State of Alaska RFP 2013-0200-1396

2 Medical Claims Administration and Managed Network

2.1 Company Profile

2.1.1 General

2.1.1.1 Describe your company's ownership structure. Explain why your organization is best suited to provide Medical Claims Administration and Managed Network services.

Unlimited.

2.1.1.2 Describe how your company meets and exceeds the minimum requirements listed in Section 2.7 of the RFP.

Unlimited.

2.1.1.3 Provide client references for whom you provide (or have provided) the same services you are proposing to the State that meet the following qualifications. The same reference may be used to meet one or more qualifications but five distinct references must be provided.

- A client with more than 6,000 employee participants for at least 5 years;
- A client with at least 20,000 retiree participants for at least 5 years;
- A client you have processed over 125,000 claims per month for at least 5 years;
- A client you have had for two years or less;
- A client whose contract has ended with you in the last two years; and
- A governmental client for at least 3 years.

Name of client	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*
Type of business	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*
Beginning year of providing service to client	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*
Number of participants (total Lives)	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*
Name, address and telephone number of the designated client representative	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*
Types of coverage or plans provided; and	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*
Reason for Termination (if applicable)	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*	*Unlimited.*

2.1.1.4 Describe a situation in which you brought a client's healthcare plan trend down. This client should be similar to the State of Alaska in size, as well as in industry.

Unlimited.

2.1.2 Account Management Team

2.1.2.1 Please submit a written narrative providing a thorough description of the proposed account management structure. Your narrative must include the following:

I. An organizational chart depicting the account management structure.
II. The individuals who will comprise the account management team.
III. For each individual on the proposed account management team:
    a. name
    b. title
    c. physical work location where normally based
    d. years of industry experience
    e. years with organization
    f. level of educational attainment
    g. resume
    h. years in current position
    i. level and scope of decision making authority.
IV. How often the account management team will meet with the Project Director and/or his designee(s) and whether the account management team will meet in person with the State on a quarterly basis in Alaska or other locations to be specified by the State.
V. Maximum number of accounts assigned to each member of the account management team.
VI. List other projects and or plans anticipated to be implemented by each member of the account management team during 2013/2014 and evaluate their impact on each member's ability to implement the scope of work set forth in the RFP relative to Medical Claims Administration and Managed Network.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.1.3 Organizational Capacity

2.1.3.1 Confirm you, as the Offeror, have reviewed and understand the information presented in the Introduction section of the RFP.

Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

2.1.3.2 Identify and describe how all aspects of the work for each function identified below will be organized and staffed.

A. Company Profile
    a. HIPAA Compliance
    b. Communications
    c. Information Technology
    d. Integration with Other Vendors
B. Patient Value Chain
    1. Network
    2. Indemnity Vision and Managed Care Network
    3. Eligibility & Enrollment

4. Customer/Member Services
5. Utilization Management (UM)
    i. Concurrent Review
    ii. Outpatient Review
    iii. Discharge Planning
    iv. Approvals/Denials
    v. Travel Management
6. Case Management
7. Claims Processing
    i. UCR Management
    ii. Explanation of Benefits (EOB)
    iii. Coordination of Benefits (COB)
    iv. Health Flexible Spending Account (FSA)
    v. Dependent Care Assistance Program (DCAP)
8. Quality Control
    i. Performance Guarantees
9. Appeals
10. Data Analysis
    i. Data Collection
    ii. Reporting
11. Financial
    i. Subrogation
    ii. Banking
    iii. Direct Bill
    iv. COBRA

State Objectives

0. Plan Design
1. Policy Development
2. Innovation
3. Performance Incentives

For each function, please provide the following information:

1. A work flow chart depicting how the work associated with each function will be performed and a narrative describing the processes depicted in each flow chart. In your narrative please specifically address, for each function:
    i. The role of customer service and communications.
    ii. Special expertise, if any, that you can provide the State with respect to each function.
    iii. Your experience and background in performing each specific function.
    iv. How your system technologies uniquely position you to perform each specific function.
    v. What innovation you can provide to the State with respect to each specific function.
    vi. How you will coordinate with other Contractors who may be awarded Contracts under this RFP.
    vii. If applicable, specify how the process will be different for members outside of Alaska.

2. Whether the specific function will be managed and staffed by you, a subcontractor or joint venturer.
    i. If the function will be managed and/or staffed by a subcontractor or joint venturer, please identify the subcontractor or joint venturer and identify how long the subcontractor or joint venturer has been providing the service to a client of similar size to the State.
    ii. If the function will be managed and/or staffed by a subcontractor or joint venturer, explain how communication and coordination occurs between your organization and subcontractors or joint venturers who will provide the functional service.
3. Describe your organization's process for quality oversight of all subcontracted vendors and joint venturers and provide sample corrective actions used if performance needs to be improved.
4. Please include an organizational chart depicting all personnel or positions that will be assigned to accomplish each function.
5. Please identify the geographic location where the work associated with each identified function will be performed, including which functions will be performed exclusively in Alaska.
6. For any function that will not be performed exclusively in Alaska, please identify the total number of positions that will be based in Alaska for each function.
7. Please identify the proposed point-of-contact for each function.
8. Please identify customer service hours of operation for each function. Specify hours of operation by Alaska Standard Time and the applicable time zone where the function will be performed if not in Alaska.
9. Please identify for which functions you will provide onsite support. For example, open enrollment meetings and health fairs.
10. If the Project Team includes the role of a Medical Director, or similar position, please provide the following information:
    a. The role of the Medical Director in each function.
    b. A description of how the Medical Director will support the medical management process and assigned staff.
    c. Whether the Medical Director will be located in Alaska.
    d. Whether the Medical Director is/will be licensed as a physician in the State of Alaska.
    e. If the Medical Director is/will not be licensed as a physician in the State of Alaska, is the Medical Director licensed as a physician elsewhere? If so, where?
    f. Whether the Medical Director will be subject to the review and approval of the Project Director.

Unlimited.

2.1.3.3 Provide a copy of your standard Administrative Services Organization contract.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.1.4 Implementation Plan

2.1.4.1 Identify and describe, by function, how you will execute a successful implementation for each aspect of the work set forth in Section 1.04 of the RFP instructions relative to the Medical Claims Administration and Managed Network component. For each function, please provide:

I. A work flow chart depicting how the implementation work associated with each function will be performed and a narrative describing the processes depicted in each flow chart.
II. Whether the specific function will be managed and staffed by you, a subcontractor or joint venturer.
III. If the function will be managed and/or staffed by a subcontractor or joint venturer, please identify the subcontractor or joint venturer and identify how long the subcontractor or joint venturer has been providing the service to a client of similar size to the State.
IV. If the function will be managed and/or staffed by a subcontractor or joint venturer, explain how communication and coordination occurs between your organization and subcontractors or joint venturers who will provide the functional service.
V. Describe your organization's process for quality oversight of all subcontracted vendors and joint venturers and provide sample corrective actions used if performance needs to be improved.
VI. An organizational chart depicting the implementation management team structure.
VII. Whether you will provide an Alaska-based transition project manager during the term of the transition.
VIII. The individuals who will comprise the implementation management team.
IX. For each individual on the proposed implementation management team:
    1. name
    2. title
    3. physical work location where normally based
    4. years of industry experience
    5. years with organization
    6. level of educational attainment
    7. resume
    8. years in current position
    9. level and scope of decision making authority
    10. whether the individual management team member will be exclusively assigned to the transition until completion.
    11. For those individuals not assigned exclusively to the implementation, please identify the amount of time they will be devoted to the transition.
X. The geographic location where the work associated with each identified implementation function will be performed, including which implementation functions will be performed exclusively in Alaska.
XI. For any implementation function that will not be performed exclusively in Alaska, please identify the total number of positions that will be based in Alaska for each implementation function.
XII. The proposed point-of-contact for each implementation function.
XIII. Timeline for implementation.
XIV. How often the implementation team will meet with the Project Director and/or his designee(s) and whether the implementation team leader will meet in person with the State on a monthly basis in Alaska or other locations to be specified by the state.

Unlimited.

2.1.4.2 Will you provide welcome kits as part of the implementation? If so, please identify and describe all information that will be contained in the welcome kits. If there is an additional cost, please indicate the cost on the rate sheet.

Single, Pull-down list.
1: Yes: [Text],
2: No

2.1.4.3 Offeror must perform comprehensive systems testing and quality assurance audits, with results reported to the State, prior to the contract effective date as part of the base administrative fees with no additional charge to the State. If there are any costs, please detail.

Single, Pull-down list.
1: Yes,
2: No. Explanation: [500 words]

2.1.4.4 Please confirm that you will be able to provide ID cards without Social Security Numbers to all members prior to the effective date of the Contract. If there is an additional cost, please indicate the cost on the rate sheet.

Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

2.1.4.5 Please confirm that your cost proposal includes the cost of all implementation expenses. If not, please identify all additional costs on the rate sheet.

Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

2.1.4.6 Please confirm that you will provide run-out administration, including communications and data support for transition to a new Contractor, for a period of 12 months following contract termination. If there is an additional cost, please indicate the cost on the rate sheet.

Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

2.1.4.7 Within your implementation team, is employee compensation tied directly to performance?

Single, Radio group.
1: Yes,
2: No,
3: Partially

2.1.4.8 Please outline your procedures for loading patient payment histories from the prior carrier. If there is an additional cost, please indicate the cost on the rate sheet.

500 words.

2.1.5 HIPAA Compliance

2.1.5.1 Confirm your organization is in compliance with and will administer the proposed benefit plan (s) in accordance with all applicable legal requirements, including HIPAA, COBRA, DOL, ERISA, and state and local mandates.

Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

2.1.5.2 Describe how you maintain confidentiality of patient and plan data.

Unlimited.

2.1.5.3 Confirm you are currently receiving eligibility files in the HIPAA 834 format.

Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

2.1.5.4 Are your eligibility and claim systems compliant with recently updated HIPAA regulations?

Single, Radio group.
1: Yes,
2: No

2.1.5.5 Please list the dates in which your eligibility and claims systems were reviewed or validated against the updated HIPAA regulations.

Unlimited.

2.1.5.6 Was an outside auditor/reviewer employed for HIPAA review/validations of these two systems?

Unlimited.

2.1.5.7 How soon after the contract award will you provide the HIPAA companion guide for creating eligibility files that load to your system?

Unlimited.

2.1.5.8 Confirm your ability to administer HIPAA creditable coverage notices.

Unlimited.

2.1.6 Communications

2.1.6.1 Confirm that you are able to customize all communication/educational materials to include the AlaskaCare logo as the prominent feature.

Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

2.1.6.2 Can you provide communication materials in an electronic and editable format for use by the State in their communications? If there is an additional cost, please indicate the cost in the rate sheet.

Single, Radio group.
1: Yes,
2: No

2.1.6.3 Please confirm all communications/educational materials will be submitted to the Project Director, or his designee, for review and approval before dissemination to members. If you cannot confirm, please explain.

Single, Pull-down list.
1: Confirmed,
2: Not confirmed, please explain: [Text]

2.1.6.4 When are new ID cards generated?

Single, Pull-down list.
1: At Initial Election,
2: Annually,
3: At Life Event Change,
4: Other. Please explain: [500 words]

2.1.6.5 Describe your process for generating and mailing ID cards within 3 days on an ongoing basis as new enrollees are reported eligible.

Unlimited.

2.1.6.6 Are extra ID cards available for a dependent child living away from home? If there is an additional cost, please indicate the cost on the rate sheet.

Single, Radio group.
1: Yes,
2: No

2.1.6.7 Please describe the process that will be implemented to ensure that internal reference source(s) provided to your personnel are consistent with the State's documentation such as employee communication materials, open enrollment information, plan documents, etc.

Unlimited.

2.1.6.8 Is the creation, customization, production, and distribution of the materials itemized below included in your cost proposal?

I. If there is an additional cost for any of the items listed below, please indicate each additional cost on the rate sheet.
II. Will each of the items listed below be made available online?

III. Please identify any additional communication and/or educational materials not listed below that are included in your cost proposal, and provide an example of each where possible.

IV. Please identify any additional communication and/or education materials not listed below that you can provide for an additional fee. Please indicate each additional cost on the rate sheet.

	Can Provide?	Included in Fees? If no, include fee on rate sheet.	Can Customize?
Employee ID Cards	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No
Replacement ID Cards	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No
Claim Forms	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No
Provider Directories	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No
Summary Plan Descriptions	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No
Summary Annual Reports	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No
Summary of Material Modifications	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No
Annual Benefit Statements	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No
General Letters and Correspondence Sent to Employees	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No	*Single, Pull-down list.* 1: Yes, 2: No

2.1.6.9 What is the average number of work days from placing an order to time of delivery for the following communication materials?

	Average Days to delivery
Employee ID cards	*Decimal.*

Enrollment forms	*Decimal.*
Claims forms	*Decimal.*
Provider Directories	*Decimal.*
Program Descriptions	*Decimal.*

2.1.6.10 Please attach sample member communication materials, including a sample ID card and sample member welcome letter.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.1.7 Information Technology

2.1.7.1 Describe how your company will use its systems technologies to perform each aspect of the work set forth in Section 1.04 of the RFP instructions relative to the Medical Claims Administration and Managed Network.

Unlimited.

2.1.7.2 Does your automated data processing capability include the ability to interface with the State's health reporting eligibility system when fully operational?

Unlimited.

2.1.7.3 Describe the proprietary software that will be used in administration of this Contract, as well as any services or software purchased or licensed from outside vendors to update your system.

Unlimited.

2.1.7.4 Are all data feeds for set-up and on-going maintenance included in your pricing? If not, please include the fees on the rate sheet.

Unlimited.

2.1.7.5 Please indicate any additional charges for any required manual interventions (workarounds) due to system interface incompatibility, file format issues, plan compliance, etc. on the rate sheet.

Unlimited.

2.1.7.6 Describe your system access security process with members, providers and the State.

Unlimited.

2.1.7.7 Describe the advantages of your Internet home page, including access and capability to communicate with the State and members on information regarding:

a. Claims status
b. Eligibility (name, address, covered dependents, etc.)
c. Providers (including name, location, education background and credentials, gender, specialty, languages spoken, standard rates for selected procedures, patient satisfaction levels, etc.); and
d. Health improvement and education information

Unlimited.

2.1.7.8 Explain your process of providing a secure electronic portal for members and providers to contact you via e-mail for customer service inquiries.

Unlimited.

2.1.7.9 Describe your company's use of current system technologies to notify customers of issues that relate to them.

Unlimited.

2.1.7.10 Describe any on-line comparative reporting tools you make available to assist members in choosing elective care providers and facilities.

Unlimited.

2.1.7.11 Indicate services you offer to members and providers via e-mail and electronically.

Unlimited.

2.1.7.12 Describe electronic service methods you use to educate members in accounts you currently manage of similar size to the State of Alaska about health care issues that impact plan costs.

Unlimited.

2.1.7.13 Provide an overview of your documentation, storage, retrieval and recovery of electronic files.

Unlimited.

2.1.7.14 Explain your Computer Disaster Recovery plan. Provide the most recent outside assessment of its readiness.

Unlimited.

2.1.7.15 Does the online system allow the State to assign different levels of access internally?

Unlimited.

2.1.7.16 Indicate whether the following web tools are available for the State's use and the members:

Tools Available	Check All that Apply	Comments

Check claim status	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Check status of Health FSA and claims	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Print a temporary ID card	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Request a new ID card	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Claims Forms (Electronic)	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Find a network doctor	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Find a network specialist in my area	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Get plan design information	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Get estimated cost for a procedure/service	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Review financial information - deductible	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Review financial information – out of pocket maximum	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Get information about provider quality and/or outcomes	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Read provider reviews from other members	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Contact customer service	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
View and print my EOB	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Summary Plan Description	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Summary of Material Modifications	*Single, Pull-down list.* 1: Available, 2: Not Available	*500 words.* Nothing required
Annual Benefit Summaries	*Single, Pull-down list.*	*500 words.*

	1: Available, 2: Not Available	Nothing required

2.1.8 Integration with Other Vendors

2.1.8.1 Describe your procedures for implementation of ongoing treatment plans.

Unlimited.

2.1.8.2 Are you able to accept electronic feeds of data or referrals from other vendor partners? If there is an additional cost, please indicate the cost on the rate sheet.

Single, Pull-down list.
1: Yes, included in base pricing,
2: Yes, for an additional fee (indicated on rate sheet),
3: Yes, for an additional fee IF the number of contracted data feeds are exceeded (indicated on rate sheet),
4: No

2.1.8.3 Are you able to provide electronic feeds of participation data to an outside data aggregator or vendor partners? If there is an additional cost, please indicate the cost on the rate sheet.

Single, Radio group.
1: Yes, included in base pricing,
2: Yes, for an additional fee (indicated on rate sheet),
3: Yes, for an additional fee IF the number of contracted data feeds are exceeded (indicated on rate sheet),
4: No

2.1.8.4 Are you willing to provide monthly interface with the data integration vendor or other vendors for claims and utilization data? If there is an additional cost, please indicate the cost on the rate sheet.

Single, Radio group.
1: Yes, no additional cost,
2: Yes, additional cost (indicated on the rate sheet),
3: No

2.1.8.5 Does your program/system have the capability to share data with the following vendors or programs?

Multi, Checkboxes.
1: Biometrics,
2: Case Management,
3: Demand Management/Nurse Line,
4: Disease Management,
5: EAP/Behavioral health,
6: Health Advocacy/Health Coach,
7: Health Plans/TPA,
8: Health Risk Appraisal,
9: Healthcare savings/FSA,
10: Labs,
11: Maternity Management,
12: Mental Health / Substance Abuse,
13: Nurse and/or doctor line,
14: On site clinics,
15: PBM,
16: Providers,

17: Utilization Management,
18: Wellness/Lifestyle management,
19: Other, please specify: [500 words]

2.1.8.6 Please describe how you will coordinate with other Contractors, if any, to manage functions such as data sharing, eligibility, coordination of benefits and payment of medical, pharmacy and healthcare claims.

Unlimited.

2.1.8.7 Are you capable of designing exports to the FSA vendor to process FSA claims based off medical claim data that is stored within your system?

Unlimited.

2.1.8.8 Please provide examples of FSA data coordination that you have done with other customers.

Unlimited.

2.2 Patient Value Chain

2.2.1 Network

2.2.1.1 Is your network NCQA accredited?

Unlimited.

2.2.1.2 If your network is NCQA accredited, what was the accreditation date?

Unlimited.

2.2.1.3 If your network is NCQA accredited, what is the next reevaluation date?

Unlimited.

2.2.1.4 Please confirm that your network contains sufficient providers to accommodate Employees and Retirees in Alaska and the other 49 states with respect to the following medical services:

- Physician services
- Emergency Room Visits
- Hospitalization
- Home Health Care
- Skilled Nursing Care
- Skilled Nursing Facilities
- Outpatient Procedures
- Radiation
- X-Rays

- Laboratory Tests
- Rehabilitative Care
- Outpatient Preoperative Testing
- Outpatient Ambulatory Surgery
- Anesthetic
- Durable Medical Equipment/Supplies
- Mental Disorder Treatment
- Chemical Dependency Treatment
- Treatment of Spinal Disorders
- Medical Treatment of Mouth, Jaws and Teeth
- Medical Treatment of Obesity
- Plastic, Cosmetic and Reconstructive Surgery
- Mastectomy/Breast Reconstruction

Unlimited.

2.2.1.5 Please provide your in-network provider list for Alaska, including: numeric breakdown by specialty, name and geographic location of each provider.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.2.1.6 Please provide your in-network provider list for the other 49 states, including: numeric breakdown by type, name and geographic location of provider.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.2.1.7 Please provide your network provider turnover rate for Alaska.

Unlimited.

2.2.1.8 Please provide your network provider turnover rate for the remaining 49 states.

Unlimited.

2.2.1.9 Describe how your in-network provider list for Alaska has changed in the past five years.

Unlimited.

2.2.1.10 Describe any anticipated changes to your current in-network provider list for Alaska in the next five years.

Unlimited.

2.2.1.11 Explain the efforts you are taking to expand your current list of network providers in Alaska.

Unlimited.

2.2.1.12 Explain the efforts you are taking to expand your current list of network providers in the remaining 49 states.

Unlimited.

2.2.1.13 Do you wholly own, partially own or lease your network in the State of Alaska?

Unlimited.

2.2.1.14 If not wholly owned, please provide details of ownership or leased network arrangement(s).

Unlimited.

2.2.1.15 How quickly will the State be informed when there are changes to the network (additions and deletions)?

Unlimited.

2.2.1.16 How quickly will the provider database be updated (additions and deletions) for member reference?

Unlimited.

2.2.1.17 Please provide your hospital network for Alaska.

Unlimited.

2.2.1.18 Please provide your hospital network for the remaining 49 states.

Unlimited.

2.2.1.19 Are in-network services always provided at a reduced fee for covered services (i.e., charge is less than the provider's normal charge)?

Unlimited.

2.2.1.20 Please describe your contracted network providers' practices with respect to requesting payment from members at time of service.

Unlimited.

2.2.1.21 Describe how you calculate network savings, including discounts and your financial arrangements. Describe all variables included in the calculation.

Unlimited.

2.2.1.22 What percentage of your physicians are board certified?

Unlimited.

2.2.1.23 What percentage of your specialist physicians are board certified?

Unlimited.

2.2.1.24 How often are your physicians recredentialed?

Unlimited.

2.2.1.25 Please check off those elements that are included in the provider selection process and provide the estimated percentage of network providers that satisfy the following selection criteria elements:

	In Selection Process - Alaska	% of Providers	In Selection Process – other 49 states	% of Providers
Require unrestricted state licensure	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.
Review malpractice coverage and history	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.
Require full disclosure of current litigation	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.
Require signed application and agreement	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.
Require current DEA registration	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.
Review adherence to state and community practice standards	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.
Onsite review of office location	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.
Review hours of operation and capacity	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.
Board eligibility	*Single, Pull-down list.* 1: Yes,	*Percent.* N/A OK.	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.

	2: No			
Review practice patterns and utilization results	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.	*Single, Pull-down list.* 1: Yes, 2: No	*Percent.* N/A OK.

2.2.1.26 What is the average number of weeks from the date of nomination to the date the provider becomes a part of the network?

Unlimited.

2.2.1.27 Please identify and explain your quality and outcome criteria for network providers.

Unlimited.

2.2.1.28 Do you provide your network providers with incentives or penalties for patient satisfaction results?

Single, Pull-down list.
1: Incentives please describe: [500 words],
2: Penalties please describe: [500 words]

2.2.1.29 Please describe and identify any providers identified as centers of excellence or centers of value within your network.

Unlimited.

2.2.1.30 Are in-network providers allowed to balance bill? If so, explain.

Unlimited.

2.2.1.31 Can you administer the plan so that network physicians are responsible for any precertification requirements and the member will not be penalized if the physician does not follow the proper procedures?

Unlimited.

2.2.1.32 What performance standards must your providers adhere to for urgent appointments (timeframes)?

Single, Pull-down list.
1: 0 to 8 Hours,
2: 8 to 12 Hours,
3: 12 to 24 Hours,
4: 24 to 48 Hours,
5: Greater than 48 Hours

2.2.1.33 What performance standards must your providers adhere to for routine appointments (timeframes)?

Single, Pull-down list.
1: 1 to 2 weeks,
2: 2 to 3 weeks,
3: 3 to 4 weeks,
4: 4 to 6 weeks,
5: 6 to 8 weeks,
6: Greater than 8 weeks

2.2.1.34 Describe your method that providers use to check patient eligibility.

Unlimited.

2.2.1.35 How are network claim payments disbursed?

Unlimited.

2.2.1.36 What is your primary reimbursement method for Primary Care Physicians?

Unlimited.

2.2.1.37 In the upcoming year, do you anticipate any significant changes in the following reimbursement policies?

Outpatient Hospital Reimbursement Policy	Single, Pull-down list. 1: Yes, 2: No
Inpatient Hospital Reimbursement Policy	*Single, Pull-down list.* 1: Yes, 2: No
Laboratory Services Reimbursement Policy	*Single, Pull-down list.* 1: Yes, 2: No

2.2.1.38 If you answered yes to any of the above, please describe the nature and scope of the anticipated change in policy.

Unlimited.

2.2.1.39 Confirm you have completed and uploaded the requested GeoAccess reports based on the criteria listed below for urban/suburban:

- General Medicine provider within 15 miles
- Internal Medicine provider within 15 miles
- Family Practice provider within 15 miles
- Pediatrician within 15 miles
- OB/GYN within 15 miles
- Psychiatrists and Psychologists (combined) within 15 miles
- Masters Level Clinicians within 15 miles
- PhD Level Clinicians within 15 miles
- Other Specialists (excluding OB/GYNs) within 20 miles

- Outpatient Mental Health and Substance Abuse providers within 20 miles of Alaska's top 5 locations.
- Inpatient Mental Health and Substance Abuse providers within 20 miles of Alaska's top 5 locations.
- Hospital within 20 miles of Alaska's top 5 locations

Unlimited.

2.2.1.40 Confirm you have completed and uploaded the requested GeoAccess reports based on the criteria listed below for rural:

- General Medicine provider within 25 miles
- Internal Medicine provider within 25 miles
- Family Practice provider within 25 miles
- Pediatrician within 25 miles
- OB/GYN within 25 miles
- Psychiatrists and Psychologists (combined) within 25 miles
- Masters Level Clinicians within 25 miles
- PhD Level Clinicians within 25 miles
- Other Specialists (excluding OB/GYNs) within 30 miles
- Outpatient Mental Health and Substance Abuse providers within 30 miles of all other locations.
- Inpatient Mental Health and Substance Abuse providers within 30 miles of all other locations.
- Hospital within 30 miles of all other locations

Unlimited.

2.2.1.41 Confirm you have completed and uploaded the requested GeoAccess reports based on the criteria listed below for the top 5 State of Alaska locations, which includes Juneau, Anchorage, Fairbanks, Kenai/Soldotna and Wasilla / Palmer (details provided on census):

- General Medicine provider within 15 miles
- Internal Medicine provider within 15 miles
- Family Practice provider within 15 miles
- Pediatrician within 15 miles
- OB/GYN within 15 miles
- Psychiatrists and Psychologists (combined) within 15 miles
- Masters Level Clinicians within 15 miles
- PhD Level Clinicians within 15 miles
- Other Specialists (excluding OB/GYNs) within 20 miles
- Outpatient Mental Health and Substance Abuse providers within 20 miles of Alaska's top 5 locations.
- Inpatient Mental Health and Substance Abuse providers within 20 miles of Alaska's top 5 locations.
- Hospital within 20 miles of Alaska's top 5 locations

Unlimited.

2.2.1.42 Confirm you have completed and uploaded the requested GeoAccess reports based on the criteria listed below for the top 5 State of Alaska locations, which includes Juneau, Anchorage, Fairbanks, Kenai/Soldotna and Wasilla / Palmer (details provided on census):

- General Medicine provider within 25 miles
- Internal Medicine provider within 25 miles
- Family Practice provider within 25 miles
- Pediatrician within 25 miles
- OB/GYN within 25 miles
- Psychiatrists and Psychologists (combined) within 25 miles
- Masters Level Clinicians within 25 miles
- PhD Level Clinicians within 25 miles
- Other Specialists (excluding OB/GYNs) within 30 miles
- Outpatient Mental Health and Substance Abuse providers within 30 miles of all other locations.
- Inpatient Mental Health and Substance Abuse providers within 30 miles of all other locations.
- Hospital within 30 miles of all other locations not stated as key locations in the Plan Background section of this RFP.

Unlimited.

2.2.1.43 Which type of liability insurance do you require of your providers?

Single, Radio group.
1: Per professional,
2: Per occurrence,
3: Other: [500 words]

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

Single, Radio group.
1: 30 days,
2: 60 days,
3: 90 days,
4: 120 days,
5: Other [500 words]

2.2.1.45 Indicate your procedures for removing a provider from your network involuntarily.

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

2.2.1.46 What has been your rate of removal of providers involuntarily from your network?

Single, Radio group.
1: Under 5% in prior calendar year,
2: 5% -- 10% in prior calendar year,
3: Over 10% in prior calendar year

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

Single, Radio group.
1: Yes,
2: No

2.2.1.48 If there are providers or specialists that are not available in your medical networks in the service areas where there are plan participants, please explain what provisions are made for plan participants requiring these services.

500 words.

2.2.1.49 Describe how your in-network and out-of-network allowances vary nationally along with the structure and number of rating areas.

500 words.

2.2.2 Indemnity Vision & Managed Care Network

2.2.2.1 Explain whether or not you use telephonic verification via toll-free phone lines to verify coverage for vision care participants and describe this service.

Unlimited.

2.2.2.2 Describe how your organization works directly with suppliers and manufacturers to obtain reduced costs for vision services and/or supplies and explain these arrangements.

Unlimited.

2.2.2.3 Describe both your Alaska indemnity and managed care vision service provider networks, if different, noting the locations and number and type of providers.

Unlimited.

2.2.3 Eligibility & Enrollment

2.2.3.1 Can you accommodate an account code structure in the eligibility file that will allow the State to identify trends in claim activity information broken down by different organizational units?

Unlimited.

2.2.3.2 Explain whether or not your proposal includes on-line access by the State to view eligibility files. If yes, describe this arrangement, and whether or not this access includes the ability for the State to update member data on an ad hoc basis.

Unlimited.

2.2.3.3 How will eligibility data be transferred from the State to the Contractor?

Unlimited.

2.2.3.4 Please confirm your ability to accommodate the electronic transfer of eligibility from the State's system.

Unlimited.

2.2.3.5 How often is eligibility electronically updated? Confirm that you will accept a daily eligibility file.

Unlimited.

2.2.3.6 How often is eligibility electronically updated by any subcontractors or joint venturers?

Unlimited.

2.2.3.7 Please confirm you can receive and send FTP files or have other secure methods of transmission.

Unlimited.

2.2.3.8 Can you accept eligibility via paper, as well as by electronic feed?

Unlimited.

2.2.3.9 Do you allow online access to the client's staff for real-time eligibility updates?

Unlimited.

2.2.3.10 Indicate how dependent eligibility information is stored. Is it part of the member record, or a separate record?

Unlimited.

2.2.3.11 What is the standard turnaround time for an eligibility file upload?

Multi, Checkboxes.
1: Within 24 hours,
2: By Next Business Day,
3: Within 5 Business Days,
4: Other: [500 words]

2.2.3.12 Are you able to administer 90 day retroactive enrollment adjustments?

Single, Radio group.
1: Yes,
2: No,
3: Other: [500 words]

2.2.3.13 Are you able to make exceptions to the 90 day retroactive enrollment to allow for longer periods than 90 days?

Single, Radio group.
1: Yes,
2: No,
3: Other: [500 words]

2.2.3.14 Clearly state your company's timelines and deadlines for Open Enrollment (system updates due to plan changes or file formats, new divisions, manual work-arounds, dates for the last pre-OE updates, OE file updates, etc.).

Unlimited.

2.2.4 Customer/Member Services

2.2.4.1 Will you provide the State with unit(s) dedicated to customer service? Please describe each function supported by these customer service unit(s).

Unlimited.

2.2.4.2 Where will the dedicated offices(s) be located and will those offices be dedicated to customer service, claims processing or both?

Unlimited.

2.2.4.3 List how many customer service representatives will be dedicated to the State's plans.

Unlimited.

2.2.4.4 Describe your training program for customer service employees.

Unlimited.

2.2.4.5 Explain any incentive programs you employ to retain competent customer service employees.

Unlimited.

2.2.4.6 What is the average years of experience for your customer service staff?

Unlimited.

2.2.4.7 What is the average length of employment for your customer service staff?

Unlimited.

2.2.4.8 Describe your plan for maintaining at a minimum, offices in Juneau and Anchorage to provide dedicated customer service to members and providers served under the AlaskaCare Plans.

Unlimited.

2.2.4.9 How many dedicated toll-free phone lines will be made available to answer member and provider inquiries?

Unlimited.

2.2.4.10 How many dedicated toll free phone lines for the hearing impaired will be made available to answer member and provider inquiries?

Unlimited.

2.2.4.11 During what hours/days of week will toll free phone lines be staffed?

Unlimited.

2.2.4.12 Provide an explanation of how you define “after-hours.” How are calls “after-hours” of operation handled?

Unlimited.

2.2.4.13 Is there a voice mail system or capability for callers to leave messages after normal business hours? During after-hours?

Unlimited.

2.2.4.14 Do members reach a live representative or an interactive voice response unit (IVR) when calling customer service?

Unlimited.

2.2.4.15 Are all calls logged into your tracking system?

Unlimited.

2.2.4.16 If no, what percentage of calls are logged into your tracking system?

Unlimited.

2.2.4.17 Please check all items below which pertain to calls handled by the customer service representatives:

Multi, Checkboxes.
1: All calls are recorded,
2: Customer service representatives document all calls,
3: Customer service representatives can make adjustments to claims during a call,
4: Calls are documented verbatim,
5: Calls are documented in summarization

2.2.4.18 If your customer service unit uses a dedicated on-line call tracking and documentation system, identify whether the following characteristics are tracked:

Multi, Checkboxes.
1: Date of initial call,
2: Date inquiry closed,
3: Representative who handled the call,
4: Call status,
5: If and where issue was referred for handling,
6: Reason for call,
7: What was communicated to member

2.2.4.19 What other methods of contacting customer service representatives, besides telephone, are available for members to use?

Unlimited.

2.2.4.20 Do customer service representatives handle both member calls and provider calls?

Unlimited.

2.2.4.21 Can customer service representatives access claims status on-line in real-time?

Unlimited.

2.2.4.22 Identify the typical work and training experience required of your customer service and claims processing supervisors and/or managers.

Unlimited.

2.2.4.23 What is the current ratio of customer service representatives to supervisors and managers?

Unlimited.

2.2.4.24 What is the ratio of customer service representatives to covered lives in your organization's programs?

Unlimited.

2.2.4.25 Describe when and how a caller's recurring or unresolved issue is elevated to a supervisor/manager for resolution. Explain how you measure the success of this process over time.

Unlimited.

2.2.4.26 Provide the turnover rate of your call center representatives for the past three calendar years.

Unlimited.

2.2.4.27 Using current calendar year data, please provide the following information for each customer service office that will have responsibility for this account:

- Answer Speed
- Wait Time

- Abandonment Rate
- ID Card Issuance (timeliness)

Unlimited.

2.2.4.28 Describe other dedicated or customized customer services you are prepared to offer the State.

Unlimited.

2.2.5 Utilization Management (UM)

2.2.5.1 Utilization Management (UM) - General

2.2.5.1.1 Please identify and describe the services you provide through your utilization management program.

Unlimited.

2.2.5.1.2 How many years has your organization provided UM services?

Unlimited.

2.2.5.1.3 How many total covered lives does your UM program support?

Unlimited.

2.2.5.1.4 How many clients do you currently service in your UM program?

Unlimited.

2.2.5.1.5 What is the size of your target client?

Unlimited.

2.2.5.1.6 What is the average caseload for each utilization manager?

Unlimited.

2.2.5.1.7 What percentage of your utilization management staff has a clinical degree?

Unlimited.

2.2.5.1.8 Will the utilization management program be available to members for at least 8 hours during Alaska Standard Time? Indicate the hours of operation.

Unlimited.

2.2.5.1.9 Which days of the week is your utilization management program available?

Unlimited.

2.2.5.1.10 What percentage of UM calls are monitored?

Unlimited.

2.2.5.1.11 What was your UM organization's average speed of answer for last year?

Unlimited.

2.2.5.1.12 What was your UM organization's abandonment rate for last year?

Unlimited.

2.2.5.1.13 What was your UM organization's call wait time for last year?

Unlimited.

2.2.5.1.14 Indicate any accreditations you currently hold SPECIFIC to your utilization management program.

Unlimited.

2.2.5.1.15 Explain the clinical criteria or guidelines used to determine medical necessity, length of stay and level of care. Provide examples.

Unlimited.

2.2.5.1.16 Explain the clinical criteria or guidelines used to determine experimental treatment vs. standard of care. Provide examples.

Unlimited.

2.2.5.1.17 Explain any clinical criteria imbedded within the care management system to facilitate consistent interpretation and use of criteria by staff members.

Unlimited.

2.2.5.1.18 Explain the documentation standards in place to assure the consistent collection of clinical information.

Unlimited.

2.2.5.1.19 What clinical criteria are used to determine medical necessity of proposed care?

Unlimited.

2.2.5.1.20 Is a formal policy/process in place to guide staff regarding Medical Director referrals?

Unlimited.

2.2.5.1.21 What percentage of inpatient admissions was referred for Medical Director determination or clinical input during the most recent calendar year?

Unlimited.

2.2.5.1.22 Describe the guidelines in place that require non-clinical staff to refer cases for clinical staff to review. Describe the types of cases referred.

Unlimited.

2.2.5.1.23 What percentage of reviews are performed by non-clinical staff?

Unlimited.

2.2.5.1.24 Identify each location in Alaska where you will staff onsite nurses?

Unlimited.

2.2.5.1.25 Briefly describe your process for handling pre-certification requirements, including intake method, eligibility and benefits verification, system tracking and notification to claim processing staff, communication to members and providers, etc…. Explain whether the process differs for emergency, urgent care v. elective procedures.

Unlimited.

2.2.5.1.26 Describe your procedures for promoting clinically appropriate alternatives to hospitalization.

Unlimited.

2.2.5.1.27 Describe your protocol specifying that certain procedures must be performed on an outpatient basis. Describe how the protocol standards are determined, and how they are enforced.

Unlimited.

2.2.5.1.28 Describe other ways your organization promotes alternatives to hospitalization.

Unlimited.

2.2.5.1.29 Explain how, if at all, your top UM program(s) improved quality of care and/or produced a shorter length of stay.

Unlimited.

2.2.5.1.30 Describe your proposed procedures for authorizing inpatient hospital stays.

Unlimited.

2.2.5.1.31 Describe your procedures for handling after-hours and week-end calls.

Unlimited.

2.2.5.1.32 Describe the qualifications of staff involved in the various stages of pre-admission authorization.

Unlimited.

2.2.5.1.33 Describe your proposed procedures for ensuring an appropriate length of inpatient hospital stays.

Unlimited.

2.2.5.1.34 Describe the basis your organization uses to establish length of stay criteria.

Unlimited.

2.2.5.1.35 For all cases other than maternity, describe the length of hospitalization after which cases are reviewed.

Unlimited.

2.2.5.1.36 Describe your administrative procedures in the event of pre-existing conditions and ongoing treatment plans.

Unlimited.

2.2.5.1.37 Provide your 2011 book of business utilization statistics for the following measures (Do NOT exclude outliers):

- Inpatient admissions per 1000 members
- Bed days per 1,000 members
- Emergency room encounters per 1,000 members
- Ambulatory surgical procedures per 1,000 members

Unlimited.

2.2.5.1.38 Describe how you will obtain network provider information from a third party network and give utilization management staff on-line, real-time access to that data.

Unlimited.

2.2.5.1.39 Describe how UM managers have access to the claims payment information either internally or by data feed from the claims payer to view member activity and costs.

Unlimited.

2.2.5.1.40 Can utilization managers refer eligible members to the following programs? (Please check all that apply)

Single, Radio group.
1: Disease management programs,
2: Mental Health / Substance Abuse,
3: EAP,
4: Behavioral health,
5: Case Management Programs,
6: Health coaching programs,
7: Maternity management programs,
8: Wellness programs,
9: Other, please specify: [500 words]

2.2.5.1.41 Is a formal process in place to communicate with the plan sponsor regarding notification of potential large claimants or adverse determination?

Unlimited.

2.2.5.1.42 What percentage of inpatient admissions was referred for Medical Director determination or clinical input during the most recent calendar year?

Unlimited.

2.2.5.1.43 How frequently can you export utilization management files to vendor partners?

Single, Pull-down list.
1: Daily,
2: Weekly,
3: Monthly,
4: Cannot export UM data

2.2.5.2 Concurrent Review

2.2.5.2.1 Describe your organization’s procedures for reviewing inpatient hospital stays while they are occurring.

Unlimited.

2.2.5.2.2 Describe the criteria that must be met to begin concurrent review.

Unlimited.

2.2.5.2.3 Describe when discharge planning begins.

Unlimited.

2.2.5.2.4 Describe how you measure, report or use information reviewed to assess the quality of inpatient services.

Unlimited.

2.2.5.2.5 Describe the procedures you follow when a scheduled continued stay review falls on a weekend or holiday, including whether authorization is provided prospectively or retrospectively.

Unlimited.

2.2.5.2.6 Describe how and where you will locate on-site nurses to serve the State of Alaska.

Unlimited.

2.2.5.2.7 Explain whether your organization performs 100% clinical reviews for inpatient care. If not, describe the policy for inpatient clinical reviews.

Unlimited.

2.2.5.2.8 If your organization does not perform 100% clinical reviews for inpatient care, which of the following are used to determine if a clinical review is required?

Multi, Checkboxes.
1: Diagnosis,
2: Length of inpatient stay,
3: Multiple admissions over a designated time period,
4: Procedure,
5: Projected cost of care,
6: Readmission for the same/similar diagnosis,
7: Targeted facilities,
8: Performs 100%,
9: Other: [500 words]

2.2.5.2.9 Provide the percentage of reviews performed onsite at the facilities vs. telephonically.

Unlimited.

2.2.5.2.10 What percentage of Alaska-based reviews are performed by onsite review staff?

Juneau	*500 words.*
Fairbanks	*500 words.*
Anchorage	*500 words.*

2.2.5.2.11 Describe whether concurrent reviews are performed by clinical staff. Provide the credentials of the staff who perform this function.

Unlimited.

2.2.5.2.12 Describe when concurrent reviews are performed. Are they performed on or before the last certified day?

Unlimited.

2.2.5.2.13 Describe your process for concurrent review when the next review date falls on a weekend or holiday, including whether days are authorized prospectively or retrospectively.

Unlimited.

2.2.5.2.14 In the event an inpatient review of services was not subject to pre-certification or concurrent review, explain whether you routinely perform retrospective reviews to confirm the medical necessity of services. Describe your process for accomplishing this function.

Unlimited.

2.2.5.3 Outpatient Review

2.2.5.3.1 Describe your process for performing outpatient pre-certification and review.

Unlimited.

2.2.5.3.2 Who reviews outpatient services when directed by the plan?

Unlimited.

2.2.5.3.3 Please confirm you perform outpatient services review, for home health care, skilled nursing care, and the services listed as requiring precertification in the plan documents.

Unlimited.

2.2.5.3.4 Describe how the pre-certification of outpatient services is documented in your system. Explain the system's accessibility to utilization staff, care managers, and the appropriate claims and customer service personnel when responding to questions about a member's pre-certification status.

Unlimited.

2.2.5.4 Discharge Planning

2.2.5.4.1 Describe any policy in place that requires UM staff to document the member's discharge planning process, including the discharge disposition, current health status, health care needs, and after care plans.

Unlimited.

2.2.5.4.2 Describe how your organization works with the member and provider community to promote discharge planning and provide alternatives to inpatient care.

Unlimited.

2.2.5.4.3 Provide your process if a discharge plan is potentially unsafe or not in the member's best interest.

Unlimited.

2.2.5.4.4 Identify and explain who is available to assist with complex discharge planning needs and can participate in a peer-to-peer discussion, if needed.

Unlimited.

2.2.5.4.5 Does your utilization management program routinely perform telephonic outreach to post-hospital discharged members?

Unlimited.

2.2.5.5 Approvals/Denials

2.2.5.5.1 During the most recent calendar year, what percentage of all acute inpatient days were denied due to lack of medical necessity?

Unlimited.

2.2.5.5.2 During the most recent calendar year, what percentages of your outpatient services/procedures are typically subject to denial.

Unlimited.

2.2.5.5.3 Provide details regarding reasons for denied inpatient days due to lack of medical necessity.

Unlimited.

2.2.5.5.4 Of the inpatient days denied, what percentage was overturned on appeal?

Unlimited.

2.2.5.5.5 Is a formal appeal process in place that complies with all Utilization Review Accreditation Commission and Department of Labor requirements?

Unlimited.

2.2.5.5.6 For denials, does your organization inform both members and providers of appeal rights and the appeal process?

Unlimited.

2.2.5.5.7 Does your organization offer peer-to-peer discussion prior to an initial denial of services?

Unlimited.

2.2.5.5.8 Confirm there is an expedited appeal process of 72 hours or less for situations where the normal appeal timeline could jeopardize a patient’s health.

Unlimited.

2.2.5.5.9 Are appeals specialty matched to a member's condition and/or prescribing physician?

Unlimited.

2.2.5.5.10 Describe how you will meet the client's appeal process requirements including two levels of review by the Contractor and providing copies of all claim and appeal documents for appeals that reach the State's level.

Unlimited.

2.2.5.6 Travel Management

2.2.5.6.1 Describe how you will meet the requirements for pre-authorizing travel as set forth in the Plans.

Unlimited.

2.2.5.6.2 Does your travel authorization review process include a review of the treatment for which travel is being requested to determine coverage under the plan?

Unlimited.

2.2.5.6.3 Explain the process you propose to use to inform members of the status of their travel pre-authorization requests.

Unlimited.

2.2.5.6.4 Provide the number of clients for whom you currently provide travel pre-authorization.

Unlimited.

2.2.5.6.5 Describe how you will determine both the "nearest facility capable of providing treatment" and if there are "services not available locally" prior to approving a travel authorization.

Unlimited.

2.2.5.6.6 Describe the process for paying a claim for travel when pre-authorization has been approved.

Unlimited.

2.2.5.6.7 Describe the process for denying a claim for travel when pre-authorization has not been approved.

Unlimited.

2.2.5.6.8 Explain your training program for the person(s) responsible for pre-authorizing travel benefits.

Unlimited.

2.2.5.6.9 Do you have a program for medical travel which assists members in finding and authorizes travel to other locations where care is less expensive?

Unlimited.

2.2.5.6.10 If you answered yes, what services are provided in your medical travel benefit and how do you propose to communicate the benefit to the State's membership? (Please include details on communications you've used for other clients.)

Unlimited.

2.2.5.6.11 How does your product coordinate with other vendor partners the client may have?

Unlimited.

2.2.6 Case Management

2.2.6.1 How many total covered lives do your case management programs support?

Unlimited.

2.2.6.2 Provide the total number of full time employees in your case management unit.

Unlimited.

2.2.6.3 What is the average caseload for each case manager?

Unlimited.

2.2.6.4 What percentage of members are managed in your case management program in a typical population?

Unlimited.

2.2.6.5 Provide the percentage of clinical case management staff certified in case management.

Unlimited.

2.2.6.6 Describe the unique credentials of your specialty case managers.

Unlimited.

2.2.6.7 What percentage of your case management staff has a clinical degree?

Unlimited.

2.2.6.8 Which days of the week is your case management program available?

Unlimited.

2.2.6.9 Will the case management program be available to members for at least 8 hours during Alaska time?

Unlimited.

2.2.6.10 What percentage of calls are monitored?

Single, Pull-down list.
1: 90 to 100 percent,
2: 80 to 90 percent,
3: 60 to 80 percent,
4: 40 to 60 percent,
5: 20 to 40 percent,
6: 10 to 20 percent,
7: 5 to 10 percent,
8: 0 to 5 percent

2.2.6.11 Which of the following most accurately describes your approach to case management?

Single, Pull-down list.
1: Participants work with a team of nurse care managers,
2: Participants work with one nurse care manager,
3: Participants work with a team of professionals and non-professionals

2.2.6.12 How are your case management services delivered to participants (check all that apply)?

Multi, Checkboxes.
1: Face to face – onsite,
2: Live chat online,
3: Mail,
4: Online,
5: Social networking,
6: Telephonic,
7: Other, please specify: [500 words]

2.2.6.13 Are specialty case management programs available for:

Multi, Checkboxes.
1: NICU,
2: Oncology,
3: Renal disease,
4: Transplant,
5: Other, please specify: [500 words]

2.2.6.14 Indicate any accreditations you currently hold SPECIFIC to your case management program.

Unlimited.

2.2.6.15 Provide written protocols in place that address:
• Timeliness of case management referrals

• Timeliness of case management assessment and outreach
• Development and documentation of short and long term goals
• Minimum intervals for member follow-up and reassessment
• Documentation standards
• Case management discharge criteria
• Referrals to the Medical Director and/or Quality Management Program.

Unlimited.

2.2.6.16 Describe standardized case management assessments used to promote quality and consistency in assessments and interventions.

Unlimited.

2.2.6.17 Describe how case managers have access to network provider information either internally or by data feed from the claims payer/network manager to view member activity and costs.

Unlimited.

2.2.6.18 Describe whether case managers have access to the claims payment and utilization systems to view member activity and costs.

Unlimited.

2.2.6.19 When is a case considered to be high dollar or catastrophic?

Unlimited.

2.2.6.20 What % of these cases do you outreach to?

Unlimited.

2.2.6.21 What % of these cases enroll?

Unlimited.

2.2.6.22 Does your system flag a member if they are enrolled in another vendor partner program so that members are not outreached to when already participating?

Unlimited.

2.2.6.23 Indicate which of the following are used to identify candidates for your case management program:

Multi, Checkboxes.
1: Claims dollar threshold,
2: Diagnosis,
3: Medical claims data mining,
4: Member self-referrals,
5: Multiple ER visits,

6: Length of stay,
7: Pharmacy claims data mining,
8: Procedure codes,
9: Referrals from external sources – Client, Employer, physicians, on site clinics, etc.,
10: Referrals from internal programs,
11: Repeat inpatient admissions – readmissions,
12: Selected outpatient services,
13: Specialty pharmacy utilization,
14: Other, please specify: [500 words]

2.2.6.24 Provide the percentage of your total membership referred to the case management program in the most recent calendar year.

Unlimited.

2.2.6.25 In the most recent calendar year, what percent of members referred to the case management program were actively engaged to participate (defined as working with an RN)?

Single, Pull-down list.
1: 5 percent or less,
2: 5 to 10 percent,
3: 10 to 15 percent,
4: 15 to 20 percent,
5: 20 to 30 percent,
6: 30 to 50 percent,
7: 50 to 70 percent,
8: 70 to 90 percent,
9: 90 to 100 percent

2.2.6.26 What is the typical drop-out rate for enrollees in your programs?

Single, Pull-down list.
1: 5 percent or less,
2: 5 to 10 percent,
3: 10 to 15 percent,
4: 15 to 20 percent,
5: 20 to 30 percent,
6: 30 to 50 percent,
7: 50 to 70 percent,
8: 70 to 90 percent,
9: 90 to 100 percent

2.2.6.27 Do case managers refer eligible members to the following programs? (Please check all that apply)

Multi, Checkboxes.
1: Disease management programs,
2: EAP,
3: Behavioral health,
4: Health coaching programs,
5: Maternity management programs,
6: Wellness programs,
7: Other, please specify: [500 words]

2.2.6.28 Please describe how you can partner with disease management programs to coordinate data and care protocols.

Unlimited.

2.2.6.29 Describe how staff are prompted for timely follow-up as indicated by the plan of care.

Unlimited.

2.2.6.30 Describe the available reporting specifically relating to the case management program.

Unlimited.

2.2.6.31 What type of metrics do you report on for high cost cases?

Unlimited.

2.2.6.32 How often can you export case management files to vendor partners?

Unlimited.

2.2.6.33 Is the case manager responsible for discharge planning of hospitalized patients?

Unlimited.

2.2.6.34 If a member is actively engaged in case management and is admitted to the hospital, does the case manager continue to monitor the care and provide authorizations for inpatient care?

Unlimited.

2.2.6.35 If no, then describe the coordination between the case manager and utilization management when a patient receives services from Utilization Management.

Unlimited.

2.2.6.36 Is a formal process in place to communicate with the plan sponsor regarding potential large claimants or adverse determinations?

Unlimited.

2.2.6.37 Confirm you will manage an alternate benefit program (individual case management) for large/complex cases where, with approval from the State, members can receive non-covered services in lieu of covered services to contain costs.

Unlimited.

2.2.6.38 How do you evaluate the effectiveness of your case management program?

Multi, Checkboxes.
1: Clinical outcomes,
2: Costs avoided,
3: Member satisfaction,
4: Redirection to lower level care,

5: Return on investment,
6: Other, please specify: [500 words]

2.2.7 Claims Processing

2.2.7.1 Claims Processing - General

2.2.7.1.1 Will you prepare, print and furnish to the State, at no cost, a Medical Expense Benefit Manual, or something similar, containing information of a substantive nature relative to how you will administer the State's plans, including UCR determination, sampling techniques and procedures? Will you provide to the State timely updates of any change in practice or procedure affecting plan administration?

Unlimited.

2.2.7.1.2 Describe how you will provide a dedicated system of claims administration.

Unlimited.

2.2.7.1.3 Does your claim system have a common database for edits, pricing, production of EOBs and reporting?

Unlimited.

2.2.7.1.4 Explain your capability to accept electronic claims directly from providers and claim clearinghouses on behalf of members.

Unlimited.

2.2.7.1.5 Do you review claims for billing irregularities by a provider (such as regular overcharging, unbundling of procedures, upcoding or billing for inappropriate care for stated diagnosis, etc.)? If so, please describe your review process and what action you take in the event you find billing irregularities?

Unlimited.

2.2.7.1.6 Where will claims processing dedicated offices be located?

Unlimited.

2.2.7.1.7 What are the hours/days of operation for the claims processing unit?

Unlimited.

2.2.7.1.8 How many claims processors will be dedicated to the State's plans?

Unlimited.

2.2.7.1.9 What are the average years of experience for your claim processing staff?

Unlimited.

2.2.7.1.10 What is the average length of employment for claim processing staff?

Unlimited.

2.2.7.1.11 Describe your training program for claims processing staff.

Unlimited.

2.2.7.1.12 Explain any incentive programs you employ to retain competent claim processing staff.

Unlimited.

2.2.7.1.13 What is the average productivity of the claims approvers on a per approver per day basis?

Unlimited.

2.2.7.1.14 How does the claim office handle periods of significantly increased workload?

Unlimited.

2.2.7.1.15 How does the claim office's performance for the past two years compare with the claim turnaround time goal?

Single, Pull-down list.
1: Up by 5--10%,
2: Up by 11--15%,
3: Up by 16--20%,
4: Down by 5--10%,
5: Down by 11--15%,
6: Down by 16--20%,
7: Other. Indicate: [500 words]

2.2.7.1.16 What percentage of claims are processed in 5, 10, 20 and 20+ days?

	Indicate % of claims paid in # of days
% paid in under 5 days	*Percent.*
% paid in 5--10 days	*Percent.*
% paid in 10 -- 20 days	*Percent.*
% paid in over 20 days	*Percent.*

2.2.7.1.17 In the claim processing office that will have payment responsibility for this account, what are your standard targets and average statistics for the following?

	Standard Target	Average Statistics
Claims processing turnaround time	*500 words.*	*500 words.*

Answer speed	*500 words.*	*500 words.*
Wait time	*500 words.*	*500 words.*
Abandonment rate	*500 words.*	*500 words.*
Payment accuracy	*500 words.*	*500 words.*
Financial accuracy	*500 words.*	*500 words.*
Member Satisfaction	*500 words.*	*500 words.*
First Call Resolution	*500 words.*	*500 words.*

2.2.7.1.18 What clinical staff is available as a resource to the claims processors?

Unlimited.

2.2.7.1.19 Did you develop the claims system internally? If you did not develop your system internally, which firm developed it and when?

Unlimited.

2.2.7.1.20 Are all claims processed on a single claims system?

Unlimited.

2.2.7.1.21 How are changes to the claims system implemented?

Unlimited.

2.2.7.1.22 When was the last update to your claim processing system, and what changes were implemented?

Unlimited.

2.2.7.1.23 Are system changes planned in the next two years? If there are system changes planned, please indicate the nature of the changes.

Unlimited.

2.2.7.1.24 Does your claims system have the capability to process network and non-network claims on the same system?

Unlimited.

2.2.7.1.25 Please provide a claims workflow diagram from date of receipt of a claim through release of payment and reporting to plan sponsor.

Unlimited.

2.2.7.1.26 Confirm that you are able to pay claims in accordance with provider contracts held by the State and not your network.

Unlimited.

2.2.7.1.27 For what period of time are claims records maintained after records are purged from the system?

Unlimited.

2.2.7.1.28 Does your claims system automatically match claims with predetermination information, both for in- and out-of-network?

Unlimited.

2.2.7.1.29 Confirm that you are able to pay claims in accordance with provider contracts held by the State and not your network.

Unlimited.

2.2.7.1.30 For what period of time are claims records maintained after records are purged from the system?

Unlimited.

2.2.7.1.31 What percentage of claims are auto-adjudicated for contracted Alaska providers? For non-contracted?

Unlimited.

2.2.7.1.32 Describe your organization's success in increasing auto adjudication rates for Alaska providers.

Unlimited.

2.2.7.1.33 Is customer/member services housed with the claims paying unit?

Single, Pull-down list.
1: Yes,
2: No

2.2.7.1.34 What was your percentage of turnover for claims examiners in 2011 and 2010 at the claim office(s) that would be assigned to this account.

500 words.

2.2.7.1.35 Does the proposed claims processing facility have a Medical Director?

Single, Pull-down list.
1: Yes,
2: No

2.2.7.1.36 Which of the following descriptions would best characterize your claim adjudication process?

Single, Radio group.
1: System-based adjudication with claims specialist oversight,
2: Claim specialist adjudication with system-based claim tracking,
3: Primarily claim specialist adjudication and tracking,
4: Other: [500 words]

2.2.7.1.37 What security measures are in place to ensure that reimbursements are issued to the proper party?

Multi, Checkboxes.
1: Assignment signature required,
2: Network provider automatically assigned,
3: Other: [500 words]

2.2.7.1.38 Will you accept liability for claim processor negligence? Fraud?

Single, Radio group.
1: Yes,
2: No

2.2.7.1.39 Can you use an identifier other than the SSN?

Single, Radio group.
1: Yes,
2: No

2.2.7.1.40 If an identifier other than SSN is used, is there an additional charge? If so, please indicate on the rate sheet.

Single, Radio group.
1: Yes,
2: No

2.2.7.1.41 Explain whether you offer direct deposit of participant benefit reimbursement.

Unlimited.

2.2.7.2 UCR Management

2.2.7.2.1 Confirm that your negotiated provider reimbursements are the lower of a discount amount or UCR and members or the plan will not be billed for amounts above UCR?

Unlimited.

2.2.7.2.2 Describe how you would implement the plan documents UCR requirements, including how you collect claim charge data to assess UCR. Identify any parties with whom you share this data to verify statistical appropriateness or to ensure adequate claim data for Alaska is available for analysis.

Unlimited.

2.2.7.2.3 Describe any difficulties you would have in implementing the plan's UCR requirements, including any additional charges that would be required.

Unlimited.

2.2.7.2.4 How often do you update your UCR profiles?

Unlimited.

2.2.7.2.5 Are UCR allowances applied to all services?

Unlimited.

2.2.7.2.6 Can the UCR percentage be changed at the State's request?

Unlimited.

2.2.7.2.7 Describe whether you are willing to disclose UCR to plan members upon request.

Unlimited.

2.2.7.2.8 Are UCR profiles calculated based on the most recent 6 months of claims charge data? If not, explain what period of time you use to calculate UCR data.

Unlimited.

2.2.7.2.9 Do you maintain separate UCR profiles for the State of Alaska?

Unlimited.

2.2.7.2.10 Do Alaska UCR profiles reflect the differences between the rural and urban areas of the State?

Unlimited.

2.2.7.2.11 Please describe the geographic areas for which you maintain UCR profiles by zip code, including the geographic factors used in determining groups that determine UCR.

Unlimited.

2.2.7.2.12 Is the claims charge data collected to assess UCR for Alaska limited to providers in Alaska?

Unlimited.

2.2.7.2.13 Describe any recommendation you would have to change the plan's UCR methodology.

Unlimited.

2.2.7.2.14 Describe how you calculate reimbursement when UCR data is not sufficient in a geographic area.

Unlimited.

2.2.7.2.15 For purposes of appeal, UCR data and underlying calculations may have to be made available to members and the Division upon request. Describe how you would implement this requirement and any difficulties you anticipate in complying with this requirement.

Unlimited.

2.2.7.2.16 List your current UCR for the following CPT-4 codes (at the 90th percentile using the format shown below.

List your current UCR for the following CPT-4 codes (at the 90th percentile using the format shown below.	Anchorage 90th	Juneau 90th	Fairbanks 90th
17004 (destruction, benign skin lesions)	*500 words.*	*500 words.*	*500 words.*
42820 (T&A under age 12)	*500 words.*	*500 words.*	*500 words.*
58150 (abdominal hysterectomy)	*500 words.*	*500 words.*	*500 words.*
44950 (appendectomy)	*500 words.*	*500 words.*	*500 words.*
70551 (brain MRI)	*500 words.*	*500 words.*	*500 words.*
71020 (two view chest x-ray)	*500 words.*	*500 words.*	*500 words.*
77056 (bilateral mammogram)	*500 words.*	*500 words.*	*500 words.*
76805 (ultrasound, pregnant uterus)	*500 words.*	*500 words.*	*500 words.*
81000 (urinalysis)	*500 words.*	*500 words.*	*500 words.*
85025 (complete blood count – CBC)	*500 words.*	*500 words.*	*500 words.*
93000 (electrocardiogram - ECG)	*500 words.*	*500 words.*	*500 words.*
90804 (individual psychotherapy)	*500 words.*	*500 words.*	*500 words.*
99213 (office visit)	*500 words.*	*500 words.*	*500 words.*
99222 (initial hospital care)	*500 words.*	*500 words.*	*500 words.*

93510 (left heart catheterization)	*500 words.*	*500 words.*	*500 words.*
29881 (knee arthroscopy)	*500 words.*	*500 words.*	*500 words.*
45378 (colonoscopy)	*500 words.*	*500 words.*	*500 words.*
93651 (cardiac ablation)	*500 words.*	*500 words.*	*500 words.*
20985 (orthopedic surgery)	*500 words.*	*500 words.*	*500 words.*

2.2.7.3 Explanation of Benefits (EOB)

2.2.7.3.1 Provide a copy of your company's electronic EOB.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.2.7.3.2 Describe your process and timing for printing and mailing or otherwise distributing explanations of benefits to members and providers.

Unlimited.

2.2.7.3.3 Describe your method to provide the electronic communication of the adjudicated claim to the member.

Unlimited.

2.2.7.3.4 Identify how your EOB's provide sufficient information to explain claim processing, including display of annual individual and family maximums met, payee – including date paid and check number, and any applicable benefit maximums met by an individual, per claim.

Unlimited.

2.2.7.3.5 Does your claims system have the capability to show, on the EOB, the negotiated and actual charge?

Single, Radio group.
1: Negotiated,
2: Actual,
3: Both

2.2.7.3.6 Explain your process for ensuring member and provider EOBs correctly reflect the processing and payment of benefits prior to sending them to members and providers. Provide a sample copy of both a provider and a member EOB.

Unlimited.

2.2.7.3.7 Describe how you ensure the line-by-line EOB remarks correctly reflect the reason for denial or reduction of any line item charge.

Unlimited.

2.2.7.3.8 Explain what accumulator fields and service limits are currently available to be printed on your EOBs, for example: year to date out-of-pocket maximum met; spinal disorder maximum met to date, and biennial vision frame benefit, as applicable.

Unlimited.

2.2.7.3.9 Provide your EOBs Flesch-Kincaid readability score.

Unlimited.

2.2.7.3.10 Describe how you respond to EOB improvement recommendations made by providers and members.

Unlimited.

2.2.7.3.11 Does your claims system have the capability to customize EOB messages? If there is an additional cost, please indicate the cost on the rate sheet.

Unlimited.

2.2.7.3.12 Do you have the ability to customize financial and service limit information that appears on your EOBs? If there is an additional cost, please indicate this cost on the rate sheet.

Unlimited.

2.2.7.3.13 What percentage of claims are auto-adjudicated for contracted Alaska providers? For non-contracted?

Unlimited.

2.2.7.3.14 Describe your organization's success in increasing auto adjudication rates for Alaska providers.

Unlimited.

2.2.7.3.15 Indicate whether monetary adjustments (whether they are provider write-off or member responsibility) are shown on your EOBs so members are not required to manually calculate the adjustment amount themselves.

Unlimited.

2.2.7.3.16 Do you charge clients for issuance of duplicate EOBs/claims?

Unlimited.

2.2.7.3.17 Does your claims system have a common database for edits, pricing, production of EOBs and reporting?

Unlimited.

2.2.7.4 Coordination of Benefits (COB)

2.2.7.4.1 Describe your current COB administrative procedures to ensure all claims are paid consistently in the correct order of benefit determination.

Unlimited.

2.2.7.4.2 Define the process, including who in your organization is responsible, for follow-up on possible COB opportunities.

Unlimited.

2.2.7.4.3 Explain the edits used in your system to identify potential COB cases on a continual basis.

Unlimited.

2.2.7.4.4 Describe how you would fulfill the annual validation to identify other health insurance coverage requirement.

Unlimited.

2.2.7.4.5 Confirm that you will coordinate COB information electronically with other vendors such as the pharmacy benefit manager, dental network, and health management provider, for their use in coordinating benefits.

Unlimited.

2.2.7.4.6 Confirm whether you are able to handle internal coordination when a claimant is covered under more than one State benefit plan such as being covered as the member and also as a dependent.

Unlimited.

2.2.7.4.7 Describe how you will obtain coordination of benefits information to determine when case management might not be appropriate, such as when the plan is secondary to Medicare or other plans.

Unlimited.

2.2.7.4.8 Describe your use of computer edit checks or triggers to initiate COB.

Unlimited.

2.2.7.4.9 Is COB history stored online?

500 words.

2.2.7.4.10 Medicare COB:

- Explain whether or not you have an electronic system currently in place to allow Medicare Part B claims filed with the Medicare carrier to automatically coordinate (crossover) with the retiree plans so that retirees are not required to submit secondary Part B claims to this plan.
- Describe your Medicare COB program; note whether you accept information from all Medicare Part B carriers or list those carriers with whom you have contracts.

Unlimited.

2.2.7.5 Health Flexible Spending Account (FSA)

2.2.7.5.1 How many clients utilize your Health FSA services?

	Year or Period	Number of Clients	Number of Participants
Health Flexible Spending Accounts	*For comparison.* 2012	*500 words.*	*500 words.*

2.2.7.5.2 Explain your claim adjudication procedures regarding Health FSA claims, including any specific requirements that must be met before claims are paid.

Unlimited.

2.2.7.5.3 Describe the steps that will be taken to ensure claims are valid.

Unlimited.

2.2.7.5.4 Describe your procedure for notifying participants of denied claims.

Unlimited.

2.2.7.5.5 Explain how you coordinate Health FSA claims with regular medical/dental/Rx/vision claims automatically. If not automated, describe the process you follow to streamline claims and process under the Health FSA.

Unlimited.

2.2.7.5.6 Explain how you can receive claim data from other vendors in order to process through the Health FSA.

Unlimited.

2.2.7.5.7 Indicate how often and in what formats you will provide participant account activity statements.

Unlimited.

2.2.7.5.8 Describe electronic Health FSA activity services available to members.

Unlimited.

2.2.7.5.9 Describe in detail your capability to offer debit cards or a similar product for participants to withdraw funds from their Health FSA account. Indicate any additional costs on the rate sheet.

Unlimited.

2.2.7.5.10 Do you have a standard minimum dollar threshold that must be reached before claims are reimbursed?

	Health Care
No (Check)	*Unlimited.*
Yes - Indicate Threshold	*Unlimited.*
Can Client Change Threshold? (Enter Yes or No)	*Unlimited.*

2.2.7.5.11 Provide copies of the following:

1. Reimbursement request form;
2. Explanation of Payment form;
3. Health care balance summary report; and
4. Participant activity statements.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.2.7.6 Dependent Care Assistance Program (DCAP)

2.2.7.6.1 How many clients utilize your Dependent Care Assistance Plan (DCAP) services?

	Year or Period	Number of Clients	Number of Participants
Dependent Care Spending Accounts	*For comparison.* 2012	*500 words.*	*500 words.*

2.2.7.6.2 Explain your claim adjudication procedures regarding DCAP claims, including any specific requirements that must be met before claims are paid.

Unlimited.

2.2.7.6.3 Describe the steps that will be taken to ensure claims are valid.

Unlimited.

2.2.7.6.4 Describe your procedure for notifying participants of denied claims.

Unlimited.

2.2.7.6.5 Indicate how often and in what formats you will provide participant account activity statements.

Unlimited.

2.2.7.6.6 Provide copies of the following:

1. Reimbursement request form;
2. Explanation of Payment form;
3. DCAP balance summary report; and
4. Participant activity statements.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.2.7.6.7 What is your schedule for DCAP reimbursements?

Unlimited.

2.2.7.6.8 Can you administer a reimbursement schedule designed to coincide with the client's payroll schedule to ensure that DCAP contributions are taken from participants pay prior to reimbursements to providers?

Single, Radio group.
1: Yes,
2: No

2.2.7.6.9 What is your standard mode of claim reimbursement?

Unlimited.

2.2.7.6.10 Can you reimburse via direct-deposit?

Unlimited.

2.2.7.6.11 Do you have a standard minimum dollar threshold that must be reached before claims are reimbursed?

	Dependent Care
No (Check)	*500 words.*
Yes - Indicate Threshold	*500 words.*
Can Client Change Threshold? (Enter Yes or No)	*500 words.*

Cost Impact to Change Threshold	*500 words.*

2.2.8 Quality Control (use tables provided in Attachment G1)

2.2.8.1 Please explain in detail how you will evaluate and report to the State your performance under the Contract. Specifically, identify and describe, by function, how each aspect of the work set forth in Section 1.04 of the RFP instructions relative to the Medical Claims Administration and Managed Network component will be evaluated for effectiveness and efficiency. For each function, please provide the following evaluative information:

- A detailed description of each performance standard you will utilize to evaluate each functional component for effectiveness and efficiency.
- The benchmark measurement for each identified performance standard for each functional component.
- The frequency of reporting to the State your evaluation of each identified performance standard for each functional component based on the standards and benchmarks you utilized to determine effectiveness and efficiency.
- Which standards you are willing to subject to penalty for failure to meet.
- Whether the evaluation of each standard will be conducted by your organization or will be conducted by an independent external organization.

Unlimited.

2.2.8.2 Are you willing to put fees at risk for network expansion if needed?

Unlimited.

2.2.8.3 Are you willing to guarantee savings in this proposal? If so, please explain.

Unlimited.

2.2.8.4 Are you willing to place fees at risk for meeting certain performance standards and guarantee outcomes under the Contract?

Unlimited.

2.2.8.5 Confirm you will not charge the State for claim payments not authorized by the State's plans when such payments were erroneously authorized by Contractor's employees, subcontractors or joint venturers, including pre-authorizations issued by Contractor's employees, subcontractors or joint venturers, causing the State's plans to incur costs for non-covered services.

Unlimited.

2.2.8.6 When are performance penalties paid out?

Unlimited.

2.2.8.7 Can tracking and reporting of the performance standards be based on State-specific data?

Unlimited.

2.2.8.8 Please confirm that you will permit and cooperate with internal audits on any aspect of the administration of the program, as the State determines to be necessary and appropriate. State personnel or outside auditors that the State selects may perform these audits, including audits that may take place after the end of the contract period.

Unlimited.

2.2.8.9 Please confirm that you will provide claims, payment documentation and other necessary information required for the State to complete its annual health funds audits.

Unlimited.

2.2.8.10 Do you agree to fund an implementation audit, prior to effective date, up to $50,000 to be performed by a firm of the State's choosing?

Unlimited.

2.2.8.11 Please indicate whether or not you agree with the following statements regarding Audits.

	Agree
You will allow auditing of your operations as they relate to the administration and servicing of this account.	*Single, Pull-down list.* 1: Agree, 2: Disagree
Your organization will not charge for services rendered in conjunction with the audit.	*Single, Pull-down list.* 1: Agree, 2: Disagree
If problems are discovered, follow-up audits will be paid by your organization.	*Single, Pull-down list.* 1: Agree, 2: Disagree

2.2.8.12 Do you use a statistically significant sample for internal audits?

Single, Radio group.
1: Yes,
2: No

2.2.8.13 Do you have a dedicated internal audit staff?

Single, Radio group.
1: Yes,
2: No

2.2.8.14 With what frequency is the claims processing function audited by an external auditing firm?

Single, Radio group.
1: Daily,
2: Weekly,
3: Monthly,
4: Other: [500 words]

2.2.8.15 With what frequency is the claims processing function audited internally?

Single, Radio group.
1: Daily,
2: Weekly,
3: Monthly,
4: Other: [500 words]

2.2.8.16 Are audits performed on a pre- or post-disbursement basis?

Single, Pull-down list.
1: Pre-Disbursement,
2: Post-Disbursement,
3: Both

2.2.8.17 How are claims selected for audit?

Multi, Checkboxes.
1: Random by system,
2: Set percent per day,
3: Set number per approver per day/week,
4: Diagnosis,
5: Dollar amount,
6: Other. Please specify: [500 words]

2.2.9 Appeals

2.2.9.1 Describe your method for processing appeals for certification review, claim review and/or billing appropriateness.

Unlimited.

2.2.9.2 Explain how you use staff medical professionals and/or outside consultants to review disputed claims for medical necessity and billing appropriateness.

Unlimited.

2.2.9.3 Describe how you retain medical consultants that represent various specialties for use in pre-authorization and claims resolution.

Unlimited.

2.2.9.4 Describe your multi-level appeals process for administrative and clinical denials.

Unlimited.

2.2.9.5 Describe how you will meet the State's appeal process requirements and confirm you will be able to provide copies of all claim and appeal documents to the State for appeals that reach the State's level.

Unlimited.

2.2.9.6 Confirm that you will participate, if needed, in administrative hearings resulting from denial determinations.

Unlimited.

2.2.9.7 Provide the percentages of total claims processed monthly that are appealed for other clients of similar size to the State.

Unlimited.

2.2.9.8 For your book of business, explain what percentages of your outpatient services/procedures are typically subject to denial.

Unlimited.

2.2.9.9 For your book of business, explain what percentages of your inpatient admissions/hospital bed days are typically subject to denial.

Unlimited.

2.2.9.10 Of your total denials, provide the percentage of services that are generally overturned on appeal.

Unlimited.

2.2.9.11 Do you have a dedicated appeals staff?

Unlimited.

2.2.9.12 Confirm the State will have a single point of contact for appeals related inquiries.

Unlimited.

2.2.9.13 Please provide copies of all appeal decision notices you use.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.2.9.14 Describe other services you offer prior to or during appeal.

Unlimited.

2.2.10 Data Analysis

2.2.10.1 Data Collection

2.2.10.1.1 Do you utilize a data warehouse for reporting and claim and trend analysis?

Unlimited.

2.2.10.1.2 Describe your organization's data warehousing and population health analytical services, including software used.

Unlimited.

2.2.10.1.3 What resources do you provide from a health data analyst perspective to support your clients?

Unlimited.

2.2.10.1.4 If yes, please provide the name of the warehouse and indicate if the State will have access to data and reporting. If there is an additional cost, please indicate the cost on the rate sheet.

Unlimited.

2.2.10.1.5 Explain whether your organization will release detailed claims data to a central data warehouse for non-AlaskaCare health plan related analysis. Indicate if you are paid to provide this data.

Unlimited.

2.2.10.1.6 Explain how you will maintain the following claims data and provide the following information as requested by the Project Director or their authorized representatives.

1. Member/Patient Data
    a. Patient Identification
    b. Patient Type
        i. Employee
        ii. Spouse/same sex partner
        iii. Child
    c. Patient Age
    d. Patient Sex
    e. Coverage Code
    f. Patient Residential ZIP Code
    g. Patient Date of Birth
2. Provider Data
    1. Hospital Name
    2. Provider Identification (All Others)
    3. Provider Type
        i. Hospital Name
        ii. M.D. (Specialty Code)*
        iii. Chiropractor*
        iv. Laboratory
        v. Alcoholic Inpatient Treatment Facility

vi. Dentist* /Oral Surgeon*
vii. Ph.D.*
viii. Attending Surgeon*
ix. Nursing
x. Extended Care Facility
xi. Outpatient Surgery Department
xii. Radiology
xiii. Ambulance
xiv. Home Health Care
xv. Optometrists
xvi. Other

* Indicate Provider's Name and Address

Service Type

. Hospital
  i. ICU
  ii. CCU
  iii. Room and Board
  iv. Laboratory
  v. Diagnostic X-Ray and Lab
  vi. All Other
a. Inpatient Room and Board--All Other
b. Inpatient—Ancillary
c. Emergency Room
d. Hospital Outpatient (other than emergency room, X-ray, lab)
e. Extended Care Facility
f. Alcoholic Inpatient Treatment Facility
g. Substance Abuse
h. Psychiatric Hospital
i. Outpatient Surgical Center
j. Professional Fees, Visits and Number of Procedures
  i. Inpatient Surgery
  ii. Outpatient Surgery
  iii. Inpatient Physician Visit
  iv. Hospital Outpatient Physician Visit
  v. Physician Office and Home Visits
  vi. Chiropractor Office Visit
  vii. Chiropractor X-Ray
  viii. Psychiatric Office Visit (mental/nervous, alcohol or substance abuse)
  ix. Psychiatric Inpatient Visit
  x. Anesthesiologist
  xi. Home Health Care
  xii. Physician--Maternity
  xiii. Radiologist Inpatient
  xiv. Other
k. Nursing
l. Ambulance
m. Prescription Drugs
n. Outpatient Lab
o. Outpatient X-Ray

p. Non-hospital Equipment and Supplies
q. Vision Care—Hardware
r. All Other

For Each Service Type, the Following Data is Required

a. Eligible Covered Charges
b. Amount Paid
c. Diagnostic Code (ICD-9-CM) (Hospital/Professional)
d. Procedure Code (CPT-4) (Professional Only)
e. Number of Days, Visits, Units, etc.
f. Treatment Dates
g. Discharge Diagnosis (ICD-9-CM)
h. Discharge Status (i.e., dead or alive)
i. Submitted Charges

For Inpatient Hospital Service Type

a. Date Confined
b. Date Discharged
c. Date of Surgery
d. Admitting Physician Identification
e. Number of Admissions
f. Payment Data (Combined for all Claims)
g. Billed Charges
h. Eligible Coverage Charges
i. UCR Cutbacks
j. Admitting Physician Identification
k. Co-Insurance
l. COB
m. Third Party Recovery
n. Benefits Paid
o. Error Ratios

Unlimited.

2.2.10.2 Reporting

2.2.10.2.1 Please confirm the Contractor will provide the State or its authorized representatives with the following reports at the designated frequencies in a format compatible with Microsoft Excel or Access. Please identify what information is contained in each report. Please attach a sample of each report.

Report	Plan	Frequency
Claims Processing Accuracy	All Plans Combined	Quarterly
Claim Turnaround Time	All Plans Combined	Monthly

Catastrophic Claims (including referrals to care management or other program resources)	By Plan	Monthly
Statistical Summary	By Plan	Monthly
-- Covered lives		
-- Billed fees/charges		
-- Paid claims		
-- Transactions		
Provider Summary	By Plan	Annually
-- Diagnosis		
-- Service		
Top 25 Codes	By Plan	Quarterly
-- DRG		
-- CPT4/ICD-10		
Claim Payment Summary	By Employee Group & Retirement System	Monthly
-- Transactions and claim dollars		
-- Type of service		
Utilization Summary	By Plan	Quarterly
-- Type of service		
-- Claimants		
-- Place of service		

-- Days of inpatient service approved/denied

-- In-network versus out-of-network

-- Network cost savings

-- Denials and appeals

-- Referral activity to specialty programs (such as ICM)

Cost Trends	By Plan	Annually
Cost Containment Trends	By Plan	Annually
COBRA Activity	By Plan	Monthly

-- Eligibility and premium payment

-- Additions, Drops, Changes

-- Mailing list

Direct Bill Activity	By Plan	Monthly

-- Eligibility and premium payment

-- Additions, Drops, Changes

-- Mailing list

Health FSA Activity	By Group	Monthly

-- Eligibility and contributions

-- Claims paid

Dependent Care FSA Activity	By Plan	Monthly

-- Eligibility and contributions

-- Claims paid

Case Management Participation	By Plan	Quarterly
Case Management Outcomes	By Plan	Quarterly
UM Participation	By Plan	Quarterly
UM Outcomes	By Plan	Quarterly
Claims paid/incurred lag reports	By Plan	Monthly
HIPAA Certificates	By Plan	Monthly
Patient Auditor Program	By Plan	Annually

Audit Data – Claim Details for all below

-- Checks Cleared	By Plan & Benefit Type By Group & Retirement System	Monthly
-- Incurred but not paid	By Plan	Annually
-- Outstanding checks	By Plan	Annually
-- Lag reports	By Plan	Annually

Travel Claims	By Plan	Monthly
Managed Vision Care Summary	Active Plan	Annually
Performance Standard Verifications	By Standard	Annually
Appeals Statistics	By Plan	Quarterly

-- Denial reason

Unlimited.

2.2.10.2.2 Please confirm that when requested to do so by the State, reports can track claims separately by benefit type (e.g., medical, vision, audio, health FSA, retirement system).

Unlimited.

2.2.10.2.3 Other than those listed above, provide a list and detailed description (including frequency) of the reports provided on a standard basis (at no additional cost). Attach samples.

Unlimited.

2.2.10.2.4 Are you able to accommodate requests for ad-hoc or customized reporting (including utilization information) at no cost to the State? If there is an additional cost, please indicate the cost on the rate sheet.

Unlimited.

2.2.10.2.5 If you are able to accommodate ad- hoc or customized reporting, what is the normal turnaround time to fulfill such request.

Unlimited.

2.2.10.2.6 Are you able to provide reporting based on account code structure to allow the State to see trends in claim activity information by different organization units?

Unlimited.

2.2.10.2.7 Describe any custom reporting and data dashboards you have created for your clients, be specific and how they integrated into the full suite of services being proposed.

Unlimited.

2.2.10.2.8 Are reports available via the web?

Unlimited.

2.2.10.2.9 Indicate functions of your Web-based reporting product available to the client staff.

Multi, Checkboxes.
1: Send Eligibility Updates,
2: Extract Enrollment Information,
3: Run Standard Eligibility Reports,
4: Run Ad Hoc Reports,
5: Full Query Capability,
6: Run Premium Reports,
7: Other: [500 words

2.2.10.2.10 If applicable, confirm you will handle all mandatory reporting to CMS and states that have surcharges such as New York and Massachusetts.

Unlimited.

2.2.11 Financial

2.2.11.1 Subrogation

2.2.11.1.1 Do you charge for subrogation?

Unlimited.

2.2.11.1.2 If you answered Yes to the previous question, please indicate the charge for subrogation.

Unlimited.

2.2.11.2 Banking

2.2.11.2.1 Provide a sample of your administrative fee invoice.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.2.11.2.2 Describe your process for printing checks, including whether they are produced daily, weekly, monthly or other. Describe whether the timing is different for members than for providers and your process for replacing a lost check when notified by a member or provider that they did not receive the check.

Unlimited.

2.2.11.2.3 Describe whether the timing for printing checks is different for members than providers and your process for replacing a lost check when notified by a member or provider that they did not receive the check.

Unlimited.

2.2.11.2.4 What measures are in place to ensure that reimbursements are issued to the proper party?

Unlimited.

2.2.11.2.5 Explain whether you offer direct deposit of participant benefit reimbursements and identify for which benefits covered by this proposal the direct deposit service is available.

Unlimited.

2.2.11.2.6 Describe your ability for accepting electronic fund transfers for member payment of premiums for COBRA/Direct Bill participants.

Unlimited.

2.2.11.2.7 Please confirm you will establish a separate bank account on the State’s behalf.

Unlimited.

2.2.11.2.8 Please confirm that you will set up the State's account structure based upon their requirements.

Unlimited.

2.2.11.2.9 Please confirm you will process claims and issue checks from the bank account you established on the State's behalf.

Unlimited.

2.2.11.2.10 Please confirm you will request an electronic transfer of funds from the State at regular intervals on a "checks cleared" basis and that the request will be by active employee claims and retiree claims; retiree claims will be split by medical and DVA expenses as well as by retirement system.

Unlimited.

2.2.11.2.11 Please confirm you will provide the State with a monthly report reconciling the account balance, claims drafts and electronic transfers.

Unlimited.

2.2.11.2.12 Do you require that self-funded plans use a specific bank for funding claims? If yes; indicate name of bank.

Unlimited.

2.2.11.2.13 For self-funded plans, confirm that no imprest balance is required.

Unlimited.

2.2.11.2.14 What is the frequency for ACH transfers for claim funding?

Unlimited.

2.2.11.3 Direct Bill

2.2.11.3.1 Confirm you are able to bill and remit to the State premiums due on a monthly basis for any retiree whose retirement warrant is insufficient to pay the elected coverage, including divorced and widowed spouse continuing long term care coverage, when the member enrolls in the Direct Bill program. This question assumes the State will direct the Contractor as to the retiree's coverage elections. The State retains eligibility determination responsibility for Direct Bill.

Unlimited.

2.2.11.4 COBRA

2.2.11.4.1 Confirm you are able to administer COBRA continuation for members who must pay premium directly.

Unlimited.

2.2.11.4.2 Describe your ability for accepting electronic fund transfers for member payment of premiums for COBRA.

Unlimited.

2.2.11.4.3 Please indicate in the chart below your ability to provide the listed COBRA administration service. If there is an additional cost, please indicate the cost on the rate sheet.

Duties of Service Provider	Response
Notify each Qualified Beneficiary of the right to continue coverage	*Yes/No.*
Accept directly from the client, Qualified Beneficiary (QB), or representative of a QB notice of a Qualifying Event (QE), second QE or SSA disability determination	*Yes/No.*
Prepare and distribute COBRA election forms	*Yes/No.*
Bill each COBRA participant on a monthly basis	*Yes/No.*
Accept COBRA premium payments from participants and remit to the client on a weekly basis	*Yes/No.*
Determine if COBRA participant has paid the required COBRA premium amount on time	*Yes/No.*
Provide notice of nonpayment or insufficient payment to a COBRA participant	*Yes/No.*
Provide monthly accounting to the client of all COBRA premium payments	*Yes/No.*
Accept and respond to notice of QEs	*Yes/No.*
Furnish records and information to the client as needed	*Yes/No.*
Provide special messages to COBRA participants upon notice from the client	*Yes/No.*
Distribute required open enrollment materials, SPDs, or other mass mailing per notice from the State	*Yes/No.*
Maintain required backup documentation for all COBRA notices, forms, etc. per ERISA	*Yes/No.*
Monitor and advise the client of state/federal continuation requirements	*Yes/No.*
Implement procedures and methods to confirm a COBRA participant's continued eligibility for COBRA coverage	*Yes/No.*
Inform the client of COBRA elections	*Yes/No.*
Notify QB of any available conversion privilege	*Yes/No.*
Distribute notices of unavailability of COBRA coverage	*Yes/No.*
Distribute notices of termination of COBRA coverage	*Yes/No.*
Record and monitor COBRA elections and terminations	*Yes/No.*
Notify the client when an individual ceases to be eligible for COBRA coverage	*Yes/No.*
Provide customer service via phone and web	*Yes/No.*
Receive, process and enter open enrollment elections from COBRA participants	*Yes/No.*

2.2.11.4.4 Please attach a flowchart of payment processes between your company and the client.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.2.11.4.5 How long after receiving premium payments from COBRA participants, will you forward the payments to the client? To the extent any 'float' will accrue, indicate how it will be tracked, reported and credited.

Unlimited.

2.2.11.4.6 Describe your quality control process for invoicing.

Unlimited.

2.2.11.4.7 By which method do you send each of the following (regular mail, certified, etc.)?

	Response
COBRA initial notification	*500 words.*
Qualifying event notice	*500 words.*
Correspondence	*500 words.*

2.2.11.4.8 What payment options are available for participants?

Multi, Checkboxes.
1: Credit by Phone,
2: Debit by Phone,
3: Check by Phone,
4: Credit Card Online,
5: Debit Card Online,
6: Check Online,
7: Automatic Debit,
8: Check by Mail

2.2.11.4.9 Confirm you will provide eligibility for this group to other contractors as appropriate.

Unlimited.

2.3 State Objectives

2.3.1 Plan Design

2.3.1.1 Please describe how you can assist the State with identifying and implementing possible plan enhancements that would support the states objectives as identified in Section 1.0 of the RFP.

Unlimited.

2.3.2 Policy Development

2.3.2.1 Please describe how you can support the State in policy development through the use of data driven analysis and best practice recommendations. Please include any additional resources your organization can provide.

Unlimited.

2.3.3 Innovation

2.3.3.1 Briefly describe the four most important ways you propose to assist the State in controlling health costs in Alaska now and in the future.

Unlimited.

2.3.3.2 Please provide a white paper with information on innovative steps your organization is prepared to implement in order to assist the State is achieving its vision as stated in Section 1.0 of the RFP. Include any programs or innovations that have proven successful with other similar clients. Focus on cost containment and cutting edge health care support, as well as integration with other key vendor partners.

Single, Pull-down list.
1: Attached,
2: Not Attached

2.3.3.3 How is your organization leveraging Patient Centered Medical Homes? What are the outcomes of your programs?

Unlimited.

2.3.3.4 How is your organization supporting the creation of Accountable Care Organizations?

Unlimited.

2.3.3.5 Is your organization planning to create its own private exchange? If so, what is your target market?

Unlimited.

2.3.3.6 Is your organization planning to or participating in any private exchanges today? If so, which ones?

Unlimited.

2.3.3.7 Is your organization planning to participate in the public/State exchanges? If so, which states?

Unlimited.

2.3.4 Performance Incentives

2.3.4.1 In accordance with Section 3.2 of the RFP, please describe in detail any proposals you are including with your cost proposal relative to fee increments for accomplishing state objectives as outlined in Section 1.0 of the RFP such as:

a. Cost Containment Fee Increment. An annual fee increment in an amount to be proposed by the Offeror to be awarded if cost growth per member declines xx% from the prior fiscal year and claims processing accuracy audits show claims processing accuracy exceeds 98% for the fiscal year.
b. Cost Reduction Fee Increment. An annual fee increment in an amount to be proposed by the Offeror to be awarded if overall claims costs are less than xx% from the prior fiscal year and claims processing accuracy audits show claims processing accuracy exceeds 98% for the fiscal year.

Note that these are examples and the State is willing to review other proposed performance incentives.

Unlimited.

2.4 Cost

2.4.1 Fees

2.4.1.1 Confirm you have submitted a cost proposal based upon an administrative fee charge on a per Employee and per Retiree per month basis.

Unlimited.

2.4.1.2 Confirm you have completed the rate table, and included any additional costs identified within the questionnaire.

Unlimited.

2.4.1.3 Confirm that your rates are guaranteed for at least 3 years.

Unlimited.

2.4.1.4 You understand that any response except "Yes" within this section may result in an adjustment to the pricing terms and fees you input in other sections within this RFP and/or may disqualify your offer from being considered.

Unlimited.

2.4.1.5 Medical Claims Administration and Managed Network Pricing Tables
Please confirm you have completed the Excel worksheets in Attachment F1 and provided the completed

worksheets as an attachment in section 2.5 Response/Required Documents. Detailed instructions are provided in the worksheet.

Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

2.4.2 Discounts / Networks

2.4.2.1 Medical Active and Retiree Network Claims and Disruption Worksheets
Please complete the Excel worksheets in Attachment J1 & J2 and provide the completed worksheets as an attachment to the RFP. Detailed instructions are provided in the worksheet.

Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

2.5 Response Documents - Medical

2.5.1 Please complete an attach the following file labeled "Attachment F1 - Medical Claims Administration and Managed Network Pricing Tables and Example.xlsx"

Single, Pull-down list.
Answer and attachment required
1: Attached,
2: Not Attached

Attached Document: Attachment F1 - Medical Claims Administration and Managed Network Pricing Tables and Example.xlsx

2.5.2 Please complete an attach the following file labeled "Attachment I1 - Medical Claims Administration and Managed Network Implementation and Performance Guarantees.xlsx"

Single, Pull-down list.
Answer and attachment required
1: Attached,
2: Not Attached

Attached Document: Attachment I1 - Medical Claims Administration and Managed Network Implementation and Performance Guarantees.xlsx

2.5.3 Please complete an attach the following file labeled "Attachment J1 - Medical Active Network Claims and Disruption Worksheet.xlsx"

Single, Pull-down list.
Answer and attachment required
1: Attached,
2: Not Attached

Attached Document: Attachment J1 - Medical Active Network Claims and Disruption Worksheet.xlsx

2.5.4 Please complete an attach the following file labeled "Attachment J2 - Medical Retiree Network Claims and Disruption Worksheet.xlsx"

Single, Pull-down list.
Answer and attachment required
1: Attached,
2: Not Attached

Attached Document: Attachment J2 - Medical Retiree Network Claims and Disruption Worksheet.xlsx

2.6 Reference Documents - Medical

2.6.1 Attachment G1 - Medical Claims Administration and Managed Network Scoring Methodology.docx

Document.

Attached Document: Attachment G1 - Medical Claims Administration and Managed Network Scoring Methodology.docx

2.6.2 Attachment H1 - Medical Claims Administration and Managed Network Scoring Methodology Example and Discounted Allowed Charges Example.xlsx

Document.

Attached Document: Attachment H1 - Medical Claims Administration and Managed Network Scoring Methodology Example and Discounted Allowed Charges Example.xlsx

2.6.3 Attachment J5 - Medical Disruption Scoring Example.xlsx

Document.

Attached Document: Attachment J5 - Medical Disruption Scoring Example.xlsx