

**FA3 Attachment S-1: Plan Information AMENDMENT 4**

**Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.**

**Instructions:** Please complete each cell with the requested information. Items in the response column with the words **"Choose an Item"** contain a drop down list of options. Please select a response from those options as applicable.

**I. GENERAL PLAN INFORMATION**

	Response
1. Offeror's Legal Name	Click here to enter text.
2. Plan Name	Click here to enter text.
3. Proposed Plan Type	<b>IHM-FI</b>
4. Address	Click here to enter text.
5. City	Click here to enter text.
6. State	Click here to enter text.
7. Zip	Click here to enter text.
8. Web Address	Click here to enter text.
9. Operational Date	Click here to enter a date.
10. Corporate Tax Status	Choose an item.
11. Federal Employer Identification Number	Click here to enter text.
12. Ownership/Controlling Interest	Click here to enter text.
13. NCQA Accreditation Status	Choose an item.
14. JCAHO Accreditation	Choose an item.
15. URAC Accreditation	
Health Plan	Choose an item.
Health Network	Choose an item.
Health Utilization Management	Choose an item.
16. Commercial Group Membership	Click here to enter text.

**II. PLAN DESIGN**

Offerors must adhere to the proposed plan designs shown in **"FA3 Attachment S-3: IHM Plan Design"** in preparing the quote.

	Select Response
1. Confirm that the proposal is issued in accordance with the specifications, assumptions and information included in this Request for Proposal, the accompanying worksheets and standard services addressed in the Information Questionnaire. If "No," indicate deviations in <b>"FA3 Attachment S-2: Explanations and Deviations"</b> worksheet.	Choose an item.
2. Review and detail deviations from the proposed plan design shown in the worksheet, <b>"FA3 Attachment S-3: IHM Plan Design."</b>	Choose an item.
3. Include a concise description of how Offeror covers transitional conditions, such as pregnancy, chemotherapy, etc., if a new Participant is receiving treatment from a non-participating provider. Label as <b>"Response FA3 Attachment S-1: Transitional Care Information."</b>	Choose an item.

**III. MEDICAL DELIVERY SYSTEM**

1.	Please describe the proposed geographical service area.	Click here to enter text.
2.	Provide a map of the proposed geographical service area. Label as <b>"Response FA1 FA3 Attachment S-1: Service Area Map."</b>	Choose an item.
3.	Please provide the website address (URL) for your provider directory and its password, if necessary.	Click here to enter text.

**III. ADMINISTRATIVE AND OPERATIONAL ISSUES**

1.

List the location(s) of your service centers (separately identify claims processing centers and customer service centers if in different locations) that would be servicing the State's members and the corresponding geographic areas/regions covered by the respective location. Use the **"FA3 Attachment S-2: Explanations and Deviations"** worksheet if you need more space.

Service Center Location(s)	Geographic Region(s) Covered
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

2.

Please attach a copy of your standard report suite, including a plan experience report, a summary report of Wellness activities and performance metrics that would be provided to the State at the end of each quarter and the end of each fiscal year at no additional cost. At a minimum, your package should include the reports shown in the Reporting section of the Compliance Checklist. Label as **"Response FA3 Attachment S-1: Management Reporting Package."**

Select Response
Choose an item.

3.

Offeror agrees to provide at least one fully insured conversion plan option.

Choose an item.
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**IV. REFERENCES**

Please complete the following tables with the requested reference information.

1.

Please provide three of your employer client references of similar size (a minimum of 50,000 covered lives or your largest) offering IHM services in the area that will be serving most of the State's employees.

Information	Reference #1	Reference #2	Reference #3
Company Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
Contact Person	Click here to enter text.	Click here to enter text.	Click here to enter text.
Title	Click here to enter text.	Click here to enter text.	Click here to enter text.
Telephone #	Click here to enter text.	Click here to enter text.	Click here to enter text.
E-mail Address	Click here to enter text.	Click here to enter text.	Click here to enter text.
Network Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
# IHM Members Enrolled	Click here to enter text.	Click here to enter text.	Click here to enter text.
Effective Date of Contract	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Description of Services provided	Click here to enter text.	Click here to enter text.	Click here to enter text.

2. Please provide three of your terminated employer clients of similar size (a minimum of 50,000 covered lives or your largest) that offered IHM services in the area that will be serving most of the State's employees.

Information	Reference #1	Reference #2	Reference #3
Company Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
Contact Person	Click here to enter text.	Click here to enter text.	Click here to enter text.
Title	Click here to enter text.	Click here to enter text.	Click here to enter text.
Telephone #	Click here to enter text.	Click here to enter text.	Click here to enter text.
E-mail Address	Click here to enter text.	Click here to enter text.	Click here to enter text.
Network Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
# IHM Members Enrolled at Date of Termination	Click here to enter text.	Click here to enter text.	Click here to enter text.
Effective Date of Contract	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Termination Date of Contract	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Reason for Termination	Click here to enter text.	Click here to enter text.	Click here to enter text.

3. Please provide your three largest employer client references in the IHM service area that will be serving most of the State's employees.

Information	Reference #1	Reference #2	Reference #3
Company Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
Contact Person	Click here to enter text.	Click here to enter text.	Click here to enter text.
Title	Click here to enter text.	Click here to enter text.	Click here to enter text.
Telephone #	Click here to enter text.	Click here to enter text.	Click here to enter text.
E-mail Address	Click here to enter text.	Click here to enter text.	Click here to enter text.
Network Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
# IHM Members Enrolled	Click here to enter text.	Click here to enter text.	Click here to enter text.
Effective Date of Contract	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Description of Services Provided	Click here to enter text.	Click here to enter text.	Click here to enter text.

#### V. CONTACT INFORMATION

Primary contact of person authorized to execute this proposal	
Name	Click here to enter text.
Title	Click here to enter text.
Address	Click here to enter text.
City	Click here to enter text.
State	Click here to enter text.
Zip Code	Click here to enter text.
Telephone #	Click here to enter text.
Cell Phone #	Click here to enter text.
E-mail Address	Click here to enter text.

## FA3 Attachment S-2: Explanations and Deviations

**Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.**

**Instructions:** All deviations from the specifications of the Request for Proposal (RFP) must be clearly defined using this worksheet. Explanations must be numbered to correspond to the question number and section number to which it pertains. If additional space is required, submit a separate attachment labeled **“FA3 Attachment S-2b: Explanations and Deviations”** using the same table format. **Most importantly, keep all explanations brief.** In the absence of any identified deviations, your organization will be bound to the terms of the RFP.

[illegible]

Please indicate if **“FA3 Attachment S-2b: Explanations and Deviations”** is provided: **Choose an item.**

**FA3 Attachment S-3: IHM-FI Plan Design AMENDMENTS 2, 8, AND 11**

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

**Instructions:** Any deviations between the State's proposed plan design and the proposed plan design of the Offeror must be noted in the space provided below. If there are no deviations in the Offeror's proposed plan design, please enter the phrase "**No Deviations**" in the space provided.

TYPE OF SERVICE	PLAN DESIGN	DEVIATIONS
<b>MAJOR MEDICAL</b>		
<b>Annual Deductible</b>		
Individual	None	Click here
Family	None	Click here
<b>Yearly Maximum Out-of-Pocket Costs</b>		
<b>Coinsurance OOP</b>		
Individual	None	Click here
Family	None	Click here
<b>Copayments</b>		
Individual	\$1,500	Click here
Family	\$3,000	Click here
<b>Total Medical OOP</b>		
Individual	\$1,500	Click here
Family	\$3,000	Click here
Lifetime Benefit Maximum	Unlimited	Click here
<b>Dependent Coverage</b>	Dependents are eligible for coverage according to the definition of "dependent child" located in Section 1.2 of this RFP.	No deviations will be considered.
<del>Medicare COB</del>	<del>Retirees or their dependent(s) must enroll in Medicare Parts A &amp; B upon becoming eligible for Medicare due to age or disability. If the Medicare-eligible State retiree and their dependent(s) fail to enroll in Medicare, the Medicare-eligible State retiree and their dependent(s) will be responsible for any claim expenses that would have been paid under Medicare Parts A or B, had they enrolled in Medicare. If a retiree or covered dependent's Medicare eligibility is due to ESRD, they must sign up for both Medicare Parts A &amp; B as soon as they are eligible.</del>	<del>No deviations will be considered.</del>
<b>Non-Medicare COB</b>	When the State's plan is the secondary payor, payments will be limited to only that balance of claim expenses that will reach the published limits of the State's plan.	No deviations will be considered.
<b>Are referrals required in this plan?</b>	No referrals in this plan	No deviations will be considered.
<b>Mandated Benefits</b>	All mandated benefits, unless otherwise directed by the State. <u>The State Employee and Retiree Health and Welfare Benefits</u>	No deviations will be considered.

**HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI**

TYPE OF SERVICE	PLAN DESIGN	DEVIATIONS
	<u>Program follows most Maryland State mandates if they apply to the Program. This does not mean that the Program adheres to ALL Maryland-mandated benefits.</u>	
<b>HOSPITAL INPATIENT SERVICES (Preauthorization Required)</b>		
Inpatient Care	100% of allowed benefit	<a href="#">Click here</a>
Hospitalization	100% of allowed benefit	<a href="#">Click here</a>
Acute Inpatient Rehab for Stroke and Traumatic Brain Injury Patients when Medically Necessary	100% of allowed benefit	<a href="#">Click here</a>
Anesthesia*	100% of allowed benefit	<a href="#">Click here</a>
Surgery	100% of allowed benefit	<a href="#">Click here</a>
Acute Inpatient Rehab (pre-cert required , must be medically necessary)	100% of allowed benefit	<a href="#">Click here</a>
Organ Transplant	100% of allowed benefit	<a href="#">Click here</a>
<b>HOSPITAL OUTPATIENT SERVICES (Preauthorization Required)</b>		
Chemotherapy/Radiation	100% of allowed benefit	<a href="#">Click here</a>
Diagnostic Lab Work and X-rays**	100% of allowed benefit	<a href="#">Click here</a>
Outpatient surgery	100% of allowed benefit	<a href="#">Click here</a>
Anesthesia*	100% of allowed benefit	<a href="#">Click here</a>
Observation – up to 23 hours and 59 minutes - presented via Emergency Department	100% of allowed benefit after \$75 facility copay and \$75 physician copay	<a href="#">Click here</a>
Observation – 24 hours or more - presented via Emergency Department	100% of allowed benefit	<a href="#">Click here</a>
<b>THERAPIES (Preauthorization required)</b>		
Benefit Therapies	100% of allowed benefit after \$15 copay	<a href="#">Click here</a>
Physical Therapy (PT) and Occupational Therapy (OT)	<del>POPT</del> /OT services must be pre-certified after the 6th visit, based on medical necessity; 50 visits <u>days</u> per plan year combined for PT/OT/Speech Therapy	<a href="#">Click here</a>
Speech Therapy	Must be pre-certified from the first visit with exceptions and close monitoring for special situations (e.g., trauma, brain injury) for additional visits.	<a href="#">Click here</a>
<b>COMMON AND PREVENTIVE SERVICES</b>		
Physician Office Visits - Primary Care	100% after \$15 copay	<a href="#">Click here</a>
Physician Office Visits - Specialist	100% after \$15 copay	<a href="#">Click here</a>
Preventive Health Office Visit and Associated Lab (Adult and Child)	100% of allowed benefit	<a href="#">Click here</a>

**HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI**

TYPE OF SERVICE	PLAN DESIGN	DEVIATIONS
Routine annual GYN Exam (including PAP test)	100% of allowed benefit	<a href="#">Click here</a>
Hearing Examinations	100% after \$15 copay <del>—PCP or \$30 copay—</del> <del>Specialist</del>	<a href="#">Click here</a>
Hearing Aids	100% of allowed benefit for Basic Model Hearing Aid. Includes Maryland mandated benefit for hearing aids for minor children (ages 0-18) effective 01/01/02, including hearing aids per each impaired ear for minor children.	No deviations will be considered.
Immunizations	100% of allowed benefit Immunizations are only covered as recommended by the U.S. Preventive Services Task Force. The immunization benefit covers immunizations required for participation in school athletics and Lyme Disease immunizations when medically necessary.	<a href="#">Click here</a>
Flu Shots	100% of allowed benefit	No deviations will be considered.
Mammography Preventive	100% of allowed benefit Screening: one mammogram per plan year (35+).	<a href="#">Click here</a>
Mammography Diagnostic	100% of allowed benefit No age or frequency limitation on diagnostic mammograms.	<a href="#">Click here</a>
Physical Exams	100% of allowed benefit One exam per plan year for all members and their dependents age 3 and older.	<a href="#">Click here</a>
Well Baby Care	100% of allowed benefit Birth – 36 months: <del>12</del> <b>13</b> visits total <u>in accordance with PPACA schedule plus one visit</u>	<a href="#">Click here</a>
STI Screening and Counseling (Including HPV DNA and HIV)	100% of allowed benefit Counseling and screening for sexually active women as mandated by PPACA.	<a href="#">Click here</a>
<del>No</del> <b>plant Surgery Only</b>	<del>100% of allowed benefit</del>	<a href="#">Click here</a>
Allergy Testing	100% after \$15 copay <del>—PCP or \$30 copay—</del> <del>Specialist</del>	<a href="#">Click here</a>
<b>EMERGENCY TREATMENT</b>		
Ambulance Services (Emergency and Non-Emergency transport)	100% of allowed benefit	<a href="#">Click here</a>
Emergency Room (ER) Services - In and Out of Network	100% of allowed benefit after \$150 copay (\$75 for facility and \$75 for physician) Copays are waived if admitted. If criteria are not met for a medical emergency, plan coverage is 50% of allowed amount, plus the two \$75 copays.	<a href="#">Click here</a>
Urgent Care Office Visit	100% of allowed benefit after \$15 copay	<a href="#">Click here</a>
<b>MATERNITY BENEFITS</b>		
Maternity Benefits	100% of allowed benefit	<a href="#">Click here</a>

**HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI**

TYPE OF SERVICE	PLAN DESIGN	DEVIATIONS
Prenatal Care	100% of allowed benefit	<a href="#">Click here</a>
Newborn Care	100% of allowed benefit	<a href="#">Click here</a>
<b>OTHER SERVICES AND SUPPLIES</b>		
<del>Breastfeeding Support, Supplies and Counseling (per birth)</del>	<del>100% of allowed benefit Covers the cost of rental/purchase of certain breastfeeding equipment through Carrier's DME partner(s).</del>	<a href="#">Click here</a>
<b><u>Breastfeeding Support and Counseling</u></b>	<b><u>100% of allowed benefit</u></b>	<a href="#">Click here</a>
<b><u>Breastfeeding Supplies (per birth)</u></b>	<b><u>100% of allowed benefit</u> <u>Covers the cost of rental/purchase of certain breast pumps through Carrier's DME partner(s)</u></b>	<a href="#">Click here</a>
Acupuncture Services for Chronic Pain Management	100% after <del>\$30</del> 15 copay	<a href="#">Click here</a>
Chiropractic Services	100% after <del>\$30</del> 15 copay	<a href="#">Click here</a>
Cardiac Rehabilitation	100% of allowed benefit	<a href="#">Click here</a>
Dental Services	Not covered except as a result of accident or injury or as mandated by Maryland or federal law	No deviations will be considered.
Diabetic Nutritional Counseling, as mandated by Maryland Law	100% of allowed benefit	<a href="#">Click here</a>
Durable Medical Equipment Must be medically necessary as determined by the attending physician	100% of allowed benefit	<a href="#">Click here</a>
Extended Care Facilities	100% of allowed benefit Skilled nursing care and extended care facility benefits are limited to 180 days per calendar year as long as skilled nursing care is medically necessary. Inpatient care primarily for or solely for rehabilitation is not covered.	<a href="#">Click here</a>
Contraception and Contraceptive Counseling	100% of allowed benefit	<a href="#">Click here</a>
Family Planning and Fertility Testing	100% of allowed benefit	<a href="#">Click here</a>
Hospice Care	100% of allowed benefit	<a href="#">Click here</a>
Home Healthcare	100% of allowed benefit Home Healthcare benefits are limited to 120 days per plan year	<a href="#">Click here</a>
In-Vitro Fertilization (IVF) and Artificial Insemination (per MD mandate)	100% of allowed benefit IVF and AI benefits are limited to 3 attempts of Artificial Insemination, and 3 attempts of IVF per live birth. Not covered following reversal of elective sterilization.	<a href="#">Click here</a>
Medical Supplies	100% of allowed benefit Includes, but is not limited to: surgical dressings; casts; splints; syringes; dressings	<a href="#">Click here</a>



## HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI

TYPE OF SERVICE	PLAN DESIGN	DEVIATIONS
	for cancer, burns or diabetic ulcers; catheters; colostomy bags; oxygen; supplies for renal dialysis equipment and machines; and all diabetic supplies as mandated by Maryland law.	
<b>MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES</b>		
Inpatient Hospital Care	100% of allowed benefit	No deviations will be considered.
Partial Hospitalization Services	100% of allowed benefit	No deviations will be considered.
Outpatient Services (Including Intensive Outpatient Services)	100% after \$15 copay	<a href="#">Click here</a>
Residential Crisis Services	100% of allowed benefit	<a href="#">Click here</a>
Private Duty Nursing	100% of allowed benefit	<a href="#">Click here</a>
Surgical Second Opinion	100% of allowed benefit	<a href="#">Click here</a>
Whole Blood Charges	100% of allowed benefit	<a href="#">Click here</a>
<b>VISION SERVICES</b>		
Vision - Medical (services related to the medical health of the eye)	100% after \$15 copay <del>(PCP)</del> or <del>\$30 copay (specialist)</del>	<a href="#">Click here</a>
Vision - Routine Exam (per plan year – waived for children through age 18)	100% after \$15 copay <del>(PCP)</del> or <del>\$30 copay (specialist)</del>	<a href="#">Click here</a>
Prescription Lenses/frames or contact lenses (per plan year)	Single vision: \$28.80, Bifocal (single): \$48.60, Bifocal (double): \$88.20, Trifocal: \$70.20, Aphakic: Glass - \$54, Plastic - \$126, Aspheric - \$162. No limits for children through age 18.	<a href="#">Click here</a>
Frames (per plan year)	Up to \$45 - No limits for children through age 18.	<a href="#">Click here</a>
Contact Lenses (per plan year)	Per pair, in lieu of frames & lenses: Medically necessary - \$201.60, Cosmetic - \$50.40 - No limits for children through age 18.	<a href="#">Click here</a>

\* Silent Pay-Up Inpatient/Outpatient Surgery: If a participant uses an in-network hospital and an in-network physician/surgeon for in- or out-patient surgery, then the Plan must pay out-of-network anesthesiologists and radiologists at 100% of the billed amount (not 100% of the allowed amount). No deviations permitted.

\*\* Laboratory testing services related to diabetes, hypertension, coronary artery disease, asthma and COPD are paid at 100%, including test strips for diabetics.

Regional Network only. Plan only available to those not eligible for Medicare.

### FA3 Attachment S-4: Participating Physicians

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

#### Instructions:

- A. Please define your organization's criteria for designating high quality, high efficiency and low cost (QEC) physicians (e.g., tiered or centers of excellence "providers of distinction," "premium providers," Patient-Centered Medical Homes):

[Click here](#)

- B. Please provide the total number of participating physicians by specialty and, of those physicians, the number designated as high quality, high efficiency and low cost (QEC):

County/ Metro Area	Category	Family Practice, General Practice	General Internal Medicine	General Pediatrics	Obstetrics/ Gynecology	All Other Specialists	Hospitals
<b>Central Maryland</b>							
Anne Arundel County	Total # of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Baltimore City	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Baltimore County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Carroll County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Harford County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Howard County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Eastern Shore</b>							
Caroline County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Cecil County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Dorchester County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Kent County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Queen Anne's County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Somerset County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Talbot County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Wicomico County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Worcester County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Southern Maryland</b>							
Calvert County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Charles County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>

## HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI

County/ Metro Area	Category	Family Practice, General Practice	General Internal Medicine	General Pediatrics	Obstetrics/ Gynecology	All Other Specialists	Hospitals
St. Mary's County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Washington Metro</b>							
District of Columbia	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Montgomery County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Prince George's County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Western Maryland</b>							
Allegany County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Frederick County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Garrett County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Washington County	# of physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
	# of QEC physicians	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>

**FA3 Attachment S-5: Compliance Checklist AMENDMENTS 2, 4 ,8, 9 AND 10**

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

**Instructions:** Please complete each item with the requested information. Items in the response column with the words **"Choose"** contain a drop down list of options. Please select a response from those options as applicable. NOTE: All "No" responses must be addressed in **"FA3 Attachment S-2: Explanations and Deviations."**

Compliance Checklist		Contractor's Response Yes or No*
<b>INTEGRATED HEALTH MODEL PARAMETERS</b>		
CC-1	Contractor agrees the following are incorporated in the proposed IHM.	
	a.) A provider based organization with a strong base of primary care medical professionals that are accountable for care quality and total per capita cost for the full range of medical services for the covered population.	Choose
	b.) Overall plan performance based on a progressive set of performance measures to support care improvement and result in high quality care resulting in quantifiable savings and improved outcomes.	Choose
	c.) Contractor improvements in the health risk profile of the covered population will be the basis for shared savings and performance measures.	Choose
	d.) Clinical excellence is fostered while controlling costs with the ability to influence and/or incentivize hospitals, physicians, post-acute care facilities, and other providers involved in facilitating coordination of care and service delivery.	Choose
	e.) Integration of medical information between primary care and specialty care physicians through an electronic medical record system that facilitates "real time" care coordination and information exchange between the following services – physician (primary and specialty care), laboratory testing and testing results, medications, nursing care, case management, disease management, inpatient and outpatient hospital services, and ancillary services.	Choose
	f.) System in place to measure physician performance and a process for addressing low performing physicians.	Choose
	g.) Ability for patients to be able to ask a clinical question to a medical provider using email, Skype or text messaging.	Choose
	h.) An electronic medical record in place to support the care and application of evidenced based medicine in the treatment of patients.	Choose
	i.) System and process in place to alert physicians about possible drug/safety interactions or concern in the process of prescribing a medication.	Choose
<b>CUSTOMER SERVICE</b>		
CC-2	Contractor agrees to permit all eligible Members, as determined by the State, to obtain health insurance benefits for themselves and their eligible Dependents.	Choose
<del>CC-3</del>	<del>Contractor agrees to provide a post-COBRA fully insured conversion plan to terminated participants.</del>	<del>Choose</del>
CC-4	Contractor agrees that no administrative functions required under this contract may be performed offshore.	Choose
CC-5	Contractor agrees to establish and provide a dedicated, state-of-the-art customer service operation (including a toll-free dedicated line) that is available to plan Participants (both in-state and out-of state) 24/7, staffed by live customer service representatives during the core hours, 7 am – 11 pm Eastern Time, seven days a week at no additional charge.	Choose

Compliance Checklist		Contractor s Response
		Yes or No*
CC-6	This toll-free customer service line will be supported during the hours stated above by an automated voice-response system 24 hours a day, seven days a week. Participants (both in-state and out-of state) can access this system directly to request and receive service authorizations or other pertinent data. This operation should comply with Performance Standards #1 and #2, in <b>"FA3 Attachment S-8: Performance Guarantees."</b>	Choose
CC-7	During call center hours, as indicated above, the customer service phone intake system should be an automatic answering system that picks up within 10 seconds and directs Participants into a queue to be serviced, with an available opt-out to a live representative at any time during the call.	Choose
CC-8	Automated call answer system will provide estimated wait time until live operator pick-up to Participant.	Choose
CC-9	Contractor agrees to resolve a minimum of 85% of member calls on the first call to the customer service line.	Choose
CC-10	The member services operation must include:	
	a.) Knowledgeable staff available to answer questions on plan eligibility, plan guidelines, benefit levels, disease management, wellness healthy activities, and claims procedures.	Choose
	b.) The ability to maintain an eligibility file that identifies eligible Participants as well as certain other pertinent information regarding Participants.	Choose
	c.) A system for providing Explanations Of Benefits to eligible Participants detailing payments to facilities and providers for services rendered and the amounts applicable to each service.	Choose
	d.) A procedure for handling emergency requests and non-office hour admissions.	Choose
	e.) An integrated claims and customer service system enabling both claims and service team members to view all screens.	Choose
	f.) Adequate access to the customer service system for individuals with disabilities. (TTY and online access for deaf, full-service phone access for blind)	Choose
	g.) The ability to track healthy activities, as well as disease management and tobacco cessation activities, completed, as outlined in Section 3.3 General Requirements for All Functional Areas, and advise Member of outstanding activities still needed to meet to avoid premium surcharges.	Choose
CC-11	Contractor agrees to accurately convert State data files, including the State master enrollment file and any other relevant files to the Contractor's data system.	Choose
CC-12	Contractor agrees to offer support services for the 2014 Open Enrollment period (for the plan year beginning January 1, 2015) and all subsequent open enrollments during the contract term. Contractor will provide services in accordance with Performance Standard #5, in <b>"FA3 Attachment S-8: Performance Guarantees."</b>	Choose
CC-13	Contractor will provide representatives to attend Benefit Fairs, who will be trained on the State-specific benefit plans, in accordance with Performance Standard #5, in <b>"FA3 Attachment S-8: Performance Guarantees."</b>	Choose
CC-14	Contractor agrees to maintain and verify documentation of disabled status for dependents of eligible State participants. Contractor must verify disabled status every two years, or in the event of a total and permanent disability, once per contract period. If no documentation is received within the required timeframe, Contractor must notify the State of Maryland within 10 calendar days.	Choose

**HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI**

<b>Compliance Checklist</b>		<b>Contractor's Response</b>
		<b>Yes or No*</b>
CC-15	Contractor agrees to share the expenses for producing and distributing all State of Maryland Open Enrollment materials, including but not limited to the Benefits Guide, universal enrollment forms, and other notices or information included in the enrollment kits. The total cost will be shared equally among all benefit plans. For 2013 Open Enrollment, each State vendor's share was approximately \$19,000 per plan. The Contractor's share will vary based on the number of vendors and if there are fewer vendors in future years, the pro-rated amounts will increase.	Choose
CC-16	Contractor agrees to assume a share of the cost of an annual State-conducted Participant satisfaction survey on its health plan. Approximate cost is \$5,000 per year per plan. The Contractor's share will vary based on the number of vendors and if there are fewer vendors in future years, the pro-rated amounts will increase.	Choose
CC-17	Contractor shall prepare and provide identification cards and a detailed plan description document to Members. ID cards are to be mailed to members at least ten business days before the program is operational. ID cards must be mailed to new members within three business days of notification by the State or receipt of the add/change/delete enrollment file that reflects the new enrollment, whichever is earlier. The detailed plan description/Evidence of Coverage will be provided electronically (and via paper upon request).	Choose
CC-18	Contractor shall provide an electronic version of the detailed plan description/summary of coverage/evidence of coverage to the employee benefits compliance manager no later than 45 days in advance of the first day of the plan year.	Choose
CC-19	Contractor will use a unique identification number (that is not the Social Security number) on all Participant communications, including, but not limited to, membership cards, EOBs, etc.	Choose
CC-20	Upon request, Contractor will submit forms for the State's approval, and print forms with the State's logo for claims submission.	Choose
CC-21	The State of Maryland reserves the right to accept or decline the Contractor's designated account manager for any reason at any time.	Choose
CC-22	Contractor will provide a dedicated, but not exclusive, account management team for the State, directly employed by the Contractor.	Choose
CC-23	Contractors Plan representatives will return all messages received from the State's Department of Budget and Management/Employee Benefits Division (whether voice mail, e-mail or other communication method) promptly. Messages received before noon will be replied to the same day. Messages received after noon will be replied to by noon of the following business day.	Choose
CC-24	Contractor will provide a designated eligibility manager for the State.	Choose
CC-25	Contractor will provide a designated billing manager for the State.	Choose
CC-26	Contractor will provide a dedicated claims supervisor to assist with internal claims eligibility audits conducted quarterly and on an annual look-back basis.	Choose
CC-27	Contractor will provide a dedicated (but not exclusive) claim processing unit for the State.	Choose
CC-28	The State of Maryland reserves the right to accept or decline the Contractor's designated claim supervisor, <del>and</del> claim processor <del>and claim facility</del> for any reason at any time. <b><u>Note that the Contractor's claim facility must be located in the United States.</u></b>	Choose

Compliance Checklist		Contractor's Response
		Yes or No*
CC-29	Contractor will attend quarterly meetings to discuss plan administration and any other concerns the State may have. Meetings will be set with the State in advance on a designated day each quarter. Contractor will attend meetings. The content of the meeting will include but not be limited to unusual claims utilization trends, disease state prevalence, operational performance, disease management progress, wellness tracking and customer service issues.	Choose
CC-30	Contractor agrees to provide certificate/evidence of coverage documents by State directed deadline in accordance with <del>Performance Standard #17</del> <b>Performance Guarantee #15</b> in " <del>FA1 FA3</del> Attachment S-12 <b>S-8: Performance Guarantees.</b> "	Choose
CC-31	Contractor agrees to review drafts of the plan description as requested by the State contained in the State's annual Benefits Guide, at no extra cost.	Choose
CC-32	Contractor agrees to meet or exceed established performance standards as described in " <b>FA3 Attachment S-8: Performance Guarantees.</b> "	Choose
<b>NETWORK COMPLIANCE/REIMBURSEMENT</b>		
CC-33	Contractor agrees to provide Participant support services live and online for selecting and/or locating network physicians and for answering provider credentialing questions that Participants may have.	Choose
CC-34	Contractor agrees to provide online tools for comparing procedure costs by provider/facility.	Choose
CC-35	Contractor agrees to provide online access to up-to-date network provider listings and locations to assist Participants with provider selection, including quality performance and outcome ratings, and other services with regard to provider selection.	Choose
CC-36	Contractor agrees to notify plan Participants, in writing with at least 60 days advance notice, in the event that the contract for a Participant's network physician terminates for any reason. The State will review and approve the communications provided to State Participants for this purpose.	Choose
CC-37	Contractor agrees to notify the State, in writing with at least 75 days advance notice, in the event that the contract for a practice group, or a physician terminates for any reason.	Choose
CC-38	Contractor has a procedure in place to allow the State and/or plan Participants to nominate providers to be considered for inclusion in the network panel, and if included, made available to Participants.	Choose
CC-39	Contractor's physician and hospital contracts have a "continuation of care" clause that says if a physician or hospital cancels or fails to renew their contract, that care which began with a network provider will continue to be provided and reimbursed as a network provider until 90 days after discharge.	Choose
CC-40	Contractor has, and will maintain, a process for Participants to contact customer service to find out the maximum allowance for a specific procedure in advance of having the procedure done.	Choose
CC-41	Contractor confirms that procedures are in place for ensuring that a network provider does not bill participants and/or the plan sponsor any amount in excess of the network allowance.	Choose
CC-42	Contractor's contracts with network providers prohibit providers from balance billing patients above the network allowance.	Choose
CC-43	Contractor will guarantee that a participant will not be liable for any amounts over and above the scheduled plan of benefits in the event a healthcare provider is not paid accurately for services rendered.	Choose
CC-44	Contractor agrees that the State reserves the right to explore the Contractor's tiered network, and if decided, implement this structure in future plan years.	Choose



Compliance Checklist		Contractor's Response
		Yes or No*
<b>VALUE BASED BENEFIT DESIGN AND ADMINISTRATION</b>		
CC-45	Contractor agrees to monitor variations in outcomes and quality for procedures performed in hospitals within their networks and develop and or expand Centers of Excellence. The Contractor agrees to develop strategies for guiding State Health Plan participants to those hospitals with high quality performance ratings for those identified procedures. The Contractor agrees that procedures and services associated with its Centers of Excellence programs are bundled with regard to reimbursement.	Choose
CC-46	Contractor agrees to the performance metrics and the shared incentive structure of the Value Based Benefit Design. See Attachment " <b>Attachment S-9: Performance Metrics.</b> "	Choose
CC-47	Contractor agrees to provide routine education to network providers regarding the plan's policies and procedures, including but not limited to disease management, wellness, and outcome incentives, through a manual, periodic newsletters, and special meetings, as needed.	Choose
CC-48	The Contractor agrees to participate in a pilot shared savings model and understands by Year 3 of the Contract, the State will identify certain episodes of care/and or conditions (up to 5) that will be included in the pilot. Contractors constraining costs below benchmarks established by The State and achieve outcomes consistent with prior experience will share in the savings. Contractor understands savings would be shared retrospectively based on cost and quality.	Choose
CC-49	The Contractor agrees to develop a list of medical services that produce high value medical outcomes and offer recommendations to the State for administering incentives that reward high value choices. Contractor agrees to quantify and detail the criteria and benchmark or studies used to develop the list and modify the list as needed based on the most current information available.	Choose
<b>AUDITS</b>		
CC-50	The Contractor agrees to perform regular hospital records (including clinical and billing issues) audits on all hospital admissions exceeding \$25,000 in paid claims, subject to a minimum of 2% of all hospital claims, and report audit results and recoveries to the State. Such audits will be performed in accordance with Performance Standard #12, in " <b>FA3 Attachment S-8: Performance Guarantees.</b> "	Choose
CC-51	The Contractor agrees to have an annual audit performed by an independent audit firm of its handling of the Department's critical functions and/or sensitive information, which is identified as Insurance Claims Processing Services (collectively referred to as the "Information Functions and/or Processes"). Such audits shall be performed in accordance with audit guidance: <i>Reporting on Controls at a Service Organization Relevant to Security, Availability, Processing Integrity, Confidentiality, or Privacy (SOC 2)</i> as published by the American Institute of Certified Public Accountants (AICPA) and as updated from time to time, or according to the most current audit guidance promulgated by the AICPA or similarly-recognized professional organization, as agreed to by the Department, to assess the security of outsourced client functions or data (collectively, the "Guidance"). Copies of such audits will be provided to DBM annually.	Choose
CC-52	The Contractor agrees to provide the State or its designated representative the right to audit the performance of the plan and services provided (including quality of care and HIPAA compliance). Contractor will make available all services, records and access to the auditors at no extra charge. Contractor will be given two months written advance notice of an impending audit. The State or its designated representative will audit operations at least once annually.	Choose



**HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI**

Compliance Checklist		Contractor's Response Yes or No*
CC-53	Contractor agrees to maintain eligibility reconciliations between Contractor files and State eligibility files.	Choose
<b>HIPAA</b> (Business Associate Agreement) (Terms herein shall have meaning provided in 45 CFR, Parts 160, 162 and 164.)		
CC-54	The Contractor agrees to comply with HIPAA security regulations, 45 CFR Part 164, subpart C, including the following:	
	a.) The Contractor agrees to develop and implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic protected health information that the Contractor creates, receives, maintains or transmits in the Contractor's administration of the plan, as required by the HIPAA security standards.	Choose
	b.) The Contractor agrees to comply with the HIPAA security standards.	Choose
	c.) The Contractor agrees to maintain documentation of the policies and procedures and safeguards implemented to comply with the HIPAA security standards.	Choose
	d.) In compliance with 45 CFR 164.308(b), the Contractor agrees to ensure, through written contract, that any agent, including a subcontractor to whom the Contractor provides electronic PHI, agrees to implement reasonable and appropriate safeguards.	Choose
	e.) The Contractor agrees to report to the State within ten days any security incident of which the Contractor becomes aware during the term of the Contract and any mitigation or remedial plans to address such security incidents.	Choose
	f.) The Contractor agrees to make the Contractor's policies and procedures, and its documentation required by the HIPAA security standards, available to the State and the Department of Health and Human Services for purposes of determining if the plan complies with the HIPAA security standards.	Choose
CC-55	The Contractor agrees to comply with HIPAA privacy standards, 45 CFR Parts 160 and 164, including the following:	
	a.) The Contractor shall not use or disclose PHI except to fulfill the requirements of this RFP and the contract, or as required by law. In doing so, the Contractor shall use, disclose or request the minimum amount of PHI necessary and act in compliance with §164.502(b) as if a covered entity. Further, the Contractor shall use limited data sets when possible and comply with DHHS guidance in determining minimum necessary standards to accomplish intended use, purpose or disclosure as if a covered entity.	Choose
	b.) The Contractor shall implement and use appropriate and reasonable administrative, physical and technical safeguards to prevent Use or Disclosure of PHI other than (1) as provided in this RFP and the contract, (2) permitted by the HIPAA Privacy Regulation for a Covered Entity, and (3) permitted by the Medical Records Act. In the event that the HIPAA Privacy Regulation and the Medical Records Act conflict regarding the degree of protection provided for PHI, the Contractor shall comply with the more restrictive protection requirements.	Choose
	c.) The Contractor shall report to the State any Use or Disclosure of PHI that is not permitted within 10 days of when the Contractor becomes aware of such Use and Disclosure.	Choose
	d.) The Contractor shall use reasonable efforts to mitigate the effect of any Use or Disclosure of PHI known to Contractor that is not permitted.	Choose
	e.) The Contractor shall comply with the administrative requirements of 45 CFR § 164.530 as if the Contractor were the Covered Entity in relation to the plan.	Choose

Compliance Checklist		Contractor s Response
		Yes or No*
	f.) In compliance with 45 CFR § 164.504(e)(5), the Contractor shall ensure, through written contract, that any agent, including a subcontractor to whom it provides PHI received from, created by, or received by the Contractor, agrees to the same restrictions and conditions that apply to the Contractor with respect to such information. This obligation shall apply in connection with PHI created, retained, used, disclosed, or transmitted in connection with the plan(s) administered by the Contractor.	Choose
	g.) The Contractor shall provide a Notice of Privacy Practices to all individuals enrolled in the plan in compliance with 45 CFR §164.520 as if the Contractor were the Covered Entity with regard to the plan. (1) This Notice of Privacy Practices shall comply with the requirements of 45 CFR §164.520 as if the Contractor were the Covered Entity with regard to the plan. (2) A copy of this Notice of Privacy Practices shall be provided to the State with certification that the notice has been provided to the Members.	Choose
	h.) The Contractor shall permit an individual enrolled in the plan to request restricted Uses and Disclosures of PHI related to that individual in accordance with 45 CFR §164.522(a)(1)(i). The Contractor shall comply with 45 CFR §164.522(a)(1)(iii)-(iv) and HITECH §13.405(a) in the event that a request for restricted Uses and Disclosures is granted as if the Contractor were the Covered Entity with regard to the plan. The Contractor may refuse such request to restrict Uses and Disclosures or terminate a restriction on Uses and Disclosures provided that the Contractor complies with the provisions of 45 CFR §164.122(a)(1)(ii), §164.522(a)(2)-(3) and HITECH §13.405(a) as if the Contractor were the Covered Entity with regard to the plan.	Choose
	i.) The Contractor shall accommodate reasonable requests by individuals enrolled in the plan or by the State on behalf of such individuals to receive confidential communications in compliance with 45 CFR §164.522(b)(ii) as if the Contractor were the Covered Entity with regard to the plan. The Contractor may condition providing confidential communications as permitted by 45 CFR §164.522(b)(2).	Choose
	j.) The Contractor shall maintain PHI in a Designated Record Set and make available to an individual the PHI relating to that individual in compliance with 45 CFR §164.524 and the HITECH Act as if the Contractor were the Covered Entity with regard to the plan.	Choose
	k.) The Contractor shall make available for amendment and amend PHI at the request of the State or the individual to whom the PHI relates in compliance with 45 CFR §164.526 as if the Contractor were the Covered Entity with regard to the plan.	Choose
	l.) Contractor shall document and track Disclosures and provide an accounting of Disclosures of PHI to the individual about whom it relates in compliance with 45 CFR §165.528 and the HITECH Act as if the Contractor were the Covered Entity with regard to the plan.	Choose
	m.) The Contractor shall make the Contractor's internal practices, books and records, including privacy and confidentiality policies and procedures and PHI, available to the State and the Federal Department of Health and Human Services, for purposes of determining whether the State is compliant with the HIPAA Privacy Regulation in the administration of the plan.	Choose

Compliance Checklist		Contractor's Response
		Yes or No*
	n.) Upon termination of the Contract, for any reason, the Contractor shall maintain all records created under the Contract as required by the Contract and shall extend the protections of the HIPAA privacy standards to the PHI contained in those records for so long as the Contractor maintains the PHI. All such records containing PHI shall be destroyed at the expiration of the record retention period required by the Contract or, if retained by the Contractor, protected, used and disclosed only in accordance with this RFP and the Contract.	Choose
	o.) The Contractor shall provide a certification to the State that the Contractor's HIPAA Privacy Standards obligations have been met, to occur no more frequently than quarterly, upon the State's request for certification.	Choose
	p.) The Contractor shall disclose PHI to the State and to the State's agents for the State's use in treatment, payment and healthcare operations related to the plan, and the State's other related plans.	Choose
	q.) The Contractor may Disclose PHI as required by law in compliance with 45 CFR §164.512.	Choose
	r.) The Contractor may Use and Disclose PHI to conduct data aggregation services as permitted by 45 CFR §164.501 and §164.504(e)(2)(i)(B).	Choose
	s.) The Contractor may Use and Disclose PHI for the proper management and administration of the Contractor or to carry out its legal responsibilities as permitted by 45 CFR §164.504(e)(4), provided that: (a) such Uses and Disclosures would be permitted by the HIPAA Privacy Regulation if the Contractor were a Covered Entity regulated by the HIPAA Privacy Regulation and (b) the Contractor obtains reasonable written assurances from the person, agency, or entity to which such Disclosures are made that all PHI will remain confidential and be Used or Disclosed further only as required by law, for the purposes of Disclosure by the Contractor, and the person, agent or entity notifies the Contractor of any instances in which the confidentiality of the PHI has been breached.	Choose
	t.) The Contractor may Use or Disclose PHI to report violations of the law to appropriate State and Federal authorities consistent with 45 CFR §164.502(j).	Choose
	u.) The Contractor may Disclose PHI in response to an authorization executed by the individual who is the subject of the PHI or that individual's personal representative in accordance with 45 CFR §502(g) and 45 CFR §164.508.	Choose
CC-56	The Contractor shall comply with 45 CFR 164.508(a)(4) and §13405(d)(1) and (2) of the HITECH Act as if it were a covered entity in connection with the benefit plan administered by the Contractor pursuant to this RFP and Contract. The Contractor shall prohibit its business associates, agents and subcontractors who receive, use, disclose, create, retain, maintain, or transmit PHI from receiving remuneration in exchange for PHI on the same terms.	Choose
CC-57	The Contractor shall comply with the limitations on marketing and fundraising communications provided in 45 CFR 164.508(a)(3) and §13406 of the HITECH Act as if it were a covered entity in connection with the benefits plan.	Choose
CC-58	<b>Breaches of Unsecured PHI</b>	
	a.) A breach shall be treated as discovered in the terms described in 45 CFR §164.410.	Choose
	b.) Notice to the Department	Choose

Compliance Checklist		Contractor's Response
		Yes or No*
	(1) The Contractor shall promptly notify the Department of a breach of unsecured PHI in its possession following the first day on which the Contractor (or Contractor's employee, officer, agent or subcontractor) knows of such breach or following the first day on which Contractor (or Contractor's employee, officer, agent or subcontractor) should have known of such breach. Such notice shall occur without unreasonable delay and in no event more than 30 days following discovery of the breach. Such notice shall occur even if the breach is not of a Member of the State's Plan.	Choose
	(2) In the event that Contractor determines that there is a low probability that the unauthorized access, acquisition, use, or disclosure has compromised the security or privacy of the protected health information based on a risk assessment conducted pursuant 45 CFR §164.402(2), Contractor shall promptly notify the Department of the event and the basis for that determination. Such notice shall occur as soon as is reasonable but in no event more than 30 days following discovery of the unauthorized access, acquisition, use or disclosure of PHI of a Participant. Such determination shall be in writing and signed by an appropriate officer or employee of Contractor.	Choose
	(3) Contractor's notice to the Department pursuant to this section concerning breaches shall include, at a minimum:	
	(i) the number of individuals overall affected by the breach and the number of Participants in the State's Plan affected by the breach;	Choose
	(ii) if applicable, the identification of each State Plan Participant whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used, disclosed, or otherwise the subject of the breach;	Choose
	(iii) a description of what happened, the date of the breach, if known, and the date of the discovery of the breach;	Choose
	(iv) a brief description of the types of unsecured PHI that were involved in the breach (such as name, social security number, date of birth, claims or healthcare services information, etc.);	Choose
	(v) identification of an individual who can provide additional information concerning the breach; and	Choose
	(vi) a brief description of the steps Contractor is taking to mitigate the breach, investigate the breach, and to protect against further breaches.	Choose
	(4) Contractor's notice to the Department pursuant to this section may be provided on a rolling basis, with information provided to the Department as it becomes available.	Choose
	c.) Notice to Participants.	
	(1) Contractor shall provide notice to affected members and to the media in the form, content, manner, method, and timing required to meet the requirements of §§13400-13402 of the HI TECH Act and 45 CFR §§164.404 and 164.406, applied as if Contractor were a covered entity in connection with the group plan(s) administered by Contractor pursuant to the Underlying Agreement.	Choose
	(2) The notice(s) required by this section may not be issued until the Department has reviewed and approved the notice(s). Such approval may not be unreasonably delayed or withheld.	Choose
	d.) Contractor may delay the notice(s) required pursuant to sections 164.404(b) and 164.406(b) only if permitted pursuant to 45 CFR §164.412.	Choose
	e.) In the event of an unauthorized use or disclosure of PHI or a breach of Unsecured PHI, Contractor shall use reasonable efforts to mitigate any harmful effects of said disclosure that are known to it.	Choose
	f.) Notices to DHHS.	

Compliance Checklist		Contractor s Response
		Yes or No*
	(1) In the event of a breach described in 45 CFR §164.408(b), Contractor shall provide to Department all information required by that subsection to be submitted to the Secretary of DHHS. The information shall be provided without unreasonable delay and in no event more than 30 days following discovery of the breach. Upon request, Contractor shall submit the required breach notice to the Secretary of DHHS on behalf of the Department, the State, the group plan(s), and the Program.	Choose
	(2) Contractor shall maintain a log of breaches described in 45 CFR §164.408(c) and that affect members and the group plan(s) administered by Contractor pursuant to the Underlying Agreement.	Choose
	g.) In fulfilling its obligations pursuant under this Contract in connection with 45 CFR §164.530, Contractor shall address the provisions of 45 CFR Part 164, subpart D in the manner provided in 45 CFR §164.414, as if Contractor were a covered entity in connection with the benefits plan administered by the Contractor pursuant to this Contract and RFP.	Choose
	h.) Contractor agrees to review any guidance from DHHS specifying the technologies and methodologies that render PHI unusable, unreadable, or indecipherable to unauthorized individuals. BA further agrees, to the extent practical, appropriate and reasonable, to incorporate such guidance into its administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of PHI.	Choose
	i.) Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the Contractor, agrees to provide notice of a breach and the information necessary for the Contractor to comply with its notice requirements in sections (a) through (h) above.	Choose
CC-59	<b>Electronic Health Records</b>	
	a.) Contractor shall notify the Department if and when Contractor uses or maintains electronic health record(s) with respect to PHI.	Choose
	b.) As of the applicable effective date identified in HI-TECH §13405(c)(4), when complying with the obligations to respond to requests for an accounting under 45 CFR §164.528, Contractor shall respond to requests for an accounting of disclosures of PHI, in compliance with the requirements of §13405(c)(1) and (3) of the HITECH Act and any regulations promulgated by the Secretary of DHHS pursuant to §13405(c)(2) of the HITECH Act. The requirements of this section shall apply if Contractor uses or maintains an electronic health record with respect to PHI.	Choose
	c.) When complying with the obligation to provide access to PHI under 45 CFR §164.524, Contractor shall respond to requests for access to PHI in compliance with the requirements of §13405(e) of the HITECH Act. The requirements of this section shall apply if Contractor uses or maintains an electronic health record with respect to PHI.	Choose
CC-60	The Contractor agrees to provide all HIPAA certificates of creditable coverage, at no extra cost, within the timeframe required by the regulations (see 45 CFR §146.115).	Choose
CC-61	The Contractor confirms that its proposal, and plan design offered, is in compliance with all federal and state laws and regulations that pertain to employee benefit plans.	Choose
CC-62	The Contractor understands, has the necessary systems capability and complies with HIPAA's administrative simplification standards related to electronic data interchange (EDI), including the code set/transactions requests of 45 CFR Part 162.	Choose
CC-63	The Contractor requires any agents/subcontractors it brings onto the project(s) covered by this RFP to comply with the HIPAA standards for EDI.	Choose

**HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI**

<b>Compliance Checklist</b>		<b>Contractor's Response</b>
		<b>Yes or No*</b>
<b>SPECIAL PROVISIONS</b>		
CC-64	Contractor will provide at least six months' advance notice of any planned systems upgrades or changes (to include claims, customer service, eligibility, corporate operating system).	Choose
CC-65	Contractor agrees to retain records in excess of the period required by the Contract, if required by State and Federal regulations for health plans.	Choose
CC-66	Contractor must unconditionally agree to provide coverage to all Participants enrolled on the Program effective date.	Choose
CC-67	Contractor agrees to provide necessary legal defense in the event of litigation resulting from Contractor error, omission, etc.	Choose
CC-68	Contractor agrees to cover all costs associated with legal defense in the event of litigation.	Choose
CC-69	In the event of a change in vendors or expiration of this contract, at the termination or expiration of this contract, the vendor selected will be responsible for incurred claims up to the termination or expiration date for up to 12 months following the end of the contract term.	Choose
CC-70	Contractor agrees to prepare and file all legal documents necessary to implement and maintain the plan, including policies, amendments, contracts, required state filings, and development of booklet/certificate formats.	Choose
CC-71	Contractor agrees to monitor federal and state legislation affecting the delivery of medical benefits under the plan and to report to the State on those issues in a timely fashion prior to the effective date of any mandated plan changes.	Choose
CC-72	Contractor will absorb the cost of programming to meet any benefit design changes.	Choose
CC-73	Member service operations must include an information system capable of electronically transmitting, receiving, and updating Participant profile information regarding demographics, coverage, and other information (e.g. eligibility, change of address, etc.) on a daily basis.	Choose
CC-74	Contractor agrees to accept prescription claims data from State's PBM at a frequency necessary to properly and fully manage wellness and disease management obligations.	Choose
CC-75	Contractor agrees to share claims data on participants who enroll in another Contractor's plan during the annual Open Enrollment in order to ensure continuity of the State's wellness and disease management objectives.	Choose
CC-76	All electronic file transfers shall be exchanged using a point to point VPN connection approved by the State of Maryland, Department of Budget and Management, Office of Information Technology.	Choose
CC-77	Contractor will use a unique identification number (that is not a Social Security number) on all Participant communications, including, but not limited to, membership cards, EOBs, etc.	Choose
CC-78	Contractor agrees to maintain a claims fraud detection and prevention program and will notify the State within 10 business days of any suspected fraud and the steps Contractor has taken to remedy and investigate. Contractor will provide the State with its current procedures and any updates as they occur, but no less frequently than annually.	Choose
<b>HEALTHCARE REFORM</b>		
CC-79	Contractor agrees that it will use an effective internal claims appeals process pursuant to PPACA (§ 2719 of the Public Health Service Act) and the regulations promulgated thereto, including:	Choose



Compliance Checklist		Contractor's Response
		Yes or No*
	a) Incorporating the procedures of the Department of Labor claims procedure regulation;	Choose
	b) Providing appropriate and timely notice to members regarding benefit determinations;	Choose
	c) Providing appropriate and timely notice to members regarding available internal and external appeals processes;	Choose
	d) Allowing members to review their file, present evidence and testimony as part of the appeals process; and	Choose
	e) Updating its claims and procedures in accordance with any standards established by the Secretary of Labor.	Choose
CC-80	Medical Loss Ratio Requirement Contractor agrees to comply with PPACA (§ 2719 of the Public Health Service Act) and the regulations promulgated thereto, including:	Choose
CC-81	a) Contractor agrees to spend at least 85% of premiums charged under this Contract on healthcare benefits and quality improvement activities rather than on administrative costs or as retained profits in accordance with PPACA . b) Contractor agrees to provide DBM and each enrollee a notice (in a form prescribed by HHS) at the time a rebate is provided to DBM, that includes the following information: (i) a general description of the MLR concept, (ii) the purpose of setting the MLR standard, (iii) the applicable MLR standard, (iv) the Contractor's MLR, (v) the Contractor's aggregate premium revenue minus applicable taxes and fees, (vi) the rebate percentage and amount owed to enrollees, and (vii) verification that the total aggregated rebate is being provided to DBM. c) Contractor agrees to pay 100% of any such rebate to DBM d) DBM will use the amount of the rebate that is proportionate to the total amount of premium paid by all enrollees under the policy, for the benefit of enrollees in one of the ways described in 45 CFR §158.242(b)(1), at the option of the DBM.	Choose
CC-82	Contractor has disclosed their claims appeals (claims decision or coverage) protocols as well as actual response time statistics for the most recent year. Label as <b>"Response FA3 Attachment S-1: Claims Appeal Protocol."</b>	Choose
<b>CLAIM PROCESSING</b>		
CC-83	Contractor agrees to have a process for resolving complaints in place and operable on the date of contract commencement. The State expects that an expeditious, written resolution will normally be mailed within 10 workdays of receipt of any complaint other than claims appeals.	Choose
CC-84	Contractor agrees to use the current NAIC 120-1 Model COB Contract Provisions for determining when to pay as primary coverage.	Choose
CC-85	Notwithstanding anything in the attachments to the contrary, Contractor agrees to administer the plan to provide Coordination of Benefits (COB) under a pay and pursue basis with other employee, retiree, and dependent medical coverage, including Medicare and Medicaid, in accordance with current NAIC 120-1 Model COB Provisions	Choose
CC-86	Contractor will verify and update Participant records with information on other coverage at least annually, and more frequently if notified by the State or Participants.	Choose
CC-87	As a secondary payer, your non-Medicare COB will be based on the coinsurance in effect on the secondary payer plan and adjudicated based on the allowed amount of the secondary payer plan.	Choose
CC-88	As a secondary payer, your Medicare COB will be based on the coinsurance in effect on the secondary payer plan, adjudicated based on Medicare's allowed amount and	Choose

Compliance Checklist		Contractor's Response
		Yes or No*
	the assumption that the Participant has enrolled in Parts A and B.	
CC-89	Contractor agrees to comply with all applicable rules and requirements of The Medicare, Medicaid, and SCHIP Extension Act of 2012, S. 2499 (Public Law No: 110-173 and submit data on behalf of the plan as required.	Choose
CC-90	Contractor agrees to use its UCR profiles, reduced network fees, or those of the primary carrier in determining its level of reimbursement when it is the secondary payor in a COB situation.	Choose
CC-91	To the extent permitted under state law, no fault auto insurance, governmental plans (Medicare, Medicaid) coordination and negligent third party subrogation will be included in the contract.	Choose
CC-92	Contractor agrees to process claims either by a paper process or electronic process in accordance with Performance Standards #9 <del>through #11</del> , in " <b>FA3 Attachment S-8: Performance Guarantees.</b> "	Choose
CC-93	Contractor will have a pre-authorization procedure in place for referrals to non-network providers in those circumstances in which a network provider is not available to provide specific services.	Choose
CC-94	Contractor will obtain the advice and consultation of qualified experts (internal or external, as needed) to review unusual charges or claims at no additional cost to the State.	Choose
CC-95	Contractor will have the following policies and procedures in its Care Management processes for the State:	Choose
	a.) Pre-certification / Prior authorization	Choose
	b.) Concurrent and Review and discharge planning for inpatient admissions.	Choose
	c.) Retrospective Clinical Review	Choose
	d.) Second Surgical Opinions, as directed by the State <u>(only for elective C-section surgeries)</u> .	Choose
	e.) Large Case Management provided, on a voluntary basis, to all members with the potential to benefit from the program. This includes not only members with select diagnoses, but also those who meet certain situational criteria. Potential candidates for case management include, but are not limited to: (1) Catastrophic conditions such as High risk obstetrics/neonatal, HIV/AIDS, Amputation, Asthma/COPD, Cardiovascular disease, Severe burns, Cerebrovascular accident with deficits, Infectious disease, Oncology including all metastatic cancer, complications of diabetes, traumatic injuries, neuromuscular disease, low back pain, end stage renal disease; (2) Members with complex care coordination needs; (3) High dollar cases (>\$100,000 incurred / year); (4) 3 or more ER visits within 6-month period for same or related condition; (5) 2 unscheduled admissions within 6-month period; (6) Inpatient length of stay > 10 days; (7) Inpatient rehabilitation or skilled nursing facility admission; (8) Home healthcare services beyond 50% of benefit level; (9) Home healthcare services beyond 30 days for one episode of care; (10) Members with 3 or more providers; (11) Prescriptions for controlled substances from more than 3 providers.	Choose
	f.) System with ability to provide utilization statistics and savings reports, including utilization trends, care management interventions, and clinical and financial outcomes of not just individual claims but also episodes of care.	Choose
	g.) Use of an automated system for identification, tracking and management of care management activities. System is fully integrated with claims processing and benefits system, if separately maintained. Medical necessity and length of stay criteria is integrated within the system and Contractor's UR staff has access to online diagnostic	Choose



**HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI**

Compliance Checklist		Contractor s Response Yes or No*
	and procedure codes.	
	h.) DRG validation	Choose
	j.) Responses on all UR prior authorization/pre-certification requests are made to the attending physician, hospital, patient, and claim administrator within 24 hours of initial request.	Choose
	k.) A written appeals process, <del>with a multi-level process</del> for adverse UR review decisions. First-level appeals shall be available on an expedited basis (within 24 hours of request); <del>second-level appeals shall be specialty matched, with a decision rendered within 72 hours of receipt of all pertinent clinical information.</del>	Choose
	l.) Medical director/physician advisor participates in day-to-day operations and is easily available to care management staff for consultation.	Choose
	m.) Licensed care management staff have an average 5 years of clinical experience and a licensed clinician provides oversight to all non-clinical support staff participating in care management activities.	Choose
	n.) Documented comprehensive training program for all new care management hires, including non-clinical support staff.	Choose
	o.) Contractor agrees to provide telephonic outreach services for the following designated chronic conditions – asthma, COPD, CAD, CHF, diabetes, hypertension, hyperlipidemia, musculoskeletal/low back pain, and others designated by the State.	Choose
	p.) Contractor agrees to provide telephonic counseling services to participants with designated chronic conditions in the high and medium acuity/severity level.	Choose
	q.) Contractor agrees to track and from time to time report all telephonic outreach to eligible and targeted participants for proper adherence to the Contractor’s engagement guidelines including – meeting appointments for counseling calls, following treatment and medication compliance, adherence of participants to all healthy activities requirements in the Value Based Benefit Design.	Choose
	r.) Contractor agrees to <del>conform</del> perform disease management and case management programs to facilitate cross referral and data integration to facilitate care coordination.	Choose
<b>REPORTING</b>		
	<b>General Reporting Requirements</b>	
CC-96	Contractor agrees to provide the State online access to all standard reports	Choose
CC-97	Contractor agrees to provide the State ad hoc reporting including but not limited to reporting required for Wellness and Disease Management Tracking including outcomes and quality of care, as requested by the State, for no additional charge.	Choose
CC-98	Contractor agrees to provide reporting and data to the State and its Contractors as required to support plan management and the development of wellness and disease management, and additional strategic initiatives.	Choose
CC-99	Contractor agrees to deliver the required management information reporting in format specified by the State that provides utilization, claims reporting, and administrative services data by subgroup and total to the State of Maryland. The required subgroups are: State actives, State retirees under 65, State retirees 65 and over, Direct Pay, and Satellite Accounts. Contractor also agrees to provide monthly claims and enrollment in these specified subgroups and in total.	Choose
<del>CC-100</del>	<del>Contractor will provide Ad Hoc reporting flexibility at no additional charge.</del>	

Compliance Checklist		Contractor's Response
		Yes or No*
	<b>Wellness and Disease Management Reports</b>	
	<b>Quarterly</b>	
CC-101	Disease Management activity reports showing:	
	a.) Total number of participants identified as eligible for telephonic outreach by chronic condition and by severity level e.g. moderate or high severity	Choose
	b.) Total number of eligible participants who were "reached" telephonically by chronic condition and severity level	Choose
	c.) Total number of those eligible who were "reached" telephonically who "consented" to engage in telephonic counseling	Choose
	d.) Total number of those eligible who were "reached" telephonically who "declined" to engage in telephonic counseling	Choose
	e.) Total number of those eligible who were "not reached" telephonically	Choose
	f.) Total number of those who "consented" who completed at least 1 counseling call	Choose
	g.) Total number of those who "consented" who completed 2-3 calls, 4+ calls	Choose
	h.) Total number of those who completed or graduated from the program	Choose
	i.) Total number who dropped out before completing the program requirements	Choose
	j.) Total number of cases that were closed without making any live contact	Choose
CC-102	Wellness Program (i.e. tobacco cessation, weight management, nutrition education) activity reports:	
	a.) Total number of participants who enrolled in the program	Choose
	b.) Total number of participants who completed the program <b>requirements</b>	Choose
	c.) Total number of participants who enrolled in the program but did not complete the program	Choose
	<b>Annually</b>	
CC-103	<b>Beginning in 2016</b> Disease Management clinical reports showing:	
	a.) Treatment compliance rates for all participants (show percentage and actual counts) by condition (i.e. asthma, COPD, diabetes, hypertension, hyperlipidemia, <b>congested heart failure, cardiovascular disease, and chronic low back pain</b> CAD) for all condition related tests and exam based on evidenced based medical recommendations. <b>Reports must include all performance metrics presented in S-13 Performance Metrics that apply to the conditions listed.</b>	Choose
	b.) For diabetics show the number of participants with Hb A1c rates < 7, those > 8 but < 9, <b>those &gt; 9 but &lt; 10</b> , and those > 10.	Choose
	c.) For diabetic show the number of participants with blood pressure of < 140/90	Choose
	d.) For hyperlipidemia report the number of participants with cholesterol levels <220mb/dl <b>and &gt;250mb/dl</b>	Choose
	e.) For all participants with a chronic condition show the progress in closing gaps in care i.e. medical adherence, physician visits, treatment compliance	Choose
	f.) For those with chronic conditions, report the number of ER visits related to the condition	Choose
	g.) For those with chronic conditions report: number of hospital admissions and those hospitalizations that were readmissions related to a prior condition related episode of care	Choose
CC-104	<b>Disease Management clinical report will include a control group representing those that are identified for disease management and compliant with the program, compared against those that who are identified for disease management but fail to comply with the program requirements. These reports will be provided annually and will illustrate the change during the life of the contract (2017's report will show</b>	<b>Choose</b>

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI

Compliance Checklist		Contractor's Response Yes or No*
	<u>the comparison between the two compliant and non-compliant groups for both 2015 and 2016).</u>	
CC-105	ROI overall and by specific Wellness and/or Disease Management Program describing program components, improvements, and specific clinical and financial outcomes for each component of the program and the overall program.	Choose
<b>Value Based Benefit Plan Design Reporting Requirements</b>		
CC-106	2015 baseline data metrics (including metrics in Attachment <del>P-13</del> <u>S-9</u> : Performance Metrics, for each performance metric by March 30 <del>1</del> , 2016.	Choose
CC-107	Reporting on each performance metric Attachment <del>P-13</del> <u>S-9</u> , Performance Metrics, showing current as well as historical, <u>by March 31 following each plan year within 3 months of the close of the plan year.</u>	Choose
CC-108	<u>Will provide S-13 Performance Metrics annually showing the baseline 2015 group, compared to the current year's metrics. Report will show changes in Performance Metrics annually compared to the 2015 baseline group (2017's report will include 2015 baseline, 2016 metrics, and 2017 metrics).</u>	<u>Choose</u>
CC-109	Contractor will provide an electronic file which reports on each participant's compliance with requirements for healthy activities and participation in disease management and tobacco cessation programs. This data will be used by the State to identify each participant's eligibility for copay waivers and premium surcharges. The report will be based on participant's compliance with the requirements during the previous plan year and must be delivered <u>by at a date to be decided pending the return of non-compliance surcharges July 1 of the following year.</u>	Choose
<b>Program Reports</b>		
<b>Quarterly</b>		
CC-110	Contractor must self-report on each of the Performance Guarantee measurements as defined in Quarterly Plan Performance Measurement Report Card to the State on a calendar quarter basis, in the format requested. See Performance Standard #5, in "FA3 Attachment S-8: Performance Guarantees."	Choose
CC-111	<u>Explanations for any unusual trend results (high/low relative to the market).</u>	<u>Choose</u>
<b>Annually</b>		
CC-112	A rate renewal report, as required by Performance Standard #7 in " <del>Attachment S 12-8</del> <u>: Performance Guarantees</u> ," including, but not limited to:	
	a.) Projection of incurred claim costs for renewal year;	Choose
	b.) Estimate of IBNR reserves at end of current year, including the most recent 36 months of incurred/paid triangular reports;	Choose
	c.) Complete documentation of the methodology and assumptions used to develop the projected costs;	Choose
	d.) Disclosure of supporting data used in calculations, including monthly paid claims and enrollment, large claims analysis, trend analysis, demographic adjustments, pooling adjustments, administration increases and claims assumptions.	Choose
	<u>e.) Trend assumptions and explanations for any unusual trend results (high/low relative to the market).</u>	
<b>IMPLEMENTATION SCHEDULE</b>		
CC-113	Contractor agrees to comply with the implementation schedule as outlined in the RFP.	Choose
<b>PAYMENT SPECIFICATIONS</b>		
CC-114	Contractors will conform to the State's payment procedures outlined in Section 3.5, Payment and Invoice Specifications, of the RFP.	Choose

<b>Compliance Checklist</b>		<b>Contractor s Response</b>
		<b>Yes or No*</b>
CC-115	Contractor agrees to accept monthly payments of administration fees based on the State's enrollment provided by the State on a self-administered basis.	Choose
CC-116	Contractor agrees that the only compensation to be received by or on behalf of its organization in connection with this Plan shall be that which is paid directly by the State and limited to premium, administrative fees, claims, shared savings and/or other incentive payments.	Choose
CC-117	All vendors that are awarded a contract must contractually agree to provide “run-out” claims processing services at the level of service and price that are comparable to pre-termination services, for no less than 12 months at termination of the new agreement.	Choose

**FA3 Attachment S-6: Questionnaire AMENDMENTS 2 AND 9**

**NOTE:** Answers that are not concise and directly relevant may receive a lower score.

Question		Offeror s Response
<b>GENERAL</b>		
Q-1	Describe your company's experience in providing group medical benefits through an Integrated Health Model (IHM).	Click here to enter text.
Q-2	How long have you offered IHM plans to Maryland based clients?	Click here to enter text.
Q-3	Is your organization compliant with all applicable HIPAA administrative simplification rules?	Choose an item.
Q-4	a.) Will your organization be involved in any acquisitions or mergers within the next 12 months?	Choose an item.
	If yes, please describe.	Click here to enter text.
	b) Has your organization been involved in any recent acquisitions or mergers?	
	Within the last year?	Choose an item.
	1-2 years ago?	Choose an item.
	2-5 years ago?	Choose an item.
	None in the last five years	Choose an item.
	If yes, please describe.	Click here to enter text.
Q-5	Confirm that your organization has Errors and Omissions Insurance and Commercial General Liability Insurance.	Please submit a copy of your certificate(s) of insurance indicating coverage limits and label as <b>"Response Attachment: Certificates of Insurance."</b>
	E & O	Choose an item.
	Commercial General Liability	Choose an item.
Q-6	Provide a copy of your most recent <i>financial</i> ratings and complete the following table.	
	<b>1. A.M. Best</b>	
	Current Financial Rating	Click here to enter text.
	Date of Rating	Click here to enter text.
	Prior Financial Rating	Click here to enter text.
	Date of rating	Click here to enter text.
	<b>2. Standard &amp; Poor's</b>	
	Current Financial Rating	Click here to enter text.
	Date of Rating	Click here to enter text.
	Prior Financial Rating	Click here to enter text.
	Date of rating	Click here to enter text.
	<b>3. Fitch</b>	
	Current Financial Rating	Click here to enter text.

Question		Offeror s Response
	Date of Rating	Click here to enter text.
	Prior Financial Rating	Click here to enter text.
	Date of rating	Click here to enter text.
Q-7	Provide a sample of a new member communications package.	Please submit a sample of a new member communications package and label as <b>“Response Attachment: Member Communications Package.”</b>
Q-8	Provide a profile of IHM business for each of the most recent three calendar years.	
	<b>Calendar Year 2011</b>	
	Total premium volume	Click here to enter text.
	Total number of clients	Click here to enter text.
	Total number of participants covered	Click here to enter text.
	Number of public sector clients	Click here to enter text.
	Average size of public sector clients	Click here to enter text.
	Number of public sector participants	Click here to enter text.
	Number of claims handled	Click here to enter text.
	Number of plans terminated	Click here to enter text.
	Average size of terminated plans	Click here to enter text.
	<b>Calendar Year 2012</b>	
	Total premium volume	Click here to enter text.
	Total number of clients	Click here to enter text.
	Total number of participants covered	Click here to enter text.
	Number of public sector clients	Click here to enter text.
	Average size of public sector clients	Click here to enter text.
	Number of public sector participants	Click here to enter text.
	Number of claims handled	Click here to enter text.
	Number of plans terminated	Click here to enter text.
	Average size of terminated plans	Click here to enter text.
	<b>Calendar Year 2013 YTD</b>	
	Total premium volume	Click here to enter text.
	Total number of clients	Click here to enter text.
	Total number of participants covered	Click here to enter text.
	Number of public sector clients	Click here to enter text.
	Average size of public sector clients	Click here to enter text.
	Number of public sector participants	Click here to enter text.
	Number of claims handled	Click here to enter text.
	Number of plans terminated	Click here to enter text.
	Average size of terminated plans	Click here to enter text.
<b>INTEGRATED HEALTH MODEL</b>		
Q-9	Is the payer willing to take full risk for utilization in a fully insured	Choose an item.

Question		Offeror s Response
	arrangement?	
Q-10	Does the payer capitate PCPs and are there incentives for service and quality care built into reimbursement arrangements?	Choose an item.
	Please explain.	Click here to enter text.
Q-11	Are physicians paid on a fee-for – service basis?	Choose an item.
	How does patient satisfaction and quality play into compensation?	Click here to enter text.
Q-12	How are low performing physicians identified?	Click here to enter text.
	What is done to improve performance?	Click here to enter text.
Q-13	How are hospitals chosen and evaluated?	Click here to enter text.
Q-14	How is it decided to use a center of excellence?	Click here to enter text.
	How are they chosen and evaluated?	Click here to enter text.
Q-15	Can members receive specialty and primary services at the same location?	Choose an item.
Q-16	Can members receive pharmacy services at the same location as the physician offices?	Choose an item.
Q-17	Can members receive laboratory services at the same location as the physician offices?	Choose an item.
Q-18	Is your pharmacy part of the Express Scripts national network?	Choose an item.
Q-19	What percentage of physicians in the integrated model use an electronic medical record?	Click here to enter text.
Q-20	Can members receive non-emergency and emergency treatment outside of business hours?	Choose an item.
	If so, what hours?	Click here to enter text.
Q-21	Can all physicians in the IHM see the following?	
	Patient's past care?	Choose an item.
	Lab results?	Choose an item.
	Imaging studies?	Choose an item.
	Medications?	Choose an item.
Q-22	Can supporting personnel (advice nurses, chronic condition coaches, pharmacists) see the following?	
	Patient's past care?	Choose an item.
	Lab results?	Choose an item.

Question		Offeror s Response
	Imaging studies?	Choose an item.
	Medications?	Choose an item.
Q-23	When and how would a physician be alerted to a possible drug/safety interaction or concern in the process of prescribing a medication?	Click here to enter text.
Q-24	When a provider needs the input from a specialist what are the ways it can be accomplished in the IHM?	Click here to enter text.
Q-25	When the referring provider sends the patient to a specialist, how does the patient find out what tests may be required prior to the appointment?	Click here to enter text.
Q-26	Can a provider other than the patient's PCP see gaps in required preventive or chronic care?	Choose an item.
	If so, can the provider place the orders for the needed care to close those gaps in care?	Click here to enter text.
Q-27	What tools does the PCP have to proactively identify who needs what care?	Click here to enter text.
Q-28	How are members identified for outreach and who executes the outreach?	Click here to enter text.
Q-29	How do you limit unnecessary E/R visits? Please describe.	Click here to enter text.
Q-30	How do you currently use telemedicine services to reduce costs, improve service, and/or improve quality? Please describe.	Click here to enter text.
Q-31	How are members who are frequently users of the E/R identified?	Click here to enter text.
	What intervention takes place, if any?	Click here to enter text.
Q-32	Can members schedule their own office appointments online?	Choose an item.
Q-33	Can members see their lab results online?	Choose an item.
Q-34	Are patients presented with a summary of their care after their office visits?	Choose an item.
Q-35	Can a member ask a provider a clinical question via email?	Choose an item.
	If so, is there a cost?	Click here to enter text.
Q-36	What is the number of calendar days from the time a patient	Click here to enter text.



Question		Offeror s Response
	requests an appointment to having the office visit?	
Q-37	What is your formulary adherence rate when the Client carves out prescription drug coverage?	Click here to enter text.
Q-38	How does your IHM use the EMR to support the application of consistent clinical guidelines between providers?	Click here to enter text.
<b>PROVIDER/NETWORK ACCESS</b>		
Q-39	Please describe your capabilities in the following areas:	
	Capability to institute episodes of care pricing and what are the criteria?	Choose an item.
	Capabilities to administer reference based pricing?	Choose an item.
	Expanding capability to do predictive modeling and data mining?	Choose an item.
	Collecting and tracking laboratory testing and results?	Choose an item.
Q-40	Can a plan sponsor or plan participant nominate providers to be considered for inclusion in the network panel?	Choose an item.
	If yes, what steps would be required to be taken by the plan sponsor and/or participant?	Click here to enter text.
Q-41	Does your provider directory list whether each provider's office is accessible to the handicapped?	Choose an item.
Q-42	Are you anticipating any material changes (+/- 5%) in network size (for either hospitals or providers) in the network area serving State of Maryland employees and retirees during the next 12 months?	Choose an item.
Q-43	Identify the annual percentage increase in payments (on a per unit of service basis) made to contracted providers for 2012 and estimated for 2013 and 2014.	
	<b>Calendar Year 2012</b>	
	Family Practice	Click here to enter text.
	Specialists	Click here to enter text.
	Hospital Inpatient	Click here to enter text.
	Hospital Outpatient	Click here to enter text.
	Lab	Click here to enter text.

Question		Offeror s Response
	X-ray	Click here to enter text.
	Chiropractic	Click here to enter text.
	PT, OT, ST	Click here to enter text.
	Other	Click here to enter text.
	Overall % Increase (all services)	Click here to enter text.
	<b>Calendar Year 2013 (estimated)</b>	
	Family Practice	Click here to enter text.
	Specialists	Click here to enter text.
	Hospital Inpatient	Click here to enter text.
	Hospital Outpatient	Click here to enter text.
	Lab	Click here to enter text.
	X-ray	Click here to enter text.
	chiropractic	Click here to enter text.
	PT, OT, ST	Click here to enter text.
	Other	Click here to enter text.
	Overall % Increase (all services)	Click here to enter text.
	<b>Calendar Year 2014 (anticipated)</b>	
	Family Practice	Click here to enter text.
	Specialists	Click here to enter text.
	Hospital Inpatient	Click here to enter text.
	Hospital Outpatient	Click here to enter text.
	Lab	Click here to enter text.
	X-ray	Click here to enter text.
	chiropractic	Click here to enter text.
	PT, OT, ST	Click here to enter text.
	Other	Click here to enter text.
	Overall % Increase (all services)	Click here to enter text.
<b>VALUE BASED BENEFIT DESIGN AND WELLNESS PROGRAM CAPABILITIES</b>		
Q-44	Are you willing to guarantee an annual Medical Loss Ratio (MLR) during the duration of the contract? The MLR must be specific to the State contract and the contractor must reimburse all premium dollars not used for claims in accordance with the MLR guarantee provided.	Choose
	If yes, please provide the guaranteed MLR percentage.	Click here to enter text.
Q-45	Describe the types of value based or incentive based plan designs that your organization routinely administers.	Click here to enter text.

Question		Offeror s Response
Q-46	Describe any current program offerings your organization has for alternative services such as health/fitness promotions, health assessment/screening, wellness, etc., which will be provided to the State in support of its wellness and DM goals noted in this RFP	Click here to enter text.
	Blood pressure screening	Click here to enter text.
	Bone density tests	Click here to enter text.
	Cholesterol checking	Click here to enter text.
	Flu shots	Click here to enter text.
	Hearing tests	Click here to enter text.
	Mammograms	Click here to enter text.
	Alcohol and other substance abuse	Click here to enter text.
	Back care and injury prevention	Click here to enter text.
	Eating disorders	Click here to enter text.
	Fitness	Click here to enter text.
	HIV/AIDS prevention	Click here to enter text.
	Nutrition	Click here to enter text.
	Osteoporosis	Click here to enter text.
	Prenatal care	Click here to enter text.
	Smoking cessation	Click here to enter text.
	Stress management	Click here to enter text.
	Weight management	Click here to enter text.
	Other (Please specify.)	Click here to enter text.
	Please describe any other wellness programs offered by your organization.	Click here to enter text.
Q-47	Provide your normal staffing levels (per 10,000 lives) for the following categories:	
	Wellness coaches	Click here to enter text.
	Dieticians	Click here to enter text.
	Clinical staff who are managing telephonic health coaching	Click here to enter text.
	Onsite biometric screening health events	Click here to enter text.

Question		Offeror s Response
Q-48	Describe your use of dedicated wellness coaches, exercise physiologists, nutritionists, or other clinical staff to carry out wellness activities such as risk assessment, telephonic coaching interventions including lifestyle coaching, and education about treatment options and health education to empower members to manage their health in support of the plan indicated in this RFP.	Click here to enter text.
Q-49	Describe your ability to utilize retrospective episode-based payment (REBP)?	Click here to enter text.
Q-50	What conditions are you currently tracking with REBP?	Click here to enter text.
Q-51	Describe the role community health workers play in your Integrated Health Care Model.	Click here to enter text.
Q-52	Please specifically address the following and cite examples of success with current customers and how success was achieved and measured	
	Tobacco use	Click here to enter text.
	Obesity and BMI	Click here to enter text.
	Stress management	Click here to enter text.
	High blood pressure	Click here to enter text.
	High cholesterol	Click here to enter text.
	Lack of exercise	Click here to enter text.
	Nutrition	Click here to enter text.
	Diabetes	Click here to enter text.
Q-53	Describe your overall approach to increasing member engagement. Describe the activities and support that you will provide the State in order to increase and sustain member engagement.	Click here to enter text.
Q-54	Define member “engagement” and “participation”:	Click here to enter text.
	How does the Offeror differentiate between the two?	Click here to enter text.
	Discuss how these definitions can vary by program, specifically addressing tobacco use, weight management, and nutrition programs.	Click here to enter text.

Question		Offeror s Response
	Describe specific metrics and supporting materials (e.g., log books, tracking member progress, tracking member participation in web-based education modules, etc.)	Click here to enter text.
Q-55	Provide the following outcomes results, for each of the last two (2) years, for each wellness service:	
	Overall and program specific engagement rates (defined as the percentage of Members who are contacted, consent to participate in the program, complete an assessment and schedule a follow-up) and realized ROI for the Telephonic health coaching program offered:	Click here to enter text.
	Member participation	Click here to enter text.
	ROI for program.	Click here to enter text.
	Provider satisfaction survey results.	Click here to enter text.
	Member satisfaction survey results.	Click here to enter text.
	Clinical measures or other measurable data outlining positive impact of the program.	Click here to enter text.
Q-56	Describe your current telephonic coaching programs for the following:	
	Tobacco cessation	Click here to enter text.
	Weight management	Click here to enter text.
	Nutrition	Click here to enter text.
Q-57	Describe the strategies to reach members with the following situations. If outreach strategies vary by risk level or program, describe each of the different strategies and when each is utilized.	
	Difficult or unable to reach	Click here to enter text.
	Contact data is incomplete or inaccurate	Click here to enter text.
	Little or no access to computers	Click here to enter text.
	Without a traditional office or those who work "in the field"	Click here to enter text.
	Only available after hours or on weekends.	Click here to enter text.

Question		Offeror s Response
Q-58	Describe your educational resources utilized by health coaches to promote member learning and personal health responsibility.	
	What are the qualifications (e.g., education, licenses, certifications, etc.) of your wellness promotion coaches?	Click here to enter text.
	What is the overall level of experience for the wellness coaches that will staff the State account?	Click here to enter text.
	What has been the turnover rate for your wellness coaching staff for the last for 2012?	Click here to enter text.
	Describe the ongoing training and continuing education opportunities and requirements for the wellness coaching staff.	Click here to enter text.
Q-59	Describe Offeror's wellness outreach staff, including licensure requirements and the clinical training of the staff doing the outreach	Click here to enter text.
Q-60	What services and programs are provided by your online coaching program?	Click here to enter text.
Q-61	Does your online wellness coaching include access to live chat?	Choose an item.
	If yes, how do members access wellness coaches for live chat?	Click here to enter text.
Q-62	Describe your capability to provide member portal tools to track the following:	
	Nutrition	Click here to enter text.
	Workouts	Click here to enter text.
	Fitness	Click here to enter text.
	Weight	Click here to enter text.
	Biometric data	Click here to enter text.
	Screenings and preventive service utilization	Click here to enter text.
	Biometric Screenings	Click here to enter text.
Q-63	Can your health promotion materials be customized, including the State logo as requested by the State?	Choose an item.
	Provide a sample of your health promotion materials.	Please provide a sample of your health promotion materials and label as <b>"Response Attachment: Health Promotion Materials."</b>

Question		Offeror s Response
	<b>Wellness Activity Monitoring / Tracking</b>	
Q-64	Describe your ability to administer, track and report member participation in the State’s wellness programs.	Click here to enter text.
Q-65	Detail how you will track each member’s completion of individual health activities (i.e. Health Assessment, biometric screening, health education modules, the completion of other Wellness Program requirements, etc.):	
	How are members notified they have completed individual Health Activities? How are members able to track and review their progress? What are your safeguards to protect the privacy of any personal or PHI included in these communications?	Click here to enter text.
	Are members able to print a confirmation of completion or report and if so, does this report specifically include the member’s name and date of activity completion?	Click here to enter text.
	How is completion and progress communicated to the State? What is the frequency of the communication?	Click here to enter text.
	What is the expected time from activity completion to your reporting completion to the member and to the State?	Click here to enter text.
	What is your ability to communicate activity completion to the provider community?	Click here to enter text.
Q-66	Would the State have access to “real-time” Wellness data?	Choose an item.
	If so, please describe what information would be available?	Click here to enter text.
Q-67	Describe additional recommendations, capabilities, materials, and tools/accessories you have to support the State’s objectives around member health promotion and personal responsibility.	Click here to enter text.

Question		Offeror s Response
Q-68	Describe the capabilities currently utilized to coordinate quality data measures, such as HEDIS data from insurers/DM vendors/Data managers and to integrate such measures as treatment compliance and medication adherence with your programs quality measures.	Click here to enter text.
Q-69	What measures does the Offeror use to measure the quality improvements in the health profile of participants in each of your wellness programs?	Click here to enter text.
<b>QUALITY</b>		
Q-70	Please describe the Offeror's plan for the following Quality Management Programs:	
	a.) Monitoring adherence to treatment guidelines and protocols.	Click here to enter text.
	b.) Ongoing maintenance and evaluation of the quality and appropriateness of care.	Click here to enter text.
	c.) Utilization management.	Click here to enter text.
	d.) Reviewing and approving credentials of patient care professionals.	Click here to enter text.
	e.) Clinical aspects of risk management.	Click here to enter text.
	f.) Infection control.	Click here to enter text.
	g.) Facility quality (i.e., location, cleanliness, parking, etc.).	Click here to enter text.
Q-71	Describe quality improvement initiatives, including results, undertaken in the last twelve months.	Click here to enter text.
Q-72	Describe specific examples of how your quality assurance program has led to improved care.	Click here to enter text.
Q-73	Describe your approach to identifying medical services with high value outcomes (e.g. medication adherence for a chronic condition) and the process in place to track outcomes. How frequently are these services reviewed and additional high-value services identified? What incentives are currently in place to encourage participants' use of these medical services?	Click here to enter text.



Question		Offeror s Response
Q-74	Describe your approach to assessing the effectiveness of your Quality Management programs for both clinical services within the network and administrative operations and the health plan.	Click here to enter text.
Q-75	Describe the role and content of training programs for QM or CQI initiatives with health plan staff, providers and their administrative staffs.	Click here to enter text.
Q-76	Describe your programs to evaluate physicians and facilities for your high quality/performance network, specifically addressing the following:	
Q-77	Criteria (e.g. quality, cost, efficiency)	Click here to enter text.
Q-78	How is quality information conveyed to plan enrollees?	Click here to enter text.
Q-79	What are your sources of quality and performance information on physicians and facilities?	Click here to enter text.
Q-80	Describe your mechanisms to monitor hospital quality at the general level and based on specific procedures.	Click here to enter text.
<b>NETWORK MANAGEMENT</b>		
Q-81	Do you monitor waiting times for patients seeking appointments?	Choose an item.
	If yes, please provide the average number of working days between the date an appointment is made and the date of the actual visit for the following:	
	non-emergency care	Click here to enter text.
	urgent care	Click here to enter text.
Q-82	Do you require members to select a Primary Care Physician?	Choose an item.
Q-83	Do PCPs act as gatekeepers for specialists' service and hospitalizations?	Choose an item.
Q-84	Describe the referral process. Do all participants have to choose the same medical group/individual physician? Is there a limit on the number of changes allowed?	Click here to enter text.

Question		Offeror s Response
Q-85	Do primary care physicians assist in arranging for services such as: home healthcare, hospice, skilled nursing, convalescent facilities, durable medical equipment and mental health/chemical dependency? Please explain.	Click here to enter text.
Q-86	Confirm that OBGYNs, pediatricians, or others can be selected as primary care physicians (PCPs).	Choose an item.
Q-87	Are there any financial incentives or disincentives to network providers that are tied to utilization goals, specialty referrals, quality of care outcomes or other performance results? If so, please explain. Describe any/all Risk Sharing arrangements.	Click here to enter text.
Q-88	Describe the nature of your network structure and provide an organization chart of your organization. Are any key personnel, including officers, medical directors and board members affiliated with any hospital, physician medical association, or other provider interest? Please submit an organization chart in Microsoft Word format and label as <b>"Response Attachment: Network Organization Chart."</b>	Click here to enter text.
Q-89	Who conducts the provider credentialing process? Please indicate the qualifications of the person(s) or organization(s) responsible for conducting this review.	Click here to enter text.
Q-90	Are onsite visits conducted during the credentialing process?	Choose an item.
Q-91	During the physician selection/credentialing process, indicate which of the following are verified or reviewed:	
	<b>During credentialing</b>	
	Current valid license to practice	Choose an item.
	Admitting privileges at a contracting hospital	Choose an item.
	Valid DEA license	Choose an item.
	Board certification	Choose an item.

Question		Offeror s Response
	Malpractice insurance	Choose an item.
	Restrictions on license or admitting privileges	Choose an item.
	Disciplinary actions by state or federal agencies	Choose an item.
	Felony convictions	Choose an item.
	<b>During Re-credentialing</b>	
	Current valid license to practice	Choose an item.
	Admitting privileges at a contracting hospital	Choose an item.
	Valid DEA license	Choose an item.
	Board certification	Choose an item.
	Malpractice insurance	Choose an item.
	Restrictions on license or admitting privileges	Choose an item.
	Disciplinary actions by state or federal agencies	Choose an item.
	Felony convictions	Choose an item.
Q-92	Do you conduct onsite visits during a hospital credentialing process?	Choose an item.
Q-93	How often are network hospitals re-credentialed?	Choose an item.
	If "Other," please specify.	Click here to enter text.
Q-94	How often are provider directories updated and distributed to plan members?	Click here to enter text.
Q-95	What formats are the provider directories available in (e.g. Internet)?	Click here to enter text.
Q-96	What assistance do you provide plan members if a network physician terminates his or her contract during the plan year?	Click here to enter text.
Q-97	How and when are members notified?	Click here to enter text.
Q-98	What happens to patients that are receiving ongoing treatment from that network physician?	Click here to enter text.
Q-99	Please provide responses to the following items that apply when an individual provider or group practice notifies your plan of an intent to terminate participation in your network:	
	Describe what actions are taken by your plan to retain the individual provider or group practice in the network.	Click here to enter text.

Question		Offeror s Response
	Describe what actions are taken to recruit individual providers or another group practice for the network in place of the terminated providers.	Click here to enter text.
	Describe what notices are sent to members concerning termination of their PCPs.	Click here to enter text.
	Describe what happens to members if they fail to notify the plan of the selection of another PCP. (Is the member auto-assigned to another PCP?)	Click here to enter text.
	Describe what happens to the coverage of the members if they fail to notify the plan of another PCP selection. Does the plan auto-assign another PCP? Is the member unable to obtain services?	Click here to enter text.
Q-100	Do you conduct provider satisfaction surveys?	Choose an item.
	If yes, please provide a copy of the results of your latest survey.	Please submit a response and label as <b>“Response Attachment: Provider Satisfaction Survey.”</b>
Q-101	What percentage of providers are satisfied with your plan?	Click here to enter text.
Q-102	List the top five most common complaints by your network providers:	
	#1 Complaint	Click here to enter text.
	#2 Complaint	Click here to enter text.
	#3 Complaint	Click here to enter text.
	#4 Complaint	Click here to enter text.
	#5 Complaint	Click here to enter text.
Q-103	What is your annual physician turnover (on a gross basis, not net of additions) for the following?	
	Family practice, general medicine and internal medicine combined	Click here to enter text.
	Other specialists	Click here to enter text.
Q-104	If you utilize a fee schedule, is it based on Medicare RBRVS?	Choose an item.
	If yes, please indicate the percentage of RBRVS it represents for primary codes and for secondary codes.	Click here to enter text.
	If no, what is the basis for your fee schedule?	Click here to enter text.

Question		Offeror s Response
Q-105	How are acute care hospital providers in the network compensated for the medical services they provide? Provide the percentage of each.	
	Discount off charges	Click here to enter text.
	DRG	Click here to enter text.
	Per diem	Click here to enter text.
	Other	Click here to enter text.
Q-106	How are network outpatient facilities such as surgicenters and laboratories reimbursed? Provide the percentage of each.	
	Discounted fee	Click here to enter text.
	Bulk billing arrangement	Click here to enter text.
	Capitated arrangement	Click here to enter text.
	Other	Click here to enter text.
	If the basis is on a scheduled fee arrangement, please describe how the scheduled fees are derived.	Click here to enter text.
Q-107	Describe any other contractual relationships with any other providers such as physical therapists, orthotics suppliers, prosthetic suppliers, eye care and home healthcare providers.	Click here to enter text.
Q-108	Explain any contractual relationships with outpatient facilities such as imaging centers, surgical centers and laboratories. Are referrals restricted to contractual facilities only? What utilization controls are in place with these facilities to reduce the number of unnecessary services being performed?	Click here to enter text.
Q-109	Do the participating hospital agreements include hospital-based physicians (including radiologists, pathologists, anesthesiologists, emergency room physicians, neonatal physicians, etc.)? How would you identify non-participating providers? What is your process for informing participants about non-participating physicians when a participant is hospitalized? Please explain.	Click here to enter text.

Question		Offeror s Response
Q-110	Describe the procedure in place for covering emergency care services performed by non-network facilities.	Click here to enter text.
Q-111	Using HEDIS' technical specifications, identify the percentage of contracted physicians who were board certified in 2012.	
	PCPs	Click here to enter text.
	Specialists	Click here to enter text.
Q-112	Does your organization perform provider profiling or other quality measures to identify providers with patterns of over/under treatment to members?	
	If yes, please give examples.	Click here to enter text.
Q-113	Have you successfully negotiated discounts on the costs of drugs dispensed in an inpatient setting?	Choose an item.
	If yes, describe your approach to pursuing these cost reductions on behalf of the State.	Click here to enter text.
Q-114	Do you prohibit network physicians from being direct owners, or having any financial involvement of outpatient facilities such as labs, surgicenters or imaging centers?	Choose an item.
	If not, is there any monitoring of self-referrals to physician owned outpatient facilities?	Click here to enter text.
Q-115	Do you have any ownership interest in or are you involved in the operations of any network outpatient facilities?	Choose an item.
<b>CASE MANAGEMENT</b>		
Q-116	Please provide (as attachments) biographies of the medical management staff assigned to the State's account.	Please submit response and label as <b>"Response Attachment: Medical Management Staff Biographies."</b>
Q-117	What credentials are required when hiring case management review staff? (Indicate all that apply.)	
	RN license	Choose an item.
	Managed care background	Choose an item.
	Years clinical experience (please explain)	Click here to enter text.
	Other (please explain)	Click here to enter text.

Question		Offeror s Response
Q-118	Describe the training programs and monitoring for your Case Management staff.	Click here to enter text.
Q-119	What is the average number of years of clinical expertise of the current case management staff?	Click here to enter text.
Q-120	Please describe your organization's philosophy of case management and the model under which it currently operates. Describe how the case management program integrates with other care management programs such as utilization review and quality management.	Click here to enter text.
Q-121	Do members have access to a nurse-line for counseling/support? If yes, what hours is it available?	Choose an item. <del>Choose an Item</del> Click here to enter text.
Q-122	Describe any accreditations your Case Management program currently holds, or is in the process of pursuing.	Click here to enter text.
<b>DISEASE MANAGEMENT</b>		
Q-123	If you offer a DM program, indicate the number of patients enrolled and the date the program started for the following clinical conditions:	
	Asthma	Click here to enter text.
	Cancer	Click here to enter text.
	Cardiovascular disease	Click here to enter text.
	Congestive heart failure	Click here to enter text.
	Chronic obstructive pulmonary disease	Click here to enter text.
	Depression	Click here to enter text.
	Diabetes	Click here to enter text.
	Eating disorders	Click here to enter text.
	Hypertension	Click here to enter text.
	HIV/AIDS	Click here to enter text.
	Lower Back problems	Click here to enter text.
	Osteoporosis	Click here to enter text.
	Other (Please specify.)	Click here to enter text.
Q-124	Indicate whether each of the following items is used as a source of identifying program candidates. Select all that apply.	
	Medical claims data	Choose an item.
	Prescription drug claims	Choose an item.

Question		Offeror s Response
	Physician referrals	Choose an item.
	Case Management	Choose an item.
	Health Risk Appraisals	Choose an item.
	Other	Click here to enter text.
Q-125	Which of the following types of disease management interventions are utilized? Select all that apply.	
	Patient education (mailings)	Choose an item.
	Telephone based health coaching	Choose an item.
	Online coaching/counseling	Choose an item.
	Physician education	Choose an item.
Q-126	Confirm that DM patients have access to nurse-line support services on a 24/7 basis using a toll-free number.	Choose an item.
Q-127	Are automated reminders sent on a routine basis to patients and/or physicians to encourage appropriate health actions?	Choose an item.
	If yes, through what medium (e.g., mail, telephonic, text)	Click here to enter text.
Q-128	Which of the following reporting types can be provided to the State on a quarterly basis with respect to the DM program? Select all that apply.	
	Utilization (admission rate, days/1000, average length of stay, etc.)	Choose an item.
	Cost per patient per month	Choose an item.
	Treatment Compliance by chronic condition	Choose an item.
	Provider treatment profile	Choose an item.
	Quality of life/functional status	Choose an item.
	Return on investment	Choose an item.
	Risk stratification and progression	Choose an item.
	Clinical outcome improvements	Choose an item.
<b>CENTERS OF EXCELLENCE / TIERED NETWORKS</b>		
Q-129	Do you have a network of Centers of Excellence/Tiered Networks? (If no, skip the remainder of this subsection.)	Choose an item.
Q-130	Please indicate high-risk and high-technology services coordinated with the Centers of Excellence.	
	Bone Marrow transplants	Choose an item.
	Heart transplants	Choose an item.
	Lung transplants	Choose an item.



Question		Offeror s Response
	Kidney transplants	Choose an item.
	Other transplants (please specify)	<a href="#">Click here to enter text.</a>
	Burns	Choose an item.
	Cancer	Choose an item.
	HIV	Choose an item.
	Joint Replacement	Choose an item.
	Cardiac Surgery and Interventional Cardiac procedures	Choose an item.
	Other non-transplant procedures (please specify)	<a href="#">Click here to enter text.</a>
	Disease Management	Choose an item.
	Wellness	Choose an item.
Q-131	Please complete the following table for your top five (5) Centers of Excellence by volume.	
	1. Center Type	<a href="#">Click here to enter text.</a>
	Location	<a href="#">Click here to enter text.</a>
	Date of Participation	<a href="#">Click here to enter text.</a>
	2. Center Type	<a href="#">Click here to enter text.</a>
	Location	<a href="#">Click here to enter text.</a>
	Date of Participation	<a href="#">Click here to enter text.</a>
	3. Center Type	<a href="#">Click here to enter text.</a>
	Location	<a href="#">Click here to enter text.</a>
	Date of Participation	<a href="#">Click here to enter text.</a>
	4. Center Type	<a href="#">Click here to enter text.</a>
	Location	<a href="#">Click here to enter text.</a>
	Date of Participation	<a href="#">Click here to enter text.</a>
	5. Center Type	<a href="#">Click here to enter text.</a>
	Location	<a href="#">Click here to enter text.</a>
	Date of Participation	<a href="#">Click here to enter text.</a>
Q-132	How are these members' cases managed? (i.e. Are they handled in a unit separate from other catastrophic cases?)	<a href="#">Click here to enter text.</a>
Q-133	What are the financial arrangements for the Centers of Excellence?	Choose an item.
	If "other," please explain.	<a href="#">Click here to enter text.</a>
Q-134	Will travel or companion costs be covered?	Choose an item.
	If yes, please specify any limits.	<a href="#">Click here to enter text.</a>
Q-135	Will there be any changes in the coming year to your current Centers of Excellence arrangements?	Choose an item.
	If yes, please specify expected changes.	<a href="#">Click here to enter text.</a>

Question		Offeror s Response
Q-136	What capabilities does the Offeror provide to participants to measure improvements in their health risk profile in each of the programs that you are proposing?	Click here to enter text.
Q-137	What support are you providing patients to alert them to possible hospital safety issues while they are in the process of making medical decisions?	Click here to enter text.
Q-138	What efforts have you made to develop “tiered networks” by identifying high quality and high efficiency hospitals, educating referring physicians to quality variations, and using the information to guide patients to the high quality, better outcomes hospitals?	Click here to enter text.
Q-139	How would you collaborate with the State to develop an approach to identify and differentiate hospitals by quality, patient safety, and use that information to support a referral process that assured that plan participants were referred to the highest quality hospitals based on the procedure that each person needed?	Click here to enter text.
Q-140	What impact do you expect the tiered networks will have on trend in 2013? If the State chooses to offer tiered-networks are you willing to guarantee the percentage trend for the State’s population under a tiered network?	Click here to enter text.
Q-141	Describe the types of programs you have to incent desired provider practices.	
	Describe any outreach programs directly to the provider community, relationships with TPAs/provider networks and medical management vendors.	Click here to enter text.
	Describe the Offeror’s experience in developing such programs and relationships to support specific customer strategic initiatives.	Click here to enter text.
Q-142	Explain in detail how you identify	Click here to enter text.

Question		Offeror s Response
	and reward high performing physicians.	
Q-143	Do you currently rank providers based on quality and/or cost?	Choose an item.
	If yes, please describe how you determine the specific quality ranking of each provider and facility, including all criteria and specifics regarding the formula you utilize.	Click here to enter text.
Q-144	How often is each provider's quality ranking revisited?	Click here to enter text.
Q-145	Provide a brief overview of your high quality or high performance network capabilities.	
	Provide a listing of the markets where the network is currently available, including plans for future expansion.	Click here to enter text.
	What types of medical providers/facilities are in your high performance network?	Click here to enter text.
	Provide a detailed list of physician subspecialties that are included in your high performance network.	Click here to enter text.
	How do you engage and drive consumers to use high quality, high performing physicians and facilities in your high performance network?	Click here to enter text.
	How is quality and performance information shared with physicians?	Click here to enter text.
	Please describe any additional programs (excluding a tiered network plan design) that you utilize to provide incentives to members to select the high performing providers (providers with the best combination of quality and cost).	Click here to enter text.
<b>MEMBER SERVICES</b>		
Q-146	Describe the structure, number of representatives, qualifications and average years of experience of the member service unit that will be assigned to the State.	
	Structure	Click here to enter text.
	Number of representatives	Click here to enter text.
	Qualifications	Click here to enter text.

	Question	Offeror s Response
	Average years of experience	Click here to enter text.
Q-147	What is the most recent annual turnover rate of the member services unit that will be assigned to the State?	Click here to enter text.
Q-148	Please describe the training of a member service representative.	Click here to enter text.
Q-149	Can your member services unit support non-English speaking members?	Choose an item.
	If yes, please specify languages.	Click here to enter text.
Q-150	What is the average speed to answer in seconds?	Click here to enter text.
Q-151	What is the percent call abandonment rate?	Click here to enter text.
Q-152	What percentage of employee calls is recorded?	Click here to enter text.
Q-153	Identify which of the following functions are automatically tracked and reported by the system. Select all that apply.	
	Call abandonment rate	Choose an item.
	Length of call	Choose an item.
	Number of calls taken	Choose an item.
	Online call recording	Choose an item.
	Speed of call response	Choose an item.
	Type of call/complaint	Choose an item.
Q-154	Does your system utilize an Interactive Voice Response (IVR) system?	Choose an item.
Q-155	Does your system allow members to access information over the IVR?	Choose an item.
	If yes, please specify the type of information accessible over the IVR.	Click here to enter text.
Q-156	Do you have a correspondence tracking system to log in, assign and track correspondence?	Choose an item.
Q-157	What is the average ID card turnaround (number of days between employer reporting a new member and plan mailing ID card)?	Click here to enter text.
Q-158	Do you subcontract for mental/health/substance abuse care?	Choose an item.
	If "Yes," please identify the organization and provide a detailed description of their	Click here to enter text.

Question		Offeror s Response
	program and the organization's relationship to the subcontractor (e.g. subsidiary).	
Q-159	Provide a detailed description of the mental health/substance abuse access and triage process.	Click here to enter text.
Q-160	Describe your mental health/substance abuse utilization review and management functions.	Click here to enter text.
Q-161	Describe your mental health/substance abuse case management service from structural and functional perspectives and how these lend to long-term stability of an employee.	Click here to enter text.
<b>PLAN ADMINISTRATION - ELIGIBILITY</b>		
Q-162	The State of Maryland would like direct access to the Offeror's eligibility systems for review and input purposes. Please describe your ability to provide the State with direct access to the eligibility system only.	Click here to enter text.
Q-163	Please describe your eligibility system that will be used to keep track of the State's eligibility files, including:	Click here to enter text.
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date eligibility system was put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
Q-164	Is eligibility processing real-time with the claim system?	Choose an item.
	If no, what is the delay time?	Click here to enter text.
Q-165	Briefly describe your process for correcting data in the event of a data tape which contains "bad data."	Click here to enter text.
<b>REPORTING</b>		
Q-166	What limitations do you have with customizing standard reports? Please explain.	Click here to enter text.
Q-167	The State requires online access to standard reports; describe how you will make your reports available online.	Click here to enter text.

Question		Offeror s Response
Q-168	Describe your organization's ability to provide the following items at a minimum in your reports, including your ability to report member detail to the State.	
	Billed amount	Click here to enter text.
	Paid amount	Click here to enter text.
	Network savings	Click here to enter text.
	Non-Medicare COB savings	Click here to enter text.
	Negotiated savings	Click here to enter text.
Q-169	What clinical or financial reports, would be provided to the State in order to help manage benefit costs?	Click here to enter text.
Q-170	Please include sample financial reports.	Please include sample reports and label as <b>"Response Attachment: Sample Financial Reports."</b>
Q-171	Describe how your organization will coordinate the requirements of worksite biometric screening, scheduling, and reporting.	Click here to enter text.
Q-172	What type of reporting will you provide to the State regarding your high quality, high performance medical provider?	Click here to enter text.
Q-173	Would the State have access to "real-time" data regarding employees' health and wellness activities being tracked by your organization?	Choose an item.
Q-174	Do you have the ability to notify members of completed Healthy Activities?	Choose an item.
	Please explain.	Click here to enter text.
Q-175	How are members able to track and review their progress?	Click here to enter text.
Q-176	What are your safeguards to protect the privacy of any personal or PHI included in these communications? Please explain.	Click here to enter text.
Q-177	Will members be able to print a confirmation or report of required and completed activities?	Choose an item.
	If so will the report specify the date of activity completion?	Choose an item.
Q-178	Which of the following reporting types can be provided to the State on a quarterly basis with respect to the DM program? Select all that apply.	
	Utilization (admission rate,	Choose an item.

Question		Offeror s Response
	days/1000, average length of stay, etc.)	
	Risk stratification by condition	Choose an item.
	Engagement rates (including numbers & percentages) by condition	Choose an item.
	Telephonic reach rates by condition	Choose an item.
	Program completion rates by condition	Choose an item.
	Program dropout rates by condition	Choose an item.
	Cost per patient per month	Choose an item.
	Treatment compliance	Choose an item.
	Provider treatment profile	Choose an item.
	Return on Investment	Choose an item.
	Clinical outcome improvements	Choose an item.
<b>CLAIMS ADMINISTRATION</b>		
Q-179	What is the procedure to handle emergencies or non-office hour admission requests?	Click here to enter text.
Q-180	Describe the claims payment process from date of receipt to full adjudication of checks to providers or patients.	Click here to enter text.
Q-181	How does your system automatically identify and edit claims for bundling and unbundling?	Click here to enter text.
Q-182	Confirm that you will provide advance notice to the State prior to implementing any changes in covered services.	Choose an item.
Q-183	What is your preferred process for handling exceptions and payment of claims outside the stated plan provisions?	Click here to enter text.
Q-184	When and under what circumstances are claims pended?	Click here to enter text.
	Does a pending notice go into the system?	Choose an item.
	Is there an automatic follow-up?	Choose an item.
	What is the frequency of the follow-up?	Click here to enter text.
	How many follow-ups are performed?	Click here to enter text.
Q-185	How often and in what manner is COB information verified?	Click here to enter text.
Q-186	Provide your claims timeliness standards for claim adjudication	Click here to enter text.

Question		Offeror s Response
	versus actual for 2012.	
Q-187	What percent of claims are automatically adjudicated?	Click here to enter text.
Q-188	What percent of hospital claims are currently received by electronic submission?	Click here to enter text.
Q-189	Describe the procedure for submitting and processing out-of-country medical claims.	Click here to enter text.
Q-190	How frequently are internal audits performed?	Choose an item.
	If "Other," please describe.	Click here to enter text.
Q-191	Overall, what percent of claims are subject to internal audit?	Click here to enter text.
Q-192	What is the typical audit size?	Click here to enter text.
Q-193	Describe your system protocols for detecting fraudulent claims both inside and outside of the U.S.	Click here to enter text.
<b>IMPLEMENTATION PROGRAM / TRANSITION</b>		
Q-194	Please discuss your procedures and processes for handling the following during the transition period:	
	Transition of care	Click here to enter text.
	Employee communications regarding change in administrators	Click here to enter text.
Q-195	<b>Implementation Plan</b>	
	Name of the person with overall responsibility for planning, supervising and implementing the program for the State.	Click here to enter text.
	Title	Click here to enter text.
	What other duties, if any, will this person have during implementation? Please include the number and size of other accounts for which this person will be responsible during the same time period.	Click here to enter text.
	What percentage of this person's time will be devoted to the State during the implementation process?	Click here to enter text.
	Please provide an organizational chart identifying the names, area of expertise, functions, and reporting relationships of key people directly responsible for	Please include Organizational Chart and Resumes of Implementation Team and label as <b>"Response Attachment: Implementation Team."</b>



Question		Offeror s Response
	implementing the State of Maryland account. In addition, resumes of these individuals should be included.	
Q-196	Provide a detailed implementation plan that clearly demonstrates the Offeror's ability to meet the State's requirements to have a fully functioning program in place and operable on January 1, 2015. This implementation plan should include a list of specific implementation tasks/transition protocols and a time-table for initiation and completion of such tasks, beginning with the contract award and continuing through the effective date of operation (January 1, 2015). The implementation plan should be specific about requirements for information transfer as well as any services or assistance required from the State during implementation. The implementation plan should also specifically identify those individuals, by area of expertise, responsible for key implementation activities and clearly identify their roles.	Please include Implementation Plan and label as <b>“Response Attachment: Implementation Plan.”</b>
Q-197	Do you anticipate any major transition issues during implementation?	Choose an item.
	If yes, please describe.	Click here to enter text.
Q-198	<b>Account Management Team</b>	
	Name of the person with overall responsibility for planning, supervising and performing account services for the State.	Click here to enter text.
	Title	Click here to enter text.
	What other duties, if any, does this person have? Please include the number and size of other accounts for which this person is responsible.	Click here to enter text.
	What percentage of this person's time will be devoted to the State?	Click here to enter text.
Q-199	Please provide an organizational chart identifying the names,	Please include Organizational Chart and Resumes of Account Management Team and label as <b>“Response Attachment:</b>

Question		Offeror s Response
	functions and reporting relationships of key people directly responsible for account support services to the State. It should also document how many account executives and group services representatives will work full-time on the State's account and how many will work part-time on the State's account. Please also provide resumes for key personnel.	<b>Account Management Team Organizational Chart and Resumes."</b>
Q-200	Describe account management support, including the mechanisms and processes in place to allow Employee Benefits Division personnel to communicate with account service representatives, hours of operation; types of inquiries that can be handled by account service representatives; and a brief explanation of information available online. The Employee Benefits Division requires identification of an account services manager to respond to inquiries and problems, and a description of how the Offeror's customer service and other support staff will respond to subscriber or client inquiries and problems. The management plan should include the names, resumes and description of functions and responsibilities for all supervisors and managers that will provide services to the State with respect to this contract. Please submit the Management Plan in Microsoft Word format and label as <b>"Response Attachment: Account Management Plan"</b>	Please include the Offeror's description of account management support in a Microsoft Word document and label as <b>"Response Attachment: Account Management Plan."</b>
<b>IT SYSTEMS</b>		
Q-201	Please describe the systems that will be used to process the State's billing, enrollment and claims data.	
	<b>Claims Administration</b>	
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.

Question		Offeror s Response
	Date system put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
	<b>Billing System</b>	
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date system put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
	<b>Member Services</b>	
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date system put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
	<b>Eligibility/Enrollment System</b>	
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date system put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
Q-202	Are there any electronic system changes planned for the contract term?	Choose an item.
	If so, please describe.	Click here to enter text.
Q-203	What are your online interface capabilities between your organization's membership services department and each of the following units?	
	Care Management unit	Click here to enter text.
	Claims processing unit	Click here to enter text.
	Eligibility administration	Click here to enter text.
	Fraud unit	Click here to enter text.
	Provider relations	Click here to enter text.
	Quality improvement	Click here to enter text.
Q-204	Describe how your claim system interfaces with your utilization review program.	Click here to enter text.
Q-205	Indicate whether each of the following functions below is an automated process or manual process with respect to the claims system.	
	Application of contract provider reimbursements	Choose an item.
	Application of plan provisions (e.g., deductible, out-of-pocket maximums, benefit maximums,	Choose an item.

Question	Offeror s Response
etc.)	
Effective dates of coverage	Choose an item.
Dependent coverage	Choose an item.
Third party liability calculations/monitoring, including automobile injuries and subrogation	Choose an item.
Automatic diary/follow-up	Choose an item.
COB recovery amounts	Choose an item.
Identification of network providers	Choose an item.
Identification of potential duplicate submissions	Choose an item.
Identification of unbundling and up-coding/coding fragmentation	Choose an item.
Identification of potential case management opportunities	Choose an item.
Medicare coordination	Choose an item.
Online eligibility maintenance and verification process	Choose an item.
Payment authority limits	Choose an item.
Pre-certification/concurrent review verification	Choose an item.
Reasonable and customary allowances	Choose an item.
Retroactive adjustments	Choose an item.
System tracking of pending/suspended claims	Choose an item.
Indicate which of the following internal audits, logic, and controls that currently exist within your organization. (Select all that apply.)	Choose an item.
Patient's gender or age is inconsistent with the procedure code	Choose an item.
Diagnosis code and procedure code are inconsistent	Choose an item.
Patient's gender or age is inconsistent with the diagnosis code	Choose an item.
Valid date of service	Choose an item.
Valid procedure code	Choose an item.
Valid diagnosis code	Choose an item.
Pre-certification is necessary for claim payment	Choose an item.
Appropriateness review is necessary for procedure	Choose an item.
Service is not usually considered medically necessary	Choose an item.

Question		Offeror s Response
	Claim is a possible candidate for audit	Choose an item.
	Claimant is a candidate for case management	Choose an item.
	Client-specific ICD10 and CPT "flags"	Choose an item.
Q-206	Does your claim system maintain the Social Security numbers, DOB, and names of covered dependents, as well as members?	Choose an item.
Q-207	Describe how your system handles eligibility changes for members and dependents (including COB information).	Click here to enter text.
Q-208	Is there a contingency plan(s), procedure, and system in place to provide backup service in the event of strike, natural disaster or backlog?	Choose an item.
	If yes, please describe.	Click here to enter text.
Q-209	How often are the systems backup and disaster recovery systems tested?	Click here to enter text.
Q-210	When were the systems last tested and what were the results?	Click here to enter text.
Q-211	What system down time have you experienced during the most recent 12 months?	Click here to enter text.
Q-212	How long are records maintained?	Click here to enter text.
Q-213	How quickly can the State's services be replaced in the event of permanent disaster to both the hardware and software?	Click here to enter text.
<b>ELECTRONIC COMMERCE</b>		
Q-214	Provide a list of all services that are available through your website at both the plan level and the member level.	Click here to enter text.
Q-215	Elaborate on the tools and ways members can communicate with the carrier, including use of technology and social media.	Click here to enter text.
Q-216	What percentage of your network providers utilize telemedicine? Describe.	Click here to enter text.
Q-217	How will you use health information technology to help people live healthier lives?	Click here to enter text.
Q-218	Have you implemented, or do you plan to implement within the next 12 months, an Internet or	

Question		Offeror s Response
	other electronic connection available to providers for the following? (Select all that apply.)	
	Medical records	Choose an item.
	Remote consultation on cases	Choose an item.
	A physician chat line	Choose an item.
	Other applications	Choose an item.
Q-219	Do you have a mapping facility that allows members to identify providers close to their location?	Choose an item.
Q-220	Briefly describe your web based wellness capabilities and functionality.	Click here to enter text.
Q-221	Describe the following tools and services available to members via the web portal, including your ability to customize for the State. Mark "n/a" if not available.	
	Health Assessment (HA) – provide an example of a current HA.	Click here to enter text.
	Wellness tools and trackers - provide a list of tools and trackers available to the State.	Click here to enter text.
	Health promotion and health education tools - provide a list and sample materials.	Click here to enter text.
	Any other web tools to support Wellness activities.	Click here to enter text.
	Is a paper-based alternative available for members without internet access?	Choose an item.
Q-222	Describe your plan for handling periods of expected high rates of utilization of the website such as open enrollments or media campaigns.	Click here to enter text.
Q-223	Describe how your organization will develop content for member learning as well as specialized newsletters for the State website.	Click here to enter text.
Q-224	Describe your organization's experience in managing web based educational media for clients, including the number of clients over 200,000 members, technology used, and content developed. Describe your ability to support emerging technologies, in particular mobile applications.	Click here to enter text.

Question		Offeror s Response
<b>SUBCONTRACTORS</b>		
Q-225	Provide a complete listing of all services which are subcontracted and the subcontractor used. (Please complete <b>"FA3 IHM-FI Attachment S-9: Subcontractor Questionnaire"</b> for each of the subcontractors listed here.)	Click here to enter text.

## FA3 Attachment S-7a: Subcontractors Questionnaire

**Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.**

**Instructions:** Please complete one **"FA3 Attachment S-9: Subcontractors Questionnaire"** for each subcontractor that the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name (if applicable)** [Click here to enter text.](#)

**Subcontractor's MDOT Number (if applicable)** [Click here to enter text.](#)

Question		Offeror's Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	<a href="#">Click here to enter text.</a>
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	<a href="#">Click here to enter text.</a>
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	<a href="#">Click here to enter text.</a>
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	<a href="#">Click here to enter text.</a>
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	<a href="#">Click here to enter text.</a>
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	<a href="#">Click here to enter text.</a>
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If so, identify the outside organizations that receive these service fees and explain the nature of the relationship.	<a href="#">Click here to enter text.</a>



<b>Question</b>		<b>Offeror s Response</b>
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Please furnish a copy of all such policies for review.	Click here to enter text.

### FA3 Attachment S-7b: Subcontractors Questionnaire

**Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.**

**Instructions:** Please complete one **"FA3 Attachment S-9: Subcontractors Questionnaire"** for each subcontractor that the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name (if applicable)**

[Click here to enter text.](#)

**Subcontractor's MDOT Number (if applicable)**

[Click here to enter text.](#)

Question		Offeror's Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	<a href="#">Click here to enter text.</a>
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	<a href="#">Click here to enter text.</a>
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	<a href="#">Click here to enter text.</a>
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	<a href="#">Click here to enter text.</a>
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	<a href="#">Click here to enter text.</a>
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	<a href="#">Click here to enter text.</a>
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If so, identify the outside organizations that receive these service fees and explain the nature of the relationship.	<a href="#">Click here to enter text.</a>

<b>Question</b>		<b>Offeror s Response</b>
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Please furnish a copy of all such policies for review.	<a href="#">Click here to enter text.</a>

### FA3 Attachment S-7c: Subcontractors Questionnaire

**Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.**

**Instructions:** Please complete one **"FA3 Attachment S-9: Subcontractors Questionnaire"** for each subcontractor that the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name (if applicable)**

[Click here to enter text.](#)

**Subcontractor's MDOT Number (if applicable)**

[Click here to enter text.](#)

Question		Offeror's Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	<a href="#">Click here to enter text.</a>
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	<a href="#">Click here to enter text.</a>
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	<a href="#">Click here to enter text.</a>
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	<a href="#">Click here to enter text.</a>
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	<a href="#">Click here to enter text.</a>
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	<a href="#">Click here to enter text.</a>
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If so, identify the outside organizations that receive these service fees and explain the nature of the relationship.	<a href="#">Click here to enter text.</a>

<b>Question</b>		<b>Offeror s Response</b>
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Please furnish a copy of all such policies for review.	<a href="#">Click here to enter text.</a>

## FA3 Attachment S-7d: Subcontractors Questionnaire

**Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.**

**Instructions:** Please complete one **"FA3 Attachment S-9: Subcontractors Questionnaire"** for each subcontractor that the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name (if applicable)**

[Click here to enter text.](#)

**Subcontractor's MDOT Number (if applicable)**

[Click here to enter text.](#)

Question		Offeror s Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	<a href="#">Click here to enter text.</a>
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	<a href="#">Click here to enter text.</a>
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	<a href="#">Click here to enter text.</a>
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	<a href="#">Click here to enter text.</a>
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	<a href="#">Click here to enter text.</a>
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	<a href="#">Click here to enter text.</a>
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If so, identify the outside organizations that receive these service fees and explain the nature of the relationship.	<a href="#">Click here to enter text.</a>

<b>Question</b>		<b>Offeror s Response</b>
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Please furnish a copy of all such policies for review.	<a href="#">Click here to enter text.</a>

### FA3 Attachment S-7e: Subcontractors Questionnaire

**Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.**

**Instructions:** Please complete one **"FA3 Attachment S-9: Subcontractors Questionnaire"** for each subcontractor that the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name (if applicable)**

[Click here to enter text.](#)

**Subcontractor's MDOT Number (if applicable)**

[Click here to enter text.](#)

Question		Offeror s Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	<a href="#">Click here to enter text.</a>
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	<a href="#">Click here to enter text.</a>
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	<a href="#">Click here to enter text.</a>
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	<a href="#">Click here to enter text.</a>
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	<a href="#">Click here to enter text.</a>
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	<a href="#">Click here to enter text.</a>
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If so, identify the outside organizations that receive these service fees and explain the nature of the relationship.	<a href="#">Click here to enter text.</a>



<b>Question</b>		<b>Offeror s Response</b>
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Please furnish a copy of all such policies for review.	<a href="#">Click here to enter text.</a>

## FA3 Attachment S-7f: Subcontractors Questionnaire

**Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.**

**Instructions:** Please complete one **"FA3 Attachment S-9: Subcontractors Questionnaire"** for each subcontractor that the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name (if applicable)**

[Click here to enter text.](#)

**Subcontractor's MDOT Number (if applicable)**

[Click here to enter text.](#)

Question		Offeror's Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	<a href="#">Click here to enter text.</a>
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	<a href="#">Click here to enter text.</a>
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	<a href="#">Click here to enter text.</a>
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	<a href="#">Click here to enter text.</a>
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	<a href="#">Click here to enter text.</a>
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	<a href="#">Click here to enter text.</a>
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If so, identify the outside organizations that receive these service fees and explain the nature of the relationship.	<a href="#">Click here to enter text.</a>

<b>Question</b>		<b>Offeror s Response</b>
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Please furnish a copy of all such policies for review.	<a href="#">Click here to enter text.</a>

**FA3 Attachment S-8: Performance Guarantees AMENDMENTS 4, 9, 10 AND 11**

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

Offeror will report results on all performance measurements quarterly per the requirements of the Report Card and separately for each plan type. Performance results will also be audited annually by the State's contract auditor.

**NOTE:** It is critical to the success of the State's programs that services be maintained in accordance with the schedules agreed upon by the State. It is also critical to the success of the State's programs that the Contractor operates in an extremely reliable manner. It would be impracticable and extremely difficult to fix the actual damage sustained by the State in the event of delays or failures in claims administration, service, reporting, and attendance of Contractor personnel on scheduled work and provision of services to the citizens of the State. The State and the Contractor, therefore, presume that in the event of certain delay(s) or failure(s), the amount of damage which will be sustained from the delay or failure will be the amount set forth below, and the Contractor agrees that in the event of any such failure of performance, the Contractor shall pay such amount as liquidated damages and not as a penalty. The State, at its option for amount due the State as liquidated damages, may deduct such from any money payable to the Contractor or may bill the Contractor as a separate item.

**NOTE:** Items in the response column with the words "**Willing to Comply**" contain a drop down list of options including Yes or No. Please select a response from those options as applicable. All "No" responses must be addressed in "**FA3 Attachment S-2: Explanations and Deviations.**"

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
PG-1	Telephone Call Availability:  Measurements must be State-specific or for only the service center handling the State account.	98% of telephone calls are answered by a live service representative (with knowledge of State of Maryland account) within <del>20</del> <u>30</u> seconds. The representative must have knowledge of the State of Maryland and be able to address the member's issue/question.  Time over which standard is measured: Quarter	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror).  Frequency of report: Quarterly	<del>0.10%</del> <u>0.01%</u> of fees for each percentage point, or fraction thereof, below 98%.	Choose an item.
PG-2	Telephone Call Abandonment Rate  Measurements	Abandonment rate of less than 3%.  Time over which standard is measured:	Quarterly Plan Performance Measurement Report Card	<del>0.10%</del> <u>0.01%</u> of fees for each percentage point, or fraction	Choose an item.

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
	must be State-specific or for only the service center handling the State account.	Quarter.	(Report Card to be submitted by the Offeror).  Frequency of report: Quarterly	thereof, over 3%.	
PG-3	Processing of Enrollment Eligibility Update Information	Plan will process electronic interchange of <u>weekly</u> State enrollment information by 5:00 PM of the second business day after receipt. If tape is received after 12 noon, record as having been received as of the next business day.  Time over which standard is measured: Quarter	Report Card - Vendor to maintain log for review by the State's contract auditor.  Frequency of report: Quarterly	<del>0.20%</del> <b>0.02%</b> of fees for each calendar day, or portion thereof, of delay	Choose an item.
		<u>Plan will process electronic interchange of State's open enrollment information by 5:00PM of the fifth business day after receipt. If tape is received after 12 noon, record as having been received as of the next business day.</u>  <u>Time over which standard is measured: Annual</u>	<u>Report Card - Vendor to maintain log for review by the State's contract auditor.</u>  <u>Frequency of report: Annual</u>	<del>0.20%</del> <b>0.02%</b> of fees for each calendar day, or portion thereof, of delay	Choose an item.
PG-4	Accuracy of Processing Enrollment Eligibility Information	Plan will process electronic interchange of State enrollment with at least 98% accuracy.  Time over which standard is measured: Quarter	Report Card - Vendor to maintain log and system generated reports for review by the State's contract auditor.  Frequency of report: Quarterly	<del>0.20%</del> <b>0.02%</b> of fees for each percentage point, or fraction thereof, under 98%.	Choose an item.
PG-5	Contractor attendance at State-sponsored	Attendance by plan representatives trained on State of Maryland	Sign-in sheets at meetings or minutes of State	<del>0.05%</del> <b>0.005%</b> of fees for each scheduled	Choose an item.

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
	Open Enrollment meetings.	<p>plan benefits at 100% of meetings scheduled by the State, for 100% of the meeting's duration.</p> <p>Representative must arrive early enough to have their table set-up prior to meeting start time. Display must be organized and include appropriate covering of table. Representative must have detailed plan knowledge, interact with members, and exhibit professional appearance and behavior.</p> <p>Time over which standard is measured: Annual</p>	<p>meetings.</p> <p>Frequency of report: Annually</p>	meeting date that vendor fails to attend.	
PG-6	Delivery of Quarterly Utilization, Case Management, Wellness Activity and Disease Management Data Reports to State's Consultant.	<p>Delivery to the State by 6:00 pm on the following dates**:</p> <p>First Quarter (Jan – Mar) <b>Due: May 1<sup>st</sup></b></p> <p>Second Quarter (Apr – Jun) <b>Due: August 1<sup>st</sup></b></p> <p>Third Quarter (Jul – Sep) <b>Due: November 1<sup>st</sup></b></p> <p>Fourth Quarter (Oct – Dec) <b>Due: February 1<sup>st</sup></b></p>	<p>Documentation of receipt by State's Benefit Consultant, i.e., date-stamp of mailing package for data information and verification of completeness. (All required fields must be filled in correctly.)</p> <p>Frequency of report: Quarterly</p>	<del>0.20%</del> <b>0.02%</b> of fees for each week, or fraction thereof, the data report is not received or is incomplete.	Choose an item.
PG-7	Delivery of Rate Renewal Reports including Assumptions, Formulas and Data Used in the Development of the Renewal Rates	<p>Delivery to the State and to the State's actuarial consultant of reports required for annual rate renewal process by 6:00 pm <del>March 1</del> <b>May 31</b> of each contract year. At a minimum, the renewal reports must include</p>	<p>Date-stamp of receipt by the State and verification of completeness of required documentation.</p> <p>Frequency of report: Annually</p>	<del>0.20%</del> <b>0.02%</b> of fees for each week, or fraction thereof, that the rate renewal reports are not received or are incomplete.	Choose an item.

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
		(but not be limited to) the following:			
		Projection of incurred claim costs for renewal year.			Choose an item.
		Estimate of IBNR reserves at end of current year; including the most recent 36 months of incurred/paid triangular reports.			Choose an item.
		Complete documentation of the methodology and assumptions utilized to develop the projected costs.			Choose an item.
		Disclosure of supporting data used in calculations, including monthly paid claims and enrollment, large claims analysis, trend analysis, demographic adjustments, pooling adjustments, administration increases and claims assumptions.			Choose an item.
		Substantiation of any proposed increase in fixed costs via a thorough analysis of activities and costs covered by those fees.			Choose an item.
		Trend assumptions and explanations for any unusual trend results (high/low relative to the market).			Choose an item.
PG-8	Provision of claims and eligibility data to third party vendors.	Delivery of agreed-upon claims and eligibility data to third party vendors in the format	Date-stamp of receipt by the third-party vendor and verification of	One-half of a Unit Point for each calendar day the data is not	Choose an item.

**HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI**

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
		and frequency required by the applicable vendor(s). <b><u>Note that the State will not ask a Contractor to release data in violation of HIPAA/privacy regulations.</u></b>	completeness of required documentation.	received or is incomplete. <sup>1</sup>	
PG-9	Annual Hospital Records Claims Audit	Conduct hospital records (including clinical and billing issues) audits for every admission with paid claims in excess of \$25,000, subject to a minimum of 2% of all hospital claims. Audits are to be conducted on-site to ensure accuracy of billed charges in relation to the clinical services delivered.	Provide quarterly reporting of the number of audits conducted, the amount of recoveries to the State.	<del>3.00%</del> <b><u>0.30%</u></b> of fees if performance is less than standards.	Choose an item.
PG-10	Employee Satisfaction – Satisfactory	Satisfactory or better results from an annual State-conducted Participant satisfaction survey.  Time over which standard is measured: Annual  90% of members indicate satisfied or very satisfied  Time over which standard is measured: Quarter	Survey results  Frequency of report: Annually	<del>1.00%</del> <b><u>0.1%</u></b> of fees if performance is less than standards	Choose an item.
PG-11	Pre-admission outreach call	95% of members meeting criteria for receiving a preadmission outreach call will receive a call.	Documentation of outbound call.	<del>1.00%</del> <b><u>0.1%</u></b> of fees if performance is less than standards.	Choose an item.
PG-12	Disease Management Outreach Call	<b><u>Beginning for plan year 2016,</u></b> 95% of members meeting criteria for	Documentation of attempted member contact.	<del>1.50%</del> <b><u>0.15%</u></b> of fees if performance is	Choose an item.

<sup>1</sup> ~~One unit is 0.1%. One-half of a unit point is .05%.~~ **One unit is 0.01%. One-half of a unit point is .005%.**



**HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 3 – IHM-FI**

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
		receiving an outreach call (and have a telephone number in the eligibility system) will have documentation of all outreach call attempts.		less than standards.	
PG-13	Complex Case Management Program	95% of member meeting criteria for participation in the complex case management program will have document of attempted member and physician contact.	Documentation of attempted contacts.	<del>1.00%</del> <b>0.1%</b> of fees if performance is less than standards.	Choose an item.
PG-14	Provision of Draft Plan Documents  Summary Plan Description for the fully-insured plans	Draft Plan Document (Certificate/Evidence of Coverage or Summary Plan Description as appropriate by plan) including all required updates is provided to the State at least three months prior to the first day of the plan year. For example if the plan year effective date January 1st, the vendor must provide the State the draft by October 1st of the prior year.	Receipt date as documented by vendor and confirmed by State	\$500 per day for the first three calendar days that the draft document is not received.  \$1,000 per calendar day for each day the draft document is not received for the fourth calendar day and beyond.	Choose an item.
PG-15	Provision of Final Plan Documents	Final Plan Document (Certificate/Evidence of Coverage or Summary Plan Description as appropriate by plan) including all of the required edits and in the format ready for posting to State intranet is returned to the State within 30 calendar days of the carrier's receipt of the State's edits.	Receipt date as documented by vendor and confirmed by State	\$500 per day for each calendar day the draft plan document is not received for the first 3 calendar days.  \$1,000 per day for each day the draft plan document is not received for the fourth calendar day and beyond.	Choose an item.

\*Determination of results and any applicable damages will be conducted by the State's contract auditor and be based on ~~actual administrative fees included in the total premium rate~~ **the total premium paid to the Contractor.**

**FA3 Attachment S-9: Performance Metrics AMENDMENTS 2 AND 8**

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

Contractor will report results on all performance metrics annually for each plan type. Performance results may also be audited annually by the State's contract auditor.

1. Shared savings will be based on the 100 point performance metric scale. Each metric has a target goal based on NCQA guidelines. The goal of the shared savings program is to partner with the Contractor to improve the health risk profile of the covered population and close the gap from the baseline clinical metrics to the goal year over year. For example, using the first item under Diabetes the Contract year (CY) 2 goal is to close the gap by 50% of the target or (45% = 50% of the target of the 90% five year target). Then in CY3 increase to 65% of the target or 59%; CY4 increase to 80% of the target or 72%, CY5 increase to 90% of the target or 81% and CY6 increase to 100% of target of 90% of the population diagnosed with the diabetes have reached the target level of treatment compliance/improvement. The term Participants means the number of State Health Plan participant/members enrolled in the Contractor's plan identified in 2015 via biometric and claims data as having the specific chronic condition indicated. The vendor's baseline for each metric will be determined by self-reported 2015 data. Carriers will achieve points based on increases in these metrics for CY2, CY3, CY4, CY5, and CY6. If at any time a vendor's compliance level is higher than the target metric the vendor's compliance level should be maintained, at a minimum. Each vendor will be required to reach the compliance level each year beginning CY2. The target levels and available points are as follows:

Clinical Compliance Metric	Available Points	Target Level	Compliance*				
			CY2	CY3	CY4	CY5	CY6
<b>Diabetes</b>							
Participant(s) that had 2 HbA1c tests in last 12 reported months	5	90%	45%	59%	72%	81%	90%
Increase participants with HbA1c tests of < 8.0% (target < 7.0%)	8	70%	38%	49%	60%	68%	70%
Participant(s) <del>that had an annual screening test for diabetic nephropathy.</del> <u>who had a nephropathy screening or evidence of nephropathy, including diabetics who had one of the following during the measurement year:</u>	5	80%	40%	52%	64%	72%	80%
• <u>A nephropathy screening test</u>							
• <u>Evidence of treatment for nephropathy or ACE/ARB therapy</u>							
• <u>Evidence of stage 4 chronic kidney disease (CKD)</u>							
• <u>Evidence of end stage renal disease (ESRD)</u>							
• <u>Evidence of kidney transplant</u>							
• <u>A visit with a nephrologist</u>							
• <u>A positive urine macro albumin test</u>							
• <u>At least one Ace inhibitor or ARB dispensing event.</u>							
Increase percentage of participants with BP control of <140/90	7	75%	38%	49%	60%	68%	75%
Increase the percentage of participants with HbA1c < 9%	6	90%	45%	59%	72%	81%	90%

Clinical Compliance Metric	Available Points	Target Level	Compliance*				
			CY2	CY3	CY4	CY5	CY6
<b>Hypertension</b>							
Participant(s) on anti-hypertensives that had a serum potassium in last 12 reported months.	7	80%	40%	52%	64%	72%	80%
Participant(s) that had a serum creatinine in last 12 reported months.	7	80%	40%	52%	64%	72%	80%
Increase percentage of participants with BP control of <140/90	12	70%	35%	46%	56%	63%	70%
<b>Hyperlipidemia</b>							
Participant(s) with a LDL/HDL cholesterol test in last 12 reported months.	8	85%	43%	55%	68%	77%	85%
Participant(s) with a triglyceride test in the last 12 reported months.	8	85%	43%	55%	68%	77%	85%
Increase the percentage of participants with cholesterol levels below 220mg/dl	12	70%	35%	46%	56%	63%	70%
<b>Preventive Screening</b>							
Increase percentage of women age 40-69 who have had at least 1 mammogram in last 24 months to screen for breast cancer.	3	75%	38%	49%	60%	68%	75%
Increase percentage of participants age 50-75 who have had appropriate colorectal cancer screening every two years.	3	75%	38%	49%	60%	68%	75%
% of population with attestation of Health Risk Assessment discussion with PCP	9	85%	40%	50%	60%	70%	85%
<b>Utilization Rates</b>							
<del>Increase percentage of participants with major cardiac events, COPD, asthma, or congestive heart failure that do not require readmission within 30 days of discharge.</del>	<del>11</del>	<del>95%</del>	<del>75%</del>	<del>80%</del>	<del>85%</del>	<del>90%</del>	<del>95%</del>
<del>Increase the percentage of participants with asthma/COPD and diabetes that do not have a disease related ER visit.</del>	<del>11</del>	<del>90%</del>	<del>45%</del>	<del>59%</del>	<del>72%</del>	<del>81%</del>	<del>90%</del>

Note: The Percentage Compliance equals the number of participants in compliance divided by the number of participants identified with the condition through medical claims, prescription drug claims, the biometrics provided in the health risk assessment in Contract Year 1 as At Risk, Multiple Chronic and Advanced Critical, and any other source available.

- Points will be distributed based on a pass/fail methodology for each metric. Total points will then be calculated and incentives/disincentives will be based on number of points and number of Employees enrolled in each plan. Annual incentive/disincentive pay outs will be as follows:

Points	Payment Per Covered Employee	Incentive/Disincentive
90-100	\$120.00	State of Maryland pays Carrier
80-90	\$100.00	

70-80	\$80.00	
60-70	\$60.00	
50-60	\$40.00	
40-50	\$20.00	
30-40	\$0.00	
10-30	\$15.00	Carrier pays State of Maryland
0-10	\$30.00	

3. Offerors must indicate their willingness to comply with the incentive/disincentive plan as laid out above by selecting “Will Comply” from the following drop down box: Choose an item.