

REQUEST FOR PROPOSALS

OPTIONAL PLANS – DENTAL, VISION, HOSPITAL INDEMNITY, AND CANCER

FOR THE

PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN (PEEHIP)

RFP 19-0002

# Alabama PEEHIP Optional Plans RFP 2019

## 1 PURPOSE/ INTRODUCTION

### 1.1 INTRODUCTION

Through the issuance of this Request for Proposal (RFP) the Public Education Employees' Health Insurance Plan (PEEHIP) is soliciting Proposals from qualified Bidders that can provide administrative only services for PEEHIP's self-funded Optional Plans – Dental, Vision, Hospital Indemnity, and Cancer. PEEHIP is looking for a single entity to administer all four Optional Plans. Bidders may not partner with another company to meet this requirement. The effective date for these plans is October 1, 2019. If interested and able to meet these requirements, PEEHIP appreciates and welcomes your proposal.

The contract term is for a three-year period beginning October 1, 2019. There will not be an extension of the contract period.

Five additional RFPs are being released separately from the Optional Plans RFP. They are:

- Comprehensive Medical
- Prescription Drug
- Flexible Spending Accounts (FSA)
- Wellness / Disease Management / Health Technology Services
- Medicare Advantage (MA)

Please note that Alabama PEEHIP has chosen to market the Medical, Prescription Drug, Flexible Spending Account (FSA), Optional, Wellness, and MA coverages separately. This RFP is **only** for the Optional Plans (dental, vision, hospital indemnity and cancer). Responses provided in this RFP should be for Optional Plans only. Any information which is provided by respondents, which pertains to Medical, Prescription Drugs, FSA, Wellness or MA coverages (unless explicitly requested within the RFP) will not be considered in evaluation of this RFP. This includes attempts by vendors to provide fees that are contingent upon the additional award of business in connection with the Medical, Prescription Drug, FSA, Wellness or MA administration. If you are interested in proposing services for any of the five additional RFPs, you may do so independently under each distinct RFP.

PEEHIP reserves the right to award any service in whole or in part, if proposals suggest that doing so would be in PEEHIP's best interest. PEEHIP also reserves the right to issue no award, or cancel, or alter the procurement at any time. In addition, PEEHIP reserves the right to extend the proposed RFP period, if needed. Proposals containing the lowest cost will not necessarily be awarded as PEEHIP recognizes that factors other than costs are important to the ultimate selection of the provider or providers of their benefit plan.

Proposals provided in response to this RFP must comply with the submittal requirements set forth in later sections, including all forms and certifications, and will be evaluated in accordance with the criteria and procedures described herein. Based on the results of the evaluation, PEEHIP will award the contract to the most advantageous Proposer, based on the evaluation cost and capability factors set forth in the RFP. Any contract awarded hereunder shall be subject to the approval of the PEEHIP Board of Control and all appropriate PEEHIP and governmental officials in accordance with applicable state laws and regulations.

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

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

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- Value of the benefit plans and services, taking into consideration the requirements of the RFP, proposed services and any "value added" terms, conditions and service levels
- Cost of the proposed benefits and/or services
- Qualifications of the firm including financial capacity, staffing, and availability of staff to work with PEEHIP during Open Enrollment
- Proposer's experience with the appropriate plans; commitment to such plans; experience offering such plans to public sector employers
- Proposer's ability to educate and communicate with program participants
- Proposer's ability to minimize enrollee disruption

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

## 2 GENERAL INFORMATION

### 2.1 BACKGROUND

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

Local employer units consist of all city school systems, county school systems, and community colleges in the state of Alabama. These entities are not allowed to opt out of the PEEHIP program. All 13 state four-year colleges and universities offer the PEEHIP program to their retirees, with only two institutions offering the program to the active population. However, others may join the program subject to meeting applicable requirements. In addition to comprehensive medical and prescription drug coverage, PEEHIP offers optional Dental, Vision, Hospital Indemnity, and Cancer plans. These Optional Plans are offered to all active and retired members of PEEHIP. The coverage level in which the member enrolls must be all single or all family, with the exception of the dental plan. In the event that the member's only dependent wears dentures, the member may carry single dental coverage, while other plans provide family coverage. Enrollees in the Optional Plans must remain enrolled for the entire plan year (October 1-September 30). New members employed during the Open Enrollment period cannot enroll in the Optional Plans on their date of employment and cancel the plans October 1 of that same year. Members enrolled in family coverage cannot change to single coverage outside of the Open Enrollment period, unless all dependent(s) become ineligible due to age, death or divorce.

PEEHIP reserves the right to institute any change affecting plan design and premium contributions as it continues to strive to offer its members the best benefits at the lowest possible cost.

Currently, the Optional Plans are administered under a single vendor, Southland Benefit Solutions. PEEHIP wishes to continue a similar arrangement -- all four optional plans administered by a single vendor.

Enrollment numbers for the PEEHIP Optional Plans is provided in the grid, below:

#### OPTIONAL PLANS

Enrollment as of September 30, 2018

	Active	Retired	Total			
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	Single	Family	Single	Family	Single	Family	Total Contracts	Covered Members	Lives per Contract
<b>Dental</b>	21,295	43,295	21,763	24,084	43,058	67,379	110,437	249,108	2.26
<b>Vision</b>	4,929	11,771	4,769	7,432	9,698	19,203	28,901	67,587	2.34
<b>Indemnity</b>	1,700	4,445	2,365	2,094	4,065	6,539	10,604	23,483	2.21
<b>Cancer</b>	2,661	6,000	3,812	4,564	6,473	10,564	17,037	36,499	2.14

## SCOPE AND OBJECTIVES

PEEHIP has high service expectations for the single bidder who will administer all four Optional Plans. Accurate, consistent, timely and comprehensive management reporting is also critically important. Specifically, PEEHIP is looking for an Optional Plans administrator that will:

- Offer a competitive financial arrangement, guarantee, and renewal terms
- 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 claims administration processes and procedures
- Provide excellent communication services
- Provide superior account service to PEEHIP and excellent customer support to members
- Provide seamless implementation of the program for PEEHIP and its members

## 3 RESPONSE INSTRUCTIONS

### 3.1 INSTRUCTIONS FOR SUBMITTING OFFERS

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

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

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

### 3.2 QUESTIONNAIRE INSTRUCTION

PEEHIP and Segal Consultants will review and evaluate each proposal carefully. Many questions within the RFP system do not require lengthy responses. When a question does require a written response, please provide a response that is clear and concise. DO NOT answer any of the questions by referring to a prior answer or by referring to an attachment. Any such answers will not be considered and will constitute sufficient grounds for rejecting a proposal. ANSWERS TO THE QUESTIONS SHOULD BE AS SHORT AND CONCISE AS POSSIBLE TO FACILITATE OUR ANALYSIS AND TO AVOID CONFUSION.

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## 3.3 BIDDER'S CONFERENCE

A Bidder's Conference will not be held for this RFP.

## 3.4 PROPOSAL DELIVERY

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

### 1. Technical Proposal:

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

### 2. Price Proposal:

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

### 3. Redacted Copy:

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

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

Ms. Laine Ingle  
Senior Consultant  
Segal Consulting  
2727 Paces Ferry Road SE, Building One, Suite 1400  
Atlanta, GA 30339-4053

Complete Proposals should be submitted via the Proposal Tech website by **5:00 p.m. EST on January 31, 2019**. Hard copy proposals should be delivered to the address noted above. **Hard copy proposals will be accepted until 5:00 p.m. EST on February 1, 2019**. Proposals will not be accepted after these stated dates and times. PEEHIP reserves the right to reject any and all responses to this RFP.

***Any questions regarding this RFP must be submitted electronically using the "Ask Question" feature via the Proposal Tech website by January 17, 2019 at 5:00 p.m. EST.***

## 3.5 KEY DATES

Event	Due Date
Release of RFP	January 7, 2019
Notification of Intent to Bid and NDAs due (by 5:00 pm EST)	January 15, 2019
Written Questions from Proposers Due Date	January 17, 2019
Response to Questions from Proposers	January 22, 2019
Electronic Bid Due Date (no later than 5:00 p.m. EST)	January 31, 2019
Hard Copy Bid Due Date (no later than 5:00 p.m. EST)	February 1, 2019
Notification of Finalist(s)	February 21, 2019

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Finalist(s) Presentation(s) in Montgomery (if necessary)	Week of March 11, 2019
Anticipated Contract Award Date	May 2019
Implementation	July 1, 2019
Effective Date	October 1, 2019

### 3.6 SELECTION OF PARTNER

All responding vendors will be notified in writing within a reasonable length of time following the selection. Prior to the selection of a vendor partner, two or more vendors 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

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

### 3.8 NEWS RELEASES

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

### 3.9 ADDENDA TO THE RFP

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

### 3.10 SOLICITATION CONTACT

All questions regarding this RFP should be submitted to the **Solicitation Contact**, Ms. Laine Ingle, through the Proposal Tech website. Questions regarding technical issues with the website should be directed to Proposal Tech, by calling (877) 211-8316, ext. #4, and asking for support. Any questions that arise concerning this RFP may be directed to Ms. Laine Ingle via the Proposal Tech website only, **prior to 5:00 p.m. EST on January 17, 2019.**

### 3.11 DISCLOSURE OF PROPOSAL CONTENTS

Proposals and supporting documents are kept confidential until the evaluation process is complete and a contract has been awarded. Bidders should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure, if required by law. Bidders should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "confidential." Bidders shall redact this information in the redacted copy provided to PEEHIP pursuant to Section 3.4 Proposal Delivery. Bidders shall also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records laws and is marked as proprietary information. Information contained in the price proposal may not be marked confidential. It is the sole responsibility of the Bidder to indicate information that is to remain confidential. If the Bidder identifies its entire proposal as confidential, PEEHIP may deem the proposal non-responsive and may reject it.

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

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thirty (30) days of notice or will be deemed to have waived any and all claim that information contained in the proposal is confidential and/or proprietary and any and all claims against PEEHIP for disclosure of Bidder's alleged confidential and/or proprietary information.

### 4 INTENT TO BID (with Minimum Requirements)

4.1 If your company intends to submit a proposal for administration of PEEHIP's self-funded Optional Plans, and wishes to access the Reference Documents (e.g., plan information, demographics, etc.), please complete the Intent to Bid form and Non-Disclosure Agreement (NDA), and email both forms to Ms. Laine Ingle, at [LIngle@segalco.com](mailto:LIngle@segalco.com) by **5:00pm EST on January 15, 2019**. The Intent to Bid and NDA forms may be downloaded from the Proposal Tech system for completion.

The Intent to Bid form outlines Minimum Requirements for bidding on the Optional Plans. These requirements will need to be confirmed before continuing with the bidding process.

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

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

*Single, Pull-down list.*

1: Completed and sent,

2: Not sent

## 5 INFORMATION REQUIRED FROM BIDDERS

### 5.1 QUALIFICATIONS OF THE FIRM - BUSINESS ORGANIZATION

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

*Unlimited.*

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

*Unlimited.*

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

*Unlimited.*

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

*Unlimited.*

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

*Unlimited.*

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## 5.2 QUALIFICATIONS OF THE FIRM - PRIOR EXPERIENCE

5.2.1 As indicated in the RFP questionnaire and as part of your proposal, include a brief statement (maximum 1,000 words) concerning the relevant experience of persons from your firm who will be administering all four Optional Plans. Do not include general corporate background brochures. Emphasize experience directly applicable to the administration of each Optional Plan – Dental Vision, Hospital Indemnity, and Cancer. Specific areas to be addressed must include the following required experience:

- Administration of self-funded Dental, Vision, Hospital Indemnity, and Cancer Plans, for clients with eligible membership of at least 100,000 lives
- Significant knowledge and experience with Dental, Vision, Hospital Indemnity, and Cancer Plans, including superior customer service, claims processing, network availability and management, staffing and communications

*Unlimited.*

## 5.3 QUALIFICATIONS OF THE FIRM - MANPOWER

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

*Unlimited.*

## 5.4 QUALIFICATIONS OF THE FIRM - AUTHORIZED OFFICIALS

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

*Unlimited.*

## 5.5 COST AND PRICE ANALYSIS

5.5.1 The information requested in this Section and the RFP questionnaire is required to support the reasonableness of your proposal price. Use the following format:

- Reflect the details of the expected total contract cost for fiscal plan years ending 2020, 2021, and 2022 (plan years run October 1st through September 30th-- e.g., plan year 2020 will run 10/1/19 – 9/30/20).
- PEEHIP desires to enter into a three-year contract for performing the Optional Plan services for fiscal plan years 2020 through 2022.
- Note: All “add-on” costs must be estimated and documented in the Price Proposal Worksheet – Attachment 1.



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## 5.6 SCORING CRITERIA

5.6.1 Proposals will be evaluated by a committee. Selection will be based on all factors listed below and others implicit within the RFP, and will represent the best performance and reasonable costs for PEEHIP. Oral presentations may be required as part of the evaluation criteria.

<b>Technical Proposal Section</b>	<b>Maximum Points</b>
General Information, Capabilities and Experience Administering Optional Plans	75 points
Staffing, Member Services and Account Management	75 points
Reporting to PEEHIP	75 points
Eligibility	100 points
Implementation and Communication and Education	75 points
Performance Guarantees for all Optional Plans	50 points
<b>Dental</b> – Plan Design, Network Access and Network Management, Plan Administration	125 points
<b>Vision</b> – Plan Design, Network Access and Network Management, Plan Administration	75 points
<b>Hospital Indemnity</b> – Plan Design and Plan Administration	50 points
<b>Cancer</b> – Plan Design and Plan Administration	50 points
<b>Total Technical Proposal</b>	<b>750 points</b>
<b>Total Price Proposal</b>	<b>250 points</b>
<b>Total Proposal</b>	<b>1000 points</b>
Finalist Interviews/Site Visits (optional)	100 points

## 5.7 OTHER INFORMATION

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

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

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

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

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

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

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## 5.8 ADDITIONAL PROCUREMENT DOCUMENTS

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

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

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

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

## 6 GENERAL PROPOSAL CONDITIONS

Below are the general conditions for submitting a proposal. By checking “Agree”, Bidder represents the proposal submitted adheres to these conditions, unless otherwise noted in the proposal. Failure to meet any of these conditions may result in disqualification of proposal. This RFP and your response, including all subsequent documents provided during this RFP process, will become part of the contract terms and policy between the parties.

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

6.4 Bidder will not be bound by oral explanations or instructions given during the competitive process or after the award of the contract(s). However, PEEHIP reserves the right to request that Bidder put any such oral

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explanations or instructions into writing and, once in written format, such documentation shall become part of Bidder's proposal for purposes of becoming part of the final agreement.

*Single, Radio group.*

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

6.5 Bidder agrees to be bound by its proposal for a period of at least 180 days, during which time PEEHIP and/or Segal may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall not affect the remainder of the proposal, but only the portion as amended or clarified.

*Single, Radio group.*

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

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

*Single, Radio group.*

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

6.7 The proposal must be signed (electronic signature is acceptable) by a legal representative of the bidding firm, who is authorized to bind the firm to a contract in the event of the award. All rates, fees and terms presented will be considered legally binding.

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

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*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

# Alabama PEEHIP Optional Plans RFP 2019

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

6.34 Bidder agrees to provide its organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 18 report or ISAE 3402 (If a foreign organization).

*Single, Radio group.*

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

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

*Single, Radio group.*

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

# Alabama PEEHIP Optional Plans RFP 2019

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

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

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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



## Alabama PEEHIP Optional Plans RFP 2019

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

# Alabama PEEHIP Optional Plans RFP 2019

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

# Alabama PEEHIP Optional Plans RFP 2019

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

6.56 Bidder must provide a dedicated Implementation Manager whose sole account is PEEHIP and who, in coordination with the dedicated Account Manager and PEEHIP Account Management team, will effectively manage the implementation of this program. The dedicated Implementation Manager must continue to support PEEHIP a minimum of 45 days after the implementation date of October 1, 2019, should PEEHIP desire. Such support includes, but is not limited to, weekly calls with PEEHIP and the designated Account Management team, maintenance of issue-tracking logs, and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*

1: Agree,

2: Disagree, explain: [ Unlimited ]

# Alabama PEEHIP Optional Plans RFP 2019

## 7 OPTIONAL PLAN CONFIRMATIONS

7.1 All four (4) coverages will be awarded to only one (1) vendor. Proposers may not partner with another company to meet this requirement.

*Single, Radio group.*

1: Agree,

2: Disagree, provide brief explanation: [ 500 words ]

7.2 Proposed fees must include transfer of claim accumulation on agreed upon electronic media to any subsequent administrator at no charge.

*Single, Radio group.*

1: Agree,

2: Disagree, provide brief explanation: [ 500 words ]

7.3 All fees must remain valid for the 36-month period beginning October 1, 2019.

*Single, Radio group.*

1: Agree,

2: Disagree, provide brief explanation: [ 500 words ]

7.4 There will be one ID card representing all four (4) optional coverages and the card will indicate the specific coverages elected by the member at enrollment. The vendor is required to assign the ID card contract number. It shall not contain the PID. PEEHIP does not store the contract number in our system.

*Single, Radio group.*

1: Agree,

2: Disagree, provide brief explanation: [ 500 words ]

7.5 Confirm that, upon written notice of termination of service agreement, the administrator will return to PEEHIP all files and records, and will provide claim accumulator data at no additional charge to PEEHIP.

*Single, Radio group.*

1: Agree,

2: Disagree, provide brief explanation: [ 500 words ]

7.6 Confirm that the administrator and PEEHIP agree that all such files, records, and data are owned solely by PEEHIP.

*Single, Radio group.*

1: Agree,

2: Disagree, provide brief explanation: [ 500 words ]

7.7 Confirm that the administrator will be responsible for collecting retroactively for two (2) years from the date a claim is paid. Overpayments will be paid back to PEEHIP, even if the administrator cannot recover from provider.

*Single, Radio group.*

1: Agree,

2: Disagree, provide brief explanation: [ 500 words ]

7.8 Confirm that, upon termination of agreement, administrator will provide run-out adjudication at no additional cost to PEEHIP.

*Single, Radio group.*

1: Agree,

2: Disagree, provide brief explanation: [ 500 words ]

# Alabama PEEHIP Optional Plans RFP 2019

7.9 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: Agree,

2: Disagree, provide brief explanation: [ 500 words ]

## 8 AGGREGATE QUESTIONNAIRE - GENERAL INFORMATION, CAPABILITIES, AND EXPERIENCE WITH OPTIONAL PLANS (DENTAL, VISION, HOSPITAL INDEMNITY, and CANCER)

This section consists of questions, which are generally applicable to administration of the Optional coverages, in aggregate.

### 8.1 REFERENCES

8.1.1 Provide three current customer references, separately for each of the four Optional Plans. At least one of these references must have a minimum of 100,000 eligible employees. PEEHIP is interested in working with carriers that have experience with and a history of providing Dental, Vision, Hospital Indemnity, and Cancer benefits to public sector plans of similar size. Provide the following for each reference:

<b>Dental</b>	Reference 1	Reference 2	Reference 3
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Number of participating employees/subscribers	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

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h. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

### 8.1.2

<b>Vision</b>	Reference 1	Reference 2	Reference 3
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Number of participating employees/subscribers	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

### 8.1.3

<b>Hospital Indemnity</b>	Reference 1	Reference 2	Reference 3
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a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Number of participating employees/subscribers	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Description of Services	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

### 8.1.4

<b>Cancer</b>	Reference 1	Reference 2	Reference 3
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Number of participating employees/subscribers	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

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e. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

8.1.5 Provide this same information for two (2) recently terminated customers, separately for each of the four Optional Plans. Include the reason the engagement was terminated.

<b>Dental</b>	Reference 1	Reference 2
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>



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i. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Reason for termination	<i>Unlimited.</i>	<i>Unlimited.</i>

### 8.1.6

<b>Vision</b>	Reference 1	Reference 2
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Reason for termination	<i>Unlimited.</i>	<i>Unlimited.</i>

### 8.1.7

<b>Hospital Indemnity</b>	Reference 1	Reference 2

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a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Reason for termination	<i>Unlimited.</i>	<i>Unlimited.</i>

### 8.1.8

<b>Cancer</b>	Reference 1	Reference 2
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>

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f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Reason for termination	<i>Unlimited.</i>	<i>Unlimited.</i>

## 8.2 COMPANY OVERVIEW

8.2.1 Please provide the following information for the proposed administrator of the Optional Plans.

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

8.2.2 Provide the location of the Bidder's office(s) that would be responsible for managing the PEEHIP contract.  
*Unlimited.*

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

	<b>Name and Address</b>	<b>Type of Service(s)</b>	<b>Years Utilizing this Contractor</b>	<b>Contractual Relationship</b>	<b>For which Optional Coverage will this Subcontractor be used?</b>	<b>Comments</b>

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1.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe in comments	<i>Unlimited.</i> Nothing required
2.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe in comments	<i>Unlimited.</i> Nothing required
3.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe in comments	<i>Unlimited.</i> Nothing required
4.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe in comments	<i>Unlimited.</i> Nothing required
5.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Dental, 2: Vision, 3: Hospital Indemnity, 4: Cancer, 5: All of the above, 6: Other, please describe in comments	<i>Unlimited.</i> Nothing required

8.2.4 Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your sub-contractors.

*Unlimited.*

8.2.5 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? Please explain.

*500 words.*

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8.2.6 Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes recently completed, in process at this time or proposed within the next 12-24 months.  
500 words.

8.2.7 What are the most recent ratings for your company by the following rating entities?

	Rating	Date
A.M. Best	10 words.	10 words.
Fitch	10 words.	10 words.
Moody's	10 words.	10 words.
Standard and Poor's	10 words.	10 words.

8.2.8 If any rating has changed within the past 12 months, from any of the rating agencies, please explain.  
500 words.

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

## 8.3 EXPERIENCE

8.3.1 Confirm that your company can administer Dental, Vision, Hospital Indemnity and Cancer.

*Single, Radio group.*

1: Confirmed,

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

8.3.2 Provide an overview of your organization/firm, including, at minimum: historical background, location(s) of business, main business activity, length of time in business, length of time administering Dental, Vision, Hospital Indemnity and Cancer benefits, and organizational structure

	Response
Dental	Unlimited.
Vision	Unlimited.

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Hospital Indemnity	<i>Unlimited.</i>
Cancer	<i>Unlimited.</i>

8.3.3 Provide statistics regarding your Dental, Vision, Hospital Indemnity, Cancer benefits business for your entire book of business. Provide statistics further split as requested in the grids, below.

Dental:

	Total Group Members	Group Members in Alabama	Total Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

8.3.4 Vision:

	Total Group Members	Group Members in Alabama	Total Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

8.3.5 Hospital Indemnity:

	Total Group Members	Group Members in Alabama	Total Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

8.3.6 Cancer:

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	Total Group Members	Group Members in Alabama	Total Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

8.3.7 Provide your organization's 2018 year-end membership for each of the following coverages.

	2018 Year End Membership
Dental	<i>Integer.</i>
Vision	<i>Integer.</i>
Hospital Indemnity	<i>Integer.</i>
Cancer	<i>Integer.</i>

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

	2019 New Groups
Dental	<i>Integer.</i>
Vision	<i>Integer.</i>
Hospital Indemnity	<i>Integer.</i>
Cancer	<i>Integer.</i>

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

	2019 Total Group Member Percentage Renewed
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Dental	<i>Integer.</i>
Vision	<i>Integer.</i>
Hospital Indemnity	<i>Integer.</i>
Cancer	<i>Integer.</i>

## 8.4 STAFFING

8.4.1 Confirm that you will be available and participate in an agreed upon manner 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 each July 1 and end on August 31 for paper enrollment elections and changes or September 10 for online enrollment elections and changes.

*Single, Radio group.*

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

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

*Single, Radio group.*

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

8.4.3 Confirm that your organization will continue to support PEEHIP after Open Enrollment. The dedicated implementation manager must continue to support PEEHIP a minimum of 45 days after the implementation date of October 1, 2019, should PEEHIP desire. Such support includes, but is not limited to: weekly calls with PEEHIP and the designated Account Management team; maintenance of issue tracking logs; issue resolution, and seamless transition of account management to the appropriate individual post implementation. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

*Unlimited.*

8.4.4 Please provide the following information:

- a. A statement of whether the Bidder or any of the Bidder's employees, agents, independent contractors, or subcontractors have been convicted of, pled guilty to, or pled nolo contendere to any felony, and if so, an explanation providing relevant details.
- b. A statement of whether there is any concluded or pending litigation against the Bidder or Bidder's employees related to a contract engagement; and if such litigation exists, an attached opinion of counsel as to whether the pending litigation will impair the firms performance in a contract under this RFP.
- c. A statement of whether the Bidder or any of the Bidder's business associates have reported a HIPAA breach



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involving 500 or more individuals in a given state or jurisdiction.

d. A statement on how Bidder vets employees and/or contract personnel to ensure workforce clearance procedures are followed under HIPAA.

e. A statement as to whether, in the last ten years, Bidder or any of its subcontractors has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.”

*Unlimited.*

## 8.5 MEMBER SERVICES

8.5.1 Describe the hours and days the Member Services unit will have live representatives available to PEEHIP members. At a minimum, PEEHIP requires your Member Services unit to be available from 8 a.m. to 5 p.m., Monday through Friday, CST.

*500 words.*

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

*500 words.*

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

*Single, Radio group.*

1: Voice mail,

2: No service,

3: Full service – 24/7,

4: Some extended hours for calls,

5: Other, please specify: [ 500 words ]

8.5.4 Confirm each of the following:

<b>Member Services</b>	<b>Response</b>	<b>Comments</b>
a. Bidders will operate a dedicated member services unit with a toll-free dedicated member services telephone line to answer questions from PEEHIP’s members.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, Explain in comments	<i>500 words.</i> Nothing required
b. Proposers will have special telephone features for the hearing impaired.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	
c. Resources will be available to assist non-English speaking callers through a translation service.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	
d. All calls will be recorded and kept for 24 months and made available for PEEHIP’s review upon request.	<i>Single, Pull-down list.</i>	

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	1: Confirmed, 2: Not confirmed	
e. Member Service Representatives (MSR) will warm or soft transfer members to other service areas or Vendors including PEEHIP, if necessary.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	
f. Members will easily be able to opt out of the Interactive Voice Response (IVR) to speak with a live MSR.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	

8.5.5 Please provide the geographic location of the Member Services unit(s) that will be servicing PEEHIP's members. Will this service be outsourced? If so, provide the name of the outsourcer. If the location or outsource differs among the four coverages, please explain.

*Unlimited.*

8.5.6 How large is your Member Services department? How many employees work exclusively in this department?

Plan	Number of employees working exclusively in Member Services department
Dental	<i>Unlimited.</i>
Vision	<i>Unlimited.</i>
Hospital Indemnity	<i>Unlimited.</i>
Cancer	<i>Unlimited.</i>

8.5.7 Describe your ability to provide PEEHIP's staff with call monitoring capability, for live and/or recorded calls, remotely and onsite. If recorded calls, confirm that you will allow PEEHIP to select a sampling on a weekly basis. Please describe your organization's system capabilities for enabling PEEHIP staff to hear a specific call made to your call center, if PEEHIP can provide the date, time, and MSR involved. If your response differs among the four Optional benefit plans, please explain.

*Unlimited.*

8.5.8 Describe your efforts and procedures to achieve one call resolution.

*Unlimited.*

8.5.9 Describe the escalation process for Member Services satisfaction and complaints. If your response differs among the four Optional plans, please explain.

*Unlimited.*

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8.5.10 Describe your initial internal and external appeals and grievances processes and guidelines. If your response differs among the four Optional plans, please explain.

*Single, Radio group.*

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

8.5.11 Confirm that you will issue a single member ID card # and mail, via surface mail, to all covered Members within ten (10) business days following the enrollment period. Note that there will only be one ID card # issued in the name of the subscriber, representing all four optional coverages for individual coverage or family coverage. Confirm that you will mail ID cards to newly enrolled Members within five (5) business days of enrollment. 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. Indicate how many ID cards you will mail to subscribers who have family coverage.

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

<b>ID Card Information</b>	<b>Dental</b>	<b>Vision</b>	<b>Hospital Indemnity</b>	<b>Cancer</b>
The subscriber member's name	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
Vendor assigned Contract Number	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
Bidder's toll-free eligibility and pre-certification services telephone number and applicable co-payments and deductibles for services	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

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Indicate type of optional coverage and whether individual or family coverage for each. Note: A member can have one or <i>more optional plans</i> . <i>Members no longer have to elect all family or all single coverage. For example, members can elect family dental and single vision, etc.</i>	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
The effective date of coverage.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
List any elements not currently included.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

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

*500 words.*

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

*Unlimited.*

8.5.16 Please complete the following table:

<b>Provider Directories</b>	<b>Dental</b>	<b>Vision</b>
Describe the provider directories available to your membership.	<i>Unlimited.</i>	<i>Unlimited.</i>
Do you issue hard copies?	<i>Yes/No.</i>	<i>Yes/No.</i>
Can the directories be accessed online? If so, how close to real time are they updated?	<i>Unlimited.</i>	<i>Unlimited.</i>

8.5.17 Indicate whether your member website provides the following:

<b>Member Website Capabilities</b>	<b>Dental</b>	<b>Vision</b>	<b>Hospital Indemnity</b>	<b>Cancer</b>

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Provider directory and provider search	Yes/No.	Yes/No.	Yes/No.	Yes/No.
Directions to provider's office provided by Map Quest or other mapping/direction applications	Yes/No.	Yes/No.	Yes/No.	Yes/No.
Ability to schedule an appointment online	Yes/No.	Yes/No.	Yes/No.	Yes/No.
Ability to review claims payment status online	Yes/No.	Yes/No.	Yes/No.	Yes/No.
Ability to review a history of claims payments, including deductible status	Yes/No.	Yes/No.	Yes/No.	Yes/No.
Ability to see a summary of PEEHIP's plan design	Yes/No.	Yes/No.	Yes/No.	Yes/No.
Ability to print ID cards and request replacement cards	Yes/No.	Yes/No.	Yes/No.	Yes/No.
Ability to contact member services online	Yes/No.	Yes/No.	Yes/No.	Yes/No.
Information about diseases and conditions	Yes/No.	Yes/No.	Yes/No.	Yes/No.
Contact information for PEEHIP, its other vendors, and links to their websites	Yes/No.	Yes/No.	Yes/No.	Yes/No.
On-line access to forms	Yes/No.	Yes/No.	Yes/No.	Yes/No.

8.5.18 Describe your organization's member satisfaction surveys and provide the most recent results for each of the four Optional Plans.

*500 words.*

## 8.6 ACCOUNT MANAGEMENT/CLIENT SERVICES

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

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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.

8.6.2 Identify the key account management team you propose to work on this account and provide an organization chart, including names and titles, of management and key personnel that will be responsible for account management. Some positions may be dedicated and others may be designated. Please describe your definitions for “Dedicated” and “Designated” and indicate which positions are Dedicated vs. Designated. At a minimum, your team should include an Account Executive, Customer Service Manager, Eligibility Manager, Implementation Coordinator and an IT Manager.

*1000 words.*

8.6.3 Provide a resume for each member of the account management team listed in the organization chart, detailing their experience with administering the Optional Plans and the percentage of time each team member will dedicate to this account.

*500 words.*

8.6.4 What office(s)/location(s) would be responsible for providing implementation, account management, and Member Services?

*500 words.*

8.6.5 Please provide the following information regarding the account service team that would be assigned this account.

	<b>Name</b>	<b>Location</b>	<b>Years of Industry Experience</b>	<b>Years with Organization</b>	<b>Years in Current Position</b>	<b>Number of Accounts Currently Assigned</b>

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Account Executive	500 words.	500 words.	500 words.	500 words.	500 words.	500 words.
Customer Service Manager	500 words.	500 words.	500 words.	500 words.	500 words.	500 words.
Eligibility Manager	500 words.	500 words.	500 words.	500 words.	500 words.	500 words.
Implementation Coordinator	500 words.	500 words.	500 words.	500 words.	500 words.	500 words.
IT Manager	500 words.	500 words.	500 words.	500 words.	500 words.	500 words.
Other	500 words.	500 words.	500 words.	500 words.	500 words.	500 words.

8.6.6 Please describe your firm's turn-over rate, as it pertains to Implementation, Account Management, and Member Services staff.

	Dental	Vision	Hospital Indemnity	Cancer
Implementation staff turn-over	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
Account Management staff turn-over rate	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
Member Services staff turnover	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

8.6.7 Confirm that you will provide an account executive and a backup account staff member that will handle **ALL** service matters related to the operation of the program.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

8.6.8 Confirm that PEEHIP's account executive or back up account staff member will respond to all PEEHIP inquiries within one business day.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

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

500 words.

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

Unlimited.

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

Single, Radio group.

1: Confirmed, uploaded to Proposal Tech [ Unlimited ] ,

2: Not confirmed [ Unlimited ]

8.6.12 Confirm the Account Manager will lead bi-weekly, or at a frequency determined by PEEHIP, meetings with PEEHIP and maintain an accurate, up to date task log of current issues and discussion items. The Account Manager will be responsible for overseeing the task log and ensuring each identified issue is addressed until resolution is achieved.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

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

Single, Radio group.

1: Confirmed [ Unlimited ] ,

2: Not confirmed [ Unlimited ]

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

Single, Radio group.

1: Confirmed,;

2: Not confirmed [ Unlimited ] .

8.6.15 Do your services include legislative updates to plan sponsors?

Single, Pull-down list.

1: Yes – included in Standard Fees,

2: Yes – for Additional Charge,

3: No

## 8.7 CLAIMS PROCESSING

8.7.1 With regard to the claim offices that will be used, provide the following for each coverage line:

	Dental	Vision	Hospital Indemnity	Cancer



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Location	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
Average Claims/Processor/Day	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
Annual Claim Volume	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
Percentage of claims that are auto-adjudicated	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
Indicate the average time to pay the appropriate provider type from receipt of a “clean claim”:	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

8.7.2 Please complete the following table:

	<b>Dental</b>	<b>Vision</b>	<b>Hospital Indemnity</b>	<b>Cancer</b>
Confirm that the claims processing system is integrated with the eligibility and member services system.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

8.7.3 Describe the claims payment process from submission to payment/reimbursement for each coverage line.

	<b>Dental</b>	<b>Vision</b>	<b>Hospital Indemnity</b>	<b>Cancer</b>
Claims Payment Process from date of receipt to full issuance of checks to providers or patients.	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

8.7.4 What percentage of claims is processed in 5, 10, 20 and 20+ days?

<b>Indicate % of claims paid in # of days</b>	<b>Dental</b>	<b>Vision</b>	<b>Hospital Indemnity</b>	<b>Cancer</b>
% paid in under 5 days	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>

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% paid in 5 - 10 days	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
% paid in 11 - 20 days	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
% paid in over 20 days	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>

8.7.5 Using current calendar year data through 2018, please list your Standard Target and Average Statistics in the table below for the claim offices that will have payment responsibility for this account:

	<b>Dental Target</b>	<b>Dental Average Statistics</b>	<b>Vision Target</b>	<b>Vision Average Statistics</b>	<b>Hospital Indemnity Target</b>	<b>Hospital Indemnity Average Statistics</b>	<b>Cancer Target</b>	<b>Cancer Average Statistics</b>
Claims processing turnaround time (% within XX business days)	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Answer speed (seconds)	<i>Decimal</i> .	<i>Decimal.</i>	<i>Decimal</i> .	<i>Decimal.</i>	<i>Decimal.</i>	<i>Decimal.</i>	<i>Decimal</i> .	<i>Decimal.</i>
Wait time (seconds)	<i>Decimal</i> .	<i>Decimal.</i>	<i>Decimal</i> .	<i>Decimal.</i>	<i>Decimal.</i>	<i>Decimal.</i>	<i>Decimal</i> .	<i>Decimal.</i>
Abandonment rate (%)	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Payment accuracy (% of all claims paid)	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Financial accuracy % of	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>

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all claims paid)								
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8.7.6 Provide a copy of your claim form for each line of coverage - Dental, Vision, Hospital Indemnity, and Cancer.

*Single, Radio group.*

- 1: Provided,
- 2: Not provided [ Unlimited ]

8.7.7 Confirm that claims must be received by the administrator within 365 days of the incurred date to be eligible for payment.

*Single, Radio group.*

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

8.7.8 Describe your process for handling exceptions (i.e., claims received after claims filing deadline).

	Dental	Vision	Hospital Indemnity	Cancer
Process for handling exceptions (i.e., claims received after claims filing deadline).	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

8.7.9 Does your EOB, show both the negotiated and actual charges?

*Single, Pull-down list.*

- 1: Negotiated,
- 2: Actual,
- 3: Both

8.7.10 Describe your procedures for assisting providers with claims denial/rejection issues.

*Unlimited.*

## 8.8 REPORTING TO PEEHIP

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

	Dental	Vision	Hospital Indemnity	Cancer
Standard web portal and member services utilization reports	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

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8.8.2 Confirm that you will provide monthly, quarterly, and annual appeals reports to PEEHIP for all four Optional Plans.

	Dental	Vision	Hospital Indemnity	Cancer
Confirm that you will provide monthly, quarterly, and annual appeals reports	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

8.8.3 Proposers shall create and generate standard utilization and claim payment reports. Provide a list of your standard reports. For each report on the list, include a description of the report, the report frequency, and whether there is an additional charge for any specific reports listed.

	Dental	Vision	Hospital Indemnity	Cancer
Confirm you will create and generate standard utilization and cost reports	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
List of standard reports	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
Description of each report	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
Are all reports available online currently? If no, please list those not currently available online.	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
Confirm that you are able to customize standard reports and this is included in your quoted premium(s).	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
Additional charge for any specific reports? (Do not include fees )	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

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

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*Single, Radio group.*

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

8.8.5 Confirm that your organization will provide this data in a mutually agreed upon format by the 3rd working day of the month following the subject month.

*Single, Radio group.*

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

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

*Single, Radio group.*

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

8.8.7 Please complete the following table:

	<b>Dental</b>		<b>Vision</b>		<b>Hospital Indemnity</b>		<b>Cancer</b>	
Confirm that you are able to customize standard reports and this is included in your quoted rates(s).	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required
Are these reports available online currently?	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required

8.8.8 Please complete the following table:

	<b>Dental</b>		<b>Vision</b>		<b>Hospital Indemnity</b>		<b>Cancer</b>	

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Confirm that PEEHIP will be provided sufficient information regarding the previous year's renewals to audit them for accuracy and compare them to actual experience	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>500 words.</i> Nothing required
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8.8.9 Is there an additional charge for ad hoc reporting? If so, please provide the average cost per report and the average preparation time.

	<b>Dental</b>	<b>Vision</b>	<b>Hospital Indemnity</b>	<b>Cancer</b>
Rate structure for ad hoc reports	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>	<i>500 words.</i>

## 8.9 ELIGIBILITY

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

*Unlimited.*

8.9.2 Confirm that you utilize a single enrollment system/ platform for processing eligibility.

*Single, Radio group.*

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

8.9.3 Confirm that you will update eligibility data daily within 24 hours from receipt of data for all four Optional Plans.

*Single, Radio group.*

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

8.9.4 PEEHIP will handle all enrollments and cancellations, and transmit that data in an 834 file, daily, to the Contractor for processing. Confirm that you will electronically accept and process these files within 24 hours

## Alabama PEEHIP Optional Plans RFP 2019

for the ASC X12 Benefit Enrollment and 834 Maintenance (834) transaction provided file format sent to you by PEEHIP daily.

*Single, Radio group.*

1: Confirmed,

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

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

*Single, Radio group.*

1: Confirmed,

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

8.9.6 If a conflict is found and believed to be at the fault of your organization, confirm that the conflict information will be reported back to PEEHIP within one business day, and confirm that every effort will be made to correct the issue and properly load the file within 24 hours of submission by PEEHIP.

*Single, Radio group.*

1: Confirmed,

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

8.9.7 Confirm that your present system is capable of handling more than 1 file in a day if requested by PEEHIP for all four Optional Plans.

*Single, Radio group.*

1: Confirmed,

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

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

*Single, Radio group.*

1: Confirmed,

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

8.9.9 Confirm that you will be responsible for certifying participant eligibility for all four Optional Plans through your on-line system.

*Single, Radio group.*

1: Confirmed,

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

8.9.10 Confirm that, for all four Optional Plans, your organization will store member level detail using SSNs, PEEHIP-assigned Individual PIDs, and PEEHIP-assigned Subscriber PIDs, and will include it on any member-level reporting back to PEEHIP.

*Single, Radio group.*

1: Confirmed,

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

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

*Single, Radio group.*

1: Confirmed,

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

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8.9.12 Describe the procedures to ensure files are received and processed within 24 hours from transmittal by PEEHIP for all four Optional Plans. What safeguards are in place to detect missing or failed files?

*Unlimited.*

8.9.13 Confirm that you will send an email to PEEHIP confirming the receipt of eligibility file(s) within 24 hours of receipt.

*Single, Radio group.*

1: Confirmed,

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

8.9.14 Confirm you will send an email to PEEHIP confirming processing of eligibility file(s) within 24 hours of processing completion.

*Single, Radio group.*

1: Confirmed,

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

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

*Single, Radio group.*

1: Confirmed,

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

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

*500 words.*

8.9.17 Will the previous file(s) be reinstated?

*500 words.*

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

*Single, Radio group.*

1: Confirmed,

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

8.9.19 Confirm that your organization will generate a reconciliation eligibility file monthly on an agreed upon recurring date and as of an agreed upon date, or on demand, and that this file will contain, at a minimum, the member's SSNs, first name, last name, PEEHIP-assigned Individual PIDs, PEEHIP-assigned Subscriber PIDs, , demographics, enrollment date, and termination date.

*Single, Radio group.*

1: Confirmed,

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

8.9.20 Does your system allow for direct and remote access manual data entry and correction of eligibility data by authorized PEEHIP staff?

*Single, Radio group.*

1: Yes,

2: No



## Alabama PEEHIP Optional Plans RFP 2019

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

*Unlimited.*

8.9.22 Describe what, if any, situations occur in which your system cannot function electronically. Describe how manual overrides are handled in each of those situations.

*Unlimited.*

8.9.23 Confirm that there will be no minimum participation requirements for any of the four Optional coverages.

*Single, Radio group.*

1: Confirmed,

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

## 8.10 FINANCE AND BANKING

8.10.1 Please provide a sample of a single detailed invoice representing all four Optional Plans.

*Single, Radio group.*

1: Provided,

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

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

*Single, Radio group.*

1: Confirmed,

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

8.10.3 Confirm you will provide invoices/billing, representing all four plans, on a monthly basis.

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed

8.10.4 The Bidder will invoice PEEHIP twice monthly for claims and once monthly for the administrative services.

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed

8.10.5 PEEHIP will pay all undisputed invoiced amounts for claims and service fees to the Bidder within five (5) business days after PEEHIP receives an invoice from the Bidder.

*Single, Pull-down list.*

1: Confirmed,

2: Not confirmed

# Alabama PEEHIP Optional Plans RFP 2019

## 8.11 IMPLEMENTATION

8.11.1 Provide an Implementation Project Plan for each of the four Optional Plans. Include a detailed timetable assuming a Notice of Contract Award by May 1, 2019 for a October 1, 2019 Program 'go-live' date. Note that PEEHIP's Open Enrollment period begins each July 1. Development of communications is expected to commence upon Contract Award to assist PEEHIP with any communications necessary prior to Open Enrollment. At a minimum, the implementation Project Plan for each Optional Plan must provide specific details regarding the following:

- a. Identification and timing of significant responsibilities and tasks
- b. Names, titles, and implementation experience of key implementation staff and time dedicated to PEEHIP during implementation
- c. Identification and timing of PEEHIP's responsibilities
- d. Transition requirements with the incumbent vendors
- e. Staff assigned to attend and present (if required) at open enrollment/education sessions
- f. Member communication plan - including development and assistance to PEEHIP, prior to Open Enrollment, and on-site Open Enrollment meetings.
- g. Provider communication plan - including details on what the provider community (in and out-of-network) needs to know and how you will communicate it.
- h. Data and timing requirements from current carriers to ensure transition of care and prior-authorization data is appropriately transferred

*Unlimited.*

8.11.2 Confirm that the Implementation Project Plan with timetable, for each of the four Optional Plans, will be submitted to PEEHIP within 5 (five) business days of receiving Notice of Contract Award.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not confirmed

8.11.3 Confirm that at least sixty (60) days prior to October 1, 2019 effective date, PEEHIP will have a readiness review . The readiness review will include verification (by PEEHIP or its agent) that PEEHIP's benefits have been properly loaded into your claims processing system. PEEHIP will provide the Contractor with a summary of findings as well as areas requiring corrective action.

*Single, Radio group.*

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

8.11.4 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 all four Optional Plan coverages? What dollar amount are you willing to provide?

*500 words.*

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

*Unlimited.*

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

*Unlimited.*

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8.11.7 Confirm that all PEEHIP members will have a valid ID card in hand prior to October 1, 2019.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

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

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

## 8.12 COMMUNICATION AND EDUCATION

8.12.1 Please complete the following table:

	Response
a. Describe how your organization can effectively communicate with and educate PEEHIP's members.	<i>Unlimited.</i>
b. What is your communication and education strategy and why do you think that strategy is the right one?	<i>Unlimited.</i>
c. How will you implement that strategy?	<i>Unlimited.</i>

8.12.2 Please complete the following table:

	Response
a. Please list all communication and educational materials you will provide to the PEEHIP membership	<i>Unlimited.</i>
b. Provide samples of communication and educational materials, including a sample of an employee brochure and payroll stuffers.	<i>Single, Pull-down list.</i> 1: Attached, 2: Not provided

8.12.3 Confirm each of the following:

Customized Communications	Response

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a. Confirm that letters can be customized with PEEHIP's logo as requested by PEEHIP.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
b. Confirm that PEEHIP will be provided an opportunity to review and approve all communication materials (including letters, brochures, electronic, website, etc.) prior to being sent to members and providers.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

8.12.4 How often are communication materials provided (i.e., Replenished throughout year for new hires, focused meetings, etc.)?

*Unlimited.*

8.12.5 Please identify standard communication services included in your proposal.

	<b>Included in Fee</b>	<b>Response</b>
Prepare and issue plan document as specified by PEEHIP (Summary Plan Descriptions)	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Maintain member eligibility files	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Certify member claim eligibility	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Handle all claim investigations	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Direct claim handling/maintaining claim files	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Notification and administration of disputed and denied claims and claims appeals	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Provide claim forms to members	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required

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Run-out claim adjudication in the event of termination of your contract	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
General letters/correspondence sent to participants	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Provide claims accumulator data at contract termination.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Toll Free Access	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Internet Member and PEEHIP staff Access	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required

### 8.13 PERFORMANCE GUARANTEES

PEEHIP is interested in negotiating performance standards on financial performance results with the selected vendor to encourage the vendor to provide superior performance. Vendor's failure to meet the performance guarantee(s) would result in financial penalties. Please review and complete Attachment 2 - Performance Guarantees. Higher assessments than required are encouraged.

8.13.1 Confirm your agreement with the proposed service level targets and associated guarantees for each of the four Optional Plans.

*Single, Radio group.*

- 1: Confirmed,
- 2: Not confirmed

## 9 QUESTIONNAIRE - DENTAL

### 9.1 DENTAL PLAN DESIGN

PEEHIP is requiring Bidders to mirror the current dental plan, in both the benefit design and in the administration of the plan. Bidders should replicate the plan design as close as possible and not alter the benefits structure in any way. A summary of current dental benefits can be found in the Member Handbook, which is an attachment to this RFP.

9.1.1 Confirm you will replicate the current plan design and administration for the dental plan. If not, indicate any deviations on the Exceptions and Deviations form housed on the Proposal Tech site.

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Single, Radio group.

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

9.1.2 Describe whether you have the flexibility to administer a benefit in a manner that may differ from your standard procedure, in order to match how that benefit is currently administered under the PEEHIP plan.

Unlimited.

## 9.2 DENTAL NETWORK ACCESS AND NETWORK MANAGEMENT

9.2.1 Perform and provide a GeoAccess analysis based on your contracted dental provider network and the Census File. The census will be provided upon receipt of a fully executed NDA. The access standards in the table below will be utilized in the analysis. Please base your analysis on PEEHIP’s ENTIRE eligible population. Upload this document with your proposal in the Response Documents section.

Provider Type	Urban/ Suburban Access Standards	Rural Access Standards
General Dentist	2 in 10 miles	2 in 20 miles
Periodontist/Endodontist	1 in 10 miles	1 in 20 miles
Oral Surgeon	1 in 10 miles	1 in 20 miles
Orthodontist	1 in 10 miles	1 in 20 miles
Pediatric Dentist	1 in 10 miles	1 in 20 miles
Other Specialist	1 in 10 miles	1 in 20 miles

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

9.2.2 Please enter the number of employees who have and do not have the indicated access to your providers, based upon the outcome of your GeoAccess analysis.

Dental Access Standards	Urban/ Suburban # of Employees WITH Access	Urban/ Suburban # of Employees WITHOUT Access	Rural Access Standards	Rural # of Employees WITH Access	Rural # of Employees WITHOUT Access
2 General Dentists within 10 miles	500 words.	500 words.	2 General Dentists within 20 miles	500 words.	500 words.
1 Periodontist/ Endodontist within 10 miles	500 words.	500 words.	1 Periodontist/ Endodontist within 20 miles	500 words.	500 words.

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1 Oral Surgeon within 10 miles	500 words.	500 words.	1 Oral Surgeon within 20 miles	500 words.	500 words.
1 Orthodontist within 10 miles	500 words.	500 words.	1 Orthodontist within 20 miles	500 words.	500 words.
1 Pediatric Dentist within 10 miles	500 words.	500 words.	1 Pediatric Dentist within 20 miles	500 words.	500 words.
1 Other Specialist within 10 miles	500 words.	500 words.	1 Other Specialist within 20 miles	500 words.	500 words.

9.2.3 Provider Count Grid (by county): Complete the attached grid, Dental Providers by County Grid, with the applicable provider count by county. Upload this document with your proposal in the Response Documents section.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

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

500 words.

9.2.5 How much notice will PEEHIP be provided when providers are added to or leave a network?

500 words.

9.2.6 Provide your provider turnover percentages for calendar years 2017 and 2018. Breakdown your providers by category, and calculate turnover percentages for each category. So that each Proposer calculates the turnover rate in the same manner, follow these instructions:

- a. Provide the number of contracted providers as of the first day of each calendar year quarter for each quarter of 2017, and 2018. Average the numbers of each year to obtain the average number of providers contracted for the year.
- b. Provide the number of providers which were under contract at any point during 2017, and 2018 and were no longer under contract as of the last day (December 31) of that year, i.e., the total number of separations during 2017, and 2018.
- c. Calculate the turnover rate as the total number of separations for the year divided by the average number of contracted providers for the year.

Provider Turnover – 2017	Provider Turnover – 2018
Unlimited.	Unlimited.

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9.2.7 How often are your providers re-credentialed?

*Single, Radio group.*

- 1: Monthly,
- 2: Quarterly,
- 3: Annually,
- 4: Other, please specify: [ 500 words ]

9.2.8 Indicate typical reasons for involuntary termination of a provider from your network.

*Multi, Checkboxes.*

- 1: Specific outcome of any malpractice claims,
- 2: Specific number of malpractice claims,
- 3: Based on review of irregular claims,
- 4: Based on review of possible claims abuse,
- 5: Based on medical/dental outcomes,
- 6: Based on licensing issues,
- 7: Failure to meet contracting requirements,
- 8: Other, specify: [ 500 words ]

9.2.9 During the 2018 calendar year, what was the involuntary termination rate of providers from your network?

*Single, Pull-down list.*

- 1: Under 5 percent,
- 2: 5 percent -- 10 percent,
- 3: Over 10 percent

9.2.10 Do you wholly own, partially own or lease your network? If not wholly-owned, please provide details of ownership or leased network arrangement(s).

*Single, Radio group.*

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

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

*Percent.*

9.2.12 If a member needs care while in an area where you have a network (but the network is not part of the employer's plan), can the plan benefit from the discounts?

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

## 9.3 DENTAL PLAN ADMINISTRATION

9.3.1 What data source is used for determining reasonable and customary (R&C)?

*Single, Radio group.*

- 1: Ingenix,
- 2: Proprietary system,
- 3: Network contract rates,
- 4: Other, please specify: [ 500 words ]



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9.3.2 How often is the R&C data source updated?

*Single, Radio group.*

- 1: Monthly,
- 2: Quarterly,
- 3: Annually,
- 4: Other, please specify: [ 500 words ]

9.3.3 At what percentile does your firm standardly pay R&C charges?

*Single, Radio group.*

- 1: 70th percentile,
- 2: 80th percentile,
- 3: 90th percentile,
- 4: Other, please specify: [ 500 words ]

9.3.4 Can the R&C percentile be changed at PEEHIP's request?

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

9.3.5 How do you administer claims in excess of R&C?

*Single, Radio group.*

- 1: Deny,
- 2: Pay up to R&C,
- 3: Pay all if within specified percentage of R&C,
- 4: Other, please specify: [ 500 words ]

9.3.6 Describe the claim adjudication process, from receipt of claim submission to claim payment. Provide a flow-chart and time-table.

*1000 words.*

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

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

9.3.8 Confirm that there will be no balance billing for network services.

*Single, Pull-down list.*

- 1: Yes – confirmed,
- 2: No – there will be balance billing

9.3.9 How do members access information regarding participating providers?

*500 words.*

9.3.10 Confirm that all dental procedures are coded using the ADA 4-digit code for in-network claims, out-of-network and out-of-area claims.

*Single, Pull-down list.*

- 1: Confirmed,
- 2: Not Confirmed

9.3.11 Does your firm offer a provider portal, allowing providers to quickly confirm eligibility and plan benefits, and submit treatment plans and claims electronically? Please describe those capabilities.

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500 words.

9.3.12 Confirm that you will require pre-treatment authorization for treatment plans anticipated to cost more than \$150?

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed, explain [ 500 words ]

9.3.13 Are members able to change dentists whenever they want?

*Single, Radio group.*

1: Yes,

2: No, please describe [ 500 words ]

9.3.14 Are individual family members able to select different dentists?

*Single, Radio group.*

1: Yes,

2: No, please describe [ 500 words ]

9.3.15 Can dental network members access emergency care 24 hours a day, 7 days a week via a national toll-free number?

*Single, Radio group.*

1: Yes,

2: No, please describe [ 500 words ]

9.3.16 How are Out of Area dental emergencies handled?

500 words.

9.3.17 Describe any processes you have in place to address "work in progress" treatments when a member cancels coverage prior to completion of the treatment.

1000 words.

9.3.18 What guidelines, processes or procedures do you use in determining whether services are "necessary" or "appropriate" and when services are deemed "experimental" or "investigational" in nature?

*Single, Radio group.*

1: Internal,

2: Attending dentist,

3: State Dental Association or Organization,

4: ADA,

5: Medicare or HHS,

6: Other, please specify: [ 500 words ]

9.3.19 Please describe your naturally functioning and asymptomatic tooth provisions, if any.

500 words.

9.3.20 What teeth do you consider anterior? If different from PEEHIP, are you able to customize your definition to match PEEHIP's definition of anterior teeth?

500 words.

9.3.21 What teeth do you consider posterior? If different from PEEHIP, are you able to customize your definition to match PEEHIP's definition of posterior teeth?

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500 words.

9.3.22 Do you cover sedative/temporary fillings? Is the administration of this benefit flexible based on how PEEHIP defines and administers this?

*Single, Pull-down list.*

1: Yes,

2: No

9.3.23 Confirm that you will match PEEHIP's current procedure and frequency limitations on fillings.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 500 words ]

9.3.24 Confirm that you will match PEEHIP's current limitations on sealants.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 500 words ]

9.3.25 Confirm that you will cover general anesthesia when medically necessary and administered in connection with oral surgery.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 500 words ]

9.3.26 Confirm that benefits will be provided for replacement of gold and crowns within the current parameters of PEEHIP's plan.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 500 words ]

9.3.27 Describe your coverage of quadrant scaling and root planing for periodontal treatment. In your response, include the benefit category that scaling and root planing fall under (preventive, basic, major), and the number of treatments a member may receive during each plan year. Also, indicate whether anesthesia (local and/or general) will be covered in conjunction with this treatment, if needed. If necessary, do you have the flexibility to match PEEHIP's current periodontic and endodontic benefit parameters and administration?

500 words.

9.3.28 Describe your coverage for full mouth periodontal debridement. If necessary, do you have the flexibility to match PEEHIP's current periodontic and endodontic benefit parameters and administration?

500 words.

9.3.29 Dental exams can be used as early indicators of diabetes, CAD, etc. Does your organization participate in any programs that can integrate with Disease Management or Wellness programs? Please describe.

500 words.

9.3.30 Confirm that you can/will match PEEHIP's current categorization of preventive, basic, and major services, for administration of benefits applicable to each of those categories.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 500 words ]

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## 9.4 COORDINATION OF BENEFITS (COB)

9.4.1 What procedures do you use to administer the coordination of benefits (COB) provision?

500 words.

9.4.2 Describe your COB guidelines and the process for determining primary and secondary responsibility.

500 words.

9.4.3 If an enrolled member is covered under more than one group dental plan or is entitled to any other source, the total amount that is payable under all plans will not be more than 100% of the maximum allowable expenses. **PEEHIP dental benefits will be secondary to all other dental coverages available to a claimant.**

Confirm that you agree to administer COB accordingly.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

9.4.4 Confirm that your organization will accept, read, and store the COB data provided in PEEHIP's 834 file to process COB claims.

*Single, Radio group.*

1: Confirmed,

2: Not Confirmed. Please describe [ 500 words ]

9.4.5 If, during the course of paying a claim, your organization discovers that a covered PEEHIP member is also eligible for benefits under a separate dental plan, but no COB information is present on PEEHIP's 834 file, how will you go about notifying PEEHIP of the member's additional coverage?

500 words.

## 10 QUESTIONNAIRE - VISION

### 10.1 VISION PLAN DESIGN

PEEHIP is requiring Bidders to mirror the current vision plan, in both the benefit design and in the administration of the plan. Bidders should replicate the plan design as close as possible and not alter the benefits structure in any way. A summary of current vision benefits is attached in the Member Handbook attached to this RFP.

10.1.1 Confirm you will replicate the current plan design and administration for the vision plan. If not, indicate any deviations on the Exceptions and Deviations form housed on the Proposal Tech site.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ Unlimited ]

10.1.2 Describe whether you have the flexibility to administer a benefit in a manner that may differ from your standard procedure, in order to match how that benefit is currently administered under the PEEHIP plan.

# Alabama PEEHIP Optional Plans RFP 2019

Unlimited.

## 10.2 VISION NETWORK ACCESS AND NETWORK MANAGEMENT

10.2.1 Perform and provide a GeoAccess analysis based on your contracted vision provider network and the Census File. The access standards in the table below will be utilized in the analysis. Please base your analysis on PEEHIP’s entire ELIGIBLE population. Upload this document with your proposal in the Response Documents section.

Provider Type	Urban/ Suburban Access Standard	Rural Access Standard
Optometrist	2 in 10 miles	2 in 20 miles
Ophthalmologist	1 in 10 miles	1 in 20 miles
Other Specialist	1 in 10 miles	1 in 20 miles

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

10.2.2 Summarize the results of your GeoAccess analysis. Please enter the number of employees who do or do not have access to your network providers, based on the distance parameters noted in the grid, below.

Vision Access Standards	Urban/ Suburban # of Employees WITH Access	Urban/ Suburban # of Employees WITHOUT Access	Rural Access Standards	Rural # of Employees WITH Access	Rural # of Employees WITHOUT Access
2 Optometrists within 10 miles	500 words.	500 words.	2 Optometrists within 20 miles	500 words.	500 words.
1 Ophthalmologist within 10 miles	500 words.	500 words.	1 Ophthalmologist within 20 miles	500 words.	500 words.
1 Other Specialist within 10 miles	500 words.	500 words.	1 Other Specialist within 20 miles	500 words.	500 words.

10.2.3 Provider Count Grid (by county): Complete the attached Vision Providers by County Grid, with the applicable provider count by county. Upload this document with your proposal in the Response Documents section

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*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided

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

500 words.

10.2.5 How much notice will PEEHIP be provided when providers are added to or leave the network?

500 words.

10.2.6 Provide your provider turnover percentages for calendar years 2017 and 2018. Breakdown your providers by category, and calculate turnover percentages for each category. So that each Proposer calculates the turnover rate in the same manner, follow these instructions:

- a. Provide the number of contracted providers as of the first day of each calendar year quarter for each quarter of 2017, and 2018. Average the numbers of each year to obtain the average number of providers contracted for the year.
- b. Provide the number of providers which were under contract at any point during 2017, and 2018 and were no longer under contract as of the last day (December 31) of that year, i.e., the total number of separations during 2017, and 2018.
- c. Calculate the turnover rate as the total number of separations for the year divided by the average number of contracted providers for the year.

	<b>Provider Turnover – 2017</b>	<b>Provider Turnover – 2018</b>
	<i>Unlimited.</i>	<i>Unlimited.</i>

10.2.7 Indicate typical reasons for involuntary termination of a provider from your network.

*Multi, Checkboxes.*

- 1: Specific outcome of any malpractice claims,
- 2: Specific number of malpractice claims,
- 3: Based on review of irregular claims,
- 4: Based on review of possible claims abuse,
- 5: Based on medical/dental outcomes,
- 6: Based on licensing issues,
- 7: Failure to meet contracting requirements,
- 8: Other, specify: [ 500 words ]

10.2.8 During the 2018 calendar year, what was the involuntary termination rate of providers from your network?

*Single, Pull-down list.*

- 1: Under 5 percent,
- 2: 5 percent -- 10 percent,
- 3: Over 10 percent

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

*Single, Radio group.*

- 1: Wholly own,
- 2: Partially own,

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3: Lease,

4: Other, please describe: [ 500 words ]

10.2.10 What specific qualifications and credentials do you require of the ophthalmologists and optometrists within your network?

*500 words.*

10.2.11 How often are your providers re-credentialed?

*Single, Radio group.*

1: Monthly,

2: Quarterly,

3: Annually,

4: Other, please specify: [ 500 words ]

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

*Percent.*

10.2.13 How are scheduled benefit amounts for out-of-network services determined? How often are they reviewed?

*500 words.*

10.2.14 Which major optical chain stores participate in your network?

*500 words.*

10.2.15 How many providers worked in a private practice setting versus a retail store in 2018?

*500 words.*

10.2.16 Describe how your organization monitors your provider network to ensure quality services and materials.

*500 words.*

10.2.17 Describe your relationship with Lasik providers.

*500 words.*

10.2.18 Describe your relationship with optical laboratories.

*500 words.*

10.2.19 Describe your capabilities and willingness to develop agreements with vision providers at no increased cost to PEEHIP which would result in vision discounts for PEEHIP members, as a separate benefit from vision claims.

*Unlimited.*

## 10.3 VISION PLAN ADMINISTRATION

10.3.1 Describe the steps participants follow to obtain vision care services (both network and out-of-network).

*500 words.*

## Alabama PEEHIP Optional Plans RFP 2019

10.3.2 What is the current turnaround time on scheduling and receiving an eye exam and on the delivery of materials?

*500 words.*

10.3.3 Describe, in detail, the process a member goes through from scheduling an eye exam, to purchasing glasses/contacts, through reimbursement for both network and non-network claims.

*1000 words.*

10.3.4 Are all material costs guaranteed during the contract period?

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

10.3.5 Confirm that a member may receive an exam from one provider and materials (frames, lens or contacts) from another provider.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

10.3.6 Does your organization use frame towers or otherwise limit members to a certain selection of frames?

*500 words.*

10.3.7 Vision exams can be used as early indicators of diabetes, CAD, etc. Does your organization participate in any programs that can integrate with Disease Management or Wellness programs? Please describe.

*500 words.*

10.3.8 Are discounts available for items such as designer frames, special coatings, tints, etc.? If so, what kinds of savings are available?

*500 words.*

10.3.9 On average, what percentage of frames sold by participating providers fall within your fully covered frame allowance?

*200 words.*

10.3.10 Is there a minimum percentage of fully covered frames that providers are required to maintain in their frame inventory?

*200 words.*

10.3.11 Do you offer a discounted arrangement for laser surgery to correct vision deficiencies? If so, provide details.

*500 words.*

10.3.12 Please describe your approach to coverage for contact lenses.

*500 words.*

10.3.13 Do you have a 'contact lens-by-mail' program? If so, will you give members a discount for these mail order lenses?

*500 words.*



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10.3.14 Identify all professional services and material "extras" that are not covered under your vision benefit program.

500 words.

10.3.15 How do members access information regarding participating providers?

500 words.

10.3.16 Describe the claim adjudication process, from receipt of claim submission to claim payment. Provide a flow-chart and time-table.

1000 words.

### 10.4 COORDINATION OF BENEFITS

10.4.1 What procedures do you use to administer the coordination of benefits (COB) provision?

500 words.

10.4.2 It is PEEHIP's policy that PEEHIP vision benefits will be secondary to all other vision coverages for the member. Confirm that you agree and will administer COB as noted.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

10.4.3 If an enrolled member is covered under more than one group dental plan or is entitled to any other source, the total amount that is payable under all plans will not be more than 100% of the maximum allowable expenses. **PEEHIP vision benefits will be secondary to all other vision coverages available to a claimant.** Confirm that you agree to administer COB accordingly.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

10.4.4 Confirm that your organization will accept, read, and store the COB data provided in PEEHIP's 834 file to process COB claims.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

10.4.5 If, during the course of paying a claim, your organization discovers that a covered PEEHIP member is also eligible for benefits under a separate vision plan, but no COB information is present on PEEHIP's 834 file, how will you go about notifying PEEHIP of the member's additional coverage?

500 words.

## 11 QUESTIONNAIRE - HOSPITAL INDEMNITY

# Alabama PEEHIP Optional Plans RFP 2019

## 11.1 HOSPITAL INDEMNITY PLAN DESIGN

PEEHIP is requiring Bidders to mirror the current hospital indemnity plan, in both the benefit design and in the administration of the plan. Bidders should replicate the plan design as close as possible and not alter the benefits structure in any way. A summary of current hospital indemnity benefits is attached in the Member Handbook.

11.1.1 Confirm you will replicate the current plan design and administration for the hospital indemnity plan. If not, indicate any deviations on the Exceptions and Deviations form housed on the Proposal Tech site.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ Unlimited ]

11.1.2 Describe whether you have the flexibility to administer a benefit in a manner that may differ from your standard procedure, in order to match how that benefit is currently administered under the PEEHIP plan.

*Unlimited.*

## 11.2 HOSPITAL INDEMNITY PLAN ADMINISTRATION

11.2.1 Confirm that you are able to administer PEEHIP's Hospital Indemnity plan on a self-insured, administrative-services-only basis.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ Unlimited ]

11.2.2 Confirm that you will administer the same conditions as those covered in the current PEEHIP Hospital Indemnity plan, and administer the plan according to the current parameters.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ Unlimited ]

11.2.3 Describe the various methods of claim submission available - e.g., paper, electronic, etc.

*500 words.*

11.2.4 What supporting documentation is required to accompany the claim form?

*500 words.*

11.2.5 Describe the claim adjudication process, from receipt of claim submission to claim payment. Provide a flow-chart and time-table.

*1000 words.*

## 12 QUESTIONNAIRE - CANCER

# Alabama PEEHIP Optional Plans RFP 2019

## 12.1 CANCER PLAN DESIGN

PEEHIP is requiring Bidders to mirror the current cancer plan, in both the benefit design and in the administration of the plan. Bidders should replicate the plan design as close as possible and not alter the benefits structure in any way. A summary of current cancer benefits is attached in the Member Handbook 12.1.1 Confirm you will replicate the current plan design and administration for the cancer plan. If not, indicate any deviations on the Exceptions and Deviations form housed on the Proposal Tech site.

*Single, Radio group.*

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

12.1.2 Describe whether you have the flexibility to administer a benefit in a manner that may differ from your standard procedure, in order to match how that benefit is currently administered under the PEEHIP plan.

*Unlimited.*

## 12.2 CANCER PLAN ADMINISTRATION

12.2.1 Confirm that you are able to administer PEEHIP's Cancer plan on a self-insured, administrative-services-only basis.

*Single, Radio group.*

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

12.2.2 Confirm that you will administer the same conditions as those covered in the current PEEHIP Cancer plan, and administer the plan according to the current parameters.

*Single, Radio group.*

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

12.2.3 Describe the various methods of claim submission available - e.g., paper, electronic, etc.

*500 words.*

12.2.4 What supporting documentation is required to accompany the claim form?

*500 words.*

12.2.5 Describe the claim adjudication process, from receipt of claim submission to claim payment. Provide a flow-chart and time-table.

*1000 words.*

## 13 BID EXCEPTIONS AND DEVIATIONS

13.1 If your bid does not fully comply with the specifications in this RFP, please upload and complete the Bid Exceptions and Deviations Document, for each for the coverages for which you will list exceptions and/or deviations..

	Dental	Vision	Hospital Indemnity	Cancer
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Bid Exceptions and Deviations	<i>Single, Pull-down list.</i> 1: Bid does not fully comply - Document Attached, 2: Bid does fully comply - Document Not Attached	<i>Single, Pull-down list.</i> 1: Bid does not fully comply - Document Attached, 2: Bid does fully comply - Document Not Attached	<i>Single, Pull-down list.</i> 1: Bid does not fully comply - Document Attached, 2: Bid does fully comply - Document Not Attached	<i>Single, Pull-down list.</i> 1: Bid does not fully comply - Document Attached, 2: Bid does fully comply - Document Not Attached

## 14 RESPONSE DOCUMENTS

### 14.1 Price Proposal Worksheet - Attachment 1

*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided

### 14.2 Performance Guarantees - Attachment 2

*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided

### 14.3 Bid Exceptions & Deviations - Attachment 3

*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided

### 14.4 Dental GeoAccess analysis - Attachment 4 (Please label this as Attachment 4 with your response)

*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided

### 14.5 Dental Providers by County Grid - Attachment 5

*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided

### 14.6 Dental Discounts File - Attachment 6

*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided

### 14.7 Vision GeoAccess analysis - Attachment 7 (Please label this as Attachment 7 with your response)

*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided

### 14.8 Vision Providers by County Grid - Attachment 8

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*Single, Pull-down list.*

1: Attached,  
2: Not provided

## 15 REFERENCE DOCUMENTS

15.1 Reference documentation is located on the Manage Documents page. A link has been provided in the left-hand side menu.

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

- Appendix A – 834 Reporting Mapping
- Appendix B – PEEHIP Member Handbook\_2018-2019
- Appendix C – Southland 2018-2019 Optional Insurance Plans
- Appendix D - Census – provided upon receipt of fully executed NDA
- Appendix E - Claims– provided upon receipt of fully executed NDA

## 16 REQUIRED DOCUMENTS

16.1 Sample Administrative Services Agreement

*Single, Pull-down list.*

1: Attached,  
2: Not provided

16.2 Your organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 18 report or ISAE 3402 (if a foreign organization).

*Single, Pull-down list.*

1: Attached,  
2: Not provided

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

*Single, Pull-down list.*

1: Attached,  
2: Not provided

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

*Single, Pull-down list.*

1: Attached,  
2: Not provided

16.5 Annual Score Card sample

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*Single, Pull-down list.*

- 1: Attached,
- 2: Not provided