1 Introduction/Purpose

1.1 Introduction
The State Employees’ Insurance Board (SEIB) requests proposals for the procurement of medical and dental Administration Services Only (ASO) described herein. The SEIB is empowered by Title 36, Chapter 29 of the Code of Alabama (as amended) to provide health and dental benefits to employees and retirees of state agencies through the State Employees’ Health Insurance Plan (SEHIP). The SEIB also offers supplemental coverage, workers’ compensation benefits and inmate hospital services, as described later in this RFP. The program is overseen by an 11-member Board of Directors.

Currently, about 65,500 members are covered. The plan is self-insured with administration services currently provided by Blue Cross and Blue Shield of Alabama (BCBS).

BCBS provides comprehensive claims administration services for the plan. Services include providing networks with hospitals, physicians, and dental providers; providing medical services that include inpatient hospital precertification, concurrent review, case management, disease management, and outpatient certification of selected ambulatory surgical and diagnostic procedures.

BCBS also administers the SEIB dental plan, supplemental coverage, workers’ compensation benefits and inmate hospital services.

For additional information go to the SEIB website: www.alseib.org.

1.2 Purpose
The SEIB is seeking an experienced Vendor that can provide comprehensive administration services in the following areas:

- Claims Adjudication;
- Provider Network Management;
- Medical Services;
- Utilization Management; and
- Dental Services.

The Scope of Work is described in Section 5.

The SEIB has retained Segal Consulting to assist with the RFP process, including evaluation of proposals. Each proposal will be evaluated in accordance with the SEIB’s selection criteria, including but not limited to the factors listed below:

- Qualifications of the firm, including experience with large membership bases, longevity, financial strength, and staffing;
- Flexibility and ability to customize;
- Value of programs and services, taking into consideration the requirements of the RFP, proposed services and any "value added" service levels, terms, and conditions;
- Proven track record of success, competence, and reputation; and
Alabama SEIB Medical and Dental RFP

- Cost of the proposed services.

All Proposers must meet the minimum vendor qualifications, scope requirements, contractual requirements, and general conditions set forth in this RFP and respond thoroughly yet, succinctly, to the specific questions asked.

1.3 Terminology
Throughout this RFP, the following terms shall have the corresponding meaning as defined below:

- “State”, “SEIB” and “Board” shall refer to the State Employees’ Insurance Board.
- “SEHIP” and “Plan” shall refer to the State Employees’ Health Insurance Plan.
- Proposer, Vendor, Contractor, or Claims Administrator may be used interchangeably.
- Employees is defined as those employees, former employees, and retired employees who are enrolled in SEIB programs.
- Member is defined as an active/retired employee or eligible dependent who has coverage under a plan offered by the SEIB.
- Subscriber is defined as an individual whose application for coverage is made and accepted.

2 Response Instructions

2.1 Instructions for Submitting Proposal
Please read the entire RFP and submit an offer in accordance with the instructions. All forms in the RFP must be completed in full and submitted along with the technical response and cost proposal which, combined, will constitute the offer. This RFP and your response, including all subsequent documents provided during this RFP process will be incorporated in the contract terms between the parties.

The RFP process will be conducted via internet, using the ProposalTechnologies Network, Inc. (ProposalTech) application at www.proposaltech.com. Detailed instructions for completion and submission of your proposal are provided in the eRFP. Questions regarding clarification or interpretation of any section within this RFP should be submitted through the “Ask Questions” feature on the main RFP page within the ProposalTech website, by April 8, 2019, at 2:00 P.M. Central Time. All questions and answers regarding clarification or interpretation of any section within this RFP will be posted on the SEIB website.

Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support.

2.2 Timeline
The Board reserves the right to amend the RFP and adjust this schedule as it deems necessary. All documents and updates to the RFP including, but not limited to, the actual RFP, questions and answers, addenda, etc., will be provided to all registered vendors via the ProposalTech system and will be available on the SEIB website at www.alseib.org.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release of RFP</td>
<td>March 28, 2019</td>
</tr>
<tr>
<td>Deadline for Submitting Proposer Questions</td>
<td>April 8, 2019, 2:00 pm CST</td>
</tr>
<tr>
<td>Deadline for Submitting Intent to Propose and Non-Disclosure Agreement (NDA) forms</td>
<td>April 17, 2019, 2:00 pm CST</td>
</tr>
<tr>
<td>Electronic Proposal Submission Deadline</td>
<td>May 3, 2019, 2:00 pm CST</td>
</tr>
</tbody>
</table>
Alabama SEIB Medical and Dental RFP

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard Copy Proposal Submission Deadline</td>
<td>May 7, 2019, 5:00 pm CST</td>
</tr>
<tr>
<td>Finalist Interviews</td>
<td>June 2019</td>
</tr>
<tr>
<td>Award Contract</td>
<td>Summer of 2019</td>
</tr>
<tr>
<td>Contract Effective Date</td>
<td>January 1, 2020</td>
</tr>
</tbody>
</table>

2.3 **Intent to Propose and Data Non-Disclosure Forms**

Reference Documents (e.g., plan information, demographics, claims) will be provided only to Proposers that have submitted completed and signed *Intent to Propose and Non-Disclosure Agreement (NDA)* forms to Segal. The Intent to Propose and NDA forms are attached below.

All potential Proposers intending to quote and wishing to access the Reference Documents, must complete and submit the Intent to Propose form and Non-Disclosure Agreement (NDA), and email both forms directly to Ms. Gina Sander, at GSander@Segalco.com, by April 17, 2019, at 2:00 PM Central Time. Forms posted to the ProposalTech Website will not be accepted.

It is the Vendor’s sole responsibility to assure delivery directly to the Consultant by the designated deadline. The *Intent to Propose* form should indicate your organization's primary contact, direct telephone number, and e-mail address. The NDA should include the name and email address of your designated data recipient. Reference documents will be provided via Segal’s Secure File Transfer (SFT) system.

Attached Document(s): *Intent to Propose Form_FINAL.doc, Non-Disclosure Agreement, Mutual Bid-related Confidentiality Agreement.doc*

2.4 **Proposal Format and Delivery**

Final proposals must be posted to ProposalTech, at www.proposaltech.com, by May 3, 2019, at 2:00 P.M. Central Time. After that time, access to the eRFP will be locked - Proposers will not be able to post or amend responses.

From the date this RFP is released until a Vendor is selected and announced by the SEIB, all communication must be directed to:

Ms. Gina Sander  
Senior Health Consultant  
Segal Consulting  
GSander@Segalco.com

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

In addition to submission through ProposalTech, the Proposer must submit copies of the proposal as follows:

- One marked “original” with original signatures;
- One un-redacted copy; and
- One electronic pdf copy on a USB drive that redacts any information asserted as confidential or proprietary.
Alabama SEIB Medical and Dental RFP

The hard copies must be sent directly to the SEIB at the following address, for delivery by May 7, at 5:00 pm Central Time:

State Employees’ Insurance Board  
Attention: Jeffrey Bradwell  
P.O. Box 304900  
Montgomery, AL 36130  
201 South Union Street, Suite 200  
Montgomery, AL 36104

Hard copies are simply the paper version of your final proposal submitted through ProposalTech. Labels must indicate clearly that submissions are responding to “RFP: 2019 SEHIP ASO-01”. In the event of a discrepancy/conflict between the ProposalTech submission and the hard-copy version, the ProposalTech version will take precedence. In the event of a power failure or similar occurrence, the hard-copy version will be used. In the event a document or section is omitted from the ProposalTech version of the Proposer’s response, SEIB reserves the right to accept the omitted document or section, if included in the hard-copy version.

Regardless of cause, late proposals will not be accepted, and will be disqualified from further consideration.

In the event a proposal is jointly submitted by more than one (1) organization, one (1) of the organizations must be designated as the prime Contractor. This prime Contractor must perform not less than eighty percent (80%) of the work to be proposed (as measured by price). All other participants in such proposal shall be designated as subcontractors.

Subsequent to review of the proposals, discussions for the purpose of clarification to assure full understanding of and responsiveness to the RFP requirements may be conducted, by the Consultant on behalf of the SEIB, with responsible Vendors who submit proposals determined to have reasonable potential for being selected for an award. In conducting any such discussion, there shall be no disclosure of any information derived from proposals submitted by competing Vendors, including the name of a potential Vendor.

A proposal may not be modified, withdrawn or canceled by the Vendor for a 180-day period following the deadline for proposal submission, or receipt of best and final offer, if required, and the Vendor so agrees in submitting the proposal. A proposal may be withdrawn, only prior to the proposal submission due date, by submitting to the Consultant a written request for withdrawal, signed by the Vendor.

2.5 Proposal Instructions

All sections must be answered within the ProposalTech system. Many questions within the RFP do not require lengthy responses. When a question does require a written response, please provide a response that is concise and straightforward. Emphasis should be on clarity. DO NOT answer any of the questions by referring to a prior answer or by referring to an attachment. Any such answers will not be considered and will constitute sufficient grounds for proposal rejection. If you have additional information you would like to provide, include it as an appendix to your response. You must indicate in your written response the location of any additional material referenced.

The proposal selected by the Board will be a working document. As such, the Board will consider the technical proposal an integral part of the contract and all representations made in the proposal shall be
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honored. All documentation submitted in response to this RFP and any subsequent requests for information pertaining to this RFP, shall become the property of the Board and will not be returned to the Vendor.

FAILURE TO PROVIDE ALL REQUESTED INFORMATION MAY RESULT IN DISQUALIFICATION OF YOUR PROPOSAL.

2.6 SEIB and Local Government Health Insurance Board RFP

Please note that Sections 1, 2, 3, 4, 5, 8, 9, and 10 are substantively the same in both the LGHIB and the State Employees’ Insurance Board (SEIB) RFP for medical and dental administration services. The only difference is the SEIB requirement for administering the supplemental plan and inmate hospital services as described in this RFP. While not required to do so, we anticipate that identical questions will most likely produce identical answers for these Sections. For efficiency in your response and consistency of evaluation, the Vendor must submit the attached Certification Form indicating whether the Vendor is submitting a proposal for:

- The SEIB RFP for medical and dental administration services only.
- The LGHIB RFP for medical and dental administration services only.
- Both the SEIB and the LGHIB RFP for medical and dental administration services and:
  - Our responses to Sections 1, 2, 3, 4, 5, 8, 9, and 10 are substantively the same for each proposal; or
  - Our responses to Sections 1, 2, 3, 4, 5, 8, 9, and 10 are NOT substantively the same for each proposal and identify the areas in which the proposal differs.

Note: ALL QUESTIONS MUST BE COMPLETED IN BOTH RFPS, EVEN IF RESPONSES ARE IDENTICAL.

The certification form is attached below.

Attached Document(s): Certification Form_FINAL.docx

2.7 Transmittal Letter

The Vendor is required to submit a transmittal letter, which shall be in the form of a standard business letter on the Vendor’s letterhead and shall be signed by an individual authorized to legally bind the organization. It shall include:

- A statement indicating that the Vendor meets the following minimum requirements
  - The Vendor must be rated by at least one of the following rating agencies and must meet the minimum rating requirements outlined below for the most recent rating. Provide the SEIB all agencies, corresponding ratings, and date of rating for your organization.

Acceptable ratings for this feature are as follows:

<table>
<thead>
<tr>
<th>Company</th>
<th>Acceptable Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.M. Best</td>
<td>A++, A+, A, A-, B++, B+</td>
</tr>
<tr>
<td>Duff &amp; Phelps</td>
<td>AAA, AA+, AA, AA-, A+, A, A-</td>
</tr>
<tr>
<td>Moody’s</td>
<td>AAA, AA+, AA, AA-, A+, A, A-</td>
</tr>
<tr>
<td>Standard &amp; Poor’s</td>
<td>Aaa, Aa1, Aa2, Aa3, A1, A2, A3</td>
</tr>
</tbody>
</table>

- The SEIB account must not result in more than a (25%) twenty-five percent increase in total business or forty percent (40%) increase in the Proposer’s current Alabama business, as measured by the
Alabama SEIB Medical and Dental RFP

number of covered contracts in existing medical claims administration accounts for services similar to those required in this RFP.
  o The Vendor must have experience adjudicating and paying health and dental claims for at least 100,000 covered lives in Alabama and 500,000 covered lives nationally.
  o The Vendor must have been licensed to transact and provide health insurance benefits for at least the past five (5) years in the state of Alabama. Provide the SEIB the date your organization was licensed to transact medical claim administration services in the state of Alabama.
  o The Vendor must not be on probation with the Alabama Department of Insurance. Provide a written confirmation statement as to such.

• A statement that the Vendor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or disability.
• A statement that the person signing the proposal certifies that he/she is the person in the Vendor’s organization responsible for or authorized to make decisions as to the prices quoted.
• The name and phone number of the individual(s) who can be contacted from 8:00 a.m. to 5:00 p.m. during business days for questions regarding your proposal.
• A statement that the Vendor understands and agrees that this proposal constitutes an offer, which when accepted in writing by the SEIB, and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the undersigned and the SEIB.
• The Vendor must certify that the proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services and is in all respects fair and without collusion or fraud. The Vendor must certify their understanding that collusive bidding is a violation of State and Federal Law and can result in fines, prison sentences, and civil damage award.
• All Subcontractors should be identified, and a statement included indicating the exact amount of work to be performed by the primary contractor (not less than 80%) and each Subcontractor, as measured by price.
• If the use of Subcontractor(s) is proposed, a statement from each Subcontractor must be appended to the transmittal letter signed by an individual authorized to legally bind the Subcontractor and stating:
  o The general scope of work to be performed by the Subcontractor;
  o The Subcontractor’s willingness to perform the work indicated; and
  o That they do not discriminate in their employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or disability.

If the proposal deviates from the detailed requirements of this RFP, the transmittal letter must identify and explain these deviations, including deviations from current plan design. The SEIB reserves the right to reject any proposal containing such deviations or to require modifications before acceptance.

2.8 Disclosure of Proposal

Proposals and supporting documents are kept confidential until the evaluation process is complete and a contract has been awarded. Proposers should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect materials included within the proposal from disclosure, if required by law.

The Proposer should mark or otherwise designate any material that it feels is proprietary or otherwise confidential and state any legal authority as to why that material should not be subject to public disclosure.
Alabama SEIB Medical and Dental RFP

under Alabama open records law. **If you feel that a response to a question contains proprietary/confidential information, click the “Disclosure” tab located underneath the question and check the box for “Exemption from Disclosure.” Provide a reason for the exemption in the text field provided. If you do not provide a reason for exemption, the question will not be considered answered.** Information contained in the Financial Proposal may not be marked confidential. The SEIB assumes no liability for the disclosure of information not identified by the Proposer as confidential. If the Proposer identifies its entire proposal as confidential, the SEIB may deem the proposal as non-compliant and may reject it.

Vendor agrees to intervene in and defend any lawsuit brought against the SEIB for its refusal to provide Vendor’s alleged confidential and/or proprietary information to a requesting party. The SEIB shall provide Vendor written notice of any such lawsuit within ten (10) days of receipt of service by the SEIB. Vendor shall intervene within thirty (30) days of notice or will be deemed to have waived any and all claim that information contained in the proposal is confidential and/or proprietary and any and all claims against the SEIB for disclosure of Vendor’s alleged confidential and/or proprietary information.

2.9 **Order of Precedence**

In the event of inconsistencies or contradictions between language contained in the RFP and a Vendor’s response, the language contained in the RFP will prevail. Should the State issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Vendor’s proposal in the event of an inconsistency, ambiguity, or conflict.

2.10 **SEIB’s Rights Reserved**

While the SEIB has every intention to award a contract as a result of this RFP, issuance of the RFP in no way constitutes a commitment by the SEIB to award and execute a contract. Upon a determination such actions would be in its best interest, the SEIB, in its sole discretion, reserves the right to:

- Cancel or terminate this RFP;
- Reject any or all of the proposals submitted in response to this RFP;
- Change its decision with respect to the selection and to select another proposal;
- Waive any minor irregularity in an otherwise valid proposal which would not jeopardize the overall program and to award a contract on the basis of such a waiver (minor irregularities are those which will not have a significant adverse effect on overall project cost or performance);
- Negotiate with any Vendor whose proposal is within the competitive range with respect to technical plan and cost;
- Adopt to its use all, or any part, of a Vendor’s proposal and to use any idea or all ideas presented in a proposal;
- Amend the RFP (amendments to the RFP will be made by written addendum issued by the SEIB and will be posted on the SEIB website);
- Release a new RFP for the same or revised services; and
- Not award any contract.

2.11 **Selection of Vendor**

Vendors, whose proposals are received by the deadline and meet the Vendor Minimum Qualifications will be evaluated further. Each proposal may receive up to 100 maximum points, allocated as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Proposal</td>
<td>40</td>
</tr>
<tr>
<td>Cost Proposal</td>
<td>40</td>
</tr>
<tr>
<td>Finalist Evaluation</td>
<td>20</td>
</tr>
</tbody>
</table>
The evaluation will be conducted in up to three phases:

- **Phase I - Evaluation of Technical Proposal**, based on the following criteria:
  - Response to Sections 3-6 and 8-11, and
  - Analysis of Network Access and Disruption.

- **Phase II - Evaluation of Cost Proposal**, based on a network analysis of relative claims cost, plus proposed administration fees. The lowest total claims plus administration cost (“Cost”) proposal will receive the maximum allowable 40 points.

- **Phase III – Finalist Evaluation.** At any time during the finalist evaluation phase, the SEIB may, at the SEIB’s discretion, contact a Vendor to:
  - provide further or missing information or clarification of their Proposal,
  - provide an oral presentation of their Proposal,
  - obtain the opportunity to interview the proposed key personnel, conduct an onsite visit of the Vendor’s facilities, and/or
  - provide best and final offer. Reference checks may also be made at this time. However, there is no guarantee that the SEIB will look for information or clarification outside of the submitted written Proposal. Therefore, it is important that the Vendor ensure that all sections of the Proposal have been completed to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Oral presentations may be required as part of the evaluation criteria. Additionally, the Board may ask for best and final offers. The evaluation team will make its final or conditional recommendation based on the above-described evaluation process. The final award decision will be made by the SEIB.

Any contract awarded hereunder shall be subject to the approval of the SEIB, in accordance with applicable state laws and regulations. Discussions, negotiations and requests for additional information regarding price and other matters may be conducted with the Vendor(s) who submit proposal(s) determined to be reasonably susceptible of being selected for award, but proposal(s) may be accepted without such discussions. The Board reserves the right to further clarify and/or negotiate with the Vendor(s) on any matter submitted.

### 3 Proposal Conditions

#### 3.1 General

Below are the general conditions for submitting a proposal. By checking “Agree”, Proposer represents the proposal submitted adheres to these conditions, unless otherwise noted in the proposal. Failure to meet any of these conditions may result in disqualification of proposal. This RFP and your response, including all subsequent documents provided during this RFP process, will become part of the contract terms and Agreement between the parties. If a Proposer takes exception to any of these conditions, it must be so noted in the Proposal Exceptions and Deviations Document of their proposal response. These requirements will also explicitly apply to any subcontractors used by the Proposer to deliver services to the SEIB.
3.1.1 Any award will be made to the Proposer(s) whose proposal(s) is/are deemed to be in the best interest of the SEIB. The SEIB reserves the right to reject any and all proposals.

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

3.1.2 Any cost incurred by Proposer in preparing or submitting proposals is Proposer’s sole responsibility. Proposals will not be returned.

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

3.1.3 Proposer will not be bound by oral explanations or instructions given during the competitive process or after the award of the contract(s). However, the SEIB reserves the right to request that Proposer put any such oral explanations or instructions into writing and, once in written format, such documentation shall become part of Proposer’s proposal for purposes of becoming part of the final agreement.

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

3.1.6 All Proposer services must adhere to relevant federal and state laws and regulations.

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

3.1.8 There are NO additional fees (beyond those outlined in the Cost Proposal Worksheet) required to provide the services outlined in this RFP. Any mandatory fees must be clearly outlined in the Cost Proposal Worksheet. Under no circumstances will the SEIB be liable to Proposer for fees not disclosed in Proposer’s written proposal.
3.1.9 The Proposer agrees that the account will have no minimum participation requirements.

3.1.10 The Proposer guarantees the administration fees for three (3) years and the option to renew for two (2) one-year agreements.

3.1.11 The Proposer agrees to administer the current benefit structures without deviation.

3.1.12 The Proposer agrees to allow those prison inmates designated by the SEIB to have access to its hospital networks and receive the same discounted hospital services as offered to other members of SEIB plans.

3.1.13 The Proposer agrees to allow those employees covered under the State Employee Injury Compensation Trust Fund (Section 36-29A-1, et seq, Code of Alabama) to have access to its medical networks and receive the same discounted services as offered to other members of the SEIB plans.

3.1.14 The Proposer accepts subscribers and dependent eligibility definitions as defined by the SEIB.

3.1.15 The Proposer agrees to accept eligibility and coverage data file on a daily basis.

3.1.16 The Proposer must use the employee's contract number (assigned by the SEIB) as the unique employee identifier.

3.1.17 Proposer agrees to make changes in a timely manner in such instances where the Alabama Legislature enacts legislation that impacts the SEIB and requires such changes.
3.1.18 Proposer shall maintain or obtain (as applicable), with respect to the activities in which Proposer engages pursuant to this Agreement, professional liability (errors and omissions) insurance and general liability insurance in amounts reasonable and customary for the nature and scope of business engaged in by such party. Proposer shall deliver to the SEIB evidence of such insurance on or before the Effective Date and annually thereafter and name the SEIB as an additional insured. Please specify the liability coverage amounts you are offering for this account.

3.1.19 Proposer will accept liability for any mistakes, errors, or omissions it makes in providing services to the SEIB and its members.

3.1.20 Proposer agrees to execute the contract within sixty (60) days following receipt, if its proposal is determined to be the apparent winner.

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

3.1.22 Proposer agrees to provide its organization's last audited financial statement and the latest SSAE 18 report.

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

3.1.24 Proposer agrees that the SEIB owns its data and that such data will be considered proprietary and will not be shared, except at the SEIB's request, with full knowledge and express written consent.
3.1.25 The Proposer agrees to provide monthly paid claims “raw” data in such detail and format as approved by the SEIB to the SEIB’s claims analysis Vendor(s).

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

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

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

4 Vendor Information

4.1 Vendor Minimum Qualifications

The Proposer must meet all of the Vendor Minimum Qualifications to submit a valid proposal. The Minimum Qualifications are as follows:
4.1.1 The Proposer must be rated by at least one of the following rating agencies and must meet the minimum rating requirements outlined below for the most recent rating. Provide the SEIB all agencies, corresponding ratings, and date of rating for your organization.
Acceptable ratings for this feature are as follows:

<table>
<thead>
<tr>
<th>Company</th>
<th>Acceptable Ratings</th>
<th>Proposer Rating</th>
</tr>
</thead>
</table>
4.1.2 The SEIB account must not result in more than a (25%) twenty-five percent increase in total business or forty percent (40%) increase in the Proposer’s current Alabama business, as measured by the number of covered contracts in existing medical claims administration accounts for services similar to those required in this RFP.

Single, Radio group.
1: Agree,
2: Disagree, explain: [ Unlimited ]

4.1.3 The Proposer must have experience adjudicating and paying health and dental claims for at least 100,000 covered lives in Alabama and 500,000 covered lives nationally.

Single, Radio group.
1: Agree,
2: Disagree, explain: [ Unlimited ]

4.1.4 The Proposer must have been licensed to transact and provide health insurance benefits for at least the past five (5) years in the state of Alabama. Provide the SEIB the date your organization was licensed to transact medical claim administration services in the state of Alabama.

Single, Radio group.
1: Agree,
2: Disagree, explain: [ Unlimited ]

4.1.5 The Proposer must not be on probation with the Alabama Department of Insurance. Provide a written confirmation statement as to such.

Single, Radio group.
1: Agree,
2: Disagree, explain: [ Unlimited ]

4.2 Company Overview

4.2.1 Please provide contact information for the individual authorized to answer questions regarding your response to the RFP.
4.2.2 Please complete the following table:

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Organization Established</td>
</tr>
<tr>
<td>Percent Lives Covered from Top 10 Clients</td>
</tr>
<tr>
<td>Total Number of Your Organization’s Employees (2018)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Type of Service(s)</th>
<th>Years Utilizing this Contractor</th>
<th>Contractual Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing required</td>
<td>Nothing required</td>
<td>Nothing required</td>
<td>Nothing required</td>
</tr>
<tr>
<td>Nothing required</td>
<td>Nothing required</td>
<td>Nothing required</td>
<td>Nothing required</td>
</tr>
</tbody>
</table>
### Alabama SEIB Medical and Dental RFP

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
</tr>
<tr>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
</tr>
<tr>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
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<tr>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
<td><strong>Unlimited.</strong> Nothing required</td>
</tr>
</tbody>
</table>

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

1000 words.

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

500 words.

4.2.6 Provide the following financial information:

<table>
<thead>
<tr>
<th></th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Current ratio</td>
<td><strong>Unlimited.</strong></td>
</tr>
<tr>
<td>b. Days cash on hand</td>
<td><strong>Unlimited.</strong></td>
</tr>
<tr>
<td>c. Debt to equity ratio</td>
<td><strong>Unlimited.</strong></td>
</tr>
</tbody>
</table>

4.2.7 Describe any changes in the organizational structure (including, but not limited to demutualization, addition/deletion of claim offices, addition/removal of product lines, and staff reductions) that have occurred in your organization over the last twelve (12) months or are anticipated to occur in the next 24 months.

500 words.

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

500 words.
4.2.9 Describe any parent/subsidiary relationship. 
500 words.

4.2.10 Indicate how many years your organization has been in the business of providing the coverage(s) for which you are submitting a proposal.

Single, Pull-down list.
1: More than 10 years,
2: 5-10 years,
3: 1-4 years

4.2.11 Does your company have any administrative, regulatory, judicial actions or investigations regarding past or current activities? If yes, please explain.

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

4.2.12 Is your organization:

Single, Radio group.
1: Privately held,
2: Publicly traded,
3: A Mutual Holding Company,
4: Other. Please describe: [ 500 words ]

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

500 words.

4.2.14 Please provide the following information:

- A statement of whether the Proposer or any of the Proposer's employees, agents, independent contractors, or subcontractors have been convicted of, pled guilty to, or pled nolo contendere to any felony, and if so, an explanation providing relevant details.
- A statement of whether there is any concluded or pending litigation against the Proposer or Proposer's employees related to a contract engagement; and if such litigation exists, an attached opinion of counsel as to whether the pending litigation will impair the firm's performance in a contract under this RFP.
- A statement of whether the Proposer or any of the Proposer's business associates have reported a HIPAA breach involving 500 or more individuals in a given state or jurisdiction.
- A statement on how Proposer vets employees and contract personnel to ensure workforce clearance procedures are followed under HIPAA.
- A statement as to whether, in the last ten years, Proposer or any of its subcontractors has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.

Unlimited.
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4.3 Experience

4.3.1 Provide statistics regarding membership that receives medical administration services from your firm. Provide statistics further split as requested in the grid, below.

<table>
<thead>
<tr>
<th>Total Group Covered Lives</th>
<th>Group Covered Lives in Alabama</th>
<th>Total Number of Employer Groups</th>
<th>Public Sector Covered Lives</th>
<th>Number of Public Sector Groups</th>
<th>Number of Clients with 50,000+ Covered Lives</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>2019 New Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actives and Early Retirees</td>
<td>Integer.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 Total Group Member Percentage Renewed in 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actives and Early Retirees</td>
<td>Percent.</td>
</tr>
</tbody>
</table>

4.4 References

4.4.1 Please provide references of ten (10) current clients of similar size and industry for which you provide similar services.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Company Name</th>
<th>Contact Name</th>
<th>Contact Title</th>
<th>Telephone</th>
<th>Email Address</th>
<th>Contract Start Date</th>
<th>Products/Services Offered</th>
<th>Number of Lives Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference 1</td>
<td>50 words.</td>
<td>50 words.</td>
<td>50 words.</td>
<td>50 words.</td>
<td>50 words.</td>
<td>To the day.</td>
<td>50 words.</td>
<td>Integer.</td>
</tr>
<tr>
<td>Reference 2</td>
<td>50 words.</td>
<td>50 words.</td>
<td>50</td>
<td>50 words.</td>
<td>50 words.</td>
<td>To the day.</td>
<td>50 words.</td>
<td>Integer.</td>
</tr>
</tbody>
</table>
5 Scope of Work

5.1 General Requirements

5.1.1 The successful Proposer will be an organization with extensive experience in handling large group medical plans and a sophisticated claims adjudication system. Any proposing organization should have the size and resources to take over an account the size of the SEIB without perceptible upset of service to this or other clients.
If financial losses have been experienced during one (1) or both of the Proposer’s last two (2) fiscal years, the ratio of assets to liabilities must reflect sound financial conditions.

The Vendor must agree to set up a dedicated claims processing unit to provide services to the SEIB.

The Vendor’s total organization must be committed to leadership and support of excellent service to the SEIB during the period of the contract, for rapid change in benefits issues, and in the context of national health care reform. This commitment must be demonstrated through proactive and timely effective actions of the following:

- To promote and enhance quality to members and measure service;
- To stay current with ever-changing Medicare coordination issues and requirements;
- To provide proper response to possible health system reform;
- To identify new initiatives for cost management; and
- To commit the people, system, and financial resources necessary to be in the forefront of the medical benefits industry.

**5.2 Account Team**

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

1000 words.

5.2.2 Provide the following information regarding the account service team that would be assigned to this account.

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Location</th>
<th>Years of Industry Experience</th>
<th>Years with Your Firm</th>
<th>Years in Current Position</th>
<th>Number of Accounts Currently Assigned</th>
<th>Brief Description of Staff Member’s Job Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Executive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>500 words.</td>
</tr>
<tr>
<td>Account Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>500 words.</td>
</tr>
<tr>
<td>Onsite Service Representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>500 words.</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td>Member Service Manager</td>
<td>50 words.</td>
<td>50 words.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>500 words.</td>
</tr>
<tr>
<td>Implementation Coordinator</td>
<td>50 words.</td>
<td>50 words.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>500 words.</td>
</tr>
<tr>
<td>Claims Manager</td>
<td>50 words.</td>
<td>50 words.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>500 words.</td>
</tr>
<tr>
<td>Designated Clinical Representative</td>
<td>50 words.</td>
<td>50 words.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>500 words.</td>
</tr>
<tr>
<td>IT Coordinator</td>
<td>50 words.</td>
<td>50 words.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>500 words.</td>
</tr>
<tr>
<td>Other</td>
<td>50 words.</td>
<td>50 words.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>500 words.</td>
</tr>
</tbody>
</table>

5.2.3 The Proposer agrees to provide a full-time customer service representative at the SEIB office.

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

5.2.4 Confirm your understanding and agreement that ALL on-site staff may be subject to a background check.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.2.5 Confirm your agreement that the SEIB reserves the right to accept or decline the onsite service representative both initially and in future contract years.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.2.6 Confirm you will have dedicated staff available to the SEIB staff during the hours of 8:00 a.m. through 5:00 p.m. CT, Monday through Friday and during emergencies as specified by the SEIB.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]
5.2.7 Confirm that you will respond to all inquiries from the SEIB's staff within one (1) business day.

Single, Radio group.
1: Confirmed,
2: Not confirmed

5.2.8 Do your services include legislative updates to plan sponsors?

Single, Pull-down list.
1: Yes - included in Standard Fees,
2: Yes - for Additional Charge,
3: No

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

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

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

Unlimited.

5.2.11 Confirm that you will provide an annual score card to the SEIB so that the SEIB can assess Proposer's performance. Please provide a sample of your annual score card.

Single, Pull-down list.
1: Confirmed, score card attached,
2: Not confirmed

5.2.12 Confirm your team will attend onsite meetings with the SEIB to present current plan and service performance, address any recent issues/challenges encountered, suggest potential savings opportunities specifically applicable to the SEIB's plan, and discuss other pertinent topics to be identified prior to each meeting. At a minimum, the SEIB requests that the appropriate clinical and analytical team members closely involved in the daily operations of the SEIB account and the Account Executive and Account Manager with oversight responsibility attend all meetings.

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

5.2.13 Confirm that the Account Manager and Executive will prepare a dashboard showing in progress and proposed programs and cost savings initiatives. The dashboard will include a brief description and the SEIB-specific data regarding member and cost impact. If any program is chosen by the SEIB to be implemented, the Account Manager and Executive will provide an implementation checklist showing the periodic milestones until completion, responsible parties for each action item, and any relevant notes.

Single, Radio group.
1: Confirmed,
2: Not confirmed

5.2.14 Confirm the Account Manager will lead meetings with the SEIB and maintain an accurate, up to date task log of current issues and discussion items. The Account Manager will be responsible for overseeing the task log and ensuring each identified issue is addressed until resolution is achieved. The Account Executive and
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Account Manager will be responsible for ensuring that all relevant parties to the specific issues will be present and prepared for each call.

*Single, Radio group.*
1: Confirmed [ 500 words ],
2: Not confirmed

5.2.15 Confirm your team will attend the SEIB's Board meetings at your expense.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed [ 500 words ]

### 5.3 Member Communication

5.3.1 Proposer will prepare SPD, Proof of Coverage, benefit booklets, ID cards, and other plan descriptive material, as specified by the SEIB. Materials will be mailed directly to the participant at no cost to the SEIB.

*Single, Radio group.*
1: Agree,
2: Disagree

5.3.2 The SEIB must review and approve all standard and SEIB-specific communications pieces (letters, flyers, and inserts) before they are sent to SEIB members. The Vendor agrees to provide the SEIB two weeks to review and approve all communications before sending to SEIB members.

*Single, Radio group.*
1: Agrees,
2: Disagrees, please explain: [ 50 words ]

5.3.3 Vendor agrees not to charge the SEIB for production costs, including postage, for standard communications.

*Single, Radio group.*
1: Agrees,
2: Disagrees, please explain: [ 50 words ]

5.3.4 Vendor shall provide customization of member communication materials and/or enrollment materials as necessary at no additional cost.

*Single, Radio group.*
1: Agrees,
2: Disagrees, please explain: [ 50 words ]

5.3.5 Vendor agrees to not display full Social Security numbers or contract numbers on any member communication materials.

*Single, Radio group.*
1: Agrees,
2: Disagrees, please explain: [ 50 words ]

5.3.6 The Vendor's fee must include the cost of postage for services described in this RFP.

*Single, Radio group.*
1: Agrees,
2: Disagrees, please explain: [ 50 words ]
5.3.7 Vendor agrees not to pass any increases in mailing/postage fees to the SEIB or its members during the contract term.

*Single, Radio group.*
1: Agrees: [ 50 words ],
2: Disagrees, please explain: [ 50 words ]

5.3.8 Confirm that staff will be available and participate in the open enrollment communications campaign if requested by the SEIB. Describe your involvement and how you will assist members in learning about their benefit options. Note that Open Enrollment is scheduled to begin each November 1 and ends on November 30.

*Single, Radio group.*
1: Confirmed, Explain: [ Unlimited ],
2: Not confirmed, Explain: [ Unlimited ]

5.3.9 Confirm that your organization will conduct on-site, state wide educational sessions for the SEHIP's eligible members and dependents of eligible members beginning no later than each November 1, and throughout the remainder of the Open Enrollment Period if requested by the SEIB.

*Single, Radio group.*
1: Confirmed: [ 500 words ],
2: Not confirmed: [ 500 words ]

### 5.4 Customer Service

5.4.1 Please provide the following information regarding the proposed call center:

<table>
<thead>
<tr>
<th></th>
<th>CY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Unlimited.</td>
</tr>
<tr>
<td>Days of Operation</td>
<td>Unlimited.</td>
</tr>
<tr>
<td>Hours of Operation</td>
<td>Unlimited.</td>
</tr>
<tr>
<td>Turnover Rate</td>
<td>Percent.</td>
</tr>
<tr>
<td>Percent of Calls Abandoned</td>
<td>Percent.</td>
</tr>
<tr>
<td>Average Speed of Answer (in seconds)</td>
<td>Decimal.</td>
</tr>
<tr>
<td>Average wait time (in seconds)</td>
<td>Decimal.</td>
</tr>
</tbody>
</table>
5.4.2 The Vendor must demonstrate commitments to quality services through customer feedback surveys, focus groups, provider groups, or other appropriate means. Internally, the Vendor must demonstrate how teamwork is fostered, monitored, and rewarded. The Vendor must demonstrate commitment to and willingness to continuous improvement to enhance customer service and effectiveness.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.4.3 How are calls "after hours" of operation handled? Is there a voicemail system or capability for caller to leave messages after normal business hours?

*Single, Radio group.*
1: Voice Mail,
2: No Service,
3: Full Service (24/7),
4: Some Extended hours for calls,
5: Other, please specify: [ 500 words ]

5.4.4 Confirm the Member Services line will be dedicated solely to the SEIB.

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

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

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

5.4.6 Do members reach a live representative or an interactive voice response unit (IVR) when calling Member Services?

*500 words.*

5.4.7 Do members have access to the claims/Member Service group via e-mail or internet? If yes, please specify features available (e-mail, web chat, etc.).

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

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

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

5.4.9 Will this service be outsourced? If so, provide the name of the outsourcer.

*500 words.*

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

<table>
<thead>
<tr>
<th>System Characteristics</th>
<th>Response</th>
</tr>
</thead>
</table>


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<table>
<thead>
<tr>
<th>Section</th>
<th>Single, Pull-down list.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of initial call</td>
<td>1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)</td>
</tr>
<tr>
<td>Date inquiry closed</td>
<td>1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)</td>
</tr>
<tr>
<td>Representative who handled call</td>
<td>1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)</td>
</tr>
<tr>
<td>Call status</td>
<td>1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)</td>
</tr>
<tr>
<td>If and where issue was referred for handling</td>
<td>1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)</td>
</tr>
<tr>
<td>Reason for call (issue)</td>
<td>1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)</td>
</tr>
<tr>
<td>What was communicated to member</td>
<td>1: Does Track, 2: Does Not Track, 3: Not Applicable (No System Available)</td>
</tr>
</tbody>
</table>

5.4.11 The Vendor agrees to document 100% of SEIB's member service calls through call recordings and call notes. All recordings will be kept for 24 months and made available for SEIB's review upon request.

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

5.4.12 All member service call recordings and notes between the Vendor and SEIB's members will be SEIB's property. Vendor will forward written transcripts of calls at SEIB's request within two business days of the request being made and to allow SEIB to listen to any recorded calls within 24 hours of SEIB's request.

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

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

1000 words.

5.4.14 Can the MSRs access claims status online real-time?
5.4.15 How many months of claims history are available to MSRs?
Decimal.

5.4.16 Confirm that the member can find a provider by calling the Member Service line.
Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

5.4.17 Confirm that multi-language communication phone line support is included in the base administration fee. List the languages available to SEIB members speaking to your customer service representatives.
Unlimited.

5.4.18 How are disabled (e.g., hearing-impaired) member calls facilitated through your member services area?
Unlimited.

5.4.19 Do you use emerging technology such as artificial intelligence and machine learning to improve the caller experience? If yes, describe how this is used and provide any results achieved.
1000 words.

5.4.20 Describe the escalation process for Member Service satisfaction and complaints.
Unlimited.

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

5.4.22 Will you send a member satisfaction survey to the entire SEHIP membership? If not, please describe the percentage of the SEHIP membership targeted in your survey.
500 words.

5.4.23 What is your targeted survey response rate and what efforts do you employ to achieve that rate?
500 words.

5.4.24 Provide the most recent results of your annual Medical Plan survey.
500 words.

5.4.25 Confirm you offer a 24-hour nurse line with staff available 24-hours a day, 365 days a year.
Single, Radio group.
1: Confirmed,
2: Not confirmed

5.4.26 Is your 24-hour nurse line service in-house or subcontracted?
500 words.

5.4.27 Provide utilization statistics for 2017 and 2018 for your 24-Hour Nurse Line.
5.5 Member Website

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

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

5.5.2 Do your web-based and app-based products comply with all current and known future security and HIPAA requirements for both aggregate and individual transactions?

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

5.5.3 Briefly describe your member website and member smartphone app (if applicable) capabilities including whether your member website and smartphone app include the following:

- Accurate provider directory and provider search (physician, hospital, pharmacy, and ancillary providers)
- Directions to provider’s office provided by Map Quest or other mapping/direction application
- Ability to make a doctor’s appointment online
- Physician and hospital quality and outcomes data
- Physician and hospital pricing data by procedure by provider
- Physician and hospital reviews from other members
- Treatment cost estimator
- Information about diseases and conditions
- Ability to see a summary of the SEIB’s plan design and review the SEIB’s Evidence Of Coverage (EOC)
- Ability to review the SEIB’s appeals process and file an appeal online
- Ability to review the waste, fraud and abuse notification process
- Contact information for the SEIB, its other vendors, and links to their websites
- On-line access to forms
- Ability to review claims payment status online
- Ability to review a history of claims payments (medical and pharmacy), including deductible status, out-of-pocket maximum status
- Ability to review or print out a Health Statement with a history of claims payments
- Ability to print ID cards and request replacement cards
- Dependent information
5.5.4 Confirm that you will include the SEIB’s logo throughout your portal and that online tools can be customized, as requested by the SEIB.

*Single, Pull-down list.*

1: Confirmed,
2: Not confirmed

5.5.5 The Administrator agrees to keep its website and smartphone app current, up-to-date, and SEIB specific.

*Single, Radio group.*

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

### 5.6 ID Cards

5.6.1 Complete the table below regarding ID Cards:

<table>
<thead>
<tr>
<th>Response</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **Confirm that you will issue a member ID card and mail, via surface mail, to covered Members within five (5) business days following the enrollment period.** | Single, Pull-down list.  
1: Confirmed, explain in comments,  
2: Not confirmed, explain in comments  
500 words. |
| **Confirm that all the SEHIP covered members will have a valid ID card in hand prior to January 1, 2020.** | Single, Pull-down list.  
1: Confirmed, explain in comments,  
2: Not confirmed, explain in comments  
500 words. |
| **Confirm that you will re-issue the member ID card within five (5) business days of notification that a member has lost a card, or for any reason that results in a change to the information disclosed on the member ID card.** | Single, Pull-down list.  
1: Confirmed, explain in comments,  
2: Not confirmed, explain in comments  
500 words. |
| **Confirm extra ID cards will be available for a dependent child away from home attending school or residing out of area.** | Single, Pull-down list.  
1: Confirmed, explain in comments,  
2: Not confirmed, explain in comments  
500 words. |
| **Confirm that ID cards will be subject to final approval by the SEIB.** | Single, Pull-down list.  
1: Confirmed, explain in comments,  
2: Not confirmed, explain in comments  
500 words. |
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How soon after eligibility data is successfully loaded will a member be able to print a temporary ID card from your web portal?

<table>
<thead>
<tr>
<th>List.</th>
<th>words.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Confirmed, explain in comments, 2: Not confirmed, explain in comments</td>
<td></td>
</tr>
</tbody>
</table>

Indicate how many ID cards you will mail to subscribers who have family coverage, at no additional charge.

| 500 words. |

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

500 words.

5.6.3 If your organization has experienced a security breach as a result of an outside ID card vendor, describe the breach and how your organization achieved resolution.

500 words.

5.7 Claims Processing - General

5.7.1 The Vendor must adjudicate claims and pay benefits to the employee or provider according to SEIB approved benefit schedules in Exhibit A.

Any claim payments or adjustments that the Vendor interprets as not in compliance with the approved plan or that require a policy decision shall be made only upon written authorization from SEIB management or as delegated in writing to authorized personnel by the SEIB.

The Vendor should minimize the number of persons handling a claim during the processing cycle. This goal for handling claims must not, however, conflict with accepted standards for internal control by the separation of various functions.

All information, including but not limited to claims and Explanations of Benefit (EOB), must include date and time received, a permanent record made, and reviewed for completeness. Incomplete claims must be returned with the appropriate request for information.

All claims must be coded and entered for type of service, place of service, provider, and all other information required for accurate claims processing, according to the approved benefit plan and for analysis of utilization and pricing.

The Vendor must inspect the claim for other carrier information.

The Vendor must inspect claims to determine if Medicare is or may be the primary payer.

The Vendor must review and research EOBs that are received separately from claims. If the EOB dates of service and amounts match a pended or denied claim, the Vendor must appropriately adjudicate the claim. If the EOB does not match a pended claim, the Vendor must correspond with the employee.
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The Vendor must inspect claims to determine if a third-party, such as automobile or other casualty insurance, may have primary responsibility for paying the claim. If further information is needed to accurately complete the adjudication process, the Vendor must correspond with the employee or provider, as appropriate.

Upon determination that the claim is a valid claim under the benefit plan, the Vendor must issue a draft for the eligible benefits, to the member or the provider, according to appropriate contractual arrangements with providers and SEIB regulations. Vendor must mail the corresponding EOB to the payee’s home address, via first class postage, or the member can opt to obtain the EOB online from the vendor.

The Vendor must identify the reason for a returned draft. If the address is incorrect, the Vendor must resubmit the draft to the correct address; if the draft is returned for another reason (e.g., wrong payee, duplicate payment, incorrect amount) the Vendor must “void” the draft and re-issue or otherwise correct the payment.

The Vendor’s Information Technology (IT) system must produce and issue an EOB to the employee that clearly identifies how the claim was processed and paid and what the employee’s liability may be, even if the employee’s liability is zero.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.7.2 With regard to the claim offices that will be used, provide the following:

a. Location b. Staffing: Complete the following table

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Staff</th>
<th>Average Years of Total Claims Administration Experience</th>
<th>Average Years of Claims Administration Experience with Your Firm</th>
<th>Annual Turnover (%)</th>
<th>Work Remotely or from Home (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Processors</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Claims Supervisors</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Claims Managers</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Auditors</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Quality Control Managers</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Clinical Review Staff</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
</tbody>
</table>
5.7.3 Confirm your system will automatically adjudicate the current schedule of benefits for both the Medical Plan as well as the Supplemental Medical Plan that have been provided with this proposal.

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

5.7.4 Confirm your system has the flexibility to administer the SEIB’s plan provisions without manual interventions. If not, describe which provisions require manual intervention.

*Single, Radio group.*
- 1: Confirmed,
- 2: Not Confirmed, please explain: [ 500 words ]

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

*Single, Radio group.*
- 1: Confirmed,
- 2: Not Confirmed, explain: [ 500 words ]

5.7.6 How is medical necessity defined? What tools are provided to the claims examiners to assist in their determination of medical necessity?

*1000 words.*

5.7.7 Describe any automated utilization management edits or procedures your system utilizes for the following, as well as any other automated system quality assurance/claim appropriateness controls you employ and feel would be beneficial to the SEIB.

- Medical necessity
- Pre-certifications
- Claim accuracy
- Physician administered specialty drug utilization management

*Unlimited.*

5.7.8 Confirm that if any unapproved, non-medically necessary procedure is paid by the Medical Administrator, the Administrator will take full financial responsibility for the expense and reimburse the SEIB for the charges.

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

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

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

5.7.10 Does your claims system have the capability to automatically match claims with utilization management information both in- and out-of-network?
Alabama SEIB Medical and Dental RFP

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

5.7.11 Does your organization have claims system changes planned (other than routine maintenance) during the term of the SEIB’s proposed contract. If yes, please describe the types of changes planned and anticipated timing of the changes.

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

5.7.12 What percentage of total claims are auto-adjudicated for your national Book of Business? *Percent.*

5.7.13 What percentage of total claims are auto-adjudicated for your State of Alabama Book of Business? *Percent.*

5.7.14 How does your organization increase auto adjudication rates for rural areas? *500 words.*

5.7.15 Does your organization process network, non-network, and out-of-area claims on the same system?

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

5.7.16 If a member visits an out of network provider and files for reimbursement via a paper claim, confirm that neither the member nor the SEIB will be charged additional fees for processing a paper claim.

*Single, Radio group.*
1: Confirmed [ 500 words ],
2: Not confirmed

5.7.17 Describe your process to review claims for billing irregularities by provider (such as regular overcharging, unbundling of procedures, upcoding or billing for inappropriate care for stated diagnosis, etc.)? *500 words.*

5.7.18 How are claims selected for internal audit? What triggers do you utilize?

*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 ]

5.7.19 On average, what percentage of all claims are audited by internal audit group? *Percent.*

5.7.20 What are the most typical errors uncovered by your internal auditors? *500 words.*
5.7.21 On average, what percentage of all claims that are internally audited are then adjusted in some way as a result of the audit? Describe your procedure for adjusting the claim including any contact with the provider. 

*Unlimited.*

5.7.22 The Vendor agrees to return 100% of all recovered monies from overpayments or duplicate payments (without a recovery fee) to the SEIB.

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

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

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

5.7.24 Confirm you will request refunds, on a monthly basis, from members and/or providers with respect to a claim incurred after the cancel date for up to 2 years from the incurred date. If the claim is misadjudicated, there is no time limit for the Medical Administrator to request refunds from the member and/or provider.

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

5.7.25 The SEIB requires the Administrator to exercise a Claim Hold process. Claims are to be held (not processed) when certain scenarios arise, as specified by SEIB. Confirm you will be able to administer the Claim Hold process in a timely manner, including the hold and release of the claim, as SEIB requires.

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

5.7.26 Confirm Bidder will be responsible for collecting any overpayments retroactively for two years from the date a claim is paid, and that overpayments will be paid back to SEIB even if the Administrator cannot recover from a provider.

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

5.7.27 Confirm that you will not engage in cross plan offsets related to SEIB claims.

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

5.7.28 At what intervals are financial and claims payment accuracy tracked and reported?

*Single, Pull-down list.*
1: Weekly,
2: Monthly,
3: Quarterly,
4: Annually,
5: Other

5.7.29 Using most recent year-end data, complete the table below for the claim office that will have payment responsibility for this account:
### Alabama SEIB Medical and Dental RFP

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Actual 2018 year end results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total annual claim volume per year (in total number of claims)</td>
<td>500 words.</td>
<td>500 words.</td>
</tr>
<tr>
<td>Average claims processed per processor per day</td>
<td>500 words.</td>
<td>500 words.</td>
</tr>
<tr>
<td>Claims turnaround time (percent of clean claim transactions processed within 14 calendar days following receipt of claim)</td>
<td>500 words.</td>
<td>500 words.</td>
</tr>
<tr>
<td>Average number of business days to process a clean claim from date received to date check/EOB issued</td>
<td>Decimal.</td>
<td>Decimal.</td>
</tr>
<tr>
<td>Financial accuracy (percentage of claim dollars paid without error, relative to total claim dollars paid)</td>
<td>500 words.</td>
<td>500 words.</td>
</tr>
<tr>
<td>Processing accuracy (percentage of claims processed without error, relative to the total number of claims processed)</td>
<td>500 words.</td>
<td>500 words.</td>
</tr>
<tr>
<td>What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 14 calendar days?</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>What percent of all non-clean claims submitted are processed (from date received to date check/EOB issued) within 30 calendar days?</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
</tbody>
</table>

### 5.8 Claims Processing - Coordination of Benefits (COB)

5.8.1 Members of plans offered by the SEIB frequently have other group coverage for the spouse, stepchildren, natural children, and themselves through other employer groups. Some employees have active coverage through two (2) employers, simultaneously. Members may have other group coverage through the spouse. The SEIB will attempt to identify if new enrollees and their dependents have primary coverage through another group health plan and will forward new or revised information as it is received. However, responsibility for determination of primary and secondary coverage is placed with the Vendor. During the claims processing or adjustment cycle, the Vendor must verify and re-verify information about other coverage, as specified in this RFP.

The “other carrier” coverage information must be interfaced with the claims system for proper claims adjudication. The IT system must have the capability of maintaining separate COB information for each individual under the employee's contract (employee, spouse, and each dependent) with claim adjudication.
defaulting to the employee COB information, if no dependent-specific COB information is on file. The IT system must have the capability of calculating primary/secondary payment status of children in accordance with the birthday rules of the NAIC. The IT system must be capable of querying members regarding divorce decree requirements and custodial relationships, and storing information received for use in claims processing. When a claim for a spouse or dependent is filed, the Vendor must edit the other coverage file to determine if a plan offered by the SEIB is the secondary payer. COB information must be elicited and updated upon receipt of a claim for the spouse or dependent child when the IT file indicates that “no other coverage” was present at least six (6) months prior to such claim receipt.

The IT system must generate correspondence to the employee if the claim and COB information conflict in any way. The Vendor must update information received from the employee (completed EOB or COB update) and automatically complete processing of any pending claims.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.8.2 Explain how your system:
- Identifies existence of other insurance (e.g., from your book of business, another employer, workers compensation or motor vehicle insurance)
- Questions/tracks COB
- Handles COB conflicts
- Communicates with members and providers
- Interfaces with other group carriers regarding COB.

1000 words.

5.8.3 The Vendor's IT system must have the capability of linking any COB information for a member to the member's eligibility records. The IT system must also be capable of linking all dependent information, and any COB information for each dependent, to the member's eligibility records.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.8.4 The SEIB incumbent Medical Administrator handles subrogation claims on behalf of the SEIB, including sending up to three questionnaires to members, if they do not respond to the first or second, requesting more information. Any member who has not responded within 30 days of receiving the third questionnaire has their claims suspended until they have complied with the questionnaire. Confirm your organization will mirror the process as currently administered and as specified by SEIB management.

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

5.8.5 Confirm you will provide a monthly subrogation report specific to the SEIB.

Single, Radio group.
1: Confirmed,
2: Not confirmed [ 1000 words ]

5.8.6 The SEIB requires the Administrator pay secondary for dependents when the dependent(s) is the subscriber on another employer’s plan in their own name as well. This includes spouse and non-spousal dependents. Confirm your ability to administer COB in this manner. Proposer agrees to load COB information
for the SEIB employee and dependents of the employee in their system and process claims according to the
SEIB’s COB procedures.

*Single, Radio group.*
1: Confirmed, explain: [ 500 words ],
2: Not Confirmed

5.8.7 What are your average subrogation rates of return for 2017 and 2018?
500 words.

5.8.8 Confirm you will provide at least one full-time employee within the Administrator’s subrogation
department dedicated to the SEIB.

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

5.9 Claims Processing - Other Third-Party Liability
5.9.1 The plans offered by the SEIB have non-duplication clauses for third-party liability claims. In addition, the
SEIB incorporates a subrogation right for all third-party liability claims.
The Vendor must be able to identify, and the IT system must have the capability to distinguish between various
types of coordination with third parties.
The Vendor must identify possible third-party liability claims through proper query procedures. When third-
party liability is involved, the Vendor must correspond with the member, establish the State’s right of
subrogation, and/or coordinate payment with the liable entity (or provider) as appropriate.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.10 Claims Processing - Medicare
5.10.1 Where appropriate, plans offered by the SEIB include Medicare subrogation provisions when the patient
is entitled to Medicare. The SEIB and the Vendor exchange information via acceptable electronic media
enrollment, the effective dates of each option, an indicator that the member has group coverage other than
Medicare, and a flag indicating that automatic reduction (without further correspondence) of benefits are
shared between the SEIB and Medicare.
The IT system must be capable of maintaining historical records for effective dates of enrollment in Medicare;
identifying when the SEIB plan is the primary payer (this is necessary because of grandfathering retirees
without Medicare or in those situations where the determination has been made that the retiree/spouse is not
entitled to Medicare); identifying and paying primary benefits for the entire month in which the
employee/dependent attains age 65 and automatically reducing benefits beginning the month following the
employee/dependent's 65th birthday; and identifying conflicts between claim information and Medicare
information.
In cases where conflicts in information arise, the Vendor must correspond with the employee. During the time
when the information is to be verified, the claim should be suspended, although follow-up within a reasonable
number of days is required.
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The Vendor must maintain knowledge about Medicare processing and coverage. The SEIB requires that the Vendor obtain itemized claim information for all Medicare related claims. The Medicare EOMB without itemized information must be returned to obtain complete information when Medicare is the primary payer.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

### 5.11 Claims Processing - Supplemental Coverage

5.11.1 The Vendor must administer SEIB supplemental coverage (Exhibit B – 2019 SEHIP Supplemental Health Handbook). The SEIB offers supplemental benefits to eligible state employees and non-Medicare retirees who are able to obtain group health coverage through a plan maintained by another employer. Members participating in this plan are electing not to participate in the State Employees' Health Insurance Plan. Participants in the State Employees' Supplemental Coverage Plan are eligible for benefits that supplement coverage under their primary plan. Only after benefits have been determined under the primary plan, will this plan determine the level of supplemental benefits that are due to be paid.

If a participant has no primary dental plan, he or she may elect to participate in the SEIB Preferred Dental Program as the primary dental plan. The supplemental provisions of the State Employees' Supplemental Coverage Plan will not apply to dental benefits if the participant elects the SEIB Preferred Dental Program.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

### 5.12 Claims Processing - Inmate Hospital Services

5.12.1 The Vendor must administer the Alabama Department of Corrections (ADOC) inmate hospital services. The SEIB has an Interagency Agreement with the ADOC to enable the ADOC to receive the same network discounts, as available to the SEIB, for its inmates receiving hospital services. The SEIB will be billed for the cost of all inmate hospital claims processed by the Vendor. All claims outside the Vendor’s hospital network will be processed by the ADOC or its TPA.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

### 5.13 Claims Processing - Workers' Compensation

5.13.1 The Vendor must administer SEIB workers' compensation services. The SEIB provides discounted medical benefits for the treatment of work-related injuries and illnesses for members of the SEHIP through the same contractual agreements the Claims Administrator has with the SEHIP. Benefits will not be subject to any deductibles, coinsurance, co-payments or maximums normally included as part of the SEHIP. The Vendor should be capable of providing case management, cost control programs, and return-to-work programs if requested by the SEIB.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]
5.14 Claims Processing - Document Controls

5.14.1 The Vendor must establish a method of tracking claims from date of receipt until date paid or date of final disposition. A process must be maintained that will allow the Vendor to control and report to the SEIB the claims inventory by each step (manual and computer) of the adjudication process. The control process must also differentiate between the types of claims received (i.e., electronic and paper). Documents should be numbered, or otherwise uniquely identified, when received and that identifier must be used throughout the processing cycle. The document must be retrievable using this identifier. Document controls must also be established for correspondence, EOBs, adjustments and any other items used in the claim process.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.15 Claims Processing - Electronic Data Interchange (EDI)

5.15.1 The Vendor is to use a system of electronic data interchange for hospitals or other providers of medical service. Such system must be in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). The SEIB must approve any EDI activity for its account. If the Vendor uses EDI claims entry for other clients, SEIB data must be protected from access, including “read only” capability or entry upon request from the SEIB. Proper controls must be implemented to require some types of claims to be submitted by paper only (e.g., transplant claims).

The Vendor must install security safeguards for any provider having access to the Vendor's computerized system to assure that only valid claims are entered. Additionally, the IT system supporting such delegated claims entry must include safeguards against entry of claims for providers other than for the provider of the medical services and proper input controls for receipt of any other application for electronic submission.

The Vendor shall train provider staff in the proper use of the computerized system. The Vendor will train provider staff in the coding structures used for the SEIB account. Training of provider staff must be completed prior to use of the computerized system.

The use of a delegated system of claims entry does not remove the requirement that permanent records be kept as described elsewhere in this RFP. The Vendor must maintain contracts with these entities for maintenance of supporting documentation (paper or electronic record) for proper audit trails, including documents to substantiate the patient's authorization for assignment. The Vendor must receive and forward copies of claim forms or other requested documents to the SEIB within twenty-one (21) days of request.

The ability of a provider to perform claims entry must be revocable through the Vendor's software without physical access to the provider's office.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]
5.16 Information Technology (IT) Systems - General
5.16.1 The IT environment, the physical and data security features and the internal controls used by the Vendor must meet the standards outlined by the American Institute of Certified Public Accountants. The Vendor must use an IT environment that fully supports the requirements of this RFP. The IT environment must be covered by a disaster recovery plan that facilitates the restoration of the application software and data as well as the rapid replacement of hardware through reinstallation or use of an alternate site.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.17 IT Systems - Data Storage and Access Control
5.17.1 Data security requirements shall, at a minimum, consist of fully operational internal controls. All processing of and access to the SEIB data must be through a system of security features that protect against invasion of privacy and unauthorized access.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.17.2 Do you have intrusion detection and monitoring tools, and are you conducting penetration testing and vulnerability scans?

Single, Radio group.
1: Yes, explain: [ 100 words ],
2: No

5.17.3 Do you have an incident response plan for network intrusions and virus incidents?

Single, Radio group.
1: Yes, explain: [ 100 words ],
2: No

5.17.4 The Vendor must have a dedicated team to assess and respond to security vulnerabilities reported in Vendor's IT systems.

Single, Radio group.
1: Agrees,
2: Disagrees, please explain: [ 50 words ]

5.17.5 Vendor must defend, indemnify, and hold harmless the SEIB, and, at Vendor's expense, notify the members and mitigate any harmful effects, in the event Vendor or one of the Vendor's business associates uses or discloses PHI in violation of HIPAA, the HITECH Act, or any applicable regulations.

Single, Radio group.
1: Agrees,
2: Disagrees, please explain: [ 50 words ]

5.18 IT Systems - Inputs, Outputs, and Processing
5.18.1 The IT hardware and software environment must be capable of accurately adjudicating 3 million claims each year for this account in addition to the Vendor's regular business. The IT system must:
Be “on-line” or “real-time” with a proper balance of on-line and batch processing applications;
Use the employee’s contract number (assigned by SEIB) as the unique employee identifier. Access to information about an employee, dependents or their claims must be available through use of the assigned contract number;
Be capable of waiving office visit copayment or hospital deductible for patients’ compliance with SEIB wellness programs (i.e., Physician referral form, Maternity program);
Accept directly keyed and remotely keyed claims and must accept claims transmitted from authorized providers using electronic interchange/exchange techniques;
Be capable of accepting information from a Sub-vendor(s) and appropriately adjudicate claims as a result of compliance/non-compliance with policies of the plan;
Accept membership/eligibility information for members and dependents from the SEIB on a daily basis. The records maintained by the SEIB are the official records of eligibility and the Vendor must accept our data transmissions as accurate, overriding existing eligibility edits;
Provide for automated Coordination of Benefits with other carriers;
Provide for automatic suspension and referral of potential workers’ compensation and other third-party liability claims;
Accept, process, store, and report claims data using the coding conventions;
Provide for the adjudication on a Usual, Customary, and Reasonable (UCR) and fee schedule basis. UCR-based adjudication of claims should be based on ZIP Code areas, including services provided outside the State of Alabama;
Have the ability to automatically complete processing a claim if it is previously suspended for any reason, such as awaiting the arrival of coordination information or dependent eligibility data;
Have the ability to process certain claims on a case-by-case basis, as in the case of transplants;
Be able to retain and display claim information in detail for a period of 24 months from date of claim filing. The system must be able to retain and display claim information in a pdf or electronic image for a minimum of an additional five (5) years;
Generate a notice to the employee to explain the reason for delay when a claim is not paid within fifteen work days after receipt;
Allow the SEIB access to the Vendor’s system for assistance in responding to members’ inquiries about claims and coverage; and
Be capable of displaying sufficient information on claims, members, UCR, other coverage, Medicare information, providers, deductibles, and lifetime maximum benefits paid. Claim information must be accessible by patient, contract, summary, detail, date of service, and provider/date of service.

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

1000 words.

5.19 IT Systems - Provider Files
5.19.1 The IT system must maintain a sub-system for identifying licensed and approved providers under the plans offered by the SEIB. The system must be integrated with the claims adjudication system in such a manner to maximize efficiency in entry and minimize payments to the wrong provider. Recognizing that many provider...
group names are similar, the Vendor must utilize a tax identification number as the major identifier (unless the Vendor can demonstrate to the SEIB that another identifier is equally as good).
The provider sub-system must incorporate appropriate methods of cross-referencing individual providers with group practices, individual providers with multiple offices, and providers associated with more than one group practice.
The Vendor's IT system must have the capability of storing the type of provider (e.g., acute care hospital, psychiatric hospital, outpatient substance abuse facility), and specialty/sub-specialty of the physician. The SEIB maintains specific contracts (e.g., mental health networks) that may conflict with the Vendor's contracts. In such cases, the IT system used for State processing must incorporate methods of handling “SEIB-only” providers.
The Vendor's IT system must provide the capability of validating “SEIB-only” provider contracted discounts, per diems, and a combination of payment methods, along with the effective dates of the contract and/or cancellation dates of the contract.
The current Vendor utilizes an in-house coding scheme for provider numbers. The Vendor must retain this coding scheme, convert the current Vendor's provider references on its history files to the Vendor's references or must provide a cross-reference to check for duplicate claim payments.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

### 5.20 IT Systems - Eligibility Information

5.20.1 The Vendor's IT system must include a subsystem (or other reference file) for processing, editing, and storing eligibility information for the member and each dependent. The initial file of all covered lives must be created using information electronically transferred from the SEIB to the Vendor. The file will utilize the same format as that used for on-going eligibility updates.
The Vendor's IT system updates must incorporate basic data validity edits for submitted membership/eligibility transactions. The validity edits must be sufficient to assure proper updating of the eligibility records.
In addition to the automated updates to eligibility records, the Vendor must have the capability of accepting from authorized staff of the SEIB either verbal or written information for use in updating eligibility records. This method of updating the Vendor's membership/eligibility system may be used for complex eligibility transactions, or to submit eligibility information to allow immediate claim processing.
The Vendor's IT system must have the capability to provide an electronic file of all active members and dependents to compare and validate the Vendor's membership information against that maintained by the SEIB.
The Vendor's system must be capable of editing any claim filed for a dependent first, against the coverage history for the member to verify that family coverage is in effect for the service date; and second, against the coverage history for the dependent to verify that coverage for the specific dependent is in effect for the claim service date. When the member or dependent coverage history does not support payment of a claim for the service date, the Vendor's system must have the capability of automatically generating correspondence tailored to the State's needs to inform the member of the eligibility requirements.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.20.2 Confirm that you will update eligibility data within 24 hours from receipt of data.
5.20.3 Confirm you will devote IT/data resources to the SEIB account to oversee all eligibility files are accurately and timely loaded and processed.

5.20.4 In the event an error is generated as a result of improper loading, confirm the devoted resources are responsible for researching and resolving the error within two business days.

5.20.5 Describe your organization's process to identify errors through error reporting and how the IT/data resources will work the errors and communicate them to the SEIB team.

5.20.6 Provide sample error reports.

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

5.20.8 Can the SEIB staff make eligibility changes online?

5.21 Data Integration

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

5.21.2 The Vendor agrees to load all current prior authorizations, claim history files that exist for current members from the existing Vendor at NO charge to SEIB (with no charges being deducted from the implementation allowance for file loading or IT).
Alabama SEIB Medical and Dental RFP

5.21.3 The Vendor agrees to provide weekly and/or monthly data transmissions (may include feeds to data warehouses) to the SEIB and/or its third party vendors at no charge. Vendor will also interact/exchange data, including raw claims data, with all vendors as requested by SEIB at no additional charge.

5.21.4 The Vendor agrees to waive any charges to the SEIB, the SEIB's PBM, or the SEIB's FSA Administrator such as a set-up fee, a programming fee, or a monthly fee, for establishing a connection with a Third Party Administrator/Claims processor for real-time, bidirectional data integration, including non-standard data integration formats.

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

5.22 HIPAA Privacy and Security

5.22.1 The Vendor acknowledges that it is compliant with the Electronic Data Interchange ("EDI"), Privacy and Security Rules of the Health Insurance Portability and Accountability Act ("HIPAA"), and, upon award, will execute the appropriate Business Associate Agreement (Appendix A). Vendor also agrees that in the event of a privacy violation or data breach, that the Vendor will notify SEIB and the impacted members to a breach and provide any required remedies.

5.22.2 The Vendor must: (1) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic Protected Health Information (ePHI) that it creates, receives, maintains, or transmits on behalf of the SEIB as required by HIPAA and HITECH; and (2) Ensure that any agent, including a Sub-vendor, to whom the Vendor provides such ePHI agrees to implement reasonable and appropriate safeguards to protect it. These administrative, physical, and technical safeguards should include, but not be limited to: Physical security requirements that shall at a minimum consist of a data center with access limited to authorized personnel; All processing of and access to SEIB data must be through a system of security features that protect against invasion of privacy and unauthorized access; and devices may not be permitted access to SEIB data without specific authorization from the SEIB. Such access must be immediately revoked upon the SEIB request.

5.22.3 The Vendor will attach a copy of its most recently completed HIPAA assessment in the Required Documents section of the RFP.
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Yes/No.

5.22.4 The Vendor will notify the SEIB upon the completion of a new HIPAA assessment and upon request, the Vendor will supply SEIB with a copy.

Yes/No.

5.22.5 Upon request, Vendor will provide a copy of its Information Security Policy and Procedures within 10 business days. These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business. Please note that this applies not only for how you will use and transfer data but, also, as it relates to employee sites, portal access, and mobile applications.

Yes/No.

5.22.6 The Vendor shall indemnify, defend and hold harmless SEIB, its officers, directors, employees and agents from and against any and all claims, actions, demands, costs, and expenses, including reasonable attorney fees and disbursements, as a result of a breach by the Vendor of any of its obligations under the Agreement or arising out of the negligent act or omission or willful misconduct of the Vendor or its employees or agents.

Yes/No.

5.23 Network Management

5.23.1 The Vendor must have established contracted provider networks that provide SEIB members with broad statewide access. The proposed network must have at least one general practice provider within the appropriate Urban or Non-Urban mileage radius of any Zip Code in which an eligible member resides. Urban and Non-Urban mileage is specified in Attachment A – Network Access. The networks must also involve comprehensive chiropractic, lab, and dental provider arrangements throughout the state. In addition, the SEIB has contracted independently with selected providers of mental health and chemical dependency services. In all cases, the resulting fee arrangements must represent substantial discounts from normally applicable “retail” charges. The successful Proposer(s) would be expected to duplicate or exceed current arrangements and be prepared to document prospectively how these commitments will be met with network providers currently contracted within the State of Alabama.

This RFP is based on a serious good faith effort to consider competitive alternatives to the present arrangements. To be competitive, your organizational response to the RFP must fully address provider access and favorable pricing. The Vendor should have comprehensive established networks in Alabama for the following provider types:

- Hospital;
- Physician;
- Mental Health/Substance Abuse;
- Dental;
- Lab Services;
- Durable Medical Equipment; and
- Telemedicine

Attached Document(s): Attachment A - Network Access - SEIB.xlsx
Alabama SEIB Medical and Dental RFP

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

5.23.3 Please provide your network provider turnover rate.

<table>
<thead>
<tr>
<th>Provider Turnover Rate</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
</table>

5.23.4 What has been your involuntary rate of removal of providers from your network?  
Single, Pull-down list.  
1: Under 5 percent in prior calendar year,  
2: 5 - 10 percent in prior calendar year,  
3: Over 10 percent in prior calendar year

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

5.23.6 What criteria are used to identify the situations where there is no access to in-network providers?  
Single, Radio group.  
1: Mileage,  
2: Travel Time,  
3: Other (explain): [ 500 words ]

5.23.7 Are there any services or specialist categories that are not available in your physician networks in the service areas where there are plan participants?  
Single, Radio group.  
1: Yes,  
2: No

5.23.8 If yes, please identify them and explain what provisions are made for patients requiring these services.  
1000 words.

5.23.9 If a network gap or deficiency is identified by the Proposer or by the SEIB, how do you address the need for additional providers including your process for approving use of non-network providers?  
1000 words.

5.23.10 The SEIB maintains specific provider-direct contracts that may conflict with the Vendor's contracts. Describe your process for incorporating “SEIB-only” providers seamlessly into your network offering for SEIB members.  
1000 words.
5.23.11 Describe your process for validating “SEIB-only” provider contracted discounts, per diems, and a combination of payment methods, along with the effective dates of the contract and/or cancellation dates of the contract.

1000 words.

5.23.12 Explain how the benefit files will permit waiver of deductibles or payment at a higher percentage when certified by the SEIB.

1000 words.

5.23.13 The current Vendor utilizes an in-house coding scheme for provider numbers. The Vendor must retain this coding scheme, or develop a method of cross-reference to check for duplicate claim payments. Confirm your ability to maintain this scheme.

Single, Radio group.
1: Confirmed,
2: Not Confirmed [ 1000 words ]

5.23.14 Confirm that you will maintain an accurate online directory of in-network providers to which the SEIB members may refer and that this directory is updated at least weekly.

Single, Radio group.
1: Confirmed, please indicate how often your directory is updated: [ Unlimited ],
2: Not Confirmed

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

<table>
<thead>
<tr>
<th>Provider or Facility Name</th>
<th>Single, Radio group.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1: Confirmed,</td>
</tr>
<tr>
<td></td>
<td>2: Not confirmed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Address and telephone number</th>
<th>Single, Radio group.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1: Confirmed,</td>
</tr>
<tr>
<td></td>
<td>2: Not confirmed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Web address</th>
<th>Single, Radio group.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1: Confirmed,</td>
</tr>
<tr>
<td></td>
<td>2: Not confirmed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Group</th>
<th>Single, Radio group.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1: Confirmed,</td>
</tr>
<tr>
<td></td>
<td>2: Not confirmed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practicing Specialty(ies)</th>
<th>Single, Radio group.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1: Confirmed,</td>
</tr>
<tr>
<td></td>
<td>2: Not confirmed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialist Board Certified</th>
<th>Single, Radio group.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1: Confirmed,</td>
</tr>
</tbody>
</table>
5.23.16 Please provide a general description on how you establish your organization’s networks and the corresponding financial arrangements.

500 words.

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

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

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

500 words.

5.23.19 Vendor agrees to notify the SEIB at least 60 days in advance regarding termination of a current network provider.

Single, Radio group.
1: Confirmed,
2: Not confirmed

5.23.20 Vendor must notify the impacted members affected due to a provider termination, in writing and provide a list of nearby network providers.

Single, Radio group.
1: Confirmed,
2: Not confirmed

5.23.21 Explain how the SEIB will be informed of major contract disputes or potential network disruption to its members.

1000 words.

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

Single, Radio group.
1: Confirmed,
2: Not confirmed

5.23.23 In the event that a non-network physician admits a member to a network hospital, confirm that claims incurred at the network hospital will be adjudicated as network claims.
5.23.24 If certain hospital based physicians (radiology, anesthesia, ER, etc.) or services (ambulance, etc.) are not represented in your network of providers, can you administer these claims at the in-network benefit level when network hospitals are used?

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

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

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

5.23.26 Please complete the table below regarding accreditation:

| Have you received URAC accreditation (your response should be applicable to the specific locations of this client's members)? | Single, Pull-down list. 1: Yes, 2: No |
| If so, confirm you are willing to provide your written URAC report for each location accreditation (your response should be applicable to the specific locations of the SEIB's members). | Single, Pull-down list. 1: Yes, 2: No |
| Is your plan/network NCQA accredited (your response should be applicable to the specific locations of this client's members)? | Single, Pull-down list. 1: Yes, 2: No |
| If so, confirm you will provide your written NCQA report for each location accreditation (your response should be applicable to the specific locations of the SEIB's members)? | Single, Pull-down list. 1: Yes, 2: No |
| If your plan/network is NCQA accredited, what was the accreditation date? | To the day. Nothing required |
| If your plan/network is NCQA accredited, what is the next reevaluation date? | 500 words. |

5.23.27 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:
<table>
<thead>
<tr>
<th>Require unrestricted state licensure</th>
<th>Yes/No.</th>
<th>Percent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review malpractice coverage and history</td>
<td>Yes/No.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Require full disclosure of current litigation</td>
<td>Yes/No.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Require current DEA registration</td>
<td>Yes/No.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Review adherence to state and community practice standards</td>
<td>Yes/No.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Onsite review of office location</td>
<td>Yes/No.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Review hours of operation and capacity</td>
<td>Yes/No.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Board eligibility</td>
<td>Yes/No.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Review practice patterns and utilization results</td>
<td>Yes/No.</td>
<td>Percent.</td>
</tr>
</tbody>
</table>

5.23.28 Provided they meet your network's standards, are you willing to enroll non-network providers who currently treat the SEIB's program participants and their dependents? If yes, describe your process to contract with such providers.

*Single, Radio group.*
1: Yes, explain: [ Unlimited ] ,
2: No

5.23.29 How do you engage network physicians to work toward improved HEDIS requirements in patients? *500 words.*

5.23.30 How closely do you monitor the performance of the DME network? Please include specifics regarding frequency of monitoring as well as measurements. *500 words.*

5.23.31 Confirm that you will provide monthly DME reports to the SEIB, which will provide complete details of paid claim dollars, equipment utilization details (types of equipment), and in- and out-of-network utilization savings. *Unlimited.*
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5.23.32 Describe any provider advocacy services or programs you offer between your organization and providers including education, communication and support for providers including items such as:

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

*Unlimited.*

5.23.33 How many provider advocates do you have working in the state of Alabama? Please list those employees physically working in Alabama and those working telephonically in Alabama.

*1000 words.*

5.23.34 Describe any processes, interactions and resources you employ to support providers with payment services and policies including items such as:

- claims filing and processing
- coding
- clinical criteria and code editors
- coverage determinations
- prior authorizations
- rejected claims or claims denial outreach
- medical necessity denials verses admin denials
- other carrier policies
- escalated issues and quick/accurate issue resolutions
- review of trends for targeted and ongoing education

*Unlimited.*

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

*1000 words.*

5.23.36 Describe your Transplant network.

*Unlimited.*

5.23.37 Confirm the existence of and describe the services and programs for each of the following Centers of Excellence:

<table>
<thead>
<tr>
<th>Response</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bariatric surgery</strong></td>
<td>Single, Radio group. 1: Confirmed, 2: Not Confirmed</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>Single, Radio group. 1: Confirmed, 2: Not Confirmed</td>
</tr>
<tr>
<td>Service</td>
<td>Group Type</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Single, Radio group</td>
</tr>
<tr>
<td>Transplants</td>
<td>Single, Radio group</td>
</tr>
<tr>
<td>End Stage Renal Disease</td>
<td>Single, Radio group</td>
</tr>
<tr>
<td>Any other Centers of Excellence</td>
<td>Single, Radio group</td>
</tr>
</tbody>
</table>

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

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

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

*1000 words.*

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

*Unlimited.*

5.23.41 What percentage of physician contracts contain performance metrics related to preventive care and screening activities both nationally and in Alabama?

*1000 words.*

5.23.42 What are your goals for the percentage of dollars at risk based on these preventive and screening metrics?

*1000 words.*

5.23.43 What percentage of physician contracts contain performance metrics for (1) generic or low-cost drug prescribing and (2) in-network referral for lab, imaging, and other medical services, both nationally and in Alabama?

*1000 words.*

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

5.23.45 What percentage of physician contracts contain performance metrics for improved clinical metrics i.e. lower A1C, cholesterol, blood pressure, improved physical activity and nutrition, etc., both nationally and in Alabama?
1000 words.

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

5.23.47 Describe any other value-based contracting practices you have in place both nationally and in Alabama.
1000 words.

5.23.48 What are your capabilities to provide actual physician outcome quality data to members so that they can make wiser choices regarding where they seek care and in turn realize better outcomes and lower cost for the Plan?
1000 words.

5.23.49 Describe your efforts to inform providers of their performance metrics and your strategies to help providers improve quality and clinical outcomes. If risk scores are part of process, please elaborate.
1000 words.

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

<table>
<thead>
<tr>
<th></th>
<th>Primary Care Physicians (%)</th>
<th>Specialist Physicians (%)</th>
<th>Other Professionals (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee Schedule</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Discount off Charges</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Bundled Payment</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Capitation</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Other (specify in additional rows)</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
5.23.51 Indicate what percentage of facility reimbursement is through the following types of payments for the network being proposed:

<table>
<thead>
<tr>
<th></th>
<th>Inpatient Hospital (%)</th>
<th>Outpatient Hospital (%)</th>
<th>Other Outpatient Facilities (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APC or other OP per case</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Discount off Charges</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Bundled Payment</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Per diem rate (by bed type)</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Per diem rate (global)</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td>Other (specify in additional rows)</td>
<td>Percent.</td>
<td>Percent.</td>
<td>Percent.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

5.23.52 Please fill in the average provider discounts off eligible charges and the corresponding % of Medicare reimbursements with contracts as of April 1, 2019 commensurate with the repricing file in the Price Proposal.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Discount % of Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physicians</td>
<td>Percent. Percent.</td>
</tr>
<tr>
<td>Specialists</td>
<td>Percent. Percent.</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>Percent. Percent.</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Percent. Percent.</td>
</tr>
</tbody>
</table>
5.23.53 Describe your ability to negotiate favorable reimbursements on behalf of the SEIB and the members. 
1000 words.

5.23.54 Describe your reimbursement policy for non-network claims.
1000 words.

5.23.55 Does your company negotiate discounts with non-network providers and facilities on a case-by-case basis? Describe this program and indicate how you are compensated for this program (e.g., PEPM, percent of savings).
1000 words.

5.23.56 Confirm that the SEIB can require a prior approval in such instances.

Single, Radio group.
1: Confirmed,
2: Not Confirmed, please explain: [ 500 words ]

5.23.57 How do you price HCPCS codes? What is your reimbursement on HCPCS codes?
1000 words.

5.23.58 The Medical Administrator must notify the SEIB of all new medical treatments that may have a material cost impact as they are introduced. Confirm your agreement that the SEIB reserves the right to review and approve coverage of new medical treatments under the SEIB plan, unless required by law.

Single, Radio group.
1: Confirmed,
2: Not Confirmed, please explain: [ 500 words ]

5.23.59 Confirm network providers are precluded from balance billing patients for amounts over and above the negotiated reimbursement amount i.e., the patient is held harmless.

Single, Radio group.
1: Confirmed,
2: Not Confirmed, please explain: [ 500 words ]

5.24 Medical Management - General
5.24.1 The Vendor must maintain an adequate number of medically trained staff in a unit dedicated to service this account. The dedicated unit will perform a variety of functions including provider credentialing support, network management, medical policy research, utilization management support, review of claims for abusive or excessive filings, specialized claim review, and appeals resolutions.
5.24.2 Complete the following staffing levels for calendar year 2018:

<table>
<thead>
<tr>
<th>Staffing – Full-time equivalent employees</th>
<th>Utilization Management Services</th>
<th>Mental Health</th>
<th>Case Management</th>
<th>Disease Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Staff</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
</tr>
<tr>
<td>Full-time equivalent RNs</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
</tr>
<tr>
<td>Full-time equivalent MDs</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
<td>Integer.</td>
</tr>
</tbody>
</table>

5.24.3 The Vendor must also have available support staff to participate in on-site assessments of various facilities or providers. It is desirable that this staff have experience in provider credentialing and relations as well as hospital and medical audit experience.

5.24.4 Describe your approach to managing the care and behavior of “super-utilizers” (patients whose utilization of emergency rooms and hospital inpatient services admissions is greater than the norm). 1000 words.

5.24.5 Do you have customized, rigorous preservice programs for any specific medical procedures, currently in place with clients? Please describe.

5.24.6 Describe your approach to large case management and complex care. 1000 words.

5.24.7 Describe identification and selection criteria for individual case management. Unlimited.
5.24.8 Describe, in detail, how your case management program would facilitate continuity of care and support for participants while managing Plan benefits in a way that promotes high-quality, cost-effective outcomes. **1000 words.**

5.24.9 Who prepares and who authorizes the case management treatment plan? What follow-up procedures are there for case management? **1000 words.**

5.24.10 Describe the system access case managers have to medical and behavioral health records and imaged documents when handling telephonic and online inquiries. **1000 words.**

5.24.11 Describe your procedures to successfully contact members selected for case management. What are all the methods in which you attempt to reach a member? How many attempts are made? What services or efforts are used to obtain updated contact information? **1000 words.**

5.24.12 Describe your processes for inpatient care management and post-acute transitions including items such as:
- clinical workflow process and timely information exchange with inpatient care management team to facilitate ongoing care coordination
- peer-to-peer discussions during case reviews
- inpatient care managers in the facilities for care coordination
- discharge care planning to ensure coordination, alignment and appropriateness to meet member expectations
- on-site nurse advocates for discharge planning and communication with members and families when appropriate in addition to hospital discharge planners
- post-acute transitions
- monitoring of recent case decisions including turn-around times, short-term and long-term clinical results
**1000 words.**

5.24.13 Describe how you monitor the SEIB's inpatient population in network facilities and out-of-network facilities on a real-time basis. **1000 words.**

5.24.14 Please explain how you will handle transition of care whether to other facilities or to a patient's home.

<table>
<thead>
<tr>
<th>Hospitalized members</th>
<th><strong>500 words.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Members in treatment</td>
<td><strong>500 words.</strong></td>
</tr>
<tr>
<td>Maternity members</td>
<td><strong>500 words.</strong></td>
</tr>
</tbody>
</table>
5.24.15 How many hospital based case managers assisting with transition of care and discharge planning do you have in Alabama? Describe the typical services of these case managers in terms of transition of care. 

*Unlimited.*

5.24.16 The SEIB desires a robust and aggressive Case Management program. Confirm your willingness to work with the SEIB to develop/customize a more flexible identification process for case management protocols, with the goal of optimizing care while eliminating excess cost that will be specific to the SEIB and the SEIB's needs.

*Single, Pull-down list.*

1: Confirmed,
2: Not Confirmed

5.24.17 Confirm you will meet (in-person or via conference call) with the SEIB monthly or as needed regarding progress in case management, cases worked, savings achieved, transmission problems and any other issues related to the plan.

*Single, Radio group.*

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

---

5.25 Medical Management - Medical Policy

5.25.1 The Vendor must maintain detailed medical policy guidelines for determining specific medical coverage issues. Such policy guidelines shall be updated and the SEIB furnished with copies of recommended decisions as well as back-up documentation, which support the policy recommendation. This documentation shall cite the credentials of the review panel and the basis on which coverage recommendations have been made. In addition, the Vendor must periodically review and assess new technologies and provide policy and coverage recommendations to the plan. Recognizing that such information may be proprietary, it is desirable that the Vendor have basic knowledge of other large Group Plans’ (Medicare, SEIB, and private groups) coverage guidelines. The SEIB must approve changes in policy for its plans.

*Single, Radio group.*

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

---

5.26 Medical Management - Medical Necessity/Utilization Management

5.26.1 The plans offered by the SEIB include “medical necessity” requirements for reimbursement of medical and surgical expenses. The Vendor’s IT system should identify suspect claims because of an excessive number of units, visits, days, or the like and suspend these claims for further review. The Vendor must also review claims for nursing services, durable medical equipment and other similar services for statements of medical necessity. The review must include checking for reasonableness and customary practices. The Vendor must provide utilization management services that include the following:

- Precertification;
- Concurrent review;
- Discharge planning;
- Case Management;
- Disease management; and
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- Gaps in Care.

For more information on the Utilization Management programs see the SEHIP Health Handbook, Exhibit A.

*Single, Radio group.*
1: Confirmed,  
2: Not confirmed: [ 500 words ]

5.26.2 Indicate the specific medical/surgical criteria and/or guidelines used to conduct utilization review in both the inpatient and outpatient areas utilizing the format below. Check all appropriate areas:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milliman</td>
<td><em>Single, Pull-down list.</em></td>
<td><em>Single, Pull-down list.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1: Yes,</td>
<td>1: Yes,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2: No</td>
<td>2: No</td>
<td></td>
</tr>
<tr>
<td>InterQual</td>
<td><em>Single, Pull-down list.</em></td>
<td><em>Single, Pull-down list.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1: Yes,</td>
<td>1: Yes,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2: No</td>
<td>2: No</td>
<td></td>
</tr>
<tr>
<td>Internally developed</td>
<td><em>Single, Pull-down list.</em></td>
<td><em>Single, Pull-down list.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1: Yes,</td>
<td>1: Yes,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2: No</td>
<td>2: No</td>
<td></td>
</tr>
<tr>
<td>Other: (indicate specific criteria in comments)</td>
<td><em>Single, Pull-down list.</em></td>
<td><em>Single, Pull-down list.</em></td>
<td><em>Unlimited.</em> Nothing required</td>
</tr>
<tr>
<td></td>
<td>1: Yes,</td>
<td>1: Yes,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2: No</td>
<td>2: No</td>
<td></td>
</tr>
</tbody>
</table>

5.26.3 If you use internally developed clinical criteria, are they cross-matched to other published medical criteria such as Milliman or InterQual? If so, what is the frequency of this process?  
1000 words.

5.26.4 Please describe your process for updating clinical protocols including the frequency of updates.  
1000 words.

5.26.5 What is your average turnaround time from receipt of complete clinical information to the rendering of a certification decision?  
1000 words.

5.26.6 While performing concurrent review, if it is determined that continued stay is not medically necessary, what is your procedure for notifying the member and the provider(s)?  
1000 words.

5.26.7 Is there a formal panel of physician specialists to review cases? If yes, how many physicians are on the panel? How many physician specialties are represented? Are the physicians board certified?  
1000 words.

5.26.8 Describe the processes followed when a planned medical or surgical admission fails to meet the medical necessity criteria used by your medical review staff. At what stage of the review does physician-to-physician communication initiate?  
1000 words.
5.26.9 Describe your Utilization Management programs including your pre-service review process (i.e., precertification, prior authorization).

1000 words.

5.26.10 Describe your methods for internally monitoring and evaluating the performance of utilization management activities.

1000 words.

5.26.11 Describe how you would identify service utilization problems and the corrective actions you would implement.

1000 words.

5.26.12 Describe your approach to educating and informing participants and providers on receiving authorization of health benefits prior to treatment.

1000 words.

5.26.13 Please provide the following utilization statistics: Hospital days / 1,000, outpatient physician visits / 1,000, emergency room visits / 1,000, and ambulatory surgery visits / 1,000 for calendar year 2018; specifically, we are requesting Alabama’s active book of business data only - without any Medicare information. Additionally, please specify the average age of this population.

1000 words.

5.27 Medical Management - Unbundling and Upcoding Software

5.27.1 The Vendor must have a fully automated claims auditing system in place that is clinically-oriented and designed to analyze coded claims data to ensure that CPT codes are correctly identified and reimbursed. The editing capability should also include:

- The determination of (and re-pricing where appropriate) procedure unbundling;
- Separate billing for incidental services;
- Simultaneous billing of mutually-exclusive procedures;
- Identification and management of incorrect use of CPT coding rules;
- Additional non-incidental surgical procedures;
- The denial of payment for same day care by physicians with same specialty;
- The denial of payment for surgical follow-up care within a reasonably short follow-up period;
- Age and sex appropriateness;
- Cosmetic procedures; and
- Assistant surgeon claims.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.28 Medical Management - Specialized Claims Review

5.28.1 The Vendor must have on staff (and be accessible to SEIB personnel) an adequate number of medically trained personnel, whose primary duties include: assistance in evaluating claims for medical necessity and for
conditions which may fall under the cosmetic procedure limitations of the plan, medical policy re-pricing, daily UR contact and bill verification, approval of DME, and applying specialized reimbursement guidelines on surgical claims.
TheVendor must have reasonable access to a physician advisor and in addition maintain contractual relationships with peer review organizations (medical, chiropractic, and dental) for determining (upon SEIB request) medical necessity or price variances.
The Vendor must have the ability to provide some of these services on a prospective basis when necessary.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [500 words]

5.29 Medical Management - Administer Appeals
5.29.1 The Vendor must provide for the fair and timely hearing of member grievances to denied services. Each appeal should:
- Ensure proper instruction from customer service;
- Maintain health care professionals who have appropriate expertise; and
- Ensure fair, proper and consistent adjudication of the claim.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [500 words]

5.30 Behavioral Health
Please note that the SEIB has opted out of the Mental Health Parity and Addiction Equity Act.
5.30.1 Provide a brief overview of your program and address how your behavioral health interventions are integrated with your medical interventions.
1000 words.

5.30.2 Which, if any, behavioral health services are subcontracted? Identify the program, the subcontractor, and background on your organization's relationship with them.
1000 words.

5.30.3 Describe the process for plan participants to access behavioral health services in primary care setting, during chronic condition case management, during an acute inpatient episode, and during post-discharge follow up.
1000 words.

5.30.4 Describe any efforts used to educate members on available behavioral health services. Also describe education efforts to medical providers and facilities of your behavioral health services so that members who could benefit from those services can be referred if presenting at a medical provider.
Unlimited.

5.30.5 Are specialty case managers used to manage Mental Health/Substance Use Disorder cases? What are their credentials?
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5.30.6 Does the same case manager handle the member's care through all levels of care? For example, inpatient, intermediate, and outpatient?

5.30.7 How long is a patient monitored after discharge?

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

5.30.9 Do Mental Health, Substance Use Disorder case managers routinely co-manage cases with medical and/or disease management case managers?

5.30.10 Confirm you offer a comprehensive behavioral health network that includes a variation of providers such as Psychiatrists (MDs), Psychologists, Therapists, Counselors, Social Workers, DEA waiver providers, ABA Paraprofessionals, etc.

5.30.11 What percentage of your in-network behavioral health providers are accepting new patients? And what is the typical wait time for an appointment?

5.30.12 Do you have a clinically integrated delivery system that coordinates behavioral health services with medical services to improve the quality of care? Please describe.

5.30.13 Describe your (or your behavioral health subcontractor’s) philosophy for best practice treatment for members with opioid addiction needing inpatient substance use services.

5.30.14 Describe how the size and caliber of your network will effectively meet the SEIB’s behavioral health needs.

5.30.15 The SEIB asks that Proposers suggest a Mental Health/Substance Use Disorder program that will be cost-neutral to the SEIB and would utilize in-network providers.
5.31 Specialized Programs and Networks

5.31.1 Do you currently work with clients to create clinical and utilization management programs for prescription drugs covered through the medical benefit? If yes, describe your programs.

1000 words.

5.31.2 Describe how you monitor the accuracy of the administration of these drugs (i.e. how do you ensure the authorized drug and dosage mirrors the actual administration of the drug and dosage?).

1000 words.

5.31.3 Confirm your organization will work with the SEIB and its third party consultants to create custom clinical and utilization management programs for prescription drugs covered through the medical benefit that are clinically and financially sound, acknowledging that the program criteria the SEIB is requesting is likely to be more robust and stringent than the standard program you normally implement.

1000 words.

5.31.4 Confirm your Account Team will include a dedicated clinical resource to work with the SEIB management to better manage prescription drugs covered through the medical benefit.

Single, Radio group.
1: Confirmed,
2: Not Confirmed, please explain: [ 500 words ]

5.31.5 Confirm you will lead calls, as needed, to review all new drugs to market, high dollar calls, identifying high-cost, low-value outliers for exclusion, identifying the lowest cost site of care, etc.

Single, Radio group.
1: Confirmed,
2: Not Confirmed, please explain: [ 500 words ]

5.31.6 Describe how you manage and/or influence utilization of the most appropriate and cost-efficient site of care for administration of prescription drugs administered through the medical benefit.

1000 words.

5.31.7 Do you currently have contracted rates with network providers for drugs administered through the medical benefit? Do they include rebates?

1000 words.

5.31.8 If receiving rebates, how does your organization track and report them?

1000 words.

5.31.9 Confirm that your organization will pass along 100% of rebates on drugs covered under the medical plan and with what frequency?

1000 words.

5.31.10 Describe any programs or processes currently in place or being developed to contract with network providers for pricing on these drugs.

1000 words.
5.31.11 Are you able to work with the PBM to secure aggressive rebates on claims processed under the medical benefit? If so, please explain your process.

1000 words.

5.31.12 Describe your reporting and monitoring of prescription drugs administered through the medical benefit. What information is tracked? What patterns and trends do you monitor?

1000 words.

5.31.13 Confirm you will provide all NDC level and/or 14-character GPI codes associated with such medical claims in the claims file.

Single, Radio group.
1: Confirmed,
2: Not Confirmed, please explain: [ 500 words ]

5.31.14 Describe your approach to providing telemedicine services (e.g., immediate service, care coordination with PCP providers, etc.), and the advantages/disadvantages of this approach.

1000 words.

5.31.15 List the conditions/illnesses you believe most appropriate to be treated by telemedicine.

1000 words.

5.31.16 Describe any drill down reporting to evaluate the effectiveness of telemedicine (i.e. subsequent office visits with same presenting diagnosis).

1000 words.

5.31.17 What adjustments, if any, have you made to your telemedicine benefit since inception to make it more successful in truly redirecting utilization by treating members effectively and to their satisfaction?

1000 words.

5.31.18 Describe your arrangement with the medical professional(s) providing telemedicine services by specialty type (employees, ownership, contract workers, etc.)

1000 words.

5.31.19 Complete the following chart for telemedicine providers. If services for a particular provider specialty are not provided, please indicate N/A:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Average Length of Employment</th>
<th>Number of Fulltime Employees</th>
<th>Number of Part-time Employees</th>
<th>Number of Contract Workers</th>
<th>Total Consults provided in 2018</th>
<th>Total Consults provided in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/General Practice</td>
<td>Decimal. N/A OK.</td>
<td>Integer. N/A OK.</td>
<td>Integer. N/A OK.</td>
<td>Integer. N/A OK.</td>
<td>Integer. N/A OK.</td>
<td>Integer. N/A OK.</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>Decimal. N/A OK.</td>
<td>Integer. N/A OK.</td>
<td>Integer. N/A OK.</td>
<td>Integer. N/A OK.</td>
<td>Integer. N/A OK.</td>
<td>Integer. N/A OK.</td>
</tr>
</tbody>
</table>
5.31.20 When a telemedicine provider determines a referral to a traditional brick and mortar practice is appropriate, confirm you will refer within the SEIB's contracted provider network, if available.

*Single, Radio group.*
1: Confirmed, please explain: [ Unlimited ],
2: Not confirmed

5.31.21 Describe what services are included in a typical telemedicine consultation fee.

*1000 words.*

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

*1000 words.*

5.31.23 The SEIB currently offers an incentive to encourage expectant mothers to enroll in and stay engaged in the program throughout the duration of pregnancy. Would you propose offering other or different incentives?

*1000 words.*

5.31.24 Describe how you track program outcomes and measure success for maternity management. Please share your program's outcomes for 2017 and 2018, respectively.

*1000 words.*

5.31.25 Provide a copy of your current maternity care management reports.

*Single, Radio group.*
1: Attached,
2: Not Attached; explain: [ 500 words ]
5.31.26 Do you have a network for air ambulance providers? Please describe if the networks differ for the fixed wing and rotary air ambulances. If so, how many providers are in the network, and what requirements are in the hospital contracts for them to use in-network providers when transporting from hospital to hospital?

1000 words.

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

1000 words.

5.31.28 How many air ambulance transportations (%) get denied (retroactively) each year? In case of denial, how do you administer those cases while holding the patient harmless?

1000 words.

5.31.29 How do you manage air ambulance transportation so it is cost effective for the SEIB in the event of an air ambulance claim?

1000 words.

5.31.30 Describe the process used to determine whether a patient will be transported via rotary air ambulance versus a fixed wing air ambulance?

1000 words.

5.31.31 For each of the specialty programs listed below, provide a brief description of: your program specialty networks/centers of excellence services coverage available throughout the State of Alabama number of providers in Alabama precertification requirements how members are directed how quality and cost efficiency are improved how outcomes are tracked and measured outcomes for 2017 and 2018

<table>
<thead>
<tr>
<th>Specialty Program</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemophilia Management</td>
<td>1000 words</td>
</tr>
<tr>
<td>Opioid Management</td>
<td>1000 words</td>
</tr>
<tr>
<td>Dialysis Management and Clinic Support</td>
<td>1000 words</td>
</tr>
<tr>
<td>Oncology Management</td>
<td>1000 words</td>
</tr>
<tr>
<td>Joint and Hip Replacement Management</td>
<td>1000 words</td>
</tr>
<tr>
<td>Applied Behavioral Analysis (ABA) Management</td>
<td>1000 words</td>
</tr>
<tr>
<td>Sleep Studies, In Lab and Home Management</td>
<td>1000 words</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Genetic Testing and Utilization Management</th>
<th>1000 words.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>1000 words.</td>
</tr>
</tbody>
</table>

5.31.32 If you offer an Opioid Management Program, describe how you monitor physician’s prescribing patterns and identify potential over prescribers? What is your process to educate, track and follow up with potential over prescribers?

1000 words.

5.31.33 If you offer Opioid Management, what reporting do you have in place to measure the overall effect for individual members affected by your utilization management?

Unlimited.

**5.32 Diabetes Programs**

5.32.1 For pre-diabetes, and diabetes, provide a brief description of:

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>your program(s)</td>
</tr>
<tr>
<td>specialty networks/centers of excellence</td>
</tr>
<tr>
<td>services</td>
</tr>
<tr>
<td>coverage available throughout the State of Alabama</td>
</tr>
<tr>
<td>number of providers in Alabama</td>
</tr>
<tr>
<td>Identification of candidates and/or precertification requirements</td>
</tr>
<tr>
<td>how members are incented and directed</td>
</tr>
<tr>
<td>how quality and cost efficiency are improved</td>
</tr>
</tbody>
</table>

1000 words.
5.32.2 Describe how you will support and partner with the SEIB in changing the culture around pre-diabetes and diabetes in the SEIB plan. Include specific actions you can take in Alabama.

1000 words.

5.32.3 What are the greatest areas of opportunity to impact member health with respect to obesity, pre-diabetes and diabetes?

1000 words.

5.32.4 How will your organization encourage members to become more motivated and engaged in their personal health and well-being through continuous activity and learning? How can you get members to ‘buy in’?

1000 words.

5.32.5 How will your organization encourage providers to promote lifestyle change (i.e., through value-based contracting, other initiatives, etc.)?

1000 words.

5.32.6 What might an advertising and marketing campaign look like to ‘get the word out’ and influence a healthier culture? How could you leverage community and state leaders/influencers?

1000 words.

5.32.7 What financial and non-financial resources are you willing to commit to this initiative?

1000 words.

5.32.8 What dollar amount are you willing to commit for a marketing campaign?

1000 words.

5.33 Dental Benefit Management

5.33.1 The Vendor must be able to administer the dental benefits outlined in Exhibit C – 2019 SEHIP Dental Handbook. The Vendor will be required to provide a comprehensive network of dental providers throughout the state. The Vendor will receive dental information electronically at the time of service, perform applicable review services, and subsequently provide claims adjudication services.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]
5.34 Financial Management - General

5.34.1 The Vendor's IT system must be satisfactorily interfaciated and integrated to minimize manual controls and transactions between the financial cash payment, reconciliation, and cash receivables systems. The Vendor must establish acceptable internal controls and separation of duties (according to generally accepted accounting practices) for issuing drafts, controlling cash disbursement, canceling accounts receivable (claim refunds), voiding of drafts and reconciling bank statements.

The Vendor must have the capability of controlling adjustments to claim payments, such as returned drafts, voided drafts, and forged drafts. The Vendor must maintain documentation detailing the status and disposition of returned drafts. Voiding, re-issuing or other corrections to drafts must be made without changing the original claim data. Transactions for claim adjustments must be processed by:

- Reversing the previous reimbursement amounts and units of service in an exact image of the paid claim; and
- Processing a positive record of adjustment to the claim, if any, indicating the same information as if the adjustment were an original claim.

The Vendor must have the capability of transmitting daily, monthly and quarterly electronic media and paper reports of these adjustments to the SEIB. Such adjustments must be reconcilable to the SEIB's financial records.

The Vendor must have the ability to transmit, on a monthly basis, paper reports, and electronic media; as outlined in the report section, in order for the SEIB to balance financial records and reconcile all differences in payments, receivables and outstanding drafts.

The Vendor must prepare and submit reports to satisfy the requirements for payments to providers and/or members in accordance with federal law and regulations.

5.34.2 What data/electronic information is needed to coordinate billing between you and the SEIB for services provided?

500 words.

5.34.3 When are administration fees due?

Single, Radio group.
1: Prior to first of the month,
2: First of the month,
3: End of the month,
4: Other: [ 500 words ]

5.34.4 For administration only services, please explain the claims funding process.

500 words.

5.34.5 Are funds requested from the SEIB when a check is issued or when it is cleared?

Single, Radio group.
1: Funds are requested when the check is issued,
2: Funds are requested when the check is cleared

5.34.6 Currently, the SEIB can remit payment for an invoice via check or EFT only. Confirm that you are able to accept both of these payment formats.
5.34.7 What is the frequency for claim funding?

*Single, Radio group.*
1: Once a day,
2: Once a week,
3: Every other week,
4: Every three days,
5: Once a month,
6: Other, please specify: [ 500 words ]

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

*Single, Radio group.*
1: Initial deposit only,
2: Imprest amount only,
3: Both

5.34.9 Confirm you will not charge interest on negative cash flow for any delay of wire transfer.

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

5.34.10 How often are claims released for payment?

*Single, Radio group.*
1: Daily,
2: Weekly,
3: Bi-Weekly,
4: Monthly,
5: Other, please specify: [ 500 words ]

5.34.11 Do the banking reports reflect issued or cleared checks?

*Single, Pull-down list.*
1: Issued,
2: Cleared

5.34.12 Confirm that the SEIB will not be charged for reissued checks or drafts.

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

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

*Single, Radio group.*
1: Confirmed,
2: Not confirmed

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

*Single, Radio group.*
1: Yes [ 500 words ],
2: No
5.35 Financial Management - Data Management

5.35.1 The Vendor must stay current with industry standards and use the latest version of Current Procedural Terminology codes for procedures (CPT and HCPCS).

The Vendor must use conventions acceptable by the health insurance industry when coding and storing the hospital claim information, including revenue code, discharge status and continued confinement.

The Vendor should use already established unique codes for identifying items of durable medical equipment, home care, hyper alimentation, and other similar types of care.

The Vendor must be prepared to actively cooperate with other Sub-vendors and provide data to the claims analysis Vendor in furtherance of its efforts to reduce and control costs of the SEIB.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.36 Financial Management - Claim Refunds and Adjustments

5.36.1 Claim overpayments may be identified by the Vendor or the SEIB. The Vendor shall be responsible for collecting all claim overpayments. The Vendor shall initiate the request for refund from the payee, or from the member if the provider has refunded the overpayment to the member. The SEIB desires the Vendor’s IT system to have the capability of reducing future benefit payments on behalf of the member by the amount of the overpayment.

The Vendor must adjust the member’s claim history and all maximum and deductible accumulators to reflect the refund by:

- Reversing the previous reimbursement amounts and units of service in an exact image of the paid claim; and
- Processing a positive record of adjustment (with explanation) to a claim, if any, indicating the same information as if the adjustment were an original claim.

The Vendor must have established internal controls over returned drafts.

The Vendor’s IT financial sub-system must have the ability to establish accounts receivable for requested claim refunds, record collection amounts, maintain balances, and control the claim history adjustment for unsolicited repayments.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.37 Financial Management - Audit Procedures

5.37.1 The awarded Vendor must supply the SEIB with documentation of the IT system to meet the standards as outlined in this section for performing audits. Prior to implementing any subsequent system modification requested by the SEIB and agreed to by the Vendor, the Vendor must document the modification and confirm the appropriateness of the design modification with the SEIB. The system modification must be tested through acceptable user testing processes prior to installation. The system documentation provided to the SEIB must be updated within thirty (30) days after implementation of the modification.
The Vendor must demonstrate the ability to control various approval levels based on staff assigned security codes.

The Vendor must maintain a structured internal review process using sampling techniques and conducted by supervisory staff for work performed by each claims adjudicator.

The Vendor must utilize its internal auditors to conduct a structured review of the work performed by each claims adjudicator. The Vendor will have completed by October 1 of each year an IT systems audit by an independent auditing firm which has had prior IT auditing experience with other fiscal agents. An independent auditing firm means an organization other than the CPA firm engaged as the Vendor’s corporate auditor. The selection of, and contract with, the independent auditor shall be subject to the approval of the SEIB. Since such audits are not intended to fully satisfy all auditing requirements of the SEIB, the SEIB reserves the right to fully and completely audit, at his/her discretion, all aspects of the Vendor’s operation that have effect upon the SEIB – either on an interim audit basis or at the end of the SEIB fiscal year.

The independent auditing firm will simultaneously deliver identical reports of its findings and recommendations to the Vendor and to the SEIB within one (1) month after the close of each review period. This audit shall be conducted and the report shall be prepared in accordance with generally accepted auditing standards for electronic data processing audits as defined in the publications of the American Institute of Certified Public Accounts entitled *Statements on Standards for Attestation Engagements (SSAE) No. 18, Reporting on Controls at a Service Organization*. In addition to the usual and customary scope of this electronic data processing system audit, which includes the production of a report on both the design of the system and also, specific compliance tests that are directed to specific objectives of internal accounting control, the program for the audit must address all of the required features – but, not limited to the provisions for the operating system outlined in this RFP. The SEIB will use the findings and recommendations of each such report as part of its ongoing SEIB monitoring process.

The Vendor must respond to the audit findings and recommendations within 30 days of receipt of the audit and submit an acceptable proposed corrective action plan to the SEIB. The Vendor must implement the corrective action plan within 40 days of its approval by the SEIB.

The Vendor shall audit any organization utilizing EDI on a periodic basis and shall furnish the SEIB with a copy of the results of such audit. The Vendor agrees to audit any hospital provider and large multi-specialty physician group on a scheduled and structured basis no less frequently than every two (2) years or at the request of the SEIB. EDI claims entry must be conducted by an organizational unit independent of the Vendor’s dedicated unit processing claims for SEIB. Audits may be performed by the Vendor’s Corporate Internal Audit function or by an independent auditing firm.

5.38 Financial Management - Fraud and Abuse Controls

5.38.1 The Vendor must reimburse the SEIB for all losses and judgments due to error, fraud, misuse, and abuse of the EDI claims entry system by the provider or provider’s staff.

The Vendor must demonstrate through internal audits or other internal monitoring processes that processing controls are present and that the level of accuracy meets minimum standards. The Vendor must dedicate staff for detecting and documenting fraud and overutilization of benefits.

The Vendor must maintain medically trained staff to service this account.

The staff should be trained to look for signs of fraud including:
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- Hospital bills submitted directly by an employee;
- Claim forms or medical bills with alterations (e.g., erasures, strikeouts or whiteouts);
- Repeat accident claims of similar nature;
- No assignment of benefits to provider for large amounts; and
- Post office box address where payment is to be sent.

The SEIB must have timely access to a full-time physician medical director in the employment of the Vendor. The Vendor must also maintain contractual relationships with peer review organizations (medical, chiropractic, and dental) for determining (upon request) medical necessity or price variances.

The Vendor must perform analyses on claim patterns and physician practice patterns to determine fraudulent and abusive filings. The Vendor must have the capability of performing statistical analyses of physician charges to look for potential areas of abuse. The Vendor must support the fact-finding efforts by researching claim histories, corresponding with providers and employees, and performing analysis of the findings. If the SEIB pursues any legal action, the Vendor must assist the SEIB and, if required, testify in such proceedings. The Vendor’s obligations include information gathering, testifying, and analysis of findings.

It is desirable that the Vendor be a member of the National Health Care Anti-Fraud Association (NHCAA).

In addition to these basic elements, the Vendor must be able to satisfy the following cost control design requirements:

- The automated ability to “flag” individual service providers’ and/or employees’ records so as to suspend all claims for cases potentially involving fraudulent and/or abusive filings based on internally detected patterns of behavior or based on notification from the State of Alabama; and,
- The Vendor will cooperate with the SEIB’s independent claims auditing process.

**5.39 Audits**

5.39.1 The SEIB, via its auditor, has the right to perform audits with different scopes at different times during the contract year at no costs to the SEIB.

**Single, Radio group.**
1: Confirmed,
2: Not confirmed

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

**Single, Radio group.**
1: Confirmed,
2: Not confirmed

5.39.3 The SEIB shall have the right to audit for the duration of the agreement and for a period of three (3) years following expiration or termination thereof.

**Single, Radio group.**
1: Confirmed,
2: Not confirmed
5.39.4 Your organization will provide a response to all findings received within 30 days of audit, or at a later date if mutually determined to be more reasonable based on the number and type of findings.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed

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

*Single, Radio group.*
1: Confirmed,
2: Not confirmed

5.39.6 Confirm you agree not to charge the SEIB for EOBs/claims issued as corrections due to audits.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed

5.39.7 The audit provision shall survive the termination of the agreement between the parties for a period of 3 years.

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

5.39.8 If an audit identifies performance guarantees are not being met, the SEIB will expect the Proposer to pay for follow-up audits to confirm resolution of any problem(s) that are uncovered during the initial audit.

*Single, Radio group.*
1: Agree,
2: Disagree, explain: [ Unlimited ]

### 5.40 Data and Reporting

5.40.1 The Vendor must submit raw claims data and standardized reports to the SEIB. The SEIB requires extensive reporting in the areas of cash, finance, claims statistics, types of claims cost/service utilization, areas of benefit payments, claims inventory, work statistics and every aspect of the claims processing/adjudication and financial systems. Reporting may be monthly, quarterly, semi-annually, annually or as required by the SEIB. The reports may be on paper, or acceptable electronic media.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.40.2 Describe capabilities that are available to the SEIB staff through your employer portal (i.e., view eligibility changes and validate eligibility data, view claims, pull standard reports, create customized ad hoc reports, etc.)?

*Unlimited.*

5.40.3 Does the online system allow the SEIB to assign different levels of access, internally?

*Single, Pull-down list.*
1: Yes,
2: No
5.40.4 Confirm that your organization will provide to the SEIB monthly claim data in a mutually agreed upon format by the 3rd working day of the month following the reporting month.

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

5.40.5 Confirm the monthly claims data will include member level detail using SSNs and the SEIB-assigned Individual contract number.

*Single, Radio group.*
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.40.6 Indicate the reports you can provide on both a quarterly and an annual basis:

*Multi, Checkboxes.*
1: Financial Claim Update,
2: Utilization Review,
3: Network Utilization,
4: Clinical Review,
5: Preventive services,
6: Case Management,
7: Large Claimants,
8: Hospital Inpatient Review,
9: Maternity Program,
10: Hemophilia Management Program,
11: Other Programs

5.40.7 Please attach sample quarterly and year-end financial and clinical management reporting packages (all files must be zipped under one file).

*Single, Radio group.*
1: Attached,
2: Not attached, explain: [ 500 words ]

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

*500 words.*

5.40.9 Are you able to accommodate requests for ad hoc or customized reporting (including utilization information)?

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

5.40.10 Do you charge for ad hoc or customized reports? If so, please explain.

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

5.40.11 Confirm that you will make available relevant and capable IT staffing to accommodate the reporting needs of the SEIB in a timely manner.
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5.40.12 If you are able to accommodate ad hoc or customized reporting, what is the normal turnaround time to fulfill such requests?
500 words.

5.40.13 Reports must be stratified by Plan, if applicable, and sub-stratified by: Actives, Retirees <65, and Dependent <65. Please confirm that you agree to this provision.

5.40.14 Confirm that you will provide SEIB with any information required to meet its reporting obligations in accordance with federal law and regulations including any future changes thereto.

5.41 Other Services

5.41.1 What are your organization's categories of gaps in care and how do you quantify them?
1000 words.

5.41.2 Describe how your organization identifies and monitors patient gaps in care.
1000 words.

5.41.3 What is your organization's process to close the identified gaps in care and how do you track the closings? Describe outreach to members and/or providers, if any.
1000 words.

5.41.4 Describe any member advocacy, navigation services, or programs you offer in addition to the traditional core member services center.
1000 words.

5.41.5 Are there any additional charges for the advocacy or navigation services?
500 words.

5.41.6 What specific outcomes have you achieved with clients that utilize the advocacy and navigation programs?
1000 words.
5.42 Services Under Consideration

The SEIB is considering the following value-added services:

5.42.1 Near-Site Clinics

The SEIB is considering expanding its preventive care and wellness program to include “near-site clinics”. The Board is looking to establish 10 to 12 clinics in various localities around the state. The clinics could provide members with access to local physicians for primary medical services, plus basic preventive and wellness services that compliments the SEIB wellness program. The clinics also offer basic lab and x-ray services. The SEIB would like to provide the near-site clinic services to members with $0 copayment per visit. The clinics would be paid on a PEPM basis.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.42.2 Biometric screening network

The SEIB Wellness Program focuses on four risk factors that contribute to chronic conditions and/or diseases that may be preventable or treatable through improved diet/nutrition, lifestyle changes, or medication:

- High Blood Pressure;
- High cholesterol;
- High glucose; and
- Obesity.

In order to receive a wellness premium discount, eligible members must be screened annually between November 1 through October 31. The SEIB has developed a Biometric Screening Network comprised of approximately 75 pharmacies throughout the state to conduct the Biometric Screenings and provide certain vaccination services. The SEIB is seeking a Vendor to manage and administer the current Biometric Screening Network, or offer its own Network. The Vendor must be able to capture the screening data and report it to the SEIB on a weekly basis.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.42.3 Please describe your capabilities regarding management and administration of the Biometric Screening Network:

<table>
<thead>
<tr>
<th>Program(s)/service(s) offered</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000 words.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contracted provider types</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000 words.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of providers/facilities/locations in Alabama</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000 words.</td>
</tr>
</tbody>
</table>
5.42.4 **Weight Management Program**  
For weight loss management a brief description of:

<table>
<thead>
<tr>
<th>Description</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your program(s)</td>
<td>1000 words</td>
</tr>
<tr>
<td>Specialty networks/centers of excellence</td>
<td>1000 words</td>
</tr>
<tr>
<td>Services</td>
<td>1000 words</td>
</tr>
<tr>
<td>Coverage available throughout the State of Alabama</td>
<td>1000 words</td>
</tr>
<tr>
<td>Number of providers in Alabama</td>
<td>1000 words</td>
</tr>
<tr>
<td>Identification of candidates and/or precertification requirements</td>
<td>1000 words</td>
</tr>
<tr>
<td>How members are incented and directed</td>
<td>1000 words</td>
</tr>
<tr>
<td>How quality and cost efficiency are improved</td>
<td>1000 words</td>
</tr>
<tr>
<td>How outcomes were tracked and measured for 2017 and 2018</td>
<td>1000 words</td>
</tr>
<tr>
<td>Describe any guarantees associated with your program</td>
<td>1000 words</td>
</tr>
</tbody>
</table>

5.43 **Implementation**  
5.43.1 The Vendor awarded the contract must designate an implementation team of the Vendor's experienced staff in the areas of IT, finance, and claims adjudication. During the transition period, a minimum of two (2) team members trained in health claim data processing must be on-site at the SEIB offices a minimum of three
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(3) days per week, or as required at the discretion of the SEIB.
In order to assure full performance of all obligations imposed on a Vendor contracting with the SEIB, the Vendor will be required to provide a performance guarantee in the amount of $100,000.00. The performance guarantee must be submitted by the Vendor at least ten (10) calendar days prior to the contract start date. The form of performance guarantee shall be one of the following: (1) An irrevocable letter of credit or (2) Surety bond issued by a company authorized to do business within the State of Alabama. This performance guarantee shall be in force from the contract effective date through the term of the administration services contract and ninety (90) calendar days beyond and shall be conditioned on faithful performance of all contractual obligations. Failure of the Vendor to perform satisfactorily shall cause the performance guarantee to become due and payable to the SEIB. The Chief Executive Officer of the SEIB or his designee shall be the custodian of the performance guarantee.

Single, Radio group.
1: Confirmed,
2: Not confirmed: [ 500 words ]

5.43.2 Provide a detailed timetable assuming a Notice of Contract Award in Mid-Summer 2019 for a January 1, 2020 “go-live” date and an enrollment period of November 1 to November 30. The implementation plan should provide details on the key roles of each member of the implementation team. Your firm’s implementation plan should assume that the SEIB-specific communications to members and external stakeholders must be completed by October 1, 2019. At a minimum, the implementation plan must provide specific details on the following:

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

Single, Radio group.
1: Attached,
2: Not attached, explain: [ 500 words ]

5.43.3 Confirm any changes or additional detail to the Implementation Project Plan with timetable, will be submitted to the SEIB within 5 business days of receiving Notice of Contract Award.

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

5.43.4 Confirm that, if awarded the business, you will be prepared to start implementation work within 10 days following the contract award date, due to the lead time needed for open enrollment.

Single, Radio group.
1: Confirmed,
2: Not Confirmed
5.43.5 Confirm your organization will provide weekly updates and/or meetings detailing all implementation activities and status, including a Final Report.

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

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

*Single, Radio group.*
1: Confirmed, please specify amount: [ Dollars ] ,
2: Not Confirmed

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

*Unlimited.*

5.43.8 Does your Implementation Team conduct pre-implementation and post-implementation testing?

*Single, Radio group.*
1: Yes,
2: No, explain [ 500 words ]

5.43.9 What is your process or policy to confirm your internal reference source or sources are consistent with the SEIB’s (Employee Communication Materials, Open Enrollment Information, SPD and/or plan document)?

*500 words.*

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

*Single, Radio group.*
1: Yes - at least 30 days before effective date,
2: Yes - less than 30 days before effective date,
3: No

5.43.11 During the 3rd calendar quarter of 2019, the SEIB requires an initial readiness review, including an on-site review of the Proposer’s facilities. Proposer shall participate in all readiness review activities conducted by the SEIB staff or it’s agent to ensure the Proposer's operational readiness. Readiness review will include verification (by the SEIB or its agent) that the Proposer has the system infrastructure and human capital to support the SEIB’s account. The SEIB will provide the Proposer with a summary of findings as well as areas requiring corrective action. Describe in detail how your organization will comply with this requirement.

*Unlimited.*

5.43.12 At least thirty (30) days after the beginning of each subsequent plan year, the Proposer shall perform an ongoing readiness review, which will include verification that the SEIB's benefits have been correctly loaded and tested in your claims processing system. Upon completion of the readiness review, the Proposer shall provide confirmation to the SEIB that all benefits have been accurately loaded and ready for processing of the claims. Describe in detail how your organization will comply with this requirement.

*Unlimited.*
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6 Network Proposal

This section contains a number of worksheets and data files required to be submitted by the Proposer. Proposers shall submit network access in the format described below for the network proposed based on the terms and conditions set forth in this RFP. Attach additional pages if necessary.

6.1 Data For Network Access

6.1.1 Proposers will be provided the following data for development of Network Access and the Price Proposal:

- The SEIB’s medical data at the claims line detail level, with layout and control totals. This will represent calendar year 2018 paid claims.
- The SEIB’s enrollment file, calendar year 2018 – Proposer will be able to link the enrollment file to the medical data file.

Once the letter of intent and Non-Disclosure Agreement are received, Segal will release the data to the Proposer along with Network Access and Price Proposal response document worksheets. The process will be initiated through Segal’s Secure File Transfer system. The Segal contact is: Gina Sander GSander@Segalco.com

6.2 Network Access and Disruption

6.2.1 Proposers are required to submit an accessibility report (Optum™, GeoAccess®, GeoNetworks or comparable software) for the provider network being proposed. The report must be submitted by county. Note that failure to include all participants in the analysis will require that your organization re-produce the reports.

The Proposer will be required to provide a summary of participants with and without access to network health providers/facilities within the established mileage parameters for driving distance, listed below:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Urban</th>
<th>Non-Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td>1 within 20-miles</td>
<td>1 within 35-miles</td>
</tr>
<tr>
<td>Ambulatory Surgical Center</td>
<td>1 within 20-miles</td>
<td>1 within 35-miles</td>
</tr>
<tr>
<td>Urgent Care facilities</td>
<td>1 within 20-miles</td>
<td>1 within 35-miles</td>
</tr>
<tr>
<td>Imaging Centers</td>
<td>1 within 20-miles</td>
<td>1 within 35-miles</td>
</tr>
<tr>
<td>Inpatient Behavioral Health Facilities</td>
<td>1 within 20-miles</td>
<td>1 within 35-miles</td>
</tr>
<tr>
<td><strong>Primary Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General/Family Practitioner (includes Internal Medicine, Family Medicine, and General Medicine)</td>
<td>2 within 10-miles</td>
<td>2 within 20-miles</td>
</tr>
<tr>
<td>OB/GYN (female members, age 12 and older)</td>
<td>2 within 10-miles</td>
<td>2 within 20-miles</td>
</tr>
<tr>
<td>Pediatrician (birth through age 18)</td>
<td>2 within 10-miles</td>
<td>2 within 20-miles</td>
</tr>
<tr>
<td><strong>Specialists</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Urban</th>
<th>Non-Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocrinologist</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>Urologist</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>Cardiologist</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>Allergist</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>Psychologist/Psychiatrist</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>General Surgeon</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
</tbody>
</table>

Additionally, Proposer will be required to provide a summary of participants with and without access to network dental providers within the established mileage parameters for driving distance, listed below:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Urban</th>
<th>Non-Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/Family Dentist</td>
<td>2 within 10-miles</td>
<td>2 within 20-miles</td>
</tr>
<tr>
<td>Pediatric Dentist (birth through age 18)</td>
<td>2 within 10-miles</td>
<td>2 within 20-miles</td>
</tr>
<tr>
<td>Orthodontist (birth through age 18)</td>
<td>2 within 10-miles</td>
<td>2 within 20-miles</td>
</tr>
</tbody>
</table>

Specialists

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Urban</th>
<th>Non-Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontist</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>Periodontist</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>Prosthodontist</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surgeon</td>
<td>2 within 20-miles</td>
<td>2 within 35-miles</td>
</tr>
</tbody>
</table>

The definition of whether a county is urban or non-urban is included in the Network Access files - Attachments A and H.

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

- Proposer must utilize Optum TM, GeoAccess®, GeoNetworks or comparable software.
- The access reports must indicate those participants with access and those without access according to provider network access standards above, by county.
- Access must be based on driving distance from the center of the participants’ home zip code.
- The access reports should include providers under contract as of April 1, 2019, and may also include providers that have entered a legally binding letter of intent or letter of agreement with the Proposer.

Single, Pull-down list.
1: Attached,
2: Not provided
6.2.2 Proposer must complete and submit the Network Access file - Attachment A, for the provider network being proposed. This file requires the number of members meeting access criteria, separately for Urban and Non-Urban, number of Providers by county, and a Provider Listing. Data should include providers under contract as of April 1, 2019, and may also include providers that have entered a legally binding letter of intent or letter of agreement with the Proposer.

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

6.2.3 Proposer must provide a list of large physician groups and/or facilities in the network your organization is proposing for the SEIB that will expire in the next six months?

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

6.2.4 Proposer must complete and submit the Dental Network Access file - Attachment H, for the provider network being proposed. This file requires the number of members meeting access criteria, separately for Urban and Non-Urban, number of Providers by county, and a Provider Listing. Data should include providers under contract as of April 1, 2019, and may also include providers that have entered a legally binding letter of intent or letter of agreement with the Proposer.

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

Attached Document(s): [Attachment H - Dental Network Access - SEIB.xlsx](#)

7 Cost Proposal

7.1 The SEIB is looking to contract with an organization(s) that has proven success in managing provider costs and can submit data timely in the required formats. The RFP submission was designed with knowledge of the capabilities of the market, and it is expected that each Proposer will comply with these requirements. If any issues or complications are expected, Proposers should submit questions. Proposer's price offer shall serve as the basis for compensation terms of the resulting contract. Failure to submit pricing as provided in this section may render Proposer's entire offer non-responsive and ineligible for award.

Cost Proposal documents have been included with this RFP as Attachments B-F.

7.1 Contract Allowance

7.1.1 Confirm the Vendor will provide a minimum annual $250,000 contract allowance for general expenses related to the management of the program such as independent audits, communication expenses, clinical programs, consulting fees. Any balance remaining at the end of the year may be rolled over to the following year or be used as a credit against claim invoices. Indicate amount of allowance/credit when completing item 4 of Attachment D1 - Medical Administration Fees - SEHIP Only.

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

Attached Document(s): [Attachment D - ASO Fees - SEIB.xlsx](#)
7.2 Repricing File
7.2.1 Once the Proposer’s letter of intent and Non-Disclosure Agreement forms are signed and submitted by the Proposer, medical and dental repricing files containing participant claims experience for the most recent 12-month period will be made available through a secure file transfer protocol. No data will be made available prior to these forms being signed and submitted, and no modifications will be accepted.

The layout of the fields that will be included in the repricing files is detailed in Attachment B. This attachment also contains supporting descriptions of the Medical Service Category Codes contained in the file that will be used for a required Self-Insured Projection, detailed in Attachment E.

Using the files described above, Proposers are expected to reprice medical and dental claims to most accurately represent the contractual arrangements in place. The files contain three fields to be populated by the Proposer - network status, contracted allowed amount, and type of contract for each service in the files.

- **Network Status – Y/N/L**
  - Y – Currently under contract
  - L – Letter of intent
  - N – Not under contract or Out-Of-Network provider
- **Contract/Allowed Amount**
- **Type of Contract – (DRG, APC, F, D, B, O)**
  - DRG – Diagnosis-Related Group
  - APC – Ambulatory Payment Classification
  - F – Fee schedule
  - D – Discount off submitted charges
  - B – Bundled payment
  - O – Other contract arrangement

Proposers are required to populate these three fields and submit the medical and dental repricing files in the exact format as received. Do NOT post repriced claims to ProposalTech. Repriced files must be submitted directly to Gina Sander, via secure file transmission.

Attached Document(s): Attachment B - Repricing Layout - SEIB.xlsx, Attachment E - Self Insured Projection - SEIB.xlsx

7.3 Administration Fees
7.3.1 For the current approximate 34,000 contracts (65,000 total members), provide the monthly per-employee (PEPM) administration fee, for all services included in this RFP in Attachment D. Basic Services include all other administration services described in this RFP. The totals in both sections should include all costs except actual claim payments to covered participants. Proposers are required to provide an administration fee for each year in the 5-year contract period. Detailed instructions are included in Attachment D.

If there are additional fees to be charged based on per service costs, list them under other costs and provide an explanation. This would include items that are not predictable and may be variable.

The last required component of this attachment includes questions allowing the Proposer to provide provider fee guarantees. This worksheet should be completed and should provide details on amount of fees at risk.
7.4 Self-Insured Projection

7.4.1 This section allows the Proposer to estimate the expected cost with their proposed provider network. Based on the specific claims experience provided in the repricing files, the Proposers are asked to estimate the expected costs under their medical and dental management and pricing arrangements with providers in Attachment E. This is to be the Proposer’s best estimate and should be performed as accurately as possible, in good faith.

The summary projection requires thoughtful inputs at a very high level, recognizing that a detailed projection would be performed differently for each Proposer. There are two main inputs required of the Proposers:

- **Utilization Adjustment**: if the Proposer feels that their medical and/or dental management will alter the current utilization, an input is allowed to show the expected impact. Explanation of anticipated changes are required.
- **Allowed Adjustment**: the submitted charge per service is included in the summary and it is required of the Proposer to provide an adjustment to get to their allowable charge per service. It is understood that this is not based on discounts alone, and will represent movement between provider charges. The goal is to get to what the Proposer believes to be their per-service cost.

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

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

Proposers are required to complete and submit the summary results of the repricing file in the exact formats and service categories included in the Self-Insured Projection - Attachment E. The worksheet has been pre-populated based on the claims data and Service Category Codes contained in the repricing file. Proposers are required to supplement the fields identified.

Upon selection of finalists, a validation process of the submitted summary data will be initiated if necessary. At that time, the Proposers selected as finalists may be required to submit supporting documentation.

7.5 Gain Sharing Model

7.5.1 The SEIB is seeking a partner to provide Medical Administration services as a viable long-term solution for their Active and non-Medicare Retiree population. Therefore, the SEIB is including a gain-sharing on target pricing, throughout the contract term, recognizing the need for reasonable year over year increases in PMPM costs. While we recognize certain provisions of the pricing are dependent on vendor partners, we also believe organizations should be able to collaborate and work toward the same SEIB goals as described in this RFP. Therefore, we are requiring Proposers to participate in a gain-sharing arrangement with 10% of administration fees withheld and the ability to share up to 20% of savings based on annual total PMPM targets for each year under the contract. The Gain Sharing model being proposed is included as Attachment F with descriptions and calculations shown.

Annual total PMPM targets will be based on claims experience of those enrolled in the plan, verified demographics, other documented actuarial factors, and projected health care cost trends. Subsequent annual total PMPM targets will be developed annually and reflected in a written amendment to the Contract executed by both parties.
7.6 Contract Improvements

7.6.1 A worksheet, Attachment C, is available for Proposers to provide any known contract improvements above and beyond those detailed in this RFP.

8 Performance Standards and Guarantees

8.1 General

8.1.1 The Proposer must agree to the Performance Standards and Guarantees described herein. Proposer's failure to meet the Performance Standards would result in financial penalties. Proposer is expected to place at least 25% of total annual administration fees at risk. The Vendor should propose the % of admin fees at risk for each standard; however, the SEIB reserves the right to re-allocate the % at risk, with no more than 15% of total fees at risk assigned to one specific standard. Please review and complete both tabs, Plan Management Standards and Clinical Standards, within Attachment G - Performance Guarantees. Higher assessments than required are encouraged.

8.1.2 Confirm your agreement with the proposed performance level targets, measurement methodology, and reporting and penalty assessment schedule. Vendor performance shall be assessed by an independent auditor.

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

9 Contract Terms and Conditions

The successful Vendor who is awarded the contract is expected to agree to the following contract terms and conditions.
9.1 Term/Termination

9.1.1 The Contractor agrees to a three-year Initial Term effective January 1, 2020. The SEIB shall have two, one-year options for extending this contract. The Contractor will provide pricing for each year of the contract, including any extensions.
Yes/No.

9.1.2 The Contractor acknowledges and understands that this contract is not effective until it has received all requisite state government approvals and the Contractor shall not begin performing work under this contract until notified to do so by the SEIB. The Contractor is entitled to no compensation for work performed prior to the effective date of this contract.
Yes/No.

9.1.3 The Contractor contract will not include automatic renewal language.
Yes/No.

9.1.4 Termination for Convenience
The SEIB may terminate performance of work under the Contract in whole or in part whenever, for any reason, the SEIB, in its sole discretion determines that such termination is in the best interest of the SEIB. In the event that the SEIB elects to terminate the contract pursuant to this provision, it shall so notify the Contractor by certified or registered mail, return receipt requested. The termination shall be effective as of the date specified in the notice. In such event, the Contractor will be entitled only to payment for all work satisfactorily completed and for reasonable, documented costs incurred in good faith for work in progress. The Contractor will not be entitled to payment for uncompleted work, or for anticipated profit, unabsorbed overhead, or any other costs.
Yes/No.

9.1.5 Termination for Bankruptcy
The filing of a petition for voluntary or involuntary bankruptcy of a company or corporate reorganization pursuant to the Bankruptcy Act shall, at the option of the SEIB, constitute default by the Contractor effective the date of such filing. The Contractor shall inform the SEIB in writing of any such action(s) immediately upon occurrence by the most expeditious means possible. The SEIB may, at its option, declare default and notify the Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from the Contractor.
Yes/No.

9.1.6 Termination for Default
The SEIB may, by written notice, terminate performance under the contract, in whole or in part, for failure of the Contractor to perform any of the contract provisions. In the event the Contractor defaults in the performance of any of the Contractor’s material duties and obligations, written notice shall be given to the Contractor specifying default. The Contractor shall have 10 calendar days, or such additional time as agreed to in writing by the SEIB, after the mailing of such notice to cure any default. In the event the Contractor does not cure a default within 10 calendar days, or such additional time allowed by the SEIB, the SEIB may, at its option, notify the Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from the Contractor.
Yes/No.
9.1.7 Termination for Unavailability of Funds
Performance by the SEIB of any of its obligations under the contract is subject to and contingent upon the availability of monies lawfully applicable for such purposes. If the SEIB, in its sole discretion, deems at any time during the term of the contract that monies lawfully applicable to this agreement shall not be available for the remainder of the term, the SEIB shall promptly notify the Contractor to that effect, whereupon the obligations of the parties hereto shall end as of the date of the receipt of such notice and the contract shall at such time be cancelled without penalty to the SEIB or the state of Alabama.
Yes/No.

9.1.8 Termination Procedures
Upon termination or other expiration of the contract as a result of this RFP, all data, records, files and the like along with the appropriate guides, instructions, manuals, etc. that are held for the purpose of performance under the contract, shall be surrendered in a current and updated form to the SEIB. With the exception of the foregoing, each party shall forthwith return any copyrighted or proprietary documents, documentation, or other materials of the other held by each for the purpose of performance under the contract.
Single, Radio group.
1: Agrees,
2: Disagrees, please explain: [ 50 words ]

9.1.9 The Contractor and the SEIB will assist the other in the orderly termination of the contract and the transfer of all aspects hereof, tangible and intangible, as may be necessary for the orderly, non-disruptive business continuation of each party.
Single, Radio group.
1: Agrees,
2: Disagrees, please explain: [ 50 words ]

9.1.10 The Contractor agrees to send at least 36 months of claims history data, all current prior authorizations, open refills, specialty transfer files, and accumulator files that exist for SEIB participants to the next/successor Contractor at NO charge if SEIB terminates the contract with or without cause or upon the expiration of the contract. Transition of data will begin immediately following notification of termination and must be complete within 90 days of that notification. Within 14 days of notification, Contractor must provide files as of the notification date. Contractor must provide all data on a rolling basis at least once every 30 days thereafter until all SEIB data has been provided to the succeeding Contractor or to SEIB as directed.
Single, Radio group.
1: Agrees,
2: Disagrees, please explain: [ 50 words ]

9.2 Contract Requirements
9.2.1 Contract
This RFP and the Contractor’s response thereto shall be incorporated into a contract by the execution of a formal agreement (Appendix E – RFP Contract Example - SEIB). The contract shall include the following:

1. Executed contract;
2. RFP, attachments, and any amendments thereto; and
3. Contractor’s response to the RFP.
Yes/No.
9.2.2 Compliance with State and Federal Regulations
The Contractor shall perform all services under the contract in accordance with applicable federal and state statutes and regulations. The SEIB retains full operational and administration authority and responsibility over the SEHIP, as the same may be amended from time to time.
Yes/No.

9.2.3 Contract Amendments
No alteration or variation of the terms of the contract shall be valid unless made in writing and duly signed by the parties thereto. The contract may be amended by written agreement duly executed by the parties. Every such amendment shall specify the date its provisions shall be effective as agreed to by the parties.
Yes/No.

9.2.4 Equitable Adjustment
The contract shall be deemed to include all applicable provisions of the SEHIP and of all state and federal laws and regulations applicable to the SEHIP, as they may be amended. In the event of any substantial change in such Plan, laws, or regulations, that materially affect the operation of the SEHIP or the costs of administering such Program, either party, after written notice and before performance of any related work, may apply in writing to the other for an equitable adjustment in compensation caused by such substantial change.
Yes/No.

9.2.5 Confidentiality
The Contractor shall treat all information, and in particular information relating to individuals that is obtained by or through its performance under the contract, as confidential information to the extent confidential treatment is provided under State and Federal laws. The Contractor shall not use any information so obtained in any manner except as necessary for the proper discharge of its obligations and rights under this contract.
Yes/No.

9.2.6 The Contractor shall ensure safeguards that restrict the use or disclosure of information concerning individuals to purposes directly connected with the administration of the Plan.
Yes/No.

9.2.7 Pursuant to requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the successful Contractor shall sign and comply with the terms of a Business Associate Agreement with the SEIB (Appendix A - BAA Template 2018).
Yes/No.

9.2.8 Security and Release of Information
The Contractor shall take all reasonable precautions to ensure the safety and security of all information, data, procedures, methods, and funds involved in the performance under the contract, and shall require the same from all members so involved. The Contractor shall not release any data or other information relating to the SEHIP without prior written consent of the SEIB. This provision covers both general summary data as well as detailed, specific data. The Contractor shall not be entitled to the use of SEIB data in its other business dealings without prior written consent of the SEIB.
Yes/No.

9.2.9 Contract a Public Record
Alabama SEIB Medical and Dental RFP

Upon signing of this contract by all parties, the terms of the contract become available to the public pursuant to Alabama law. The Contractor agrees to allow public access to all documents, papers, letters, or other materials subject to current Alabama law on disclosure. It is expressly understood that substantial evidence of the Contractor's refusal to comply with this provision shall constitute a material breach of contract. Yes/No.

9.2.10 Proration of Funds
In the event of proration of the funds from which payment under this contract is to be made, this contract will be subject to termination. Yes/No.

9.2.11 Employment of SEIB Staff
The Contractor shall not knowingly engage on a full-time, part-time, or other basis during the period of the contract any professional or technical personnel, who are or have been in the employment of the SEIB during the previous twenty-four (24) months without the written consent of the SEIB. Certain SEIB members may be subject to more stringent employment restrictions under the Alabama Code of Ethics, §36-25-1 et seq., code of Alabama 1975. Yes/No.

9.2.12 Immigration Compliance
The successful Contractor will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. The successful Contractor will represent and warrant that it is in compliance with the provisions of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act ( Ala. Code § 31-13-1, et seq., (1975)) and, upon award, must execute and submit a Certificate of Compliance, attached hereto as Appendix B - Beason-Hammon Certificate of Compliance. Pursuant to Ala. Code §31-13-9(k), by signing any resulting contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom. The successful Contractor must also complete Appendix D – Immigration Status Form. Yes/No.

9.2.13 Novation
In the event of a change in the corporate or company ownership of the Contractor, the SEIB shall retain the right to continue the contract with the new owner or terminate the contract. The new corporate or company entity must agree to the terms of the original contract and any amendments thereto. During the interim between legal recognition of the new entity and SEIB execution of the novation agreement, a valid contract shall continue to exist between the SEIB and the original Contractor. When, to the SEIB's satisfaction, sufficient evidence has been presented of the new owner's ability to perform under the terms of the contract, the SEIB may approve the new owner and a novation agreement shall be executed. Yes/No.

9.2.14 Employment Basis
It is expressly understood and agreed that the SEIB enters into this agreement with the Contractor and any subcontractor as authorized under the provisions of this contract as an independent contractor on a purchase of service basis and not on an employer-employee basis and not subject to the Alabama State Merit System law.
Alabama SEIB Medical and Dental RFP

Yes/No.

9.2.15 Disputes and Litigation
Except in those cases where the proposal response exceeds the requirements of the RFP, any conflict between the response of the Contractor and the RFP shall be controlled by the provisions of the RFP. Any dispute concerning a question of fact arising under the contract which is not disposed of by agreement shall be decided by the Chief Executive Officer of the SEIB. For any other non-financial related disputes arising under the terms of this contract, the parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation.

Yes/No.

9.2.16 The Contractor's sole remedy for the settlement of any and all disputes involving the payment of money arising under the terms of this contract shall be limited to the filing of a claim with the Board of Adjustment for the State of Alabama. Pending a final decision of a dispute hereunder, the Contractor must proceed diligently with the performance of the contract in accordance with the disputed decision.

Yes/No.

9.2.17 Records Retention and Storage
The Contractor shall maintain financial records, supporting documents, statistical records, and all other records pertinent to the SEIB Program for a period of three years from the date of the final payment made by the SEIB to the Contractor under the contract. However, if audit, litigation, or other legal action by or on behalf of the SEIB has begun but is not completed at the end of the three-year period, or if audit findings, litigation, or other legal action have not been resolved at the end of the three year period, the records shall be retained until resolution.

Yes/No.

9.2.18 Inspection of Records
The Contractor agrees that representatives of the SEIB and their authorized representatives shall have the right during business hours to inspect and copy the Contractor’s books and records pertaining to contract performance and costs thereof. The Contractor shall cooperate fully with any such requests and shall furnish free of charge copies of all requested records. The Contractor may require that a receipt be given for any original record removed from the Contractor's premises.

Yes/No.

9.2.19 Payment
The Contractor shall submit to the SEIB a detailed monthly invoice for compensation for the deliverable and/or work performed. Invoices should be submitted to the Chief Executive Officer or his designee. Payments are dependent upon successful completion and acceptance of described work and delivery of required documentation.

Yes/No.

9.2.20 Notices to Parties
Any notice to the SEIB under the contract shall be sufficient when mailed to the Chief Executive Officer. Any notice to the Contractor shall be sufficient when mailed to the Contractor at the address given on the return receipt from this RFP or on the contract after signing. Notice shall be given by certified mail, return receipt requested.
Alabama SEIB Medical and Dental RFP

Yes/No.

9.2.21 Disclosure Statement
The successful Contractor shall be required to complete a financial disclosure statement (Appendix C - Disclosure Statement) with the executed contract.
Yes/No.

9.2.22 Not to Constitute a Debt of the State
Under no circumstances shall any commitments by the SEIB constitute a debt of the State of Alabama as prohibited by Article XI, Section 213, Constitution of Alabama of 1901, as amended by Amendment 26. It is further agreed that if any provision of this contract shall contravene any statute or Constitutional provision or amendment, whether now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the contract shall be deemed null and void.
Yes/No.

9.2.23 Choice of Law
The construction, interpretation, and enforcement of this contract shall be governed by the substantive contract law of the State of Alabama without regard to its conflict of law provisions. In the event any provision of this contract is unenforceable as a matter of law, the remaining provisions will remain in full force and effect.
Yes/No.

9.2.24 Force Majure
The parties shall be excused from performance hereunder for any period in which the parties are prevented from performing any services pursuant hereto in whole or in part as a result of an act of God, war, civil disturbance, epidemic, or court order; such nonperformance shall not be a ground for termination for default.
Yes/No.

9.2.25 Nondiscriminatory Compliance
Contractor represents and warrants that it will comply with the requirements of the Americans with Disabilities Act (ADA) and with all applicable federal and state laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination in employment.
Yes/No.

9.2.26 Open Trade
In accordance with Act 2016-312, Contractor represents and warrants that it is not currently engaged in and will not engage in the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.
Yes/No.

9.2.27 Services Performed in the United States
Contractor will not render or administer services off-shore, and all work performed will be in the contiguous United States.
Yes/No.

9.2.28 Waivers
Alabama SEIB Medical and Dental RFP

No covenant, condition, duty, obligation, or undertaking contained in or made a part of the contract shall be waived except by written agreement of the parties.

Yes/No.

9.2.29 **Workers Compensation**

Contractor shall take out and maintain, during the life of this contract, Worker's Compensation Insurance for all of its employees under the contract or any subcontract thereof, if required by state law.

Yes/No.

9.2.30 **Assignment**

The Contractor agrees that this Agreement or any of the functions to be performed hereunder shall not be assigned by either party to another party, absent advance notice to the other party, and written consent to said assignment, which consent shall not be unreasonably withheld. In the event either party shall not agree to an assignment by the other party, then this agreement shall terminate upon the effective date of said assignment.

Yes/No.

10 **Proposal Documents**

10.1 **Response Documents**

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Description</th>
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<tbody>
<tr>
<td>Attachment A</td>
<td>Medical Network Access</td>
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<td>Attachment B</td>
<td>Repricing Layout</td>
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<td>Attachment C</td>
<td>Contract Improvements</td>
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<td>Attachment D</td>
<td>ASO Fees and Discount Guarantees</td>
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<td>Attachment E</td>
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<td>Attachment F</td>
<td>Gain Sharing Model</td>
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<tr>
<td>Attachment G</td>
<td>Performance Guarantees</td>
</tr>
<tr>
<td>Attachment H</td>
<td>Dental Network Access</td>
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</tbody>
</table>

10.2 **Reference Documents**

10.2.1 Note: The Reference documents will only be provided to Proposers that have submitted a completed and signed Non-Disclosure Agreement (NDA). NDAs may be downloaded from the ProposalTech system for completion. Completed and signed NDA’s should be emailed to Gina Sander, at GSander@Segalco.com, and NOT posted to the ProposalTech site.

<table>
<thead>
<tr>
<th>Exhibit</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Exhibit A</td>
<td>2019 SEHIP Health Handbook</td>
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<tr>
<td>Exhibit B</td>
<td>2019 SEHIP Supplemental Health Handbook</td>
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<td>Exhibit C</td>
<td>2019 SEHIP Dental Handbook</td>
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<td>Exhibit D</td>
<td>2018 Summary Monthly Enrollment &amp; Claims</td>
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<td>Exhibit E</td>
<td>Medical Eligibility – CY 2018</td>
</tr>
</tbody>
</table>
10.3 Additional Procurement Documents

10.3.1 The following documents are provided for reference only. In the event the Vendor is selected these documents must be signed AFTER contract award:

<table>
<thead>
<tr>
<th>Appendix A</th>
<th>BAA Template - SEIB</th>
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<tbody>
<tr>
<td>Appendix B</td>
<td>Beason-Hammon Certificate of Compliance</td>
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<td>Appendix C</td>
<td>Disclosure Statement</td>
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<td>Appendix D</td>
<td>Immigration Status</td>
</tr>
<tr>
<td>Appendix E</td>
<td>RFP Contract Example - SEIB</td>
</tr>
</tbody>
</table>


10.4 Required Documents

10.4.1 Transmittal letter (details in Section 2.7 - Transmittal Letter)

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

10.4.2 Copy of your most recently completed HIPAA Assessment.

*Single, Radio group.*
1: Attached,
2: Not provided

10.4.3 Copy of your Information Security Policy and Procedures. Note: These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractor's or lines of business.

*Single, Radio group.*
1: Attached,
2: Not provided

10.4.4 Proof of Errors and Omissions (E&O) Insurance.

*Single, Radio group.*
1: Attached,
2: Not provided

10.4.5 Your organization's last audited financial statement and the latest SSAE 18 report.
10.4.6 Operational and System Redundancy Procedures. Note: These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractor's or lines of business.

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

10.4.8 Account team resumes.

10.4.9 Annual Score Card/Account Management Satisfaction sample.

10.4.10 Sample quarterly and year-end financial and clinical management reporting packages (all files must be compressed into one Zip-file).

10.4.11 Sample error reports (related to eligibility files).

10.4.12 Current maternity care management reports.

10.4.13 Sample monthly invoices.

10.4.14 Implementation Plan and time-table.
11 Proposal Exceptions and Deviations

11.1 If your Proposal does not fully comply with the specifications in this Request for Proposal (RFP), please complete and upload the Proposal Exceptions and Deviations Document.

Single, Radio group.
1: Proposal does not fully comply - Document Attached,
2: Proposal does fully comply - Document Not Attached

Attached Document(s): Proposal Exceptions & Deviations Doc.doc