will commit to this file format for the duration of the Agreement without reservation of right to modification.

Attached Document(s): [5010 834 mapping\\_2025.xlsx](#)

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

## Alabama PEEHIP Medical PPO RFP

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.46 Offeror agrees that all reporting submitted by Offeror must be reconciled to the billing.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.47 Confirm that you will agree to the following language in a contract with PEEHIP without modification or limiting condition: "Upon termination of the contract, Offeror must provide historical data to succeeding vendor or PEEHIP, as directed, at no additional charge. Offeror 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 vendor 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, offeror must provide files as of the notification date. Offeror 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 offeror or to PEEHIP as directed."

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.48 Offeror agrees that PEEHIP owns its data (its financial and operational data, and its member data) and that such data will be considered proprietary and will not be shared or utilized by Offeror for any purpose other than the provision of services under the agreement, except at PEEHIP's request or approval, with full knowledge and express written consent.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.49 Upon termination of the contract, whether by notice prior to the end of the term or as the end of the contract term nears, Offeror must continue to perform all services up until, at least, the termination date in exactly the same manner as if termination date were not to occur regardless of whether Offeror is awarded a subsequent contract with PEEHIP for the services.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.50 Offeror must notify PEEHIP, in writing, immediately upon identification of system-related problems, programming problems or data transfer problems. Offeror must make every effort necessary to correct such problems within 48 hours regardless of the time or date to minimize any disruption to members. Examples of problems requiring immediate notice to PEEHIP include, without limitation, system maintenance or upgrade problems, cyber-attacks, or force majeure events.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

## Alabama PEEHIP Medical PPO RFP

5.1.51 With its proposal submission, Offeror must provide operational and system redundancy and disaster recovery procedures to ensure disruption-free service.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.52 Offeror 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, 2025, should PEEHIP desire. Such support includes, but is not limited to, weekly calls with PEEHIP and the designated Account Management team, maintenance of issue-tracking logs, and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.53 Offeror must have the ability to continuously accept “warm transfers” during business hours from PEEHIP to Offeror's call center(s) at no additional cost to PEEHIP.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

5.1.55 Offeror agrees to be audited by PEEHIP or an entity chosen by PEEHIP and will not restrict the number or timing of the audits to fewer than once per year, beginning in year one. The Offeror 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 Offeror, including the Offeror'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 Offeror'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 Offeror 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: [ 500 words ]

## Alabama PEEHIP Medical PPO RFP

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

## 6 MEDICAL PPO PLAN CONFIRMATIONS

Below are the specific confirmations for submitting a Medical PPO proposal. By checking “Confirmed”, Offeror 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 an Offeror takes exception to any of these confirmations, it must be so noted in the Proposal Exceptions and Deviations Document of their proposal response. These confirmations will also explicitly apply to any subcontractors used by the Offeror to deliver services to PEEHIP.

6.1 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 Proposal Exceptions and Deviations Document. Completion in whole or in part will also act as confirmation of the accuracy of the data provided in your proposal.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.2 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 ]

6.3 Confirm your agreement to administer the medical-pharmacy benefit and to pass-through 100% of drug rebates to PEEHIP. Being a pass-through arrangement, confirm your administration of PEEHIP's medical-pharmacy benefit will not generate any retained revenue for your organization from your PBM partner, pharmaceutical manufacturers, pharmacies, healthcare providers, or any other third party.

*Single, Radio group.*

1: Confirmed, [ 500 words ] ,

2: Not confirmed: [ 500 words ]

6.4 Confirm your acceptance of the following definition of “Rebates” - Compensation or remuneration of any kind received or recovered from a pharmaceutical manufacturer attributable to the purchase or utilization of covered drugs by eligible persons, including, but not limited to, incentive rebates categorized as purchase discounts; credits; rebates, regardless of how categorized; market share incentives; promotional allowances; commissions; educational grants; market share of utilization; drug pull-through programs; implementation allowances; clinical detailing; rebate submission fees; and administrative or management fees. Rebates also include any fees that PBM receives from a pharmaceutical manufacturer for administrative costs, formulary placement, and/or access.



# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

1: Confirmed, [ 500 words ] ,

2: Not confirmed: [ 500 words ]

6.5 Confirm your agreement to provide medical-pharmacy data and information, as requested by PEEHIP and on a timely basis, to ensure medical-pharmacy administration is consistent with the contract terms.

*Single, Radio group.*

1: Confirmed, [ 500 words ] ,

2: Not confirmed: [ 500 words ]

6.6 PEEHIP is seeking a collaborative partnership with your trade relations team to help discover new successful strategies. Confirm PEEHIP will have direct access to your medical-pharmacy rebate team and that the rebate team is willing to meet with PEEHIP, as requested by PEEHIP. If you partner with a PBM for medical pharmacy, the appropriate individuals relevant to these meetings would include the senior trade relations team for that PBM.

*Single, Radio group.*

1: Confirmed, [ 500 words ] ,

2: Not confirmed: [ 500 words ]

6.7 Confirm your agreement to provide timely medical-pharmacy rebate reporting at the NDC-level including rebates invoiced and received, as requested by PEEHIP, no less frequently than quarterly and by the end of the subsequent quarter. PEEHIP expects quarterly reporting on invoiced rebates.

*Single, Radio group.*

1: Confirmed, [ 500 words ] ,

2: Not confirmed: [ 500 words ]

6.8 In the event PEEHIP decides to carve out medical-pharmacy benefits, confirm your agreement to work with the selected medical-pharmacy administrator.

*Single, Radio group.*

1: Confirmed, [ 500 words ] ,

2: Not confirmed: [ 500 words ]

6.9 Confirm the medical-pharmacy administration will not be a revenue source for your organization. As such, TPA fees will not change if any or all of the medical-pharmacy administration is carved out to another vendor.

*Single, Radio group.*

1: Confirmed, [ 500 words ] ,

2: Not confirmed: [ 500 words ]

6.10 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 ]

6.11 Confirm you will send out a Proof of Coverage document on every member and dependent whose coverage is cancelled from the hospital medical or supplemental 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.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.13 Confirm that SPDs, SBCs, 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 Offeror 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 ]

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.16 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 ]

6.17 Confirm you will comply with PEEHIP's required policy that claims are handled on a PAY AND PURSUE basis.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

## Alabama PEEHIP Medical PPO RFP

6.18 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 ]

6.19 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 ]

6.20 Confirm Offeror 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 ]

6.21 Confirm that your organization does not and will not engage in cross plan offsetting for any claims-related financial transactions, including but not limited to PEEHIP claims, other plan claims, provider reimbursements, or any other plan-related financial adjustments, unless required by law or expressly approved in writing by the plan sponsor.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.22 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 ]

6.23 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 ]

6.24 Confirm your ability to track two separate maximum benefit accumulation periods, if requested. For example, the possibility of outpatient mental health service plan maximums accumulating on a fiscal year basis (October-September), while all other medical service plan maximums accumulate on a calendar year basis (January-December).

## Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.25 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 ]

6.26 Confirm that proposed fees include payment of "run out" claims for 12 months 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 ]

6.27 Confirm that there will be no minimum participation requirements.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.29 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 ]

6.30 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 ]

6.31 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 ]

## Alabama PEEHIP Medical PPO RFP

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.33 Successful Offeror 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 ]

6.34 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 ]

6.35 Offeror 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 ]

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.37 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 ]

6.38 Confirm no component or detail of your offer whether technical or financial is contingent upon retaining medical drugs under the medical benefit.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.39 Confirm you will possess and maintain all licenses, certifications, or registrations required by State and federal laws, rules, and regulations for the services to be provided under any resulting contract. Attach proof of appropriate licensure and authorization.

# Alabama PEEHIP Medical PPO RFP

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.40 Confirm that you agree to provide detailed claims data as described in this RFP.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.41 Confirm you will notify PEEHIP when you first identify significant issues that cause member disruption.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.42 Confirm you will notify PEEHIP when you first identify significant issues that cause provider disruption.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.43 Confirm that general communications regarding claims processing instructions, all-provider notifications, Prior Authorization (PA) changes, and similar matters will be sent to all in-network providers plus all current providers of members plus all providers in the State of Alabama.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.44 Confirm you will provide a PEEHIP-specific web site for members so that members can access plan specific information. The web site shall include provider and pharmacy directories (or look-up functions), as well as plan documents sent to all members.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.45 Confirm you will have a program in place to prevent and detect internal and external fraud and fraudulent practices. The program must have the ability to screen for potential fraud and systematically review provider claims. The Offeror will promptly report its fraud findings to the PEEHIP and any corrective measures, where necessary.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.46 Confirm you will work and share data, as necessary, with PEEHIP's PBM, as necessary.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

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6.47 Confirm and describe your capabilities and willingness to direct site of care for elective joint procedures, by major joint group.

*Single, Radio group.*

1: Confirmed: [ 500 words ] ,

2: Not confirmed: [ 500 words ]

## 7 QUESTIONNAIRE

### 7.1 REFERENCES

7.1.1 Provide three (3) current customer group health plan references. For at least one (1) of these references, Offeror should provide a reference for their largest (based on total group membership) Public Sector group health plan client. This reference should cover at least 100,000 Public Sector group health plan members. For at least one (1) reference, Offeror should provide a reference for their longest standing Public Sector group health plan client, based on continuous years of service. The reference for largest client and longest standing client may be the same reference. PEEHIP is interested in working with carriers that have experience with and a history of providing benefits services to public sector plans of similar size. Provide the following for each reference:

	Reference 1	Reference 2	Reference 3
a. Customer name	50 words.	50 words.	50 words.
b. Length of time serviced	50 words.	50 words.	50 words.
c. Number of covered members	Integer.	Integer.	Integer.
d. Description of services	500 words.	500 words.	500 words.
e. Name of contact	50 words.	50 words.	50 words.
f. Contact title	50 words.	50 words.	50 words.
g. Contact phone number	50 words.	50 words.	50 words.
h. Contact email	50 words.	50 words.	50 words.
i. Contact address	50 words.	50 words.	50 words.

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

	Reference 1	Reference 2

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a. Customer name	50 words.	50 words.
b. Length of time serviced	50 words.	50 words.
c. Number of covered members	Integer.	Integer.
d. Description of services	500 words.	500 words.
e. Name of contact	50 words.	50 words.
f. Contact title	50 words.	50 words.
g. Contact phone number	50 words.	50 words.
h. Contact email	50 words.	50 words.
i. Contact address	50 words.	50 words.
j. Reason for termination	50 words.	50 words.

## 7.2 COMPANY OVERVIEW

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

7.2.2 Please complete the following table:

	Response
Year Organization Established	500 words.
Total Lives Covered (2024)	500 words.
List your organization's ten (10) largest client groups and size in the Alabama metropolitan areas and sort by group size.	500 words.
Total Number of Your Organization's Employees (2024)	500 words.

7.2.3 Provide the names of all subcontractors along with the type of services they will provide, the number of years your firm has utilized the subcontractor, the contractual relationship between subcontractor and your company, and indication of general financial model such as shared savings, PMPM, fee for service, etc. Please use the table provided below. Confirm that, if awarded a contract with PEEHIP, you will agree in the contract



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to notify PEEHIP of changes to this subcontractor list throughout the term of any awarded contract and that PEEHIP will have the ability to pre-approve any subcontractor that provides services directly to PEEHIP or its members.

	Name and Address	Type of Service(s)	Years Utilizing this Contractor	Contractual Relationship	General financial Model
1.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required
2.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required
3.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required
4.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required
5.	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required	500 words. Nothing required

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

*Unlimited.*

7.2.5 What are the most recent ratings for your company by the following? If your rating has changed within the past 12 months for any of the rating agencies, please explain.

	Rating	Date of Rating	Explain if rating changed in past 12 months
Standard & Poor's	10 words.	10 words.	500 words.
Fitch	10 words.	10 words.	500 words.
A.M. Best	10 words.	10 words.	500 words.
Moody's	10 words.	10 words.	500 words.

7.2.6 Provide the following financial information:

	Response
a. Current ratio	5 words.

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

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

*Single, Radio group.*

1: Yes, explain: [ 1000 words ] ,

2: No

7.2.8 Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-36 months?

*500 words.*

7.2.9 Describe any parent/subsidiary relationship.

*500 words.*

7.2.10 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

7.2.11 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

7.2.12 Is your organization:

*Single, Radio group.*

1: Privately held,

2: Publicly traded,

3: A Mutual Holding Company,

4: Other. Please describe: [ 500 words ]

7.2.13 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.*

## 7.3 EXPERIENCE

7.3.1 Provide statistics regarding membership that receives medical administration services for your entire book of business. Provide statistics further split as requested in the grid, below.

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	Total Group Covered Lives	Group Covered Lives in Alabama	Total Number of Employer Groups	Public Sector Covered Lives	Number of Public Sector Groups	Number of Clients with 150,000+ Covered Lives
2024	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2023	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

7.3.2 How many new groups did your organization add effective January 1, 2024 and January 1, 2025?

	2024 New Groups	2025 New Groups
Actives and Early Retirees	<i>Integer.</i>	<i>Integer.</i>

7.3.3 What percentage of your 2024 total group membership renewed for the 2025 plan year?

	2024 Total Group Member Percentage Renewed
Actives and Early Retirees	<i>Percent.</i>

## 7.4 BASIC MEMBER SERVICES

7.4.1 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 ]

7.4.2 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 ]

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

*Single, Pull-down list.*

1: Yes,

2: No

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

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*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

7.4.5 Do members reach a live representative or an interactive voice response unit when calling Member Services?

*Single, Radio group.*

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

7.4.6 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

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

*Single, Pull-down list.*

- 1: Yes,
- 2: No

7.4.8 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.*

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

	Target	Actual 2024 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.

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

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

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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)

7.4.11 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 ]

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

*Single, Radio group.*

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

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

*Decimal.*

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

*500 words.*

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

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*Single, Pull-down list.*

1: Yes,

2: No

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

*Single, Pull-down list.*

1: Yes,

2: No

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

*500 words.*

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

*500 words.*

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

*500 words.*

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

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

7.4.21 Briefly describe your member website (or secure portal) and member smartphone app (if applicable) capabilities including whether your member website (or secure portal) and smartphone app include the following:

	Response
a. Accurate provider directory and provider search (physician, hospital, pharmacy, and ancillary providers)	<i>500 words.</i>
b. Directions to provider's office provided by mapping/gps applications	<i>500 words.</i>
c. Physicians accepting new patients	<i>500 words.</i>
d. Physician and hospital quality and outcomes data	<i>500 words.</i>
e. Physician and hospital pricing data by procedure by provider	<i>500 words.</i>
f. Physician and hospital reviews from other members	<i>500 words.</i>

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g. Health providers who offer culturally responsive approaches to care	500 words.
h. Treatment cost estimator	500 words.
i. Information about diseases and conditions	500 words.
j. Ability to see a summary of PEEHIP's plan design and review PEEHIP's Evidence of Coverage (EOC)	500 words.
k. Ability to review PEEHIP's appeals process and file an appeal online	500 words.
l. Ability to review the waste, fraud and abuse notification process	500 words.
m. Contact information for PEEHIP, its other vendors, and links to their websites	500 words.
n. On-line access to forms	500 words.
o. Ability to review claims payment status online	500 words.
p. Ability to review a history of claims payments (medical and pharmacy), including deductible status, out-of-pocket maximum status	500 words.
q. Ability to review or print out a Health Statement with a history of claims payments	500 words.
r. Ability to print ID cards and request replacement cards	500 words.
s. Dependent information	500 words.
t. Ability to contact member services online	500 words.
u. Other	500 words.

7.4.22 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

7.4.23 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 ]

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7.4.24 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.

7.4.25 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	500 words.
b. Confirm that all PEEHIP covered members will have a valid ID card in hand prior to October 1, 2025.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	500 words.
c. Confirm that you will re-issue the member ID card within five (5) business days of notification that a member has lost a card, or for any reason that results in a change to the information disclosed on the member ID card.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	500 words.
d. Confirm extra ID cards will be available for a dependent child away from home attending school, qualified medical child support order, or residing out of area.	<i>Single, Pull-down list.</i> 1: Confirmed, explain in comments, 2: Not confirmed, explain in comments	500 words.
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	500 words.
f. How soon after eligibility data is successfully loaded will a member be able to print a temporary ID card from your web portal?	500 words.	
g. Indicate how many ID cards you will mail to subscribers who have family coverage, at no additional charge.	500 words.	

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



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500 words.

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

500 words.

7.4.28 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.

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

500 words.

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

500 words.

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

500 words.

7.5 OPEN ENROLLMENT AND MEMBER COMMUNICATION

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

Single, Radio group.

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

7.5.2 Confirm your understanding and agreement that ALL on-site staff will be subject to a background check as well as Retirement Systems of Alabama (RSA) onboarding.

Single, Radio group.

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

7.5.3 Please provide the following information:

	Response
A statement of whether the Offeror or any of the Offeror’s affiliates, subsidiaries, 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.	500 words.

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A statement of whether there is any concluded or pending litigation against the Offeror or Offeror's affiliates, subsidiaries, 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.	500 words.
A statement of whether the Offeror or any of the Offeror's business associates have reported a HIPAA breach involving 500 or more individuals in a given state or jurisdiction.	500 words.
A statement of whether the Offeror or any of the Offeror's affiliates, subcontractors and/or business associates have been investigated by the Office of Civil Rights for a HIPAA incident in the last five (5) years.	500 words.
A statement on how Offeror vets employees and/or contract personnel to ensure workforce clearance procedures are followed under HIPAA.	500 words.
A statement as to whether, in the last ten years, Offeror or any of its affiliates or 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.	500 words.

7.5.4 Confirm you will provide an opportunity to review and approve all communication materials (including letters, brochures, electronic, website, etc.) prior to being sent to members and/or to providers. Confirm that you will agree to reasonably requested edits from PEEHIP. Confirm that you agree that this provision will be included in the contract without limitation or edit.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

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

*Single, Radio group.*

1: Agree,

2: Disagree

7.5.6 Identify which communication materials can be customized at no additional charge those that require an additional charge. Indicate fee if there is an additional charge.

	Response	Amount of Fee
Member ID Cards	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Claim Forms	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.
Summary Plan Description	<i>Single, Radio group.</i> 1: No Fee, 2: Additional Fee	500 words.

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Summary of Benefits and Coverage (SBC)	<i>Single, Radio group.</i> 500 words. 1: No Fee, 2: Additional Fee	
Summary of Material Modifications	<i>Single, Radio group.</i> 500 words. 1: No Fee, 2: Additional Fee	
Toll-Free Telephone Access	<i>Single, Radio group.</i> 500 words. 1: No Fee, 2: Additional Fee	
Internet Access	<i>Single, Radio group.</i> 500 words. 1: No Fee, 2: Additional Fee	
General Letters and Correspondence sent to Participants	<i>Single, Radio group.</i> 500 words. 1: No Fee, 2: Additional Fee	
Explanation of Benefits (EOB)	<i>Single, Radio group.</i> 500 words. 1: No Fee, 2: Additional Fee	
Annual Benefit Statements	<i>Single, Radio group.</i> 500 words. 1: No Fee, 2: Additional Fee	
HIPAA Privacy Notices	<i>Single, Radio group.</i> 500 words. 1: No Fee, 2: Additional Fee	
HIPAA Proof of Coverage document	<i>Single, Radio group.</i> 500 words. 1: No Fee, 2: Additional Fee	

7.5.7 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 ]

7.5.8 Confirm that your organization will conduct on-site, statewide 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 ]

## 7.6 ACCOUNT MANAGEMENT/ CLIENT SERVICES

7.6.1 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.

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

	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	Percentage of time staff member will designate to PEEHIP
Account Executive	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Account Manager	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Onsite Service Representative	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Member Service Manager	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Implementation Coordinator	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.

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Claims Manager	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Designated Clinical Representative	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
IT Coordinator	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.
Other	50 words.	50 words.	Integer.	Integer.	Integer.	Integer.	500 words.	Percent.

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

*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided

7.6.4 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 ]

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

*Single, Radio group.*

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

7.6.6 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 ]

7.6.7 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 ]

7.6.8 Do your services include legislative updates to plan sponsors?

*Single, Pull-down list.*

- 1: Yes - included in Standard Fees,

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2: Yes - for Additional Charge,

3: No

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

*Single, Pull-down list.*

1: Yes,

2: No

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

*500 words.*

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

*500 words.*

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

*Single, Pull-down list.*

1: Confirmed, score card attached,

2: Not confirmed

7.6.13 Confirm your team will attend onsite Quarterly meetings with PEEHIP to present current plan and service performance, address any recent issues/challenges encountered, and discuss other pertinent topics to be identified prior to each meeting. Confirm that you will deliver requested quarterly reporting at that time for discussion, even if in preliminary format. 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.

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed

7.6.14 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 ] .

7.6.15 Confirm the Account Manager will lead at minimum and at PEEHIP's request bi-weekly meetings with PEEHIP and maintain an accurate, up to date task log of current issues and discussion items. The Account

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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

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

*Single, Radio group.*

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

## 7.7 ELIGIBILITY

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

*Single, Pull-down list.*

- 1: Yes,
- 2: No

7.7.2 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 ]

7.7.3 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.

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

*Single, Radio group.*

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

7.7.5 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. Include process to identify errors through error reporting and how the IT/data resources will work the errors and communicate them to the PEEHIP team.

*Single, Radio group.*

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

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

*Single, Radio group.*

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

7.7.7 Provide sample error reports.

*Single, Pull-down list.*

- 1: Provided,
- 2: Not provided.

7.7.8 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 ]

7.7.9 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 ]

7.7.10 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.*

## 7.8 CLAIMS PROCESSING

7.8.1 With regard to the claim offices that will be used, provide the following: a. Location b. Staffing:

Complete the following table

Position	Number of Staff	Average Years of Total Claims Administration Experience	Average Years of Claims Administration Experience with Your Firm	Annual Turnover (%)	Work Remotely or from Home (%)
Claims Processors	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>Percent.</i>	<i>Percent.</i>
Claims Supervisors	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>Percent.</i>	<i>Percent.</i>



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Claims Managers	500 words.	500 words.	500 words.	Percent.	Percent.
Auditors	500 words.	500 words.	500 words.	Percent.	Percent.
Quality Control Managers	500 words.	500 words.	500 words.	Percent.	Percent.
Clinical Review Staff	500 words.	500 words.	500 words.	Percent.	Percent.

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

*Single, Radio group.*

1: Confirmed, explain: [ 500 words ] ,

2: Not confirmed, explain: [ 500 words ]

7.8.3 Confirm your system will automatically adjudicate the current schedule of benefits for 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

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

*500 words.*

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

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, explain: [ 500 words ]

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

*1000 words.*

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

*1000 words.*

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

*1000 words.*

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

*1000 words.*

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

*1000 words.*

7.8.11 Describe your appeal process for denied PAs and medical pre-certifications.

*1000 words.*

7.8.12 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

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

*Single, Radio group.*

- 1: Same system,
- 2: Integrated, but different systems,
- 3: Different systems, but accessible to all,
- 4: Not linked,
- 5: Some linked,
- 6: Other, please specify: [ 500 words ]

7.8.14 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

7.8.15 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

7.8.16 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.*

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

*Percent.*

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

*Percent.*

7.8.19 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

7.8.20 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

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

*500 words.*

7.8.22 How are claims selected for internal audit?

*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 ]

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

Internal Claims Audits	Response
What are the current standards for internal claim audits?	<i>500 words.</i>
How often are claim processors audited?	<i>500 words.</i>
When an error is found, what is the time period for correction of the claim?	<i>500 words.</i>
Are reports monthly, quarterly, semi-annual, etc.?	<i>500 words.</i>
What claims do you consider for high dollar audits?	<i>500 words.</i>

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Are high dollar audit claims handled internally?	500 words.
How are criteria determined for internal audits? What triggers do you utilize?	500 words.
What percent of claims are audited internally?	500 words.
What is the ratio of quality reviewers to claim processors?	500 words.

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

500 words.

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

500 words.

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

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

7.8.27 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

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

	Target	Actual 2024 year end results
Total annual claim volume per year (in total number of claims)	Integer.	Integer.
Average claims processed per processor per day	Integer.	Integer.
Claims turnaround time (percent of clean claim transactions processed within 14 calendar days following receipt of claim)	Percent.	Percent.
Average number of business days to process a clean claim from date received to date check/EOB issued	Integer.	Integer.

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Financial accuracy (percentage of claim dollars paid without error, relative to total claim dollars paid)	<i>Percent.</i>	<i>Percent.</i>
Processing accuracy (percentage of claims processed without error, relative to the total number of claims processed)	<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>

7.8.29 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.*

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

*500 words.*

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

*500 words.*

## 7.9 COORDINATION OF BENEFITS (COB)

7.9.1 Explain how your system:

	Response
a. Identifies existence of other insurance (e.g., from your book of business, another employer, workers compensation or motor vehicle insurance). How do you verify such COB information?	<i>1000 words.</i>
b. Questions/tracks COB	<i>1000 words.</i>
c. Handles COB conflicts	<i>1000 words.</i>
d. Communicates with members and providers	<i>1000 words.</i>
e. Interfaces with other group carriers regarding COB.	<i>1000 words.</i>

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

*Single, Radio group.*

1: Confirmed,

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

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

*500 words.*

7.9.4 Offeror 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

7.9.5 What are your gross subrogation recovery fees? If you have a shared savings model, please describe how it works.

*500 words.*

7.9.6 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`

7.9.7 If PEEHIP were to continue the above administration process and the subscriber responds once PEEHIP is involved, how will you reduce your percentage of the fee?

*500 words.*

7.9.8 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. Offeror 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

7.9.9 What are your average subrogation rates of return for 2023 and 2024?

*500 words.*

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

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500 words.

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

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

## 7.10 NETWORK MANAGEMENT

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

*Percent.*

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

500 words.

7.10.3 Please provide your network provider turnover rate.

	2023	2024
Provider Turnover Rate	<i>Percent.</i>	<i>Percent.</i>

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

*Single, Pull-down list.*

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

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

500 words.

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

*Single, Radio group.*

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

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

*Single, Radio group.*

- 1: Yes,
- 2: No

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7.10.8 If yes, please identify them and explain what provisions are made for patients requiring these services.  
*500 words.*

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

*1000 words.*

7.10.10 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.*

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

*1000 words.*

7.10.12 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: [ 500 words ] ,

2: Not Confirmed

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

	Response
Provider or Facility Name	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Provider Address and telephone number	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Web address	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Medical Group	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Practicing Specialty(ies)	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Specialist Board Certified	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed



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Providers that are not accepting new patients	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed
Age/gender limitations	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed

7.10.14 Please provide a general description on how you establish your organization's networks and the corresponding financial arrangements. Describe whether the network includes providers who offer culturally responsive approaches to care.

*500 words.*

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

*Single, Radio group.*

1: Wholly own,

2: Partially own,

3: Lease,

4: Other, please specify: [ 500 words ]

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

*500 words.*

7.10.17 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.*

7.10.18 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.*

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

*1000 words.*

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed

7.10.21 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.

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*Single, Radio group.*

- 1: Confirmed,  
2: Not confirmed

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

*500 words.*

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

*Single, Radio group.*

- 1: Yes,  
2: No

7.10.24 PEEHIP is highly interested in an inpatient reimbursement methodology similar to Medicare where length of stay is not a component of the reimbursement methodology. Describe in detail your inpatient reimbursement methodology including your approach to length of stay. Explain any significant deviations from the Medicare reimbursement methodology. Does your methodology vary by hospital? If so, please describe.

*Unlimited.*

7.10.25 Please complete the table below regarding accreditation:

	Response	Comments
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 will provide your most recent URAC report for each location and 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>
What is the next re-evaluation date?	<i>500 words.</i>	<i>500 words.</i>
Confirm you will provide your most recent NCQA accreditation and date.	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>500 words.</i>
What is the next re-evaluation date?	<i>500 words.</i>	<i>500 words.</i>

7.10.26 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>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>

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Review malpractice coverage and history	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Require full disclosure of current litigation	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Require current DEA registration	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Review adherence to state and community practice standards	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Onsite review of office location	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Review hours of operation and capacity	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Board eligibility	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>
Review practice patterns and utilization results	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Percent.</i>

7.10.27 Describe your efforts to enroll non-network providers who currently treat PEEHIP's program participants and their dependents.

*1000 words.*

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

*1000 words.*

7.10.29 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.

*Single, Radio group.*

1: Confirmed,  
2: Not confirmed

7.10.30 Describe your organization's process for identifying and addressing DME network deficiencies, including provider performance issues, member complaints, and delays in equipment delivery. Specify the metrics used to evaluate provider performance, complaint trends, and service delays. Outline your corrective action process, including how issues are escalated, resolution timeframes, and how PEEHIP will be notified of identified deficiencies and remediation efforts.

*1000 words.*

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

- provider relations and outreach strategies
- types of providers included
- topic specific education
- changes such as new products or policies
- practice-based support
- alignment with local and statewide provider societies continuous improvement

1000 words.

7.10.32 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

1000 words.

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

1000 words.

7.10.34 Confirm the existence of and describe the services, network, and programs for each of the following Centers/Providers of Excellence

	Response	Describe services, network, and programs
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>

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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>

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

*Single, Radio group.*

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

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

*1000 words.*

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

*500 words.*

7.10.38 Please complete the table below regarding performance metrics in physician contracts.

	Are these metrics in your physician contracts?	What percentage of physician contracts contain these metrics?	Describe
Preventive care and screening activities	<i>Single, Radio group.</i> 1: Yes, 2: No	<i>Percent.</i>	<i>500 words.</i>
Clinical outcomes both nationally and in Alabama	<i>Single, Radio group.</i> 1: Yes, 2: No	<i>Percent.</i>	<i>500 words.</i>
Generic or low-cost drug prescribing	<i>Single, Radio group.</i> 1: Yes, 2: No	<i>Percent.</i>	<i>500 words.</i>
In-network referral for lab, imaging, and other medical services	<i>Single, Radio group.</i> 1: Yes, 2: No	<i>Percent.</i>	<i>500 words.</i>
Improved clinical metrics (i.e. lower A1C, cholesterol, blood pressure, improved physical activity and nutrition, etc.)? Are you able to scale this percentage during the term? How quickly and to what degree?	<i>Single, Radio group.</i> 1: Yes, 2: No	<i>Percent.</i>	<i>500 words.</i>

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7.10.39 What are your standards for the percentage of dollars at risk based on these clinical quality metrics?  
1000 words.

7.10.40 What are your standards for the percentage of dollars at risk based on these cost-containment metrics?  
1000 words.

7.10.41 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.

7.10.42 Please complete the table below on your value-based contracting (VBC) practices.

	Response
How many VBC offerings/contracts do you currently have in Alabama? Indicate the type of contracting such as ACO (Accountable Care Organizations), EOC (Episodes of Care), APM (Alternative Payment Models), etc. How many do you expect to have on October 1, 2026?	1000 words.
Please list the entities in Alabama under such contracts.	1000 words.
What is the average medical cost PMPM from these VBC offerings compared to your typical PPO/POS network in Alabama?	1000 words.
Are additional fees required? (e.g., cost containment program fees, network fees, attribution fees, provider performance fees, etc.)	1000 words.
Are members required to select PCPs? If so, what is the selection process?	1000 words.
Describe the reporting capabilities for your VBC offerings. Include sample reports.	1000 words.
Describe any other value-based contracting (VBC) practices you have in place both nationally and in Alabama	1000 words.
Describe how these arrangements influence physician behavior and utilization and discuss how this has led to client savings.	1000 words.
Describe your capabilities to integrate PEEHIP's pharmacy benefit strategies to influence clinically appropriate prescribing habits and reduce unnecessary or prescribing behaviors that differ from drug prescribing inserts.	1000 words.

7.10.43 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.

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

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	<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>

7.10.45 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>
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>

7.10.46 Please fill in the average provider discounts off eligible charges and the corresponding % of Medicare reimbursements with contracts as of February 1, 2025 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>

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Other Medical Services	<i>Percent.</i>	<i>Percent.</i>
------------------------	-----------------	-----------------

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

*500 words.*

7.10.48 Please complete the following table regarding reimbursements.

*1000 words.*

7.10.49 Please complete the following table.

	Response
Describe your reimbursement policy for non-network claims.	<i>1000 words.</i>
Does your company negotiate discounts with non-network providers and facilities on a case-by-case basis?	<i>1000 words.</i>
Describe this program and indicate how you are compensated for this program (e.g., PEPM, percent of savings).	<i>1000 words.</i>
Confirm that PEEHIP can require a prior approval in such instances.	<i>1000 words.</i>

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

*1000 words.*

7.10.51 The Medical Administrator must notify PEEHIP of all new medical treatments, which 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 ]

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

*500 words.*

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

*500 words.*



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## 7.11 MEDICAL CASE MANAGEMENT AND DISEASE MANAGEMENT

### 7.11.1 GENERAL

7.11.1.1 Describe in detail all programs and services, such as wellness programs, disease management programs, case management programs, pharmacy utilization management programs, dieticians, social workers, engagement rates, etc. you will offer with this plan that may control costs. Please explicitly note if you utilize third party vendors for such programs and services.

*1000 words.*

7.11.1.2 Describe your approach to large case management and complex care, including any specialty programs that are included in your proposal. Describe any special programming for High cost/high risk, Oncology, Transplant, Maternity, Fertility, NICU, ESRD/CKD, Musculoskeletal, Cardiovascular, Behavioral Health (mental health/substance use).

*1000 words.*

7.11.1.3 Describe how your program design enhances quality of care, including how you engage targeted individuals and how you improve health status and clinical outcomes.

*1000 words.*

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

*500 words.*

7.11.1.5 What are your standard business hours and day of operation? Please provide time zones. If your hours are not 24/7/365 how do you respond to calls that are urgent or emergent?

*1000 words.*

7.11.1.6 Confirm you will notify PEEHIP within 3 business days of an inpatient case that is expected to be above \$100,000.

*Single, Radio group.*

1: Confirmed [ 500 words ] ,

2: Not confirmed, explain: [ 500 words ]

### 7.11.2 DISEASE MANAGEMENT

7.11.2.1 Describe how enrollees are identified for a disease management program, how frequently the process occurs and stratification processes. What data sources are utilized? How are comorbidities handled?

*1000 words.*

7.11.2.2 Once identified for the program, is enrollment into the program automatic or must action be taken to enroll (i.e., is the program opt-in or opt-out)?

*1000 words.*

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7.11.2.3 Provide a timeline from identification of the enrollee to point of contact. Do all identified members receive outreach and what is the communication method. Please describe if communication methods differ by acuity level.

1000 words.

7.11.2.4 Describe your process to engage program enrollees. Describe your process to re-engage members that have opted out of the program.

1000 words.

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

	Point Solution Provided?	Vendor Partner	Type of Fee Arrangement	Included in the Current Proposal
a. Weight Management	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
b. Physical Therapy	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
c. Wellness (lifestyle modifications)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
e. Diabetes	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
g. Behavioral Health (mental health/substance use)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
h. Infertility / Maternity	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
i. Cancer/Oncology	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
j. Musculoskeletal	<i>Single, Pull-down list.</i>	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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	1: Yes, 2: No			
i. Other	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>10 words.</i> N/A OK.	<i>10 words.</i> N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

### 7.11.3 CASE MANAGEMENT

#### 7.11.3.1 How do you define Case Management?

*500 words.*

7.11.3.2 Describe your organization's philosophy of case management and the model under which it currently operates. Describe how the case management program integrates with other care management programs such as utilization review and quality management.

*1000 words.*

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

Case Management	Offered
a. Pre-admission outreach	<i>Single, Radio group.</i> 1: Yes, 2: No
b. In-patient confinement outreach	<i>Single, Radio group.</i> 1: Yes, 2: No
c. Discharge planning	<i>Single, Radio group.</i> 1: Yes, 2: No
d. Post-discharge outreach	<i>Single, Radio group.</i> 1: Yes, 2: No
e. Catastrophic/long-term Case Management	<i>Single, Radio group.</i> 1: Yes, 2: No
f. Episodic/short-term Case Management	<i>Single, Radio group.</i> 1: Yes, 2: No
g. End-of-life program identification and transition	<i>Single, Radio group.</i> 1: Yes, 2: No
h. Other	

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

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

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

*1000 words.*

7.11.3.6 Once a member is selected for case management, describe your outreach procedures to engage members. How many attempts are made? What services or efforts are used to obtain updated contact information? Describe any follow-up procedures are there for case management?

*1000 words.*

7.11.3.7 How do you define engagement? What strategies and incentives have you used in the past to achieve the most continuous engagement? Provide a case study on what you define as successful client engagement.

*1000 words.*

7.11.3.8 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

7.11.3.9 Describe identification and selection criteria for individual case management.

*1000 words.*

7.11.3.10 Describe your process when members decline case management.

*500 words.*

7.11.3.11 It is important to PEEHIP that members are consistently informed of discharge planning activities, denials related to post discharge levels of care and educated on the criteria necessary to be admitted to post hospital facilities. Communication with hospital discharge planners and case managers is critical to achieving this goal. How will your case management program achieve this?

*1000 words.*

7.11.3.12 PEEHIP requests that at least three phone call outreach attempts be made to a PEEHIP member prior to the member being discharged. The outreach attempts shall be made in all cases, regardless of whether the

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discharge decision has been favorable or unfavorable to the member. Can you confirm you will meet this request at no additional charge to PEEHIP?

*Single, Radio group.*

1: Confirmed [ 500 words ] ,

2: Not confirmed, explain: [ 500 words ]

7.11.3.13 What is your process for post discharge outreach?

*1000 words.*

7.11.3.14 Do you have the capability to customize authorization letters to include the contact information of the carrier's case manager managing the case?

*1000 words.*

7.11.3.15 Do you have the capability to customize denial letters to include the contact information of the carrier's case manager managing the case?

*1000 words.*

7.11.3.16 Do you have hospital based on-site case managers? How many do you have? What are their locations? How many are in Alabama? Please specifically outline how many on-site case managers are in Alabama and their locations.

*1000 words.*

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

*1000 words.*

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

*500 words.*

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

*500 words.*

7.11.3.20 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: [ 1000 words ]

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## 7.11.4 UTILIZATION MANAGEMENT

7.11.4.1 Describe your organization's programs and options related to utilization management, pre-service review process, concurrent review, retroactive review, appeals, and cost containment. Include a description of Medical Director involvement on clinical review, peer-to-peer, denials, and appeals.

*1000 words.*

7.11.4.2 Describe how your program design enhances quality of care, including how you engage targeted individuals and how you improve health status and clinical outcomes.

*1000 words.*

7.11.4.3 Include final net savings figures resulting from these programs and list by program type.

*1000 words.*

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

- Prior approval of inpatient status if any
- Clinical workflow process and timely information exchange with inpatient care management team
- Peer-to-peer discussions during case reviews
- Inpatient care managers in the facilities for care coordination
- Monitoring of recent case decisions including turn-around times, short-term and long-term clinical results
- Hospitalized members
- Members in treatment
- Maternity members

*1000 words.*

7.11.4.5 Please respond to the following Utilization Management questions:

Utilization Management	Offered
a. What do you require prior authorization for? Is it customizable and is there a fee?	<i>1000 words.</i>
b. Describe what you perform concurrent review on and how often.	<i>1000 words.</i>
c. Do you offer Retrospective Review?	<i>Single, Radio group.</i> 1: Yes, 2: No
d. Describe any automated utilization management or Artificial Intelligence 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. <ul style="list-style-type: none"><li>• Medical necessity</li><li>• Pre-certifications</li><li>• Claim accuracy</li><li>• Physician administered specialty drug utilization management</li></ul>	<i>Single, Radio group.</i> 1: Yes, 2: No

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e. How do you achieve cost savings and what is your methodology? Do you use a third party to validate any of your savings or ROI?	1000 words.
f. Do you agree to redirect pre-certification requests to in-network providers?	Single, Radio group. 1: Yes, 2: No
g. Describe any customized, rigorous preservice programs for any specific medical procedures for in place currently.	1000 words.
h. Do you perform Discharge Planning as part of Utilization Management? Describe discharge planning as part of your UM process.	1000 words.
i. How many on-site (in facility) and remote case managers do you propose at the various facilities statewide to serve the PEEHIP membership to minimize as much as possible any disruption during the discharge or transition of care process.	1000 words.
j. List any medical services categories your organization carves out on utilization management (e.g., high-tech imaging, oncology, spinal fusion, onsite clinical review).	1000 words.

7.11.4.6 Describe your methods for internally monitoring and evaluating the performance of utilization management activities. If an issue is discovered, describe the corrective actions you would implement to resolve it.

1000 words.

7.11.4.7 What process is used to provide training and education for providers regarding Utilization Management issues? How are non-compliant providers identified and educated and/or sanctioned?

1000 words.

7.11.4.8 What process is used to inform participants on receiving authorization of health benefits prior to treatment?

1000 words.

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

1000 words.

7.11.4.10 Please complete the table below on provider advocates:

	Response
Number of provider advocates physically working in the State of Alabama	Integer.
Number of provider advocates working telephonically in the State of Alabama	Integer.
Number of provider advocates working on this account in a remote setting (outside Alabama)	Integer.

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

*500 words.*

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

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

### 7.11.5 ADDITIONAL MEDICAL MANAGEMENT QUESTIONS

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

*500 words.*

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

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

*1000 words.*

7.11.5.3 Describe the support you provide to underserved communities (i.e., members with access barriers to care, food insecurity, transportation, etc.). Describe any tools or programs you have to support PEEHIP's members (i.e., virtual health support).

*500 words.*

### 7.12 ADDITIONAL MEMBER SERVICES

7.12.1 Describe any member advocacy, navigation services, or programs you offer in addition to the traditional core member services center including outcomes achieved.

*1000 words.*

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

*500 words.*

7.12.3 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.*



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7.12.4 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

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

*Single, Radio group.*

1: Yes,

2: No

### 7.13 BEHAVIORAL HEALTH

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

*1000 words.*

7.13.2 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.*

7.13.3 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.

*500 words.*

7.13.4 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

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

*1000 words.*

7.13.6 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

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

*Single, Radio group.*

1: Yes, explain: [ 500 words ] ,

2: No

7.13.8 How long is a patient monitored after discharge?

*500 words.*

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

*500 words.*

7.13.10 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, Radio group.*

1: Confirmed, please explain: [ 500 words ] ,

2: Not confirmed

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

*Percent.*

7.13.12 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.*

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

*1000 words.*

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

Provider Type	Average Length of Employment	Number of Fulltime Employees	Number of Part-time Employees	Number of Contract Workers	Total Appointments provided in 2023	Total Appointments provided in 2024
Psychiatrists, Board Certified/Eligible	<i>10 words.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Doctoral-Level Psychologists	<i>10 words.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Licensed Clinical Social Workers	<i>10 words.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

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Other Masters Prepared Clinicians	10 words.	Integer.	Integer.	Integer.	Integer.	Integer.
DEA Registered ("X" waived) Providers	10 words.	Integer.	Integer.	Integer.	Integer.	Integer.
Other	10 words. Nothing required	10 words. Nothing required	10 words. Nothing required	10 words. Nothing required	10 words. Nothing required	10 words. Nothing required

7.13.15 What is the process for making an assessment and/or referral for Behavioral Health services?

1000 words.

7.13.16 Describe the process for scheduling appointments through the Behavioral Health provider network.

1000 words.

7.13.17 What are your firm's standards for timely access to providers for:

- a. Routine care?
- b. Urgent care?
- c. Emergency Care?

1000 words.

7.13.18 How are crisis intervention services and support features made accessible and understood by all eligible members of a member's family?

1000 words.

7.13.19 What is your average response time to emergency calls?

1000 words.

7.13.20 Please provide details regarding the average wait time for scheduling appointments for both virtual and in-person mental health and substance use treatment services. Specifically:

- a. What is the typical wait time for a new patient to schedule an initial appointment for both virtual and in-person consultations?
- b. Are there any differences in wait times between virtual and in-person services?
- c. How do you prioritize appointments based on urgency, and what strategies are in place to reduce wait times?
- d. Do you offer same-day or next-day appointment availability, and if so, under what circumstances?
- e. How do you manage appointment availability during high-demand periods or for specialized treatment needs?

Unlimited.

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## 7.14 SPECIALIZED PROGRAMS AND NETWORKS

### 7.14.1 GENERAL

7.14.1.1 Describe your approach to supporting your providers in Alabama who offer virtual health care services (e.g., immediate service, care coordination with PCP providers, etc.), and the advantages/disadvantages of this approach. Note: This question is not asking about third party virtual health vendors.

1000 words.

7.14.1.2 Describe the services and list the conditions/illnesses that will be treated by your providers offering virtual health care services to PEEHIP members.

1000 words.

7.14.1.3 Describe any drill down reporting to evaluate the effectiveness of virtual health care services (i.e., subsequent office visits with same presenting diagnosis).

1000 words.

7.14.1.4 Describe how such virtual health care services are consistent with and/or preferable to the current standard of care (i.e., in person office visit).

1000 words.

7.14.1.5 Complete the following chart for providers offering virtual health care services. If services for a particular provider specialty are not provided, please indicate N/A:

Provider Type	Average Length of Employment	Number of Full-time Employees	Number of Part-time Employees	Number of Contract Workers	Total Telemedicine and Virtual Consults provided in 2023	Total Telemedicine and Virtual Consults provided in 2024
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.

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Pediatrics	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Registered Dietician	<i>Decimal.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
Other:	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>

### 7.14.2 AIR AMBULANCE

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

*1000 words.*

7.14.2.2 What percentage of air ambulance transportations get denied (retroactively) on average each year? In case of denial, how do you administer those cases while holding the patient harmless?

*1000 words.*

7.14.2.3 How will you manage air ambulance transportation, so it is cost effective for PEEHIP?

*1000 words.*

7.14.2.4 Describe the process used to determine whether a patient will be transported via rotary air ambulance versus a fixed wing air ambulance. What criteria is evaluated in making the determination?

*1000 words.*

7.14.2.5 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.*

7.14.2.6 How do you determine whether there is an “emergency medical condition”, as defined under the No Surprises Act, in the case of a claim involving air ambulance transportation?

*1000 words.*

### 7.14.3 MATERNITY MANAGEMENT

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

*1000 words.*

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7.14.3.2 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.

7.14.3.3 Describe how you track program outcomes and measure success for maternity management. Please share your program's outcomes for 2023 and 2024, respectively.  
1000 words.

7.14.3.4 How do you differentiate and support low-risk versus high-risk pregnancies?  
1000 words.

7.14.3.5 Confirm you will provide maternity care management reports to PEEHIP on a quarterly basis.  
Single, Radio group.  
1: Confirmed, please explain: [ 500 words ] ,  
2: Not confirmed

7.14.3.6 Provide a copy of your current maternity care management reports.  
Single, Radio group.  
1: Attached,  
2: Not attached, please explain: [ 500 words ]

7.14.4 SPECIALIZED PROGRAMS

7.14.4.1 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 and their locations
- 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 2023 and 2024

	Response
a. Opioid Management	1000 words.
b. Dialysis Management and Clinic Support	1000 words.
c. Oncology Management	1000 words.
d. Joint and Hip Replacement Management	1000 words.
e. Applied Behavioral Analysis (ABA) Management	1000 words.
f. Sleep Studies, In Lab and Home Management	1000 words.

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g. Genetic Testing and Utilization Management	1000 words.
h. Musculoskeletal Pain Management	1000 words.
i. Other	1000 words.

7.14.4.2 Describe how you monitor physician's prescribing patterns and identify potential over prescribers for opioid management? What is your process to educate, track and follow up with potential over prescribers?  
*1000 words.*

7.14.4.3 What opioid management reporting do you have in place to measure the overall effect for individual members affected by your utilization management?  
*1000 words.*

### 7.15 MEDICAL-PHARMACY

7.15.1 Describe your process and timing for billing the manufacturer for rebates. List and describe all detail included on manufacturer billing. Does the manufacturer require NDCs or any other billing code to be sent with rebate invoices?  
*1000 words.*

7.15.2 What percent of medical drugs are coded with NDCs?  
*500 words.*

7.15.3 What is your provider contracting process to ensure claims are submitted with NDC's?  
*1000 words.*

7.15.4 Are you willing to provide performance guarantees around NDC coding, (e.g. at least 95% of medical drugs will have NDC coded)?  
*Single, Radio group.*  
1: Yes,  
2: No, explain: [ 500 words ]

7.15.5 Provide and describe your Alabama book-of-business breakdown of medical-pharmacy services by site-of-service (IP, OP, Physician Office, Infusion Center, Home Health, other).  
*1000 words.*

7.15.6 Describe how drugs are received and billed by distribution channel (buy and bill, specialty pharmacy, home health, etc.) for the site-of-service providers (IP, OP, Physician Office, Infusion Center, Home Health, other). Include in your response the percentages by distribution channel.  
*1000 words.*

7.15.7 Describe internal protocols for reviewing buy and bill invoices, particularly for outliers.

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*1000 words.*

7.15.8 Describe formulary management for preferred drugs. Describe how you will communicate formulary placement and drug exclusions to providers at the time of prescribing.

*1000 words.*

7.15.9 Describe your ability to model changes PEEHIP may want to explore regarding medical-pharmacy drugs and your ability to provide the financial impact of each decision.

*1000 words.*

7.15.10 Describe biosimilar strategies including education for providers and/or prescriber influence.

*1000 words.*

7.15.11 Describe utilization management for prior authorizations, site of care steerage, dose optimization, and reconciliation when adjudicating claims.

*1000 words.*

7.15.12 Who is providing utilization management for oncology and non-oncology drugs?

*1000 words.*

7.15.13 Provide your book-of-business PA denial, appeal, and overturn rates for oncology and non-oncology.

*1000 words.*

7.15.14 Describe your rebate reporting to PEEHIP and provide a sample.

*1000 words.*

7.15.15 For cross channel drugs, describe your ability to block NDCs, if moved to the pharmacy channel.

*1000 words.*

## 7.16 VENDOR INTERFACES

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

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

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

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

7.16.1 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 and other vendors.

*1000 words.*



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7.16.2 Confirm that you will work with PEEHIP's PBM vendor to download prescription drug data into your system to enable the plan to have combined medical and pharmacy 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

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

*Single, Radio group.*

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

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

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.16.5 Confirm your program/system has the capability to share applicable data with the following 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

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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

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

*1000 words.*

## 7.17 DATA AND REPORTING

7.17.1 Confirm your agreement to provide the following reports to PEEHIP at the specified cadence for the duration of the term of the Agreement unless PEEHIP agrees otherwise: Monthly utilization report within 60 calendar days of the end of the month; Detailed monthly statement of vendor fee within 3 business days of the end of the month; Monthly reports of member eligibility and status within 15 business days of the end of the month; Monthly reports of issues not resolved at management level or service level within 15 business days of the end of the month; Full annual accounting of funds received and claims paid or other use of such funds provided to contractor by PEEHIP within 90 business days of end of year; Claims paid within 90 business days of end of year; Quarterly report of Pre-Authorizations with details including both approved and denied services, and reason for determination, within 15 business days of the end of the quarter; Quarterly itemized reporting breaking out all components of the PMPM metric within 15 business days of the end of the quarter.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 500 words ]

7.17.2 Offerors shall create and generate standard utilization and cost reports. Provide a list of your standard reports in addition to those listed above. Also, include a description of each report and the frequency at which each report will be produced.

*500 words.*

7.17.3 Are these reports available online currently? If not, how will they be provided to PEEHIP?

*500 words.*

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

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*Single, Pull-down list.*

- 1: Yes,  
2: No

7.17.5 Confirm that you are able to customize reports, and this is included in your quoted fee(s).

*Single, Radio group.*

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

7.17.6 Confirm that your organization will provide to PEEHIP monthly detailed claims data in a mutually agreed upon format by the 3rd business day of the month following the subject month, including run out claims, in event of termination, as applicable.

*Single, Pull-down list.*

- 1: Confirmed,  
2: Not Confirmed

7.17.7 Confirm the monthly detailed 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 ]

7.17.8 Indicate the reports you can provide on a monthly, quarterly, and annual basis:

	Monthly	Quarterly	Annually
1: Financial Claim Update,	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
2: Utilization Review,	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
3: Network Utilization,	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
4: Clinical Review,	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
5: Preventive services,	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
6: Case Management,	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
7: Large Claimants,	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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8: Hospital Inpatient Review,	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
9: Maternity Program,	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No
10: Other Programs	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No

7.17.9 Please attach sample monthly, quarterly and year-end financial and clinical management packages, including but not limited to quarterly utilization report, monthly eligibility and status report, as well as monthly, quarterly, and annual reports outlined in the table above. (all files must be zipped under one file).

*Single, Radio group.*

1: Attached,

2: Not attached, explain: [ 500 words ]

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

*500 words.*

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

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

*1000 words.*

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

*500 words.*

7.17.13 Describe how your organization monitors and provides reporting on contractual Performance Guarantees. How often will this report be provided to PEEHIP? Provide a sample Performance Guarantee report.

*500 words.*

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

	Response	Provide additional explanation for these statistics as needed.
<b>Total 2024 Member Medical Appeals</b>		

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Total Dismissed	Integer.	500 words.
Total Overturned	Integer.	500 words.
Total Upheld	Integer.	500 words.
<b>Total 2024 Provider Medical Appeals</b>		
Total Dismissed	Integer.	500 words.
Total Overturned	Integer.	500 words.
Total Upheld	Integer.	500 words.
<b>Total 2024 Member Grievances</b>	Integer.	500 words.

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

*Single, Radio group.*

1: Confirmed, explain: [ 500 words ] ,

2: Not Confirmed

7.17.16 Confirm you will provide a report on member calls, concerns, and grievances throughout the contract term. What is the frequency of this reporting? Provide a sample report.

*Single, Radio group.*

1: Confirmed, explain: [ 500 words ] ,

2: Not confirmed, explain: [ 500 words ]

7.17.17 Are you able to accommodate requests for ad hoc or customized reporting (including utilization information)? How many reports or hours are included for ad hoc or customized reports at no additional charge?

*1000 words.*

7.17.18 Is there an additional charge for ad hoc or customized reports? If so, please explain.

*1000 words.*

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

*Single, Radio group.*

1: Confirmed, explain: [ 500 words ] ,

2: Not confirmed, explain: [ 500 words ]

7.17.20 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 ]

7.17.21 What is the normal turnaround time to fulfill such requests?

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500 words.

7.17.22 Confirm your agreement with the following statement: Reports must be stratified by Plan, if applicable, and sub-stratified by: Actives, Non-Medicare eligible Retirees and Non-Medicare eligible Dependents.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

## 7.18 AUDITS

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

a. All Offerors agree to extend audit rights to PEEHIP and cooperate with any outside audit firm PEEHIP selects to perform an operations and claim administration audit. This might include the provision of space and system terminals for a reasonable period of time to accomplish the audit objectives.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree
b. Your organization will not charge for services rendered in conjunction with the audit.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree
c. If problems are discovered, the cost of follow-up audits will be paid by your organization.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree
d. Offeror agrees to fund up to \$50,000 for a pre-implementation audit.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree
e. Offeror agrees to fund up to \$70,000 for a mid-contract audit.	<i>Single, Radio group.</i> 1: Agree, 2: Disagree

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed

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

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

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

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

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

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

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

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

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

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

7.18.8 Offeror will guarantee PEEHIP or its appointees the right to reasonable inspection of facilities, equipment, and system support operations to ensure the continued ability of the Offeror to support the plan; failure to comply with a reasonable request to inspect will result in a penalty; failure to respond to a finding from an inspection within 30 calendar days will result in a penalty.

*Single, Radio group.*

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

7.18.9 PEEHIP will not be held responsible for time or miscellaneous costs incurred by the Administrator in association with any audit process including, all costs associated with provision of data, audit finding response reports, or systems access, provided to PEEHIP or its designee by the Administrator during the life of the contract. Note: This includes any data required to transfer the business to another vendor and money collected from lawsuits and internal audits.

*Single, Radio group.*

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

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7.18.10 The Administrator will correct any errors that PEEHIP, or its representative, brings up to the Administrator's attention whether identified by an audit or otherwise. Describe the process that the Administrator will undergo to correct the error and make the appropriate payments to the member and/or PEEHIP, if applicable.

*Single, Radio group.*

1: Yes,

2: No, please explain: [ 500 words ]

7.18.11 Confirm you have provided a document outlining the Audit Rights and Procedures. Indicate the name of the Attachment.

*Single, Radio group.*

1: Yes, please explain: [ 500 words ] ,

2: No, please explain: [ 500 words ]

## 7.19 FINANCE AND BANKING

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

*500 words.*

7.19.2 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 ]

7.19.3 Please explain the claims funding process.

*500 words.*

7.19.4 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

7.19.5 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

7.19.6 What is the frequency for claim funding?

*Single, Radio group.*

1: Once a day,

2: Once a week,



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

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

*Single, Radio group.*

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

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

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

7.19.9 How often are claims released for payment?

*Single, Radio group.*

- 1: Daily,
- 2: Weekly,
- 3: Bi-Weekly,
- 4: Monthly,
- 5: Other, please specify: [ 500 words ]

7.19.10 Do the banking reports reflect issued or cleared checks?

*Single, Pull-down list.*

- 1: Issued,
- 2: Cleared

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

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

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

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed:

7.19.13 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

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## 7.20 IMPLEMENTATION SUPPORT

7.20.1 Provide a detailed timetable assuming a Notice of Contract Award of June 3, 2025 for an October 1, 2025 “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 16, 2025. At a minimum, the implementation plan must provide specific details on the following:

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

*Single, Radio group.*

1: Attached,

2: Not attached, explain: [ 500 words ]

7.20.2 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

7.20.3 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

7.20.4 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

7.20.5 Describe how your organization will test the program to ensure claims will process correctly on the Program ‘go-live’ date of October 1, 2025.

*500 words.*

## Alabama PEEHIP Medical PPO RFP

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

500 words.

7.20.7 Describe your post-implementation testing.

*Single, Radio group.*

1: Yes,

2: No, explain [ 500 words ]

7.20.8 Are you willing to provide a one-time implementation allowance to fund, as approved by PEEHIP, implementation support, pre-implementation audits, readiness assessments, communication plans, outside printing costs, etc., for the Medical Plans? If so, what dollar amount are you willing to provide?

*Single, Radio group.*

1: Confirmed, please specify amount: [ Dollars ] ,

2: Not Confirmed

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

500 words.

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

500 words.

7.20.11 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 ]

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

500 words.

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

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*Single, Radio group.*

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

7.20.14 During the 3rd calendar quarter of 2025, PEEHIP requires an initial readiness review, including an on-site review of the Offeror's facilities. Offeror shall participate in all readiness review activities conducted by PEEHIP staff or its agent to ensure the Offeror's operational readiness. Readiness review will include verification (by PEEHIP or its agent) that the Offeror has the system infrastructure and human capital to support PEEHIP's account. PEEHIP will provide the Offeror with a summary of findings as well as areas requiring corrective action. Describe in detail how your organization will comply with this requirement.

*500 words.*

7.20.15 At least thirty (30) days after the beginning of each subsequent plan year, the Offeror 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 Offeror shall provide confirmation to PEEHIP that all benefits have been accurately loaded and ready for processing of the claims. Describe in detail how your organization will comply with this requirement.

*500 words.*

## **7.21 HIPAA/CYBERSECURITY**

7.21.1 Describe how you manage employee confidentiality/privacy barriers and compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) including the Health Information Technology for Economic and Clinical Health Act (HITECH). Detail your plan(s) to ensure privacy and security of PEEHIP members' information.

*500 words.*

7.21.2 Confirm your agreement with the following provision: Offeror will attach a copy of its most recently completed HIPAA assessment with their proposal submission.

*Single, Radio group.*

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

7.21.3 Confirm your agreement with the following provision: Offeror will supply PEEHIP with the most recent copy of its completed HIPAA assessment every time one is completed within 10 business days of Offeror's receipt of same.

*Single, Radio group.*

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

7.21.4 Confirm your agreement with the following provision: All personnel/staff in Offeror's organization must complete HIPAA training, at least annually.

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*Single, Radio group.*

1: Agree, explain: [ 500 words ] ,

2: Disagree, explain: [ 500 words ]

7.21.5 Confirm your agreement with the following provision: All employees at Offeror's organization have been trained on how to report a security incident or potential breach under HIPAA.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

7.21.6 Confirm you will notify PEEHIP immediately in writing if there is a suspected or known HIPAA breach involving PEEHIP member data or suspected or known cybersecurity incident involving PEEHIP data and/or PEEHIP member data.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

7.21.7 Confirm your agreement with the following provision: If awarded the contract, PEEHIP or its agent or representative may, at any point during the Agreement, perform an on-site self-assessment of Offeror's organization based on HIPAA requirements.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

7.21.8 Confirm your agreement with the following provision: Offeror has attached documents that indicate Offeror is in compliance with the PEEHIP Statement on HIPAA Compliance Document in the Additional Procurement Documents section of the RFP.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

7.21.9 Confirm your agreement with the following provision: Offeror has attached a copy of its Information Security Policy and Procedures with their proposal submission. These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

7.21.10 Confirm your agreement with the following provision: Offeror must be able to accept and process standard HIPAA-compliant enrollment data electronically, daily.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

7.21.11 Confirm your agreement with the following provision: Offeror agrees to execute and utilize PEEHIP's Trading Partner Agreement related to the 834-file format to update the eligibility records on a daily basis if

## Alabama PEEHIP Medical PPO RFP

awarded a contract under this RFP. PEEHIP will provide the Trading Partner Agreement to the Offeror. Please review the PEEHIP 834 Reporting Mapping.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ 500 words ]

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

7.21.13 Provide your definition of a data leak and a data breach and describe the action you will take if there is a data leak or breach.

*1000 words.*

7.21.14 If your organization has experienced a data leak or breach, including if that leak or breach was the result of partnering with a subcontractor, describe the leak or breach and how your organization achieved resolution. Include in your response, correction/revision of processes and procedures, mitigation of effect of leak or breach and any remuneration made.

*1000 words.*

7.21.15 How frequently do you conduct an analysis of the risks and vulnerabilities to protected health information (PHI) in your system and networks? Who performs the assessment and when was the last assessment conducted?

*1000 words.*

7.21.16 Does your system produce sufficient audit trails to satisfy the HIPAA Privacy and Security regulations?

*1000 words.*

7.21.17 How do you authenticate users for access both locally onsite and remotely? Do you use multifactor authentication (MFA)?

*1000 words.*

7.21.18 Is your system's database encrypted? Are data backups encrypted? Do you store backup media off-site and if so, how are they transported off site?

*1000 words.*

7.21.19 Are all electronic transmissions of PHI, including eligibility files, authorizations, reports, etc., encrypted or sent via secure means? Which encryption methods do you support for e-mails and file attachments? Please describe.

*1000 words.*

## Alabama PEEHIP Medical PPO RFP

7.21.20 Describe the encryption solution that you will provide PEEHIP for exchanging e-mails containing ePHI.  
*1000 words.*

7.21.21 Confirm your member website and app-based products comply with and are maintained for all current and known future security and HIPAA requirements for both aggregate and individual transactions.  
*1000 words.*

7.21.22 What safeguards are in place to monitor quality (including retrospective claims reviews) and HIPAA compliance for the claims processing staff that work in the office? For staff that work from home?  
*200 words.*

7.21.23 Confirm your eligibility and claim systems are compliant with current HIPAA regulations.  
*Single, Radio group.*  
1: Confirmed,  
2: Not Confirmed [ 500 words ] .

7.21.24 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.*

7.21.25 Was an outside auditor/reviewer employed for HIPAA review/validations?  
*Single, Pull-down list.*  
1: Yes,  
2: No

7.21.26 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. Confirm your agreement with this requirement.  
*Single, Radio group.*  
1: Agree,  
2: Disagree, explain: [ 500 words ]

7.21.27 Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your sub-contractors.  
*1000 words.*

## 7.22 FEDERAL NO SURPRISES ACT & FINAL TRANSPARENCY RULE

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## 7.22.1 GENERAL

7.22.1.1 Describe how your company will assure that the Plan and any subcontractors or third-parties who are providing assistance to you will be in compliance with federal law and regulations concerning surprise billing and transparency with respect to the services provided by your company.

500 words.

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

500 words.

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

500 words.

## 7.22.2 TRANSPARENCY RULES

7.22.2.1 Describe your general process for complying with the Transparency in Coverage Final Rule including the items outlined below:

1000 words.

7.22.2.2 Please complete the following table.

	Response
a. Internet-based self-service tool, web-based price comparison tool for plan participants that makes available real time cost-sharing information in accordance with the rule	500 words.
b. How will you make the tool available to plan participants, through your website, by providing information to plans, or through another option?	500 words.
c. Please provide screenshots of the web portal to be used for the participant cost-sharing disclosure.	500 words.
d. How will the required participant notice of disclosure be provided?	500 words.
e. How will you respond to individuals who request the information on paper instead of through the website?	500 words.

7.22.2.3 Describe your process for the three machine readable files on a monthly basis including in-network rates, out-of-network allowed amounts, and prescription drug negotiated rates. a. Describe the information technology requirements necessary for transmitting files and/or posting them. b. Will you send files to the Plan or provide another service to the Plan that allows the Plan to link to your website or another website?

500 words.



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## 7.22.3 GAG CLAUSE

7.22.3.1 Confirm that contracts you are a party to do not contain a claim prohibiting disclosure of pricing terms (“gag clause”) prohibited under the No Surprises Act?

*500 words.*

7.22.3.2 Describe how you will assist in filing the annual “no gag clause” attestation.

*500 words.*

## 7.22.4 NO SURPRISES ACT

7.22.4.1 Describe your process for paying for Emergency Services, Non-Emergency Services provided at an In-Network Facility, and Emergency Air Ambulance Services (“Covered Services”) under the No Surprises Act. a. Will you establish the Qualifying Payment Amount, Recognized Amount, and Out-of-Network Rates for the Covered Services? Please describe your process for setting these rates and assuring participant cost-sharing is based on them.

*500 words.*

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

*500 words.*

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

*500 words.*

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

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

*500 words.*

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

*500 words.*

7.22.4.6 Will you assist the Plan in providing a complaint process for plan participants who have a complaint about bills under the No Surprises Act?

*500 words.*

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7.22.4.7 Confirm ID cards contain information about deductibles and out-of-pocket maximums from the Transparency Rule requirements.

*5000 words.*

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

*500 words.*

7.22.4.9 Describe how you will provide plan participants with an Advanced Explanation of Benefits as required under PHSA Section 2799A-1(f).

*500 words.*

7.22.4.10 What process will be used to accept provider notification of expected charges and services?

*500 words.*

### **7.22.5 MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA)**

7.22.5.1 Do you comply with all relevant MHPAEA regulatory requirements?

*Single, Radio group.*

1: Yes [ 500 words ] ,

2: No

7.22.5.2 How will you support PEEHIP in demonstrating compliance with the full range of requirements under MHPAEA?

*500 words.*

7.22.5.3 With respect to nonquantitative treatment limitations (NQTLs) under MHPAEA, describe how you will provide PEEHIP with documented comparative analysis, including supporting information, as required under MHPAEA.

*500 words.*

7.22.5.4 Describe how you will assist PEEHIP in responding to any oversight requests or investigations regarding MHPAEA compliance.

*500 words.*

7.22.5.5 Identify how your commitment to complying with MHPAEA will be addressed in the contract. Please provide the language you propose for this contract.

*500 words.*

7.22.5.6 Provide sample documentation, for similarly situated groups, that you would provide/have provided in response to a Federal audit.

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*Single, Radio group.*

1: Attached,

2: Not attached, explain: [ 500 words ]

7.22.5.7 Describe how you are equipped to timely provide documentation requested by the DOL or regulatory agency in responses to a MHPAEA audit.

*500 words.*

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

This section contains a number of worksheets and data files required to be submitted by the Offeror. Offerors 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. Offeror'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 Offeror's entire offer non-responsive and ineligible for award.

### 8.1 DATA FOR NETWORK ACCESS AND PRICING PROPOSAL

8.1.1 Offerors will be provided the secure data for development of Network Access and the Price Proposal upon confirmation a fully executed NDA is in place with Segal.

### 8.2 NETWORK ACCESS

8.2.1 The Offeror is required to submit an accessibility report for the provider network being proposed. **The report must be submitted by county and must include all participants in the analysis.**

The Offeror 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>		
<i>Hospitals</i>	<i>1 within 20-miles</i>	<i>1 within 35-miles</i>
<i>Ambulatory Surgical Center</i>	<i>1 within 20-miles</i>	<i>1 within 35-miles</i>
<i>Urgent Care facilities</i>	<i>1 within 20-miles</i>	<i>1 within 35-miles</i>
<i>Imaging Centers</i>	<i>1 within 20-miles</i>	<i>1 within 35-miles</i>
<i>Inpatient Behavioral Health Facilities</i>	<i>1 within 20-miles</i>	<i>1 within 35-miles</i>
<b>Primary Care</b>		
<i>General/Family Practitioner (includes Internal Medicine, Family Medicine, and General Medicine)</i>	<i>2 within 10-miles</i>	<i>2 within 20-miles</i>
<i>OB/GYN (female members, age 12 and older)</i>	<i>2 within 10-miles</i>	<i>2 within 20-miles</i>
<i>Pediatrician (birth through age 18)</i>	<i>2 within 10-miles</i>	<i>2 within 20-miles</i>
<b>Specialists</b>		

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<i>Endocrinologist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Urologist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Cardiologist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Dermatologist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Allergist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Psychologist/Psychiatrist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>General Surgeon</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Hematologist/Oncologist</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>
<i>Chiropractor</i>	<i>2 within 20-miles</i>	<i>2 within 35-miles</i>

The definition of whether a county is urban or non-urban is included in the Network Access file - Attachment A.

The submitted access report (mapping and accessibility analysis) must demonstrate provider availability for EACH provider type listed above in the provider network access standard table. In the production of the reports, please note the following:

- The Offeror must utilize Optum®, GeoAccess®, GeoNetworks or comparable software.
- The access report must indicate those participants with access and those without access according to provider network access standards above, by county.
- Access must be based on driving distance from the center of the participants' home zip codes.
- The access reports should include providers under contract as of April 1, 2025 and may also include providers that have entered a legally binding letter of intent or letter of agreement with the Offeror.

8.2.2 The Offeror must complete and submit the Network Access file, for the provider network being proposed. This file requires the number of members meeting access criteria, separately for urban and non-urban counties, number of providers by county, and a provider listing. Data should include providers under contract as of April 1, 2025, and may also include providers that have entered a legally binding letter of intent or letter of agreement with the Offeror.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

## 8.3 PRICE PROPOSAL

8.3.1 PEEHIP is looking to contract with an organization that has proven success in managing provider costs and reducing utilization and can submit data timely in the required formats. The RFP submission was designed with knowledge of the capabilities of the market, and it is expected that each Offeror will comply with these requirements. If any issues or complications are expected, Offerors should submit questions. Price Proposal documents have been included with this RFP.

## 8.4 REPRICING FILE

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

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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

Using the repricing file above, Offerors are to provide the network status, contracted allowed amount and type of contract for each service in the file. Offerors 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

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

## 8.5 CONTRACT IMPROVEMENTS

8.5.1 A worksheet, Attachment C, is available for Offerors to provide any known contract improvements above and beyond those detailed in Section 8.4.

## 8.6 ADMINISTRATIVE FEES

8.6.1 For the current contracts of approximately 96,000 (230,000 total participants), provide the monthly administrative fee per employee per month (PEPM), for all services included in this RFP in Attachment D. Fees will be broken out as Basic Services and Additional Member Services. Additional Member Services include services described in Section 7.12 and may or may not be accepted as a service by PEEHIP. Basic Services include all other administrative services described in this RFP. The totals in both sections should include all costs except actual claim payments to covered participants. Offerors 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 Offeror to provide provider fee guarantees. This worksheet should be completed and should provide details on recommended levels and amount of fees at risk.

# Alabama PEEHIP Medical PPO RFP

## 8.7 SELF INSURED PROJECTION

8.7.1 This section allows the Offeror to estimate the expected cost with their proposed provider network. Based on the specific claims experience provided in the repricing file, the Offerors are asked to estimate the expected costs under their medical management and pricing arrangements with providers in Attachment E. This is to be the Offeror'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 Offeror. There are two main inputs required of the Offerors:

- **Utilization Adjustment:** if the Offeror 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 Offeror 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 Offeror believes to be their per service cost.

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

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

Offerors 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. Offerors are required to supplement the fields identified.

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

## 9 PERFORMANCE GUARANTEES

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

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

9.2 Confirm your agreement with the proposed service level targets, measurement methodology, and reporting and penalty assessment schedule. Confirm Performance Guarantees will go into effect as of contract start date whether or not contract has been executed.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

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

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*Percent.*

### **10 PROPOSAL EXCEPTIONS & DEVIATIONS FORM**

10.1 If your proposal does not fully comply with the specifications in this RFP, please complete and upload the Proposal Exceptions & Deviations Form.

*Single, Radio group.*

1: Bid does not fully comply - Document Attached,

2: Bid does fully comply - Document Not Attached

Attached Document(s): [Attachment 1 - Proposal Exceptions & Deviations Form.docx](#)