

FA2 Attachment S-1: Plan Information AMENDMENTS 2 and 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	EPO-SF
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 "**FA2 Attachment S-3: EPO 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 " FA2 Attachment S-2: Explanations and Deviations " worksheet.	Choose an item.
2. Review and detail deviations from the proposed plan design shown in the worksheet, " FA2 Attachment S-3: EPO Plan Design. "	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 " Response FA2 Attachment S-1: Transitional Care Information. "	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 " Response FA1 FA2 Attachment S-1: Service Area Map. "	Choose an item.
3.	Please provide the website address (URL) for your provider directory and its password, if necessary.	Click here to enter text.

Participants' Access to Providers

The State would like to determine the availability of key EPO healthcare providers to its employee and retiree population. Please prepare GeoAccess® GeoNetworks® report(s) for each network and/or plan type that you are proposing, using census data provided by the State and the parameters in the table below. Provide the reports using two separate formats: 1. using current EPO enrollment, and 2. using entire census population. Note that it is important that you follow the exact parameters. The report should show hospital and provider availability by physician specialty for each zip code (or community). Report output is required for those with access and those without access, based upon the stipulated parameters. The report output should show the average distance to each provider group. See the sections entitled "**FA2 Attachment S-5: Access to Adult PCPS,**" "**FA2 Attachment S-6: Access to Pediatricians,**" "**FA2 Attachment S-7: Access to OB/GYN,**" and "**FA2 Attachment S-8: Access to Hospitals**" for the required format of the output. In addition to the hard copy report, the data must be supplied in electronic format that has read/write capabilities. **Do not send the data in a read-only file.**

Use only physicians accepting new patients in your GeoAccess® GeoNetworks® provider file. The census data needed to perform this mapping is available for download upon execution of the Non-Disclosure Agreement (see RFP Section 1.37). Label the completed GeoAccess® GeoNetworks® report as **Response FA2 Attachment S-1: GeoAccess® GeoNetworks® Report. Attachment S-1 can be provided electronically on CD/DVD.** The electronic version should include a system-generated PDF file and an Excel file.

Practice Specialty	Number of Providers Available	Miles from Employees Residence
Adult Physicians (Family Practice, General Practice, General Internal Medicine)	2	8
General Pediatricians	2	8
Obstetricians/Gynecologists	2	8
Acute Care Hospitals	1	10

	Select Response
1. Has the GeoAccess® GeoNetworks® reporting been completed using the requested parameters?	Choose an item.
2. Please note the geo-mapping method used:	Choose an item.
3. Was GeoAccess® GeoNetworks® Release 3.0, 2012 used to create the Accessibility Analysis?	Choose an item.

IV. 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 "FA2 Attachment S-2: Explanations and Deviations" worksheet if you need more space.												
	<table border="1"> <thead> <tr> <th style="background-color: #800000; color: white;">Service Center Location(s)</th> <th style="background-color: #800000; color: white;">Geographic Region(s) Covered</th> </tr> </thead> <tbody> <tr><td>Click here to enter text.</td><td>Click here to enter text.</td></tr> <tr><td>Click here to enter text.</td><td>Click here to enter text.</td></tr> <tr><td>Click here to enter text.</td><td>Click here to enter text.</td></tr> <tr><td>Click here to enter text.</td><td>Click here to enter text.</td></tr> <tr><td>Click here to enter text.</td><td>Click here to enter text.</td></tr> </tbody> </table>	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.
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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 FA2 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.

V. 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 EPO services in the area that will be serving most of the State's employees.																																								
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HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

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

Information	Reference #1	Reference #2	Reference #3
# EPO 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 EPO 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.
# EPO 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.

VI. 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.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

TYPE OF SERVICE	PLAN DESIGN	DEVIATIONS
Hearing Examinations	100% after \$15 copay – PCP or \$30 copay – Specialist	Click here
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.	Click here
Flu Shots	100% of allowed benefit	No deviations will be considered.
Mammography Preventive	100% of allowed benefit Screening: one mammogram per plan year (35+).	Click here
Mammography Diagnostic	100% of allowed benefit No age or frequency limitation on diagnostic mammograms.	Click here
Physical Exams	100% of allowed benefit One exam per plan year for all members and their dependents age 3 and older.	Click here
Well Baby Care	100% of allowed benefit Birth – 36 months: 12 13 visits total <u>in accordance with PPACA schedule plus one visit</u>	Click here
STI Screening and Counseling (Including HPV DNA and HIV)	100% of allowed benefit Counseling and screening for sexually active women as mandated by PPACA.	Click here
Nonplant Surgery Only	100% of allowed benefit	Click here
Allergy Testing	100% after \$15 copay – PCP; \$30 copay – Specialist	Click here
EMERGENCY TREATMENT		
Ambulance Services (Emergency and Non-Emergency transport)	100% of allowed benefit	Click here
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.	Click here
Urgent Care Office Visit	100% of allowed benefit after \$30 copay	Click here
MATERNITY BENEFITS		
Maternity Benefits	100% of allowed benefit	Click here
Prenatal Care	100% of allowed benefit	Click here

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Metropolitan/ Geographic Area (Subtotal by County)	Average Distance to Adult PCPs	Total Number of Employees / Retirees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Allegheny County	Click here	1107	Click here	Click here	Click here	Click here
Frederick County	Click here	640	Click here	Click here	Click here	Click here
Garrett County	Click here	185	Click here	Click here	Click here	Click here
Washington County	Click here	1193	Click here	Click here	Click here	Click here
Western Maryland	Click here	3125	Click here	Click here	Click here	Click here

C. Also provide subtotals for (2.) All employees and retirees by County of residence and by region of residence as shown in the table below:

Metropolitan/ Geographic Area (Subtotal by County)	Average Distance to Adult PCPs	Total Number of Employees / Retirees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Anne Arundel County	Click here	10035	Click here	Click here	Click here	Click here
Baltimore City	Click here	18927	Click here	Click here	Click here	Click here
Baltimore County	Click here	21493	Click here	Click here	Click here	Click here
Carroll County	Click here	3522	Click here	Click here	Click here	Click here
Harford County	Click here	3884	Click here	Click here	Click here	Click here
Howard County	Click here	5005	Click here	Click here	Click here	Click here
Central Maryland	Click here	62866	Click here	Click here	Click here	Click here
Caroline County	Click here	912	Click here	Click here	Click here	Click here
Cecil County	Click here	1279	Click here	Click here	Click here	Click here
Dorchester County	Click here	1229	Click here	Click here	Click here	Click here
Kent County	Click here	811	Click here	Click here	Click here	Click here
Queen Anne's County	Click here	1191	Click here	Click here	Click here	Click here
Somerset County	Click here	1382	Click here	Click here	Click here	Click here
Talbot County	Click here	930	Click here	Click here	Click here	Click here
Wicomico County	Click here	3937	Click here	Click here	Click here	Click here
Worcester County	Click here	1283	Click here	Click here	Click here	Click here
Eastern Shore	Click here	12954	Click here	Click here	Click here	Click here
Calvert County	Click here	1080	Click here	Click here	Click here	Click here
Charles County	Click here	882	Click here	Click here	Click here	Click here
St. Mary's County	Click here	1233	Click here	Click here	Click here	Click here
Southern Maryland	Click here	3195	Click here	Click here	Click here	Click here
District of Columbia	Click here	1353	Click here	Click here	Click here	Click here
Montgomery County	Click here	5432	Click here	Click here	Click here	Click here
Prince George's County	Click here	8625	Click here	Click here	Click here	Click here
Washington Metro	Click here	15410	Click here	Click here	Click here	Click here
Allegheny County	Click here	3559	Click here	Click here	Click here	Click here
Frederick County	Click here	2115	Click here	Click here	Click here	Click here
Garrett County	Click here	743	Click here	Click here	Click here	Click here
Washington County	Click here	3625	Click here	Click here	Click here	Click here
Western Maryland	Click here	10042	Click here	Click here	Click here	Click here

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

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Baltimore County	Click here	21493	Click here	Click here	Click here	Click here
Carroll County	Click here	3522	Click here	Click here	Click here	Click here
Harford County	Click here	3884	Click here	Click here	Click here	Click here
Howard County	Click here	5005	Click here	Click here	Click here	Click here
Central Maryland	Click here	62866	Click here	Click here	Click here	Click here
Caroline County	Click here	912	Click here	Click here	Click here	Click here
Cecil County	Click here	1279	Click here	Click here	Click here	Click here
Dorchester County	Click here	1229	Click here	Click here	Click here	Click here
Kent County	Click here	811	Click here	Click here	Click here	Click here
Queen Anne's County	Click here	1191	Click here	Click here	Click here	Click here
Somerset County	Click here	1382	Click here	Click here	Click here	Click here
Talbot County	Click here	930	Click here	Click here	Click here	Click here
Wicomico County	Click here	3937	Click here	Click here	Click here	Click here
Worcester County	Click here	1283	Click here	Click here	Click here	Click here
Eastern Shore	Click here	12954	Click here	Click here	Click here	Click here
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Washington County	Click here	3625	Click here	Click here	Click here	Click here
Western Maryland	Click here	10042	Click here	Click here	Click here	Click here

FA2 Attachment S-9: Compliance Checklist AMENDMENTS 2, 4, 8 AND 9

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 "FA2 Attachment S-2: Explanations and Deviations."

Compliance Checklist		Contractor s Response Yes or No*
CUSTOMER SERVICE		
CC-1	Contractor agrees to permit all eligible Members, as determined by the State, to obtain health insurance benefits for themselves and their eligible Dependents.	Choose
CC-2	Contractor agrees to provide a post-COBRA fully insured conversion plan to terminated participants.	Choose
CC-3	Contractor agrees that no administrative functions required under this contract may be performed offshore.	Choose
CC-4	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
CC-5	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 "FA2 Attachment S-12: Performance Guarantees."	Choose
CC-6	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-7	Automated call answer system will provide estimated wait time until live operator pick-up to Participant.	Choose
CC-8	Contractor agrees to resolve a minimum of 85% of member calls on the first call to the customer service line.	Choose
CC-9	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

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Compliance Checklist		Contractor's Response
		Yes or No*
CC-38	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-39	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-40	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-41	Contractor's contracts with network providers prohibit providers from balance billing patients above the network allowance.	Choose
CC-42	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-43	Contractor guarantees that the network allowance will always be the basis for determining the member's liability (coinsurance, etc.), if applicable, for in-network services rendered <u>and out-of-network services, except as noted in the *footnote (**Silent Pay-Up Inpatient/Outpatient Surgery: . . .)</u> <u>for Attachment S-3: EPO-SF Plan Design.</u>	Choose
CC-44	Contractor shall provide and maintain a broad-based national network.	Choose
CC-45	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
VALUE BASED BENEFIT DESIGN AND ADMINISTRATION		
CC-46	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-47	Contractor agrees to the performance metrics and the shared incentive structure of the Value Based Benefit Design. See Attachment "Attachment S-13: Performance Metrics."	Choose
CC-48	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-49	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-50	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

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Compliance Checklist		Contractor's Response
		Yes or No*
AUDITS		
CC-51	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 " FA2 Attachment S-12: Performance Guarantees. "	Choose
CC-52	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-53	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
CC-54	The Contractor agrees to provide the State the right to audit self-insured claims against the State's eligibility system. Contractor will designate a supervisor – level contact from both its enrollment and claims units who will be responsible and accountable for ensuring timely response to the Department's Audit Unit to support its efforts to collect ineligible payments from either the Contractor or the individual. Such audits will occur within the plan year with a final reconciliation to occur no later than 90 days following the plan year end, in accordance with Performance Standard #19, in " FA1 FA2 Attachment S-12: Performance Guarantees. "	Choose
CC-55	Contractor agrees to maintain eligibility reconciliations between Contractor files and State eligibility files.	Choose
HIPAA (Business Associate Agreement) (Terms herein shall have meaning provided in 45 CFR, Parts 160, 162 and 164.)		
CC-56	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

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Compliance Checklist		Contractor s Response
		Yes or No*
	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-57	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
	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

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Compliance Checklist		Contractor s Response
		Yes or No*
	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
	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

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Compliance Checklist		Contractor s Response Yes or No*
	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-58	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-59	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-60	Breaches of Unsecured PHI	
	a.) A breach shall be treated as discovered in the terms described in 45 CFR §164.410.	Choose
	b.) Notice to the Department	Choose
	(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

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Compliance Checklist		Contractor s Response
		Yes or No*
CC-61	Electronic Health Records	
	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-62	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-63	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-64	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-65	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
SPECIAL PROVISIONS		
CC-66	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-67	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-68	Contractor must unconditionally agree to provide coverage to all Participants enrolled on the Program effective date.	Choose
CC-69	Contractor agrees to provide necessary legal defense in the event of litigation resulting from Contractor error, omission, etc.	Choose
CC-70	Contractor agrees to cover all costs associated with legal defense in the event of litigation.	Choose
CC-71	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-72	All claim records and eligibility data used by the Contractor in its role as claim administrator shall remain the property of the State as plan sponsor and plan administrator.	Choose
CC-73	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-74	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

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Table with 3 columns: Compliance Checklist, Contractor's Response, and Yes or No*. It contains various rows for compliance items like CC-116, CC-117, CC-118, CC-119, CC-120, CC-121, CC-122, CC-123, CC-124, CC-125, CC-126, and CC-127, covering categories such as Program Reports, Monthly, Quarterly, and Annually.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Compliance Checklist		Contractor s Response
		Yes or No*
	Payment and Invoice Specifications, of the RFP.	
	Claims	
CC-128	Contractor will submit for each claim invoiced, a 100-character record with claims detail. The file containing these records must equal the amount invoiced and be submitted within 48 hours of invoice submission. An example is in "Attachment E."	Choose
CC-129	Contractor agrees to accept adjustments based on the reconciliation of State's invoice amount and 100-character file (Attachment E). Applicable adjustments will be made to a subsequent invoice.	Choose
	Non-Claims (Administrative)	
CC-130	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-131	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-132	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
CC-133	Contractor agrees that, upon contract termination or expiration, the cost of any work required by a new administrator to bring records in unsatisfactory condition up to date shall be the obligation of its firm and such expenses shall be reimbursed by its firm within three (3) months of the end of the contract term.	Choose
CC-134	Contractor agrees to transfer enrollment data, claim information and other administrative records to any carrier/TPA who replaces it, at no charge.	Choose
CC-135	Contractor agrees to receive enrollment data, claim information and other administrative records from the carrier/TPA they are replacing, at no charge.	Choose
CC-136	Contractor agrees to confirm bank transfers as they occur.	Choose

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
Q-23	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-24	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.
	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-25	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-26	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.

Question		Offeror s Response
Q-27	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.
Q-28	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-29	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-30	What services and programs are provided by your online coaching program?	Click here to enter text.
Q-31	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-32	Describe your capability to provide member portal tools to track the following:	
	Nutrition	Click here to enter text.

Question		Offeror's Response
	What is your ability to communicate activity completion to the provider community?	Click here to enter text.
Q-36	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-37	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.
Q-38	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-39	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.
QUALITY		
Q-40	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-41	Describe quality improvement initiatives, including results, undertaken in the last twelve months.	Click here to enter text.

	Question	Offeror's Response
	urgent care	Click here to enter text.
Q-49	Do you require members to select a Primary Care Physician?	Choose an item.
Q-50	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.
Q-51	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-52	Confirm that OBGYNs, pediatricians, or others can be selected as primary care physicians (PCPs).	Choose an item.
Q-53	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-54	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 "Response Attachment: Network Organization Chart."	Click here to enter text.
Q-55	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-56	Are onsite visits conducted during the credentialing process?	Choose an item.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
Q-57	During the physician selection/credentialing process, indicate which of the following are verified or reviewed:	
	During credentialing	
	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.
	During Re-credentialing	
	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-58	Do you conduct onsite visits during a hospital credentialing process?	Choose an item.
Q-59	How often are network hospitals re-credentialed? If "Other," please specify.	Choose an item. Click here to enter text.
Q-60	How often are provider directories updated and distributed to plan members?	Click here to enter text.
Q-61	What formats are the provider directories available in (e.g. Internet)?	Click here to enter text.
Q-62	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-63	How and when are members notified?	Click here to enter text.
Q-64	What happens to patients that are receiving ongoing treatment from that network physician?	Click here to enter text.

Question		Offeror s Response
Q-65	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.
	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-66	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 "Response Attachment: Provider Satisfaction Survey."
Q-67	What percentage of providers are satisfied with your plan?	Click here to enter text.
Q-68	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-69	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.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
Q-70	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.
Q-71	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-72	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-73	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-74	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.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
Q-75	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.
Q-76	Describe the procedure in place for covering emergency care services performed by non-network facilities.	Click here to enter text.
Q-77	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-78	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-79	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-80	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-81	Do you have any ownership interest in or are you involved in the operations of any network outpatient facilities?	Choose an item.

Question		Offeror s Response
CASE MANAGEMENT		
Q-82	Please provide (as attachments) biographies of the medical management staff assigned to the State's account.	Please submit response and label as " Response Attachment: Medical Management Staff Biographies. "
Q-83	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.
Q-84	Describe the training programs and monitoring for your Case Management staff.	Click here to enter text.
Q-85	What is the average number of years of clinical expertise of the current case management staff?	Click here to enter text.
Q-86	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-87	Do members have access to a nurse-line for counseling/support?	Choose an item.
	If yes, what hours is it available?	Click here to enter text.
Q-88	Describe any accreditations your Case Management program currently holds, or is in the process of pursuing.	Click here to enter text.
DISEASE MANAGEMENT		
Q-89	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.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
	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-90	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.
	Physician referrals	Choose an item.
	Case Management	Choose an item.
	Health Risk Appraisals	Choose an item.
	Other	Click here to enter text.
Q-91	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-92	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-93	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-94	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.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
	Clinical outcome improvements	Choose an item.
CENTERS OF EXCELLENCE / TIERED NETWORKS		
Q-95	Do you have a network of Centers of Excellence/Tiered Networks? (If no, skip the remainder of this subsection.)	Choose an item.
Q-96	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.
	Kidney transplants	Choose an item.
	Other transplants (please specify)	Click here to enter text.
	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)	Click here to enter text.
	Disease Management	Choose an item.
	Wellness	Choose an item.
Q-97	Please complete the following table for your top five (5) Centers of Excellence by volume.	
	1. Center Type	Click here to enter text.
	Location	Click here to enter text.
	Date of Participation	Click here to enter text.
	2. Center Type	Click here to enter text.
	Location	Click here to enter text.
	Date of Participation	Click here to enter text.
	3. Center Type	Click here to enter text.
	Location	Click here to enter text.
	Date of Participation	Click here to enter text.
	4. Center Type	Click here to enter text.
	Location	Click here to enter text.
	Date of Participation	Click here to enter text.
	5. Center Type	Click here to enter text.
Location	Click here to enter text.	
Date of Participation	Click here to enter text.	
Q-98	How are these members' cases managed? (i.e. Are they handled in a unit separate from other catastrophic cases?)	Click here to enter text.

Question		Offeror s Response
Q-99	What are the financial arrangements for the Centers of Excellence? If "other," please explain.	Choose an item. Click here to enter text.
Q-100	Will travel or companion costs be covered? If yes, please specify any limits.	Choose an item. Click here to enter text.
Q-101	Will there be any changes in the coming year to your current Centers of Excellence arrangements? If yes, please specify expected changes.	Choose an item. Click here to enter text.
Q-102	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-103	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-104	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-105	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-106	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.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
Q-107	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-108	Explain in detail how you identify and reward high performing physicians.	Click here to enter text.
Q-109	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-110	How often is each provider’s quality ranking revisited?	Click here to enter text.
Q-111	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	Click here to enter text.

Question		Offeror s Response
	performing providers (providers with the best combination of quality and cost).	
MEMBER SERVICES		
Q-112	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.
	Average years of experience	Click here to enter text.
Q-113	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-114	Please describe the training of a member service representative.	Click here to enter text.
Q-115	Can your member services unit support non-English speaking members?	Choose an item.
	If yes, please specify languages.	Click here to enter text.
Q-116	What is the average speed to answer in seconds?	Click here to enter text.
Q-117	What is the percent call abandonment rate?	Click here to enter text.
Q-118	What percentage of employee calls is recorded?	Click here to enter text.
Q-119	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-120	Does your system utilize an Interactive Voice Response (IVR) system?	Choose an item.
Q-121	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-122	Do you have a correspondence	Choose an item.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
	tracking system to log in, assign and track correspondence?	
Q-123	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-124	What processes do you use to identify potential subrogation claims?	Click here to enter text.
Q-125	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 program and the organization's relationship to the subcontractor (e.g. subsidiary).	Click here to enter text.
Q-126	Provide a detailed description of the mental health/substance abuse access and triage process.	Click here to enter text.
Q-127	Describe your mental health/substance abuse utilization review and management functions.	Click here to enter text.
Q-128	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.
PLAN ADMINISTRATION - ELIGIBILITY		
Q-129	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-130	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.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
Q-131	Is eligibility processing real-time with the claim system? If no, what is the delay time?	Choose an item. Click here to enter text.
Q-132	Briefly describe your process for correcting data in the event of a data tape which contains "bad data."	Click here to enter text.
REPORTING		
Q-133	What limitations do you have with customizing standard reports? Please explain.	Click here to enter text.
Q-134	The State requires online access to standard reports; describe how you will make your reports available online.	Click here to enter text.
Q-135	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.
	Medicare COB savings	Click here to enter text.
	Negotiated savings	Click here to enter text.
Q-136	What clinical or financial reports, would be provided to the State in order to help manage benefit costs?	Click here to enter text.
Q-137	Please include sample financial reports.	Please include sample reports and label as " Response Attachment: Sample Financial Reports."
Q-138	Describe how your organization will coordinate the requirements of worksite biometric screening, scheduling, and reporting.	Click here to enter text.
Q-139	What type of reporting will you provide to the State regarding your high quality, high performance medical provider?	Click here to enter text.
Q-140	Would the State have access to "real-time" data regarding employees' health and wellness activities being tracked by your organization?	Choose an item.
Q-141	Do you have the ability to notify members of completed Healthy Activities? Please explain.	Choose an item. Click here to enter text.
Q-142	How are members able to track	Click here to enter text.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
	and review their progress?	
Q-143	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-144	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-145	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.
	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.
CLAIMS ADMINISTRATION		
Q-146	How many claims processors will be assigned to handle the State's account?	Click here to enter text.
Q-147	Do customer service representatives (CSRs) have authority to approve claims?	Choose an item.
Q-148	What access do CSRs have to the medical director?	Click here to enter text.
Q-149	What is the most recent annual turnover rate for your claims processing staff in your proposed location?	Choose an item.
Q-150	Describe the initial and ongoing training programs for the claim administration team (e.g. claim processors, supervisors and other	Click here to enter text.

	Question	Offeror s Response
	management staff).	
Q-151	What is the average amount of time claims staff spend in annual ongoing training?	Choose an item.
Q-152	What is the procedure to handle emergencies or non-office hour admission requests?	Click here to enter text.
Q-153	Describe the claims payment process from date of receipt to full adjudication of checks to providers or patients.	Click here to enter text.
Q-154	How does your system automatically identify and edit claims for bundling and unbundling?	Click here to enter text.
Q-155	Confirm that you will provide advance notice to the State prior to implementing any changes in covered services.	Choose an item.
Q-156	What is your preferred process for handling exceptions and payment of claims outside the stated plan provisions?	Click here to enter text.
Q-157	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-158	Describe your administrative requirements with respect to claims filed directly by members.	Click here to enter text.
Q-159	How do you adjust for overpayments or duplicate payments?	Click here to enter text.
Q-160	How often and in what manner is COB information verified?	Click here to enter text.
Q-161	What is your percentage of claims dollars recovered or avoided through effective coordination of benefits for last year? (Total COB savings/Total claim dollars paid)	Click here to enter text.
Q-162	If you receive information that confirms other coverage, would you review and adjust prior claims in which services incurred are within the period when other COB coverage was available?	Choose an item.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror's Response
	If yes, please describe your process.	Click here to enter text.
Q-163	Provide your claims processing standards for claim adjudication financial accuracy versus actual for 2012.	Click here to enter text.
Q-164	Provide your claims timeliness standards for claim adjudication versus actual for 2012.	Click here to enter text.
Q-165	What percent of claims are automatically adjudicated?	Click here to enter text.
Q-166	What percent of hospital claims are currently received by electronic submission?	Click here to enter text.
Q-167	What percent of professional claims are currently received by electronic submission?	Click here to enter text.
Q-168	Describe the procedure for submitting and processing out-of-country medical claims.	Click here to enter text.
Q-169	Describe in detail your standard claims appeal process.	Click here to enter text.
Q-170	Describe your policy and procedures for auditing hospital bills/claims.	Click here to enter text.
Q-171	How frequently are internal audits performed? If "Other," please describe.	Choose an item. Click here to enter text.
Q-172	Overall, what percent of claims are subject to internal audit?	Click here to enter text.
Q-173	What is the typical audit size?	Click here to enter text.
Q-174	Describe your system protocols for detecting fraudulent claims both inside and outside of the U.S.	Click here to enter text.
IMPLEMENTATION PROGRAM / TRANSITION		
Q-175	Please discuss your procedures and processes for handling the following during the transition period: Transition of care Employee communications regarding change in administrators	Click here to enter text. Click here to enter text.
Q-176	Implementation Plan Name of the person with overall responsibility for planning, supervising and implementing the program for the State. Title	Click here to enter text. Click here to enter text.

	Question	Offeror s Response
	<p>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.</p>	<p>Click here to enter text.</p>
	<p>What percentage of this person's time will be devoted to the State during the implementation process?</p>	<p>Click here to enter text.</p>
	<p>Please provide an organizational chart identifying the names, area of expertise, functions, and reporting relationships of key people directly responsible for implementing the State of Maryland account. In addition, resumes of these individuals should be included.</p>	<p>Please include Organizational Chart and Resumes of Implementation Team and label as “Response Attachment: Implementation Team.”</p>
Q-177	<p>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.</p>	<p>Please include Implementation Plan and label as “Response Attachment: Implementation Plan.”</p>
Q-178	<p>Do you anticipate any major transition issues during implementation?</p>	<p>Choose an item.</p>

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

	Question	Offeror s Response
	If yes, please describe.	Click here to enter text.
Q-179	Account Management Team	
	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-180	Please provide an organizational chart identifying the names, 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.	Please include Organizational Chart and Resumes of Account Management Team and label as “Response Attachment: Account Management Team Organizational Chart and Resumes.”
Q-181	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	Please include the Offeror's description of account management support in a Microsoft Word document and label as “Response Attachment: Account Management Plan.”

Question	Offeror s Response
	<p>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 "Response Attachment: Account Management Plan"</p>
IT SYSTEMS	
Q-182	<p>Please describe the systems that will be used to process the State's billing, enrollment and claims data.</p>
Claims Administration	
	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.
Billing System	
	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.
Member Services	
	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.
Eligibility/Enrollment System	
	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-183	<p>Are there any electronic system changes planned for the contract term?</p>
	<p style="text-align: center;">Choose an item.</p>
	<p>If so, please describe. Click here to enter text.</p>
Q-184	<p>What are your online interface capabilities between your organization's membership services department and each of the following units?</p>
	<p>Care Management unit Click here to enter text.</p>
	<p>Claims processing unit Click here to enter text.</p>
	<p>Eligibility administration Click here to enter text.</p>

	Question	Offeror s Response
	Fraud unit	Click here to enter text.
	Provider relations	Click here to enter text.
	Quality improvement	Click here to enter text.
Q-185	Describe how your claim system interfaces with your utilization review program.	Click here to enter text.
Q-186	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, etc.)	Choose an item.
	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	Choose an item.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
	inconsistent with the procedure code	
	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.
	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-187	Does your claim system maintain the Social Security numbers, DOB, and names of covered dependents, as well as members?	Choose an item.
Q-188	Describe how your system handles eligibility changes for members and dependents (including COB information).	Click here to enter text.
Q-189	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-190	How often are the systems backup and disaster recovery systems tested?	Click here to enter text.
Q-191	When were the systems last tested and what were the results?	Click here to enter text.
Q-192	What system down time have you experienced during the most recent 12 months?	Click here to enter text.
Q-193	How long are records maintained?	Click here to enter text.
Q-194	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.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
ELECTRONIC COMMERCE		
Q-195	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-196	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-197	What percentage of your network providers utilize telemedicine? Describe.	Click here to enter text.
Q-198	How will you use health information technology to help people live healthier lives?	Click here to enter text.
Q-199	Have you implemented, or do you plan to implement within the next 12 months, an Internet or 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-200	Do you have a mapping facility that allows members to identify providers close to their location?	Choose an item.
Q-201	Briefly describe your web based wellness capabilities and functionality.	Click here to enter text.
Q-202	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-203	Describe your plan for handling	Click here to enter text.

Question		Offeror s Response
	periods of expected high rates of utilization of the website such as open enrollments or media campaigns.	
Q-204	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-205	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.
SUBCONTRACTORS		
Q-206	Provide a complete listing of all services which are subcontracted and the subcontractor used. (Please complete "FA2 EPO-SF Attachment S-13: Subcontractor Questionnaire" for each of the subcontractors listed here.)	Click here to enter text.

FA2 Attachment S-11a: 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 "FA2 Attachment S-13: 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)

Subcontractor's MDOT Number (if applicable)

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.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
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.	Click here to enter text.
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.	Click here to enter text.
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.	Click here to enter text.

Question		Offeror s Response
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.

FA2 Attachment S-11b: 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 "FA2 Attachment S-13: 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)

Subcontractor's MDOT Number (if applicable)

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.	<input type="text" value="Click here to enter text."/>
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	<input type="text" value="Click here to enter text."/>
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	<input type="text" value="Click here to enter text."/>
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	<input type="text" value="Click here to enter text."/>
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.	<input type="text" value="Click here to enter text."/>
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.	<input type="text" value="Click here to enter text."/>
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.	<input type="text" value="Click here to enter text."/>

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
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.

FA2 Attachment S-11c: 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 **"FA2 Attachment S-13: 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.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
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.	Click here to enter text.
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.	Click here to enter text.
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.	Click here to enter text.

Question		Offeror s Response
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.

FA2 Attachment S-11d: 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 "FA2 Attachment S-13: 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.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
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.	Click here to enter text.
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.	Click here to enter text.
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.	Click here to enter text.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror s Response
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.

FA2 Attachment S-11e: 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 "FA2 Attachment S-13: 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)

Subcontractor's MDOT Number (if applicable)

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.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
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.	Click here to enter text.
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.	Click here to enter text.
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.	Click here to enter text.

Question		Offeror s Response
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.

FA2 Attachment S-11f: 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 "FA2 Attachment S-13: 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)
Subcontractor's MDOT Number (if applicable)

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.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
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.	Click here to enter text.
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.	Click here to enter text.
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.	Click here to enter text.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

Question		Offeror's Response
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.

FA2 Attachment S-12: 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 **"FA2 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 20 <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	0.10% 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	0.10% of fees for each percentage point, or fraction thereof, over 3%.	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		
PG-3	Processing of Enrollment Eligibility Update Information	Plan will process electronic interchange of weekly 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	0.20% 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>	<u>0.20% of fees for each calendar day, or portion thereof, of delay</u>	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	0.20% 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	0.05% of fees for each scheduled meeting date that	Choose an item.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

	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>	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) Due: May 1st</p> <p>Second Quarter (Apr – Jun) Due: August 1st</p> <p>Third Quarter (Jul – Sep) Due: November 1st</p> <p>Fourth Quarter (Oct – Dec) Due: February 1st</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>	0.20% 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	<p>Delivery to the State and to the State's actuarial consultant of reports required for annual rate renewal process by 6:00 pm March 1 May 31 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>	0.20% 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
		<p>(but not be limited to) the following:</p> <p>Projection of incurred claim costs for renewal year.</p> <p>Estimate of IBNR reserves at end of current year; including the most recent 36 months of incurred/paid triangular reports.</p> <p>Complete documentation of the methodology and assumptions utilized to develop the projected costs.</p> <p>Disclosure of supporting data used in the calculations, including monthly paid claims and enrollment, large claims analysis, trend analysis, demographic analysis, etc.</p> <p>Substantiation of any proposed increase in fixed costs via a thorough analysis of activities and costs covered by those fees.</p> <p>Explanations for any unusual trend results (high relative to the market, low relative to the market).</p>			<p>Choose an item.</p> <p>Choose an item.</p> <p>Choose an item.</p> <p>Choose an item.</p> <p>Choose an item.</p> <p>Choose an item.</p>
PG-8	<p>Claims Standards: <u>Financial Accuracy</u> Measures the gross dollars paid incorrectly (overpayments) plus underpayments) subtracted from total paid claim</p>	<p>99% of claim dollars processed accurately.</p>	<p>Measured by the State's independent auditor as part of the annual claims audit. Criteria as defined by the State's independent auditor. Measured</p>	<p>2.00% of fees if below 99% but at least 97%. 4.00% of fees if less than 97%.</p>	<p>Choose an item.</p>

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
	dollars, divided by total paid claim dollars within the audit sample		to two (2) decimal places.		
PG-9	Claims Standards: <u>Payment Accuracy</u> Measures the number of incorrect drafts of payments made on behalf of the State, subtracted from the total draft or payments transactions, divided by the total draft or payment transactions.	97% of claims w/ benefit payments are processed accurately.	Measured by the State's independent auditor as part of the annual claims audit. Criteria as defined by the State's independent auditor. Measured to two (2) decimal places.	2.00% of fees if below 97% but at least 95%. 4.00% of fees if less than 95%.	Choose an item.
PG-10	Claims Standards: Processing Time	95% of all claims are adjudicated within 10 business days; and 98% of all claims are adjudicated within 20 business days.	Measured by the State's independent auditor as part of the annual claims audit. Criteria as defined by the State's independent auditor. Measured to two (2) decimal places.	3.00% of fees if performance is less than standards.	Choose an item.
PG-11	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 and frequency required by the applicable vendor(s). <u>Note that the State will not ask a Contractor to release data in violation of HIPAA/privacy regulations.</u>	Date-stamp of receipt by the third-party vendor and verification of completeness of required documentation.	One-half of a Unit Point for each calendar day the data is not received or is incomplete. ¹	Choose an item.
PG-12	Annual Hospital Records Claims	Conduct hospital records (including	Provide quarterly reporting of the	3.00% of fees if performance is	Choose an item.

¹ One unit is 0.1%. One-half of a unit point is .05%.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
	Audit	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.	number of audits conducted, the amount of recoveries to the State.	less than standards.	
PG-13	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	1% of fees if performance is less than standards	Choose an item.
PG-14	Pre-admission outreach call	95% of members meeting criteria for receiving a preadmission outreach call will receive a call.	Documentation of outbound call.	1.00% of fees if performance is less than standards.	Choose an item.
PG-15	Disease Management Outreach Call	<u>Beginning for plan year 2016</u> , 95% of members meeting criteria for receiving an outreach call (and have a telephone number in the eligibility system) will have documentation of all outreach call attempts.	Documentation of attempted member contact.	1.50% of fees if performance is less than standards.	Choose an item.
PG-16	Complex Case Management Program	95% of member meeting criteria for participation in the complex case management program	Documentation of attempted contacts.	1.00% of fees if performance is less than standards.	Choose an item.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
		will have document of attempted member and physician contact.			
PG-17	Provision of Draft Plan Documents Certificate/ Evidence of Coverage for Self-Insured plans and 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-18	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.
PG-19	DBM Claims Eligibility Audits	Plan will provide response files to Department's Audit Unit within 14 business days of receipt of error report from Department.	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	Choose an item.

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
				day and beyond.	

*Determination of results and any applicable damages will be conducted by the State's contract auditor and be based on the total administrative fees paid to the Contractor.

** If due date falls on a state / vendor holiday or a weekend, Report Card and reports are due next business day.

FA2 Attachment S-13: Performance Metrics

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.

- 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	Contract Year (CY) Compliance*				
			CY2	CY3	CY4	CY5	CY6
Diabetes							
Participant(s) that had 2 Hb A1c tests in last 12 reported months	3	90%	45%	59%	72%	81%	90%
Increase participants with HbA1c tests of < 8.0% (target < 7.0%)	6	70%	38%	49%	60%	68%	70%
Participant(s) that had an annual screening test for diabetic nephropathy. <u>who had a nephropathy screening or evidence of nephropathy, including diabetics who had one of the following during the measurement year:</u> <ul style="list-style-type: none"> • <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> 	3	80%	40%	52%	64%	72%	80%
Increase percentage of participants with BP control of <140/90	5	75%	38%	49%	60%	68%	75%
Increase the percentage of participants with HbA1c	5	90%	45%	59%	72%	81%	90%

Clinical Compliance Metric	Available Points	Target Level	Contract Year (CY) Compliance*				
			CY2	CY3	CY4	CY5	CY6
< 9%							
Hypertension							
Participant(s) on anti-hypertensives that had a serum potassium in last 12 reported months.	6	80%	40%	52%	64%	72%	80%
Participant(s) that had a serum creatinine in last 12 reported months.	6	80%	40%	52%	64%	72%	80%
Increase percentage of participants with BP control of <140/90	10	70%	35%	46%	56%	63%	70%
Hyperlipidemia							
Participant(s) with a LDL/HDL cholesterol test in last 12 reported months.	6	85%	43%	55%	68%	77%	85%
Participant(s) with a triglyceride test in the last 12 reported months.	6	85%	43%	55%	68%	77%	85%
Increase the percentage of participants with cholesterol levels below 220mg/dl	10	70%	35%	46%	56%	63%	70%
Preventive Screening							
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	6	85%	40%	50%	60%	70%	85%
Utilization Rates							
Increase percentage of participants with major cardiac events, COPD, asthma, or congestive heart failure that do not require readmission within 30 days of discharge.	11	95%	75%	80%	85%	90%	95%
Increase the percentage of participants with asthma/COPD and diabetes that do not have a disease related ER visit.	11	90%	45%	59%	72%	81%	90%

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 2015 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

HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 2 – EPO-SF

80-90	\$100.00	pays Carrier
70-80	\$80.00	
60-70	\$60.00	
50-60	\$40.00	
40-50	\$20.00	
20-40	\$0.00	
10-20	\$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: