

2018-155 **QUESTIONNAIRE**

We ask that you provide responses to the following questions which we have broken down into several categories:

- Organization Profile
 - Administrative Services
 - Specific Claims Services
 - Network Access, Quality & Other Provider Contracting
 - Technology & Technology Support
 - Plan Reporting- Performance, Utilization & Provider Quality metrics
 - Pharmacy Benefit Management services
 - Implementation Plan
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1. Organization Profile

- a. Please indicate whether or not your organization is licensed to do business in the State of Washington.
- b. Explain the organization's ownership structure, listing all separate legal entities and their relationship within the structure.
- c. Please provide your most recent financial ratings and the date of the rating from the following organizations:

Organization	Rating	Date
Fitch, Inc		
Moody's Investors Service, Inc.		
Standard & Poor's Rating Services		

- d. Identify all 3rd party contracts that may implement or provide services that are included as part of your proposal. Please describe the services they each will provide to the county.
- e. Identify any proposed services that are not currently subcontracted but which are expected to be subcontracted for future business deliver to the County
- f. For any entity listed, please include the duration you have been working together
- g. How do you monitor compliance by 3rd party contractors with applicable privacy security standards.
- h. Please provide the membership and percentages of your total enrollment by category as listed below:

	Total	PPO	POS	HMO	HSA	ACO
Membership (total lives)						
% of Book of Business						
% Fully Insured						
% Self-Insured						

- i. Please provide the membership and percentages of your enrollment in the State of Washington by category requires below:

	Total	PPO	POS	HMO	HSA	ACO
Membership (total lives)						
% of Book of Business						
% Fully Insured						
% Self-Insured						

Identify any other plan enrollment inside the State of Washington that was not included in the table above.

2. **Administrative Services.** The following questions relate to your ability to meet Kitsap County's needs around claims adjudication, eligibility management, management of multiple plan options, customer service delivery, management of outside vendor relationships and support of the County's governmental reporting obligations.
- a. Describe your general approach for pricing administrative services for Kitsap County. Include how you will price your services and for what period of time you will guarantee the fee schedule. Please refer to the description provided of Plan offerings found earlier in this Request for Proposal. Please provide all fees on a per-employee-per month basis. If you are submitting a proposal to the County for pharmacy services on a carve-in basis, please indicate the discounts that would be applied to medical administration fees.
 - b. Are you willing to partner with the County to create performance guarantees? Are you willing to place a portion of your administrative fees at risk for failure to meet these performance guarantees? Please describe your current approach.
 - c. Provide a descriptive list of the services that would be included under the arrangement you have outlined in 1.a above.

- d. Kitsap County provides employees with multiple plan options, which are the subject of collective bargaining. How would your organization support the County's need to manage multiple plans and plan performance results?
 - e. Kitsap County has contracted with BenefitFocus as its backroom administrator for a number of HR and Payroll functions. Will you be able to support an electronic interface between BenefitFocus (including any future potential partner) and your organization? Please specify your experience in working with BenefitFocus (if any) as well as experience you have had with similar interface challenges. Please share a list of companies that you are successfully exchanging files with.
 - f. What are your normal PST Customer Service hours of operation and what are your current staffing protocols?
 - g. Please indicate the available methods for contacting your member services representatives. Specially indicate whether members may contact member services representatives via telephone, email, online-chat, paper correspondence or by another method.
 - h. Provide a general profile of the experience level of your customer service team including turnover rates, and average tenure? Also please address the geographical location of your customer service team.
 - i. What has been your average monthly call volume? What is your call abandonment rate and percent of "first call" resolution?
 - j. Would County staff/plan consultant have a dedicated member within your organization to contact for expediting specific customer service situations? What percentage of their time would be dedicated to working with the County? What protocol would you establish for identifying and addressing these situations?
 - k. Describe your billing process for both claims and administrative services. Include narratives on frequency, mechanics (push/pull), account reconciliation etc.
 - l. Will you provide assistance in the evaluation/determination around eligibility status for developmentally/physically impaired dependent children at age 26?
 - m. Confirm that you can accept electronic data transfer and administer membership information in compliance with HIPAA standards for privacy, security and electronic data interchange.
3. **Specific Claim Services**. The following questions address specific claims management situations provider and reimbursement programs. Note that while Kitsap County is not subject to ERISA, they generally administer their plans based on ERISA guidelines.
- a. What is your overall claims auto adjudication rate? What is the benchmark for your organization? What is average turnaround for ALL claims as well as "clean" claims?

- b. Describe your quality assurance program for claims adjudication? We are most interested in learning about what level and how often you would sample specific claims for the County, accuracy rates (dollars and coding).
- c. Describe your program for identifying and correcting provider billing errors. Include in your response comments about specific programs in use and the success and challenges you encounter with these programs.
- d. Comment on your Fraud and Abuse program for providers.
- e. What is your policy on provider reimbursement for medical errors?
- f. Describe your provider quality assurance program including the type of data you collect, from what sources and how you use this data to improve provider quality and performance?
- g. Within your organization who is responsible for outside stop loss reimbursement coordination? Please describe the entire process including monthly 50% large claim reporting, claim filing, claim documentation and turnaround time.
- h. Describe the Claims Appeal program you would administer for the County. Please include how the process is coordinated with the plan participant and the County (if at all). Does your approach meet the requirements for appeals outlined in the Affordable Care Act?
 - i. If not defined in 2.h above, please address how you handle expedited appeal situations and coordination with claims reviewed by an IRO.
 - j. Describe the claim fiduciary services included in your fees.
 - k. Confirm that your plan is processing claims/appeals in accordance with the procedure rules for claims (Department of Labor regulations section 2560.503-1), effective for claims filed on or after 1/1/03. (The rules stipulate (a) accelerated timeframes for initial and appeal decisions, (b) accelerated and enhanced communications regarding decisions and appeals, (c) consultation with a medical professional for health and disability appeals, and (d) participation of decision-makers on an appeal different from those on the original decision).
- l. Provide claim statistics for the proposed claim office that will service the County's plans for the most recent two years:

	Response
Claim turnaround time within 14 calendar days	
Claim turnaround time within 30 calendar days	
Financial (dollar) accuracy	
Payment incidence accuracy	

- m. Are any claim payments outsourced? If so, identify the vendor and reason
- n. Assuming the County contracts with a carved-out pharmacy benefit, please confirm your ability to administer a plan design having an integrated medical/Rx deductible and out-of-pocket maximum using real-time or near real-time integration, when the employer uses an outside PBM.

4. **Network Access, Quality & Other Provider Contracting.** We are interested in learning more about how you contract, with whom and to what extent you are looking towards alternative reimbursement strategies.
- a. We have provided you specific claims information from the current claim payor and have asked you to compare the value your network would provide in contrast to the current network. What have you found?
 - b. With respect to provider disruption, what have you found from your review of the provided data? Specifically, describe material disruption or enhancements to the current arrangement.
 - c. Describe your contracting methodology with various provider types and groups. We are interested in understanding the structure of the reimbursement, quality and how these are integrated into any agreement with providers.
 - d. Do you contract separately or specifically for tertiary and quaternary services? Specifically, we are most interested in how you contract with a provider of intense services for a premature birth and if it differs in how reimbursement is structured at the same facility for a normal delivery without complications, for example. You can also discuss differences in approaches for dialysis providers and organ transplant procedures.
 - e. Are you working with providers in developing alternative provider reimbursement approaches which focus on pay for quality and outcomes rather than fee for service? Could you bring that approach to the County? If so, when?
 - f. Describe your work in the development of narrow network approaches, contracting with Clinically Integrated Networks (CIN) and your ability to incorporate that into plan design, administration and the financials for Kitsap County.
 - g. Describe your approach for Centers of Excellence. Specifically address your determination process for which procedures and how you would incent members to utilize.
 - h. Do you ever negotiate “case rates” in specific circumstances for situations such as dialysis, joint replacements, bariatric, out of area domestic tourism etc...?
 - i. What is your approach to providing management and oversight into behavioral health, substance dependency, and juvenile behavioral issues?
 - j. Comment on the current contract status with principal providers utilized by Kitsap County employees. Specifically, we want to understand when these contracts expire and if you see the renewal terms being more or less favorable to Kitsap County.

5. Technology Services/Community Support Programs.

- a. Describe your capability to support telemedicine for Kitsap County employees. Please address both retail solutions such as Teladoc as well as healthcare system solutions.
- b. Do you have or provide access to organic wellness program solutions for employees? Describe access points, portals as well as an overview of the program. Please address any additional costs as applicable.
- c. Describe the process for identifying and managing a member with comorbid behavioral health conditions.
- d. Recognizing that mental health and chemical dependency diagnosis and treatment is often underutilized, the County would like to improve the diagnosis and treatment of these conditions in its population. Describe innovations in screening, identification, care coordination (including integration with EAP), and care delivery you have implemented or are pursuing to improve diagnosis and treatment of individuals with mental health and substance abuse problems.
- e. Describe how you manage members that are high utilizers of emergency departments.
- f. Describe tools and processes for coordinating care being provided by multiple providers (e.g., physicians, ancillary services).
- g. Describe your portal availability/functionality to allow members to self-serve address changes, claims status, order or download and print ID cards, obtain Explanation of Benefits, access and search provider quality information, look up health care cost information, etc...
- h. Do you offer a no-cost, integrated mobile app? If so, please address the specific functions. Describe your plans' resources for providing technical support to members using your member web portal (e.g., account set-up assistance, password reset, etc.).
- i. Does your system provide participants the tools to compare cost and quality amongst providers? What quality metrics do you provide?
- j. Does your platform help employees to identify community-based programs (specifically in Kitsap County) for specific disease states such as diabetes, weight loss, Parkinson's, cardio-vascular and behavioral health? Please describe how these programs work and integrate (or could integrate) with the health plan.
- k. Do you offer any administrative discount for electronic utilization by members (i.e., electronic EOB's)? If so, please describe.
- l. How does the plan make cost and quality information available to members?
- m. Are members able to review the costs of various providers/procedures and compare these costs to a benchmark in advance of receiving services?
- n. How is the plan engaging providers in issues related to member satisfaction, member engagement, and access to care?

6. Plan Reporting- Performance, Utilization & Provider Quality metrics.

- a. Please provide samples of the standard reporting package you would bring to Kitsap County.
- b. From time to time, the County may ask for a non-standard report. Describe your policy with regard to costs for custom reporting or if your proposal includes an hour or dollar allowance for such requests?
- c. In addition, can/will you provide periodic provider reporting on the following:
 - i. Surgical site infection rates
 - ii. Physician Report Cards
 - iii. Hospital Re-Admission rates for specified facilities
 - iv. Hospital Acquired Infection rates
- d. Describe your source and use of benchmarks in reporting data to Kitsap County.
- e. Do you share Case Management notes (de-identified) with the Plan's consultant either routinely or upon request?
- f. Do you integrate full Pharmacy data into your reports?
- g. How will you support the County as it relates to 1094/1095 ACA reporting and the State of Washington, OFM Annual Report requirements? Medical, vision and Rx claims must be reported separately. Please address any additional costs.

7. Pharmacy Benefit Management (PBM) services. Following are questions pertaining to the PBM services you are proposing as part of the overall approach with the County.

These questions are also intended for the "carve out" PBM service vendors.

- a. Would the County be the contract-holder for PBM services or be required to accept the terms you have negotiated (for TPAs and carriers only)?
- b. If you are the contract holder with the PBM, are you willing to disclose to the County *all* revenue you would derive from that PBM based on the County's utilization?
- c. Please outline the contract structure you are proposing to provide PBM services. Are you offering a traditional or pass through contract?
- d. Briefly describe the network approach pricing assumptions included in your proposal for
 - i. Retail delivery
 - ii. Mail order
 - iii. Specialty medications
- e. Explain how rebates would be shared with the County. Please detail what is included in your definition of rebates, sharing provisions and timing.
- f. Would you characterize your contract as a transparent approach? Please explain.
- g. Will you agree to an audit provision in the contract? If so, please illustrate any specifications around your permission.
- h. Will the County be permitted to replicate its current formulary with your contract?
- i. Please comment on the following clinical programs and whether or not they are or could be part of your offering to the County.

- i. Step therapy and to whom it would apply
- ii. Mandatory generics
- iii. Mid-year formulary updates/price improvement adjustments
- iv. Quantity Limits and for what types of medications
- v. Patient Assistance Programs/Coupon Programs
- vi. Drug Utilization Review programs
- j. Will the County have control/discretion on the clinical programs being offered?
- k. Do you have the ability to handle member drug appeals on behalf of the County?
- l. What are your specific customer service hours for prescription drug questions?
- m. For 'carve out' PBM's, would you be willing to partner with the County to create performance guarantees? Are you willing to place a portion of your administrative fees at risk for failure to meet these performance guarantees?
- n. Please answer the following questions if the County were to award you the medical and award the Pharmacy Benefits Manager to a standalone PBM:
 - i. Will your quoted ASO fee increase and if so how much?
 - ii. Will you charge an additional interface fee?
 - iii. Will you be able to establish connectivity with the PBM vendor to exchange claim files for the purpose of managing individual member out of pocket expense.

8. Implementation. Please provide a detailed implementation plan for the proposed program effective January 1, 2020. Implementation plans should, at a minimum, include all critical tasks, timeframes, and resources and should include each of the elements listed below:

- a. Proposed kick-off meeting date
- b. Implementation meeting schedule
- c. Definition of the roles of Kitsap County representatives and the roles and responsibilities of each member of your implementation team
- d. Work plan outlining the sequence of tasks and target completion date for each task, communication plan for the implementation, and the documentation of decisions, action items and completing tasks included in the implementation work plan
- e. Process for the exchange and testing of all data between BenefitFocus, Kitsap County and the Pharmacy vendor, including eligibility data, pharmacy claims data integration and claims data reporting.
- f. Complete testing schedule and process
- g. Production and distribution of member communication materials
- h. ID cards delivered to members' homes no later than 12/30/2019