

Request for Proposal (RFP) for M-DCPS

Proposer Specifications

PROPOSAL SPECIFICATIONS (CONFIRMATION STATEMENTS)

All respondents must be willing to adhere to the following conditions and must so state here.

		Will	Will Not
1	The medical Proposers may be a Florida-licensed Health Maintenance Organization or a Florida-licensed Health Insurance Company. Pharmacy Benefit Managers may be a PBM, HMO, or Insurance Company. Stop loss vendors may be an HMO, Insurance Company, or a specialty stop loss provider that is a direct writer of stop loss insurance. Proposals from third-party administrators (TPAs) or managing general underwriters (MGUs) will not be considered.		
2	2. Current Service Areas - The Proposer must offer provider networks in Southern Florida (Miami-Dade, Broward and Palm Beach Counties) in which M-DCPS employees and retirees primarily reside as well as a national network for employees and retirees living out of state. Medicare Advantage Plans must offer provider networks in the tri-county (Dade, Broward and Palm Beach).		
3	The medical proposer must be able to sustain a Client Specific Network (CSN) for our Employee Health Center (Clinic) established at Miami Jackson Senior High currently with the University of Miami Hospital and Physicians.		
4	Any contract awarded as a result of this Request for Proposal must be in full compliance with all applicable state and federal laws and regulations.		
5	Any reinsurance agreements or joint administrative or joint ventures must be described in detail in your proposal.		
6	Any alleged oral agreement or arrangement made by a vendor(s) with any M-DCPS agent or employee will be superseded by the written agreement.		
7	A vendor, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the response.		
8	Notwithstanding any provision in the contracts to the contrary, contracts are non-cancelable by the Proposer for any reason other than non-payment of premiums/fees during the contract period for which the rates are guaranteed. Renewal quotations for subsequent years may be requested at any time prior to the end of the current plan term.		
9	Transfer of Records – If at some date in the future it becomes necessary to terminate the contract, you must agree to transfer to M-DCPS within 15 days of termination, all data and records necessary to administer the plan. This would include, but not be limited to:		
	A. 24 (or less, if appropriate) months of historical claims data		
	B. Coinsurance and deductible data; and		
	C. Various plan accumulators including lifetime maximum levels		
10	Licensing – Proposals based upon Florida licensed HMO or Florida licensed insurance companies must have been licensed to transact the appropriate insurance products for at least three (3) years in the State of Florida.		
11	Vendor’s Use of Subcontractor – The vendor must perform the majority of the work specified in the document, as determined solely by M-DCPS. M-DCPS must provide permission for use of a subcontracted carrier for any proposed service.		
12	The vendor must directly coordinate with Medicare on behalf of the retiree in processing Medicare plan claims.		
13	If M-DCPS choose to continue their group Medicare coverage, M-DCPS will expect their insurer to coordinate the transition of care with M-DCPS’ existing vendors where applicable.		
14	M-DCPS makes medical benefits available to both non-Medicare eligible and Medicare eligible retirees. The Medicare proposer will bill most retirees directly and/or set up an account with the Florida Retirement system (FRS) for the retirees to remit premium directly to the Proposer. The Florida Retirement System (FRS) provides a health care subsidy of \$5 per full year of service, per month which retirees may assign to payment of their health care coverage.		
15	Retirees who opted out of the plan since 2009 will be allowed to re-enroll in the Medicare plan offering for 2015		

	<p>** If the proposer is awarded the Medical and Wellness components on a bundled basis, the proposal must include the above stated number of on-site representatives for both components.</p>		
19	Medical vendor must agree to provide M-DCPS with funding for medical plan administration at M-DCPS' Risk Management office. Vendor will provide funds in the amount of \$2.50 Per Subscriber Per Year ("subscriber" refers to active employees and retirees, not dependents) as of March 31st of each plan year.		
20	The vendor(s) must make claim reimbursement forms readily accessible to covered employee. The vendor(s) must provide M-DCPS with claim forms in an appropriate format for placement on and downloading or printing from M-DCPS Internet website. Alternatively, the vendor(s) may maintain an Internet website where claim forms are available to enrollees via commonly used browser software. M-DCPS shall have the right to post a link to any such site(s) on M-DCPS Internet website.		
21	Proposer agrees to work with the TPA to update and approve all relevant pages of the employee benefit notebook. Proposer also agrees to pay for their pages in the employee benefit notebook annually.		
22	Proposers must commit to train Enrollment Counselors and/or M-DCPS staff at the times and locations established by Board personnel or Third Party Administrator.		
23	Proposers must comply with the minimum performance objectives outlined in the Performance Guarantees Section of this proposal. Any deviations to the Performance Guarantees Section must be noted in your Deviations from Specifications Exhibit. It is assumed that each Proposer will comply with standard industry administrative procedures (e.g. claims adjudication, EOB distribution, etc.) and thus, are not specifically detailed and addressed in this RFP.		
24	Authorized Insurers: Representing or aiding any unauthorized insurer or product is prohibited by Sections 626.901 and 626.902, Florida Statutes. Proposals which include insurance proposed by unauthorized insurers cannot be accepted, except as stipulated by Sections 626.913 through 626.937 under State of Florida Surplus Lines Law.		
25	Each Proposer is responsible for full and complete compliance with all laws, rules, and regulations (including those of the Florida Department of Insurance) which may be applicable. Failure or inability on the part of a Proposer to comply with such laws, rules, and regulations (including failure to obtain Florida Department of Insurance approval for filings) shall not relieve the Proposer from its obligation to honor its proposal and to perform completely in accordance with such proposal.		
26	<p>Equal Employment Opportunity: It is the policy of M-DCPS that no person will be denied access, employment, training, or promotion on the basis of gender, race, color, religion, ethnic, or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, or disability, and that merit principles will be followed.</p> <p>Each firm shall be required to indicate its equal employment policy, and provide a detailed breakdown by ethnicity, gender and occupational categories of its work force. See attached Affirmative Action Employment Breakdown form in Attachments Section.</p>		
27	Small, Micro and M/WBE Participation: The School Board of Miami-Dade County, Florida strongly encourages the participation of local, certified SBE's, MBE's and M/WBE's on all School Board projects as vendors. The Board adheres to a policy of non-discrimination in educational programs/activities and employment and strives affirmatively to provide equal opportunity for all. Refer to Board Policy 6320.02 for Small/Micro Business Enterprise Program and M/WBE Certification. Vendors certified as an SBE, MBE or M/WBE with any entity or agency other than the School Board of Miami-Dade County will not be acceptable. A current list of certified SBE's, MBE's and M/WBE's can be found online at www.oeo.dadeschools.net or by contacting the Office of Economic Opportunity at (305) 995-1307.		
28	Financial Rating: For stop loss proposals, only those Proposers that in the opinion of M-DCPS are financially secure will be considered. Proposers that are unable to demonstrate financial strength through agency ratings or where agency ratings do not apply may be required to provide other forms of financial security/backing. The following rating agencies (examining both the financial rating and the financial size category) will be used as a guide for M-DCPS during the RFP process: AM Best, Standard and Poor's, and Moody's.		
29	<p>Financial responsibility of subsidiary companies and/or subcontractors must be guaranteed in writing by the proposing company by endorsement of the contract as follows:</p> <p>In the event the Proposer is unable to pay any loss payable within the time and in accordance with the terms and provisions set forth in the above-referenced agreement the Proposer, Contractor or Parent Company hereby agrees to make such payment therefore in accordance with the terms and provisions of such agreement.</p>		

30	M-DCPS expects to enter into a written Agreement (the “Agreement”) with the chosen Proposer. This Agreement shall incorporate this RFP and the Proposer’s proposal. The anticipated terms and conditions of the Agreement are set forth in this RFP and the accepted proposal; however, M-DCPS may include additional terms and conditions in the Agreement as deemed necessary. The chosen Proposer should be prepared to commence providing the required goods or services to M-DCPS upon the signing of the Agreement.		
31	Lobbyists: The School Board has a Board rule regarding registration of lobbyists which must be complied with. Board Rule 6Gx13-8C-I.21 LOBBYISTS		
32	The proposer must have the ability and willingness to accept electronic enrollment/eligibility data for actives and retirees and paper enrollment for COBRA and part-time employees from M-DCPS and the District’s TPA. Also, the proposer must be willing to accept the M-DCPS file interface layout, third party remittance payment/report and ability to retrieve the interface file from the District’s server.		
33	Vendor/Insurance company account management lead must have experience of leading a public sector account management client with 20,000 employees within the last five years.		
34	DEVIATIONS FROM RFP PROVISIONS Indicate whether your proposal will or will not comply with the RFP with respect to the service or provision listed below. All endorsements set forth in the RFP are to be included VERBATIM in the contract unless indicated to the contrary on the Proposal Form. The absence of any notation will be presumed to indicate full compliance.	Will	Will Not

Section	RFP Provisions		
II	Proposal Return Date, Time and Location		
II	Proposal Submission		
II	Effective Date and Term of Contract		
II	Change or Withdrawal of Proposal Prior to Proposal Opening		
II	Addenda to RFP & Exhibits		
II	Transmittal Letter		
II	Full Transparency		
II	Proposer Responsible for Addressing this RFP		
II	Proposal Specifications		
II	Rights Reserved to M-DCPS		
II	Negotiations		
II	Equal Employment Policy		
II	Small, Micro and M/WBE Participation		
II	Compliance with State/Federal Regulations		
II	Compliance with Laws		
II	Irrevocability of Proposals		
II	Use of Proposal Forms		
II	Florida Statutes		
II	Waiver and/or Rejection of Proposals		
II	Non-Warranty of Request for Proposal		
II	Deviations from RFP		
II	Deviations from RFP Provisions		
II	Authorized Signature		
II	Method of Acceptance		
II	Cone of Silence		
II	Public Entity Crime		
II	Public Records Law		
II	Disclosure of Employment of Former School Board Employees		
II	Default		
II	The Jessica Lunsford Act Background Screening Requirements		
II	Conflict of Interest		
II	Specific Contract Requirements - Sample Contract		

II	Hold Harmless/Indemnification		
II	Insurance Requirements		
II	Termination by M-DCPS		
II	Termination by Vendor		
II	Scope of Services		
II	Conflict of Interest		
II	Contract Requirement - Sample Contract		
II	Hold Harmless/Indemnification		
II	Insurance Requirements		
III	Scope of Services		

VENDOR SPECIFICATIONS

		Answer	Comment
35	If a vendor is awarded medical and/or prescription drug coverage, the vendor must agree to report all pharmacy rebates received due to M-DCPS member utilization.		
36	The contract must be situated in Florida.		
37	The Proposer must provide currently insured participants continued coverage on a no-loss, no-gain basis.		
38	The actively-at-work requirement is to be waived for all current participants including those individuals on a Board-approved leave of absence, COBRA continuance, short-term and long-term disability. All covered members must be provided continued coverage under the new insurance arrangements.		
39	There is no waiting period for M-DCPS newly hired benefit-eligible employees, as they are covered on the date of hire. Coverage for eligible dependents becomes effective on the first day of the month following the first payroll deduction.		
40	The program of benefits is to be effective on January 1, 2015.		
41	Changes to the plans may be required at any time during the plan year.		
42	Vendors(s) must retain all fiduciary responsibilities, including, but not limited to responsibility for all appeals. Vendors must be responsible for HIPAA administration (notification and certificate of coverage). Any cost associated with responsibility must be included in the administrative fees exhibit contained within the Financials Exhibits attachment.		
43	Vendor(s) must agree to no minimum participation requirement levels as a result of the RFP process or during the life of the contract with M-DCPS.		
44	M-DCPS must approve any communication materials, including Certificates of Coverage, sent to M-DCPS members in advance of notification of M-DCPS members.		
45	Proposers must agree to accept retroactive eligibility adjustments as directed by M-DCPS, regardless of timeframe. M-DCPS is the final authority concerning member eligibility.		
46	Eligibility verification will be the responsibility of Fringe Benefits Management Company (FBMC), M-DCPS' TPA. FBMC will be responsible for confirming that each insured employee and their dependents meet the eligibility requirements in accordance with M-DCPS eligibility definitions including obtaining any required documentation.		
47	Active Employees: All benefit-eligible employees appointed to an established position are eligible for medical coverage. This includes employees on certain M-DCPS approved leave of absence. All active employees are eligible for coverage on the date of hire.		
48	Dependent Spouse or Domestic Partner: An employee's legal spouse or Domestic Partner is eligible for coverage as long as the spouse or Domestic Partner is not a full-time M-DCPS employee and covered by one of the School Board's health plans.		
49	Dependent Child(ren): M-DCPS offers group coverage for the non-spouse dependents of its employees and retirees, inclusive of:		
	A. Employee's own unmarried children (to the end of the calendar year in which they turn age 25)		
	B. Adult children eligible for coverage to age 30 per Florida law. The proposer will be responsible for billing, collection and reconciliation of this group.		
	C. Children of a domestic partner as long as the domestic partner is also covered		
	D. Adopted children		

	E. Stepchildren if they reside in the employee's household and are dependent upon the employee for support		
	F. Grandchildren up to 18 months of age if the parent is a covered dependent.		
50	AFSCME Food Service Employees: Permanent part-time food service employees who have completed the equivalent of five or more years of service and are scheduled to work 15 or more hours per week will be provided Board-paid medical insurance.		
51	Part-time Employees: Certain part-time employees (as determined by collective bargaining agreements) are eligible to purchase health benefit insurance at their own expense. The proposer will be responsible for billing, collection and reconciliation of this group.		
52	Domestic Partners: Effective 1/1/02, the definition of dependent was expanded to include domestic partners. The District also includes domestic partners as qualified beneficiaries eligible for COBRA continuation of coverage.		
53	All Dependents: Generally, coverage for any dependent is effective the first of the month following the first payroll deduction. Coverage for newborns and adopted children becomes effective on the date of birth or effective date of the adoption.		
54	AFSCME Hospital Indemnity Plan: Permanent part-time employees not covered for medical insurance above are eligible for benefits of \$350 per day for a maximum of 31 days for hospital confinement. Pre-certification must be made through the vendor's pre-admission certification process for non-emergency hospitalization. A separate monthly rate is required for these employees.		
55	All new members coming into your organization who are currently a patient of a provider that is within your network will maintain the ability to utilize those providers upon enrollment in your plan. In the event those providers have a closed practice with your organization, the closed status will not apply to those members.		
56	The successful Proposer must be willing to discuss quality assurance processes and reporting including but not limited to, the following:		
	A. Provider-specific performance reports (based on entire book of business, with third-party verification rights). These reports, at a minimum, should include: a) calculation of hospital admission rates for both non-emergency surgeries and ACS conditions; b) service utilization rates; and c) comparative cost analysis of hospitals and physicians (see next page for further elaboration).		
	B. Beneficiary reports that track improvements or deterioration in our members' health status (wellness programs).		
	C. Detailed information on: i) the methods that health plans use to monitor provider performance and take corrective action with low quality, inefficient providers; and ii) the results of these interventions.		
	D. Willingness to collaborate with purchasers in a new partnership based on transparency principles and purchaser participation in selection of high value providers and health plan-provider contract negotiations.		
	E. Pay for performance contract provisions that incorporate incentives in purchasers' contracts with health plans.		
	Unbundled and Bundled Pricing		
57	Each proposer must provide pricing on an unbundled basis for all products and services.		

Bundled pricing will be considered by M-DCPS, but only if all products and services are priced on an unbundled basis where applicable and can be purchased in such manner. Any discounts or price decrements need to be noted on each applicable pricing sheet for bundled services.

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Medical Claim Administrator

I.

	Answer Format	Response	Explanation
General Vendor Information			
	General Information	Answer Format	Response
1.	Vendor Brand Name	text	
2.	Parent Co. Legal Entity Name	text	
3.	d/b/a (Name in Marketplace)	text	
4.	Year Established/Incorporated	Month Day, Year	
5.	NAIC Code	numeric	
6.	Industry Classification	text	
7.	Stock Ticker #	text	
8.	FEIN (Federal Employer Identification Number)	text	
9.	Tax Status	drop down box	
10.	Public or Privately-Held	drop down box	
11.	Ownership/Controlling Interest Structure	text	
12.	Significant organizational changes (including changes in ownership, business operations, or partnerships) that were implemented within the past 24 months.	text	
13.	Significant changes in ownership, business operations, technologies, partnerships or staffing in the next 24 months that would impact services requested in this RFP or the level of service provided to M-DCPS.	text	
14.	Is your company owned by another company or by a common controlling shareholder of interest? If so, describe these affiliate relationships.	text	
15.	Length of time in business providing services described in this RFP.	text	
16.	Number of employees both locally and nationally.	text	
17.	Location(s) where employees will be assigned to provide services described in this RFP. Also list location(s) of other company offices.	text	
18.	Describe company background/history and why vendor is qualified to provide the services described in this RFP.	text	
19.	List the number and percentage of employer M-DCPSs of similar size to M-DCPS that your organization currently contracts with directly for Medical TPA services and provide % of your book of business that is self insured/fully insured.	text	What % of your book of business is fully/self insured
20.	List the number and percentage of primary education M-DCPSs that your organization currently contracts with directly for Medical TPA Services.	text	
Comment: Description of how the organization is structured (operating companies, wholly-or partially-owned subsidiaries, etc.). Provide information on all organizations with more than a 7.5% stake in your firm, including legal and financial arrangements with these organizations.			

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		Answer Format	Response	Explanation
21.	Mergers, acquisitions, spin-off's, significant organizational changes in past 2 years.	text		
22.	Are you authorized to do business in the State of Florida?	drop down box		
23.	Anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital.	text		
24.	Organization's core competency(ies), including significant differentiators that the organization delivers to its customers.	text		
25.	Please describe your organizations accreditations.	text		
26.	Please describe what legal assistance and services your company will provide to M-DCPS in the event of litigation related to claims processing and adjudication disputes.	text		
27.	How many subcontractors will provide administrative services should your organization be awarded this business?	drop down box		
28.	Subcontractor #1 - Name	text		
a.	Year Established/Incorporated	Month Day, Year		
b.	NAIC Code	numeric		
c.	Coverages to be underwritten by this entity	text		
29.	Subcontractor #2 - Name	text		
a.	Year Established/Incorporated	Month Day, Year		
b.	NAIC Code	numeric		
c.	Coverages to be underwritten by this entity	text		
30.	Subcontractor #3 - Name	text		
a.	Year Established/Incorporated	Month Day, Year		
b.	NAIC Code	numeric		
c.	Coverages to be underwritten by this entity	text		
31.	Subcontractor #4 - Name	text		
a.	Year Established/Incorporated	Month Day, Year		
b.	NAIC Code	numeric		
c.	Coverages to be underwritten by this entity	text		
32.	Subcontractor #5 - Name	text		
a.	Year Established/Incorporated	Month Day, Year		
b.	NAIC Code	numeric		
c.	Coverages to be underwritten by this entity	text		
33.	Subcontractor #6 - Name	text		
a.	Year Established/Incorporated	Month Day, Year		
b.	NAIC Code	numeric		

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		Answer Format	Response	Explanation
c.	Coverages to be underwritten by this entity	text		
27.	Legal Entity(ies) - Comments	text		
34.	Home Office Location	text		
a.	Address Line #1	text		
b.	Address Line #2	text		
c.	City	text		
d.	State	text		
e.	Zip	text		
f.	Web Address	text		
35.	How do you differentiate your capabilities from our current vendors?	text		
36.	What are your organizations' top 2-3 short term strategic priorities in 2015 and 2016? What are your top 2-3 long term strategic priorities for the next five years and how would they fit with M-DCPS plans? Where will investments be made and how will they benefit M-DCPS?	text		
37.	Describe how your company will support and enhance M-DCPS objective of improving the health and wellbeing of its members.	text		
38.	What is your Company's growth strategy? How do external factors such as national health reform legislation and shortage of care providers play into your firm's strategy?	text		
39.	Describe your history and experience offering POS Plans.	text		
40.	Describe the results and savings you have achieved for your customers in CDHPs versus traditional plan models.	text		
41.	How do you differentiate your CDHP capabilities from your competitors?	text		
42.	How is your business changing due to private and public exchanges?	text		
43.	Given what you know about M-DCPS population and objectives, describe any unique strategies or services that you would recommend for M-DCPS that are not explicitly requested in the scope of this RFP. How can your organization help M-DCPS move to the next level in terms of improved outcomes and accountability for our member's health care spend?	text		
44.	If you were awarded M-DCPS account, what would you do above and beyond what is requested in this request for proposal to secure yourself as a long term partner for M-DCPS?	text		
45.	How has your organization demonstrated innovation and leadership in developing and implementing impactful health care strategies?	text		
46.	Indicate whether the following functions are centralized or decentralized and provide the location where the functions will be performed in the Explanation column.			

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	Answer Format	Response	Explanation
a. Claims Administration	drop down box		
b. Member Services	drop down box		
c. Network Management	drop down box		
d. Disease Management	drop down box		
e. Utilization Review	drop down box		
f. Underwriting Services	drop down box		
g. Handling of Premiums/ASO Statements	drop down box		
h. Eligibility Services	drop down box		

II.	Vendor Financial Strength/Stability	Answer Format	Response	Explanation
1.	<p>For the entity that will be providing medical claims administration services, provide your most recent financial ratings or filings and effective dates of the ratings from each of the following agencies:</p> <p>Comment: Indicate whether your organization has received a financial rating for each of the rating agencies listed below by using the drop down box in the response cell to the right of each agency's name. Do not respond by providing information about your organization's credit ratings.</p>			
a.	A.M. Best: Financial Rating Status	drop down box		
	Financial Rating (do not report credit rating)	drop down box		
	Financial Rating Modifiers (if applicable)	drop down box		
	Date Rating Effective (if rated; if not financially rated, leave response cell blank)	date		
b.	Standard & Poor's: Financial Rating Status	drop down box		
	Financial Rating (do not report credit rating)	drop down box		
	Financial Rating Modifiers (if applicable)	drop down box		
	Date Rating Effective (if rated; if not financially rated, leave response cell blank)	date		
c.	Moody's: Financial Rating Status	drop down box		
	Financial Rating (do not report credit rating)	drop down box		

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	Answer Format	Response	Explanation
Date Rating Effective (if rated; if not financially rated, leave response cell blank)	date		
d. Fitch: Financial Rating Status	drop down box		
Financial Rating (do not report credit rating)	drop down box		
Date Rating Effective (if rated; if not financially rated, leave response cell blank).	date		
2. Vendor's financial rating change within the past 12 months:			
a. A.M. Best	drop down box		
b. Standard & Poors	drop down box		
c. Moody's	drop down box		
d. Fitch.	drop down box		
3. Provide an electronic copy of your company's most recent financial statement. If your company will not release this information, provide proof of ongoing financial stability. Name the file: [Your Organization's Name]_Financial Statement.	drop down box		

III.	Contacts	Answer Format	Response	Explanation
	Please indicate your company contact, should there be any questions concerning submitted responses.			
1.	Primary Contact			
a.	Name	text		
b.	Title	text		
c.	Address	text		
d.	City	text		
e.	State	text		
f.	Zip	text		
g.	Phone Number	text		
h.	Fax Number	text		
i.	E-mail Address	text		
2.	Secondary Contact			
a.	Name	text		
b.	Title	text		
c.	Address	text		
d.	City	text		
e.	State	text		

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		Answer Format	Response	Explanation
f.	Zip	text		
g.	Phone Number	text		
h.	Fax Number	text		
i.	E-mail Address	text		
IV.	LEGAL/CONTRACTUAL CONSIDERATIONS	Answer Format	Response	Explanation
1.	Vendor has complied with all state insurance department filing requirements for all plans/products being offered in this quote in each state in which M-DCPS has employees.	drop down box		
	<i>Comment: Be sure to review the census file submitted with this RFP.</i>			
a.	If the answer to the preceding question is "no", for all plans/products quoted in this RFP for which the required state insurance department filing requirements have not been met, please specify the applicable plan/product and corresponding state	text		
2.	Vendor is bonded.	drop down box		
3.	Vendor maintains a fidelity bond as required by ERISA.	drop down box		
4.	Vendor maintains professional liability insurance that exceeds \$5 million per claim and \$20 million aggregate.	drop down box		
a.	If not, please explain amount of coverage.	text		
5.	Liability insurance covers:			
a.	Medical management decisions.	drop down box		
b.	Professional malpractice	drop down box		
c.	Provider contracting	drop down box		
6.	Please describe any judgment or settlement during the past three years or pending litigation that could result in judgments or settlements in excess of \$100,000.	text		
7.	For the self-funded option is offered, vendor will act as plan fiduciary, if requested.	drop down box		
8.	your company maintains executed contracts with all providers participating in the network and is willing to negotiate a customer specific network contract if requested by M-DCPS.	drop down box		

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		Answer Format	Response	Explanation
9.	your company provider contracts do not provide for any type of remuneration to your organization, such as commission, finder's fee, rebate, or other financial benefit.	drop down box		
10.	Your organization is not a creditor of any provider in the network.	drop down box		
11.	For this proposal, confirm that there are no risk based arrangements held by your organization.	drop down box		
a.	If there are risk based arrangements, please describe these arrangements between parties.	% of risk ceded		
b.	Provide treaty details of any ceded risk. If you need more space, please use the "Explanation" column and/or Worksheet.	text		
12.	Vendor agrees to prepare and file all legal documents necessary to implement and maintain the plan, including policies, amendments, contracts, and required state filings.	drop down box		
13.	Vendor agrees to provide necessary legal defense in the event of litigation, including all costs inuring thereto.	drop down box		
14.	Vendor agrees to indemnify and hold M-DCPS harmless for Vendor's negligence or for Vendor's failure to perform under the Agreement. M-DCPS shall not provide any indemnity in favor of your company. Vendor agrees to language contained in worksheet "Hold Harmless".	drop down box		
15.	January 1, 2015 is to be the contract effective date.	drop down box		
16.	The contract will be issued in Florida.	drop down box		
18.	your company agrees not to appoint any agent, general agent, or broker, nor authorize payment of any kind to a party not approved in writing by M-DCPS.	drop down box		
19.	We understand that terminology and contract provisions may vary among the involved vendors. We will permit such alternative language provided benefit payment levels are not adversely impacted.	drop down box		
20.	Your company shall list M-DCPS and its welfare program to be the named financial fiduciary within the contract.	drop down box		
21.	There will be no restrictions or benefit limitations for pre-existing conditions applied to any members enrolled in the plan/program at any time.	drop down box		
22.	The administrator must administer benefits on a discontinuance and replacement basis (sometimes referred to as a "no loss/no gain" basis) for eligible employees (and dependents) participating in the current plans on the effective date and to unconditionally provide continuous coverage to all participants enrolled on the program effective date.	drop down box		

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		Answer Format	Response	Explanation
23.	Any participants not actively at work due to disablement on the program effective date will be covered. Leave of absence employees are also considered actively at work.	drop down box		
24.	Please include a copy of a sample employer contract that includes all exclusions and limitations that your company expects will apply to M-DCPS. Name & ". Name the file: [Your Organization Name]_Sample Employer Contract.	drop down box		
25.	Your company can adhere to the proposed plan design(s) included as an attachment in the RFP and will provide your best effort to administer plan design changes that have not been agreed to or identified to date.	drop down box		
26.	Your company has complied with all Florida insurance department filing requirements for all products being offered in this quote.	drop down box		
a.	If the answer to the preceding question is "no", for all products quoted in this RFP for which the required state insurance department filing requirements have not been met, please specify the applicable product and corresponding state.	text		
27.	Your company agrees to prepare and file all legal documents necessary to implement and maintain the program, including policies, amendments, contracts, and required state filings.	drop down box		
28.	Vendor will hold harmless and release M-DCPS and any M-DCPS affiliate, subcontractor, officer, director, employee or agent from and against any claim, cause of action, liability, damage, cost or expense, including reasonable attorneys' fees and court or proceeding costs, arising out of or in connection with administration of the M-DCPS Health Plan under this contract and with any non-permitted or violating use or disclosure of PHI or other breach of the BAA by your company or any subcontractor, agent, person or entity under their control.	drop down box		
29.	Vendor is fully compliant with the Genetic Information Nondiscrimination Act (GINA).	drop down box		
30.	Vendor maintains professional liability insurance that exceeds \$5 million per claim and \$20 million aggregate.	drop down box		
a.	If not, please explain amount of coverage.	text		
31.	Your organization will maintain adequate levels of corporate/general liability insurance.	drop down box		
32.	Provide details on the levels of coverage your organization maintains.	text		
33.	Your plan will accept liability for claim processor negligence or fraud.	drop down box		

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	Answer Format	Response	Explanation
34. Upon notice of termination, your company shall either return, keep or destroy all PHI received from M-DCPS, or created or received by your company on behalf of M-DCPS, and which your company still maintains in any form. In the event your company retains such PHI, it shall do so in compliance with HIPAA Privacy and Security Standards and provisions of the BAA. The parties acknowledge that it is not feasible to return or destroy PHI maintained in the Company's databases and electronic applications. Accordingly, the terms and provisions of the BAA shall survive termination and such PHI shall be used or disclosed solely for such purpose or purposes that prevented the return or destruction of such PHI.	drop down box		
35. Will your company agree to assist with the compliance of the provisions of the Affordable Care Act (ACA) and the associated fees related to ACA, if applicable?	drop down box		
36. Will your company agree to assist with the compliance requirements associated with cafeteria plan rules?	drop down box		
V. Privacy and Confidentiality	Answer Format	Response	Explanation
1. Your company agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by organization available to the Secretary of the Department of Health and Human Services for purposes of the Secretary of the Department of Health and Human Services determining organization's compliance with the privacy rules.	drop down box		
2. Your company adopts and implements written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of member information used for any purpose.	drop down box		
3. Your company will not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law.	drop down box		
4. Your company agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Vendor agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI.	drop down box		
5. Your company agrees to mitigate, to the extent practicable, any harmful effect that is known to vendor of a use or disclosure of PHI by vendor in violation of the requirements of the federal privacy rule.	drop down box		
6. Your company agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by your company agrees to the same restrictions and conditions that apply to vendor with respect to such information.	drop down box		

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	Answer Format	Response	Explanation
7. Your company agrees to document such disclosures of PHI and information related to such disclosures as would be required to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528.	drop down box		
8. Your company agrees to (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits, (ii) report to the plan sponsor any security incident (within the meaning of 45 CFR § 164.304) of which vendor becomes aware, and (iii) ensure that any vendor employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by your company agrees to implement reasonable and appropriate safeguards to protect such PHI.	drop down box		

VI.	HIPAA Privacy	Answer Format	Response	Explanation
1.	Is your company subject to state laws that, in your organization's opinion, require more stringent privacy policies or procedures for individually identifiable health information than those outlined in the HIPAA Privacy Rule issued by the U.S. Department of Health and Human Services?	drop down box		
2.	If 'agree', then is your company compliant with such state law(s) not preempted by HIPAA?	drop down box		
3.	Is your company compliant with the final HIPAA privacy regulations issued by the Dept. of Health and Human Services and any comparable state laws not preempted under HIPAA?	drop down box		
4.	With respect to self-insured plan options, will your company enter into a business associate contract and/or agreement with M-DCPS, as plan sponsor, to comply with the HIPAA Privacy Rule and Security Standards?	drop down box		
5.	Will you require an authorization from individuals before using/disclosing their health information other than for treatment, payment, and health care operations, or other permitted uses and disclosures under the HIPAA Privacy Rule?	drop down box		
6.	Is your company compliant with the HIPAA Privacy Rule and Security Standards issued by the U.S. Department of Health and Human Services?	drop down box		

VII.	Network Access/Management	Answer Format	Response	Explanation
1.	What is the name of the network your organization has proposed for M-DCPS?	text		

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		Answer Format	Response	Explanation
2.	Please describe the national and regional networks that would be available for use with this RFP.	text		
3.	What network management services will be delivered by a subcontractor or other outside organization? (Include any leased network arrangements.)	text		
4.	If you use leased networks to service this account, are the leased discounts loaded into your claims system?	text		
5.	How does your organization determine the appropriate number and type of providers for a given population? What are these standards and how were they developed?	text		
	Do your current provider contracts allow tiering?	drop down box		
6.	Outline your definition of an adequate network.	text		
7.	Describe any specific measures used by your organization to monitor physician access. Provide the most recent corresponding statistics available. (Examples: physician to patient ratios).	text		
8.	In Miami-Dade, Broward Palm Beach counties overall, what has been your average network turnover rate within the last twenty-four (24) months for each of the following categories of providers:	text		
a.	For purposes of question 8. b) PCP is defined as the following: Family/General Practitioner and Internist, OB/GYN, and Pediatrics	text		
b.	PCPs	text		
c.	Specialist	text		
d.	Hospitals	text		
9.	What is your standard advance notice period before terminating a network provider?	text		
10.	Describe in detail how you recommend that treatment in process (maternity, terminal illness, surgeries) with a provider as of December 31, 2014 for a member who is new to your network will be covered after January 1, 2015 if that provider is not in your network. Address specifically, pregnancy, terminal illness, scheduled surgery, mental health and substance abuse, and chronic illnesses.	text		
11.	Describe in detail your recommendation for the transition of care rules that will apply for members receiving treatment from a physician who leaves the network.	text		
12.	How often will you notify members of changes in your provider network? How will members be notified?	text		
	What is the process for notifying M-DCPS of changes in your provider network?	text		
13.	What percent of a network provider's case volume is reviewed for quality and appropriateness each year?	text		
14.	How are network provider cases selected for review?	text		
15.	Describe how your network will provide access and accommodation for retired M-DCPS members that reside outside of the local M-DCPS service area .	text		

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		Answer Format	Response	Explanation
16.	Can your organization provide case management for out-of-network cases?	text		
17.	How frequently do you credential providers?	text		
18.	How often do you update the hard copy provider directory?	text		
19.	How often are provider directories updated online?	text		
20.	Will you offer pay-for-performance or other treatment incentives in your network? Please explain.	text		
21.	What has been your average percent increase in provider reimbursement for 2012 and 2013? What are you projecting for 2014 and 2015? Break these figures out by product type as indicated below:			
a.	(Network Name) : Prior Plan Year	text		
b.	(Network Name) : Current Plan Year	text		
c.	(Network Name) : Plan Year + 1	text		
d.	(Network Name) : Plan Year + 2	text		
e.	Hospital : Prior Plan Year	text		
f.	Hospital : Current Plan Year	text		
g.	Hospital : Plan Year + 1	text		
h.	Hospital : Plan Year + 2	text		
i.	Primary Care Physician : Prior Plan Year	text		
j.	Primary Care Physician : Current Plan Year	text		
k.	Primary Care Physician : Plan Year + 1	text		
l.	Primary Care Physician : Plan Year + 2	text		
m.	Specialist : Prior Plan Year	text		
n.	Specialist : Current Plan Year	text		
o.	Specialist : Plan Year + 1	text		
p.	Specialist : Plan Year + 2	text		
22.	Do you foresee any significant provider contracts coming up for negotiation in the next three years based M-DCPS South Florida locations?	drop down box		
23.	Describe your contracting strategy as it relates to the rebalancing of payments between primary care and specialty care. This could include - medical homes, accountable care organizations.	text		
24.	Is South Florida one of the markets included or being targeted for the above described strategies?	text		
VIII.	Geoaccess			
1.	Please confirm that you understand the Medical Geoaccess standards are broken down into PCP (defined here as only family/general practitioner and internist), OB/GYN, Pediatrics, Specialists (all specialties broken out), Hospitals. This is outlined further in the attachments section.	drop down box		

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		Answer Format	Response	Explanation
2.	Please confirm that you are able to provide a geoaccess report in the format requested. A template is provided in the attachments section.	drop down box		
3.	Please confirm that you are able to provide a provider access report for network Hospitals. A template is provided in the attachments section.	drop down box		
4.	Please confirm that you are able to provide a provider access report for network Primary Care Physicians. A template is provided in the attachments section.	drop down box		
5.	Please confirm that you are able to provide a provider access report for network Specialists. A template is provided in the attachments section.	drop down box		
IX.	High Performance Network	Answer Format	Response	Explanation
	1. Does your organization offer high-performance networks? If so, provide a brief description. Also indicate the value/percentage of dollars saved due to offering HPN.	drop down box		
	2. How is a particular geographic market selected as an appropriate region to support a high-performance network?	text		
	3. How are specific providers/facilities identified for inclusion in a high-performance network?	text		
	4. What provider specialties are represented in the high-performance network in South Florida?	text		
	5. Describe your contracting strategy as it relates to the rebalancing of payments between primary care and specialty care. This could include - medical homes, accountable care organizations, etc.	text		
	6. Is South Florida one of the markets included or being targeted for the above described strategies?	text		
	7. Describe your philosophy as it relates to encouraging and defining "High Performing Providers".	text		
	8. What percentage of your standard PPO network is included in your HPN?	text		
	9. What types of providers are included in your HPN-i.e. primary care, specialists, hospitals?	text		
	10. How is ongoing provider performance measured and how is this performance communicated back to providers? How are your high performance providers maintained and how are they re-evaluated?	text		
	11. Provide a detailed description of your High Performance Network and future strategy for this network. How could this HPN be applied for M-DCPS membership?	text		
	12. Describe the degree and amount of input physicians and physician groups have in your performance measurement program. In particular, are physicians provided an opportunity to review and comment on the data and methods used in the measurement program? Are they allowed to provide feedback on the communication of results?	text		

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X.

	Answer Format	Response	Explanation
Provide a detailed description/map by Center and condition of your Centers of Excellence Network and future strategy for this network. How could this COE be applied for M-DCPS membership?	text		
Administration Requirements			
Administration	Answer Format	Response	Explanation
1. Please confirm that you are in agreement with the ASO guarantee period of 1/1/2015 through 12/31/2019. Fees cannot change except for additional services added or deleted and agreed to by M-DCPS.	drop down box		
2. Please indicate if you agree with the following: M-DCPS reserves the right to audit (or designate an independent third party to audit) the selected health plan at any time during and up to two years following termination of the business relationship with prior written notification. M-DCPS will not be held responsible for time or miscellaneous costs incurred by the health plan in association with an audit including, but not limited to, the costs associated with providing audit reports, systems access, or space. Furthermore, M-DCPS expects the selected administrator to pay for the cost of any follow-up audit, should the results of the initial audit prove unsatisfactory.	drop down box		
3. Please confirm that all ASO fees will remain the same regardless of any mid-year plan design changes throughout the contract year.	drop down box		
4. Please confirm that you are willing to create and draft M-DCPS SPDs.	drop down box		
5. Please confirm that you are willing to create and draft M-DCPS SBCs.	drop down box		
6. Your organization carries a fiduciary bond as any arrangements where you serve as fiduciary. Provide details on the fiduciary bond that you carry.	text		
7. Your company will be designated as the final claims appeal fiduciary for the plans of M-DCPS. If not, describe why you would be unwilling to agree to this request.	drop down box		
8. your company will reimburse M-DCPS for payments not authorized (benefit not covered, service not rendered) under the plan. If not, describe why you would be unwilling to agree to this request.	drop down box		
9. Please confirm that there are no fees associated with terminating the agreement or transferring claims or account information.	text		
10. Please describe your banking arrangements for the self-insured medical plans. Confirm you are agreeable to M-DCPS current banking processes as described in the General and Requirements Section .	text		

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		Answer Format	Response	Explanation
11.	Your organization is held accountable for the integrity of the financial transactions.	drop down box		
12.	All disbursements must be supported by a claim for payment event.	drop down box		
13.	What bank(s) does your organization use for ASO arrangements? Confirm you are willing to work with M-DCPS current banking relationships.	text		
14.	Please confirm that there will not be a minimum deposit requirement.	drop down box		
15.	Confirm your company is willing to pull the eligibility file from the M-DCPS server.	text		
16.	Please indicate if you agree to attend a vendor summit, should one take place.	drop down box		
17.	Please explain the rules and regulations you follow with regard to record retention.	text		
18.	Please provide detailed information regarding your processes and procedures as they relate to subrogation.	text		
19.	Please indicate your agreement to a pre and post implementation audit at no cost to the M-DCPS.	drop down box		

XI.	Suspect Claims Measures	Answer Format	Response	Explanation
1.	Are there any precertification or prior authorization requirements for out of network services?	drop down box		
2.	What actions are taken to stop or eliminate fraud activity at the point it is first discovered in network? Out of Network?	text		
3.	What claims edits, claims limits, systematic procedures and systematic controls are in place prior to prevent and detect fraud in network?	text		
4.	Describe process for updating claims system (e.g., real time or batch)? If batch, how often is the system updated? Please highlight both the process and timing for manual updates of all systems.	text		
5.	What claims edits, claims limits, systematic procedures and systematic controls are in place prior to prevent and detect fraud out of network ?	text		
6.	What is the dollar amount claim threshold, number of claims per member per day or per condition in network that would automatically pend or deny an in network claim?	text		
7.	What is the dollar amount claim threshold, number of claims per member per day or per condition out of network that would automatically pend or deny an out of network claim?	text		
8.	Does your company purchase or access a national data bank to check legitimate providers prior to paying a claim out of network ?	text		

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		Answer Format	Response	Explanation
9.	Does M-DCPS have the ability to have input or customize claims system edits for in network claims?	text		
10.	Does M-DCPS have the ability to have input or customize claims system edits for out of network claims?	text		
11.	If there is a new TIN/claim presented on behalf of M-DCPS, please explain the process for payment. Does your system support multiple TINs for one provider?	text		
12.	What does your company do to recoup funds paid in error for services not rendered in network?	text		
13.	What does your company do to recoup funds paid in error for services not rendered out of network?	text		
14.	What does your company do to recoup funds paid in error to fraudulent providers in network?	text		
15.	What does your company do to recoup funds paid in error to fraudulent providers out of network?	text		
16.	If a wrap or supplemental network is utilized out of network are the providers credentialed by the wrap or supplemental network, please explain.	text		
17.	When your company pays out of network claims do you require the provider to display their National Provider Identifier (required by federal law)? Please explain.	text		
18.	Did your company check and verify all providers' licenses before out of network claims are paid? Please explain.	text		
19.	Do you have documented policies and procedures in place for identification and investigation of potential and/or actual fraud, waste and abuse? Describe for the following areas: underwriting operations, financial operations, electronic data gateways, eligibility, claims processing, network provider credentialing.	text		
20.	As part of the credentialing and re-credentialing process for contracted providers, do you query the The Healthcare Integrity and Protection Data Bank (HIPDB); If the HIPDB suggests current or past sanctions or exclusion from participation in Federal and/or State health care programs, what actions do you take in the case of (a) a prospective provider seeking to contract with you and (b) an already contracted provider?	text		
21.	Do you check Federal or State Inspector General Health Care Fraud prosecution sites to identify providers who have been convicted of fraud, waste, or abuse?	drop down box		
22.	Do you review your commercial book of business claims experience to determine if convicted providers have improperly received reimbursement under any of your accounts?	drop down box		

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		Answer Format	Response	Explanation
23.	Does your provider application ask about any health care facility or healthcare business arrangements in which the provider may have full or partial ownership or own shares?	drop down box		
24.	If you have such procedures, what actions do you take if such convicted providers are identified?	text		
25.	Do your provider contracts limit or prohibit referrals to practices and/or facilities in which the provider has a financial interest?	drop down box		
26.	What analytic methods and tools do you use to monitor referral patterns and the associated volume by individual provider or provider practices?	text		
27.	Do you ever check the credentials and licensing status of non-network providers? If so, describe the processes and procedures.	text		
28.	What are your policies and procedures for credentialing of providers in any secondary or wrap-around that you offer?	text		
29.	Is Fraud, Waste, and Abuse management managed in a specific unit or group in your organization?	drop down box		
30.	If so, describe the organizational structure and staffing of your Fraud, Waste, and Abuse operations.	text		
31.	What are the responsibilities of the unit(s)/group(s)?	text		
32.	Does the same organizational unit manage internal and external monitoring, detection, investigation and resolution? (describe)	text		
33.	Do you employ special investigators, outsource investigations, or both? (describe)	text		
34.	Do you employ or retain legal counsel with expertise in fraud, waste and abuse?	drop down box		
35.	When and how do you notify local, state, and/or federal agencies?	text		
36.	Describe the tools used for detection of fraud, waste, and abuse including description of the edits used across enrollment, claims, or other systems for detection of suspicious activities.	text		
37.	How are suspect members, providers and/or claims managed?	text		
38.	Do you operate a fraud tip hotline?	text		
39.	How is the hotline communicated and to whom?	text		
40.	What are the frequency of such communications?	text		
41.	Are you a member of the National Health Care Fraud Anti-Fraud Association (NHCAA)? Is the NHCAA database of active investigations utilized in your investigations? Describe when and how the database is utilized.	text		
42.	What means are employed for recovery in confirmed cases of fraud?	text		
43.	At what threshold is recovery pursued?	text		

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	Answer Format	Response	Explanation
44.	text		
45.	text		
46.			
47.	text		
48.	text		
49.	text		
50.	text		
51.	text		
52.	text		
53.	text		
54.	text		
55.	text		

XII.	Claims Administration	Answer Format	Response	Explanation
1.	M-DCPS will provide a eligibility file layout to your company(s). The finalists will need to produce a test file as part of your company selection. Upon request from M-DCPS will you complete a test file layout. Please confirm.	drop down box		
	Does M-DCPS has the ability to customize the claims payment system at case set up on an in and out of network basis: auto adjudication, condition and dollar amount thresholds, when human review and interaction is required? Describe the customization and flexibility your company has administratively.	text		
2.	Describe process for updating claims system (e.g., real time or batch)? If batch, how often is the system updated? Please highlight both the process and timing for manual updates of all systems.	text		
3.	What is the name of the claim payment system applicable to M-DCPS account?	text		
4.	Was the claim payment system developed internally or externally?	text		

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		Answer Format	Response	Explanation
5.	Do you anticipate making any major changes to the claim payment system or implementing a new system before/after implementation date? If yes, please describe the changes.	text		
6.	Please answer the following questions as they relate to claim adjudication:			
a.	What percent of claims are received electronically versus hard copy?	percent, 2		
b.	What percent of claims received electronically are automatically adjudicated?	percent, 2		
c.	What is your organization's target percent for automatic adjudication?	percent, 2		
d.	What percent of hard copy claims are automatically adjudicated?	percent, 2		
e.	Are claim forms required for any services incurred with a participating provider? If so, please describe.	drop down box		
f.	Are there any provisions that cannot be auto-adjudicated by your system? If so, what provisions?	drop down box		
7.	Are claims incurred with participating and nonparticipating providers adjudicated by the same processors?	drop down box		
8.	What claim adjudicator processing authority limits do you have in place?	text		
9.	Would M-DCPS have access to monthly (large claims) and quarterly reports showing the volume of pended and reworked claims and the reasons behind these claims?	drop down box		
10.	What are all the reasons that a claim may be pended?	text		
11.	What is your process for investigating pended claims?	text		
12.	Do you have the claims and appeals process documented for M-DCPS reference and DOL requirements?	drop down box		
13.	Please describe your claims and appeals process as the claims fiduciary and that the service is handled within your company.	text		
14.	Is your organization able to coordinate claims paid (including behavioral health and prescription drugs, if carveouts are offered through separate vendors) under the lifetime maximum provision?	drop down box		
15.	Please give a recent example of where your organization has proposed and implemented a significantly streamlined implementation.	text		
16.	How are claims paid that are incurred outside of the service area for urgent or emergency care?	text		
17.	For any service where coinsurance or copays apply, is the discount calculated before or after the reduction for the copay/coinsurance?	text		
18.	How long is claim history maintained online as an active client and after termination?	text		
19.	What procedures are not subject to reasonable and customary by your organization?	text		

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		Answer Format	Response	Explanation
	How often are the reasonable and customary profiles updated and how will M-DCPS be notified?	text		
	What R&C percentile do you standardly apply?			
20.	your company agrees to provide access to PHI in a "designated record set" in order to meet the requirements under 45 CFR §164.524.	drop down box		
21.	your company agrees to make any amendment(s) to PHI in a "designated record set" pursuant to 45 CFR §164.526.	drop down box		
22.	Please describe your claims coordination capabilities and procedures with other payers.	text		
23.	Will you pay for any appeals due to IRO process	drop down box		
24.	Please describe your appeals process.	text		
	Can your claims administration system administer incentives to provide direction to lower cost providers and facilities?	text		
XIII.	System Security	Answer Format	Response	Explanation
1.	Please describe your system security policy and how data will be secured.	text		
2.	What is your standard user id and password policy? Can you force password resets? If so, how often?	text		
3.	Are you able to recognize pre-authentication for single sign-on recognition?	drop down box		
4.	Describe your firm's disaster recovery procedures.	text		
5.	In the event of a data breach that resulted from a non M-DCPS error, what efforts would your firm undertake to cover this risk?	text		
XIV.	Open Enrollment	Answer Format	Response	Explanation
1.	Please confirm that all eligibility information will be entered into the system within one (1) business day of data receipt, the file can be set up as a postive feed, reports are run prior to the file being updated to research any discrepancies, M-DCPS determines the dependent eligibility and will accept M-DCPS current processes.	drop down box		
2.	Please confirm that health plan identification cards (ID cards) are issued to participants within ten (10) business days of receipt of data and prior to January 1 for the 2015 plan year.	drop down box		
3.	Please confirm if ID cards will only be sent to current members if a change is made commencing 1/1/2015 but reserves the right to request new ID cards even if no changes occur.	drop down box		
4.	Please confirm that you are willing to assist M-DCPS with the preparation and attendance of 25 benefit fairs during their scheduled open enrollment.	drop down box		
5.	Please describe the onsite training you will provide to M-DCPS staff.	text		

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	Answer Format	Response	Explanation
6. Please confirm that you are willing to distribute open enrollment materials. If yes, are there additional costs associated with distribution of open enrollment communications.	text		
7. Are you willing to share 50% in the cost of plan implementation between the Medical TPA and the PBM?	drop down box		
During Open Enrollment periods your company is willing to offer extended call center weekday and weekend hours?	drop down box		
Confirm Call Center(s) designated to M-DCPS are in within the 50 states of the USA.	drop down box		

XV.	Account Management	Answer Format	Response	Explanation
1.	Please provide the office location that you propose to handle the account management of M-DCPS to include 1-rep onsite per 10,000 covered members.	text		
2.	What percent of the Account Executive's time will be dedicated to M-DCPS during the implementation?	text		
3.	What percent of the Account Executive's time will be dedicated to M-DCPS on an ongoing basis?	text		
4.	Are you willing to assign an exclusive, dedicated account manager to handle M-DCPS account?	drop down box		
5.	Are you willing to assign an exclusive, dedicated account management team to handle M-DCPS account, with dedicated account representation for technical, customer service, medical reporting and financials?	drop down box		
6.	Can you please confirm that a medical director will be available to work directly with M-DCPS Risk Management Department.	drop down box		

XVI.	Customer Service	Answer Format	Response	Explanation
1.	Indicate which of the following teams supporting M-DCPS will be a dedicated service team (supporting only M-DCPS).			
a.	Customer Service	drop down box		
b.	Claims Processing	drop down box		
2.	Please provide the location (city/state) of each of the following functions as they would relate to M-DCPS account.			
a.	Customer Service Center	text		
b.	Claims Processing Center	text		
3.	Please specify the hours of operation for each of the following.			
a.	Customer Service Center	text		

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		Answer Format	Response	Explanation
b.	Claims Processing Center	text		
4.	How are after-hour phone calls handled?	text		
5.	Please indicate if you are willing to provide M-DCPS with a dedicated call center located in M-DCPS.	drop down box		
	Please indicate if you are willing to provide M-DCPS with a dedicated call center located in M-DCPS.	drop down box		
6.	Are you able to assign a dedicated customer service manager and team lead to M-DCPS?	drop down box		
7.	How many dedicated customer service representatives will be assigned to M-DCPS?	text		
8.	How many claims processors will be assigned to M-DCPS?	text		
9.	For the customer service team proposed to serve M-DCPS, provide the following information for the customer service representatives.			
a.	Ratio of staff to members	text		
b.	Minimum qualifications	text		
c.	Average years of service	text		
10.	For the claims processing team proposed to serve M-DCPS, provide the following information for the claim adjudicators.			
a.	Ratio of staff to members	text		
b.	Minimum qualifications	text		
c.	Average years of service	text		
11.	For the center proposed to serve M-DCPS, please provide turnover statistics for the past two years for the following.			
a.	Claims adjudicators : Current Plan Year	text		
b.	Claims adjudicators : Prior Plan Year	text		
c.	Customer service representatives : Current Plan Year	text		
d.	Customer service representatives : Prior Plan Year	text		
e.	Unit supervisors : Current Plan Year	text		
f.	Unit supervisors : Prior Plan Year	text		
g.	Service center managers : Current Plan Year	text		
h.	Service center managers : Prior Plan Year	text		
12.	Please answer the following questions as they relate to Customer Services.			
a.	Can customer service representatives access information related to a specific claim online?	drop down box		
b.	Do customer service representatives also process claims?	drop down box		
c.	Do customer service representative have the ability to make claim adjustments?	drop down box		

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		Answer Format	Response	Explanation
13.	Do customer service representatives have the ability to update eligibility?	drop down box		
14.	Provide the following statistics for the customer service center that will handle M-DCPS account. We are requesting actual results for the proposed customer service center; therefore, standards should not be provided.			
a.	Average customer service telephone response time (seconds) : Prior Plan Year	number, 0		
b.	Average customer service telephone response time (seconds) : Current Plan Year	number, 0		
c.	Call abandonment rate (%) : Prior Plan Year	number, 0		
d.	Call abandonment rate (%) : Current Plan Year	number, 0		
e.	Percentage of incoming calls that are recorded : Prior Plan Year	number, 0		
f.	Percentage of incoming calls that are recorded : Current Plan Year	number, 0		
g.	Length of hold time : Prior Plan Year	number, 0		
h.	Length of hold time : Current Plan Year	number, 0		
i.	First call resolution percentage : Prior Plan Year	number, 0		
j.	First call resolution percentage : Current Plan Year	number, 0		
k.	Percentage of incoming calls that are logged : Prior Plan Year	number, 0		
l.	Percentage of incoming calls that are logged : Current Plan Year	number, 0		
m.	Percentage of outbound calls that are logged : Prior Plan Year	number, 0		
n.	Percentage of outbound calls that are logged : Current Plan Year	number, 0		
15.	What percent of calls are mandated to be documented in your organization's system?	number, 0		
16.	Indicate your process for documenting member calls.			
a.	Representatives cannot close the calls unless the event is documented.	drop down box		
b.	Representatives document calls using standard system generated reason codes.	drop down box		
17.	Please describe your training process (i.e., duration, oversight, etc.) for customer service representatives.	text		
18.	Please give one recent example of where your organization has significantly improved customer service with little no cost increase to the client.	text		
19.	Please answer the following questions as they relate to Claims Processing:			
a.	Claim payment accuracy (number of correct payments divided by number of payments) : Prior Plan Year	text		
b.	Claim payment accuracy (number of correct payments divided by number of payments) : Current Plan Year	text		

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		Answer Format	Response	Explanation
c.	Claim processing accuracy (number of claims processed with 100 percent accuracy divided by number of claims) : Prior Plan Year	text		
d.	Claim processing accuracy (number of claims processed with 100 percent accuracy divided by number of claims) : Current Plan Year	text		
e.	Financial accuracy (dollars paid correctly divided by total dollars paid) : Prior Plan Year	text		
f.	Financial accuracy (dollars paid correctly divided by total dollars paid) : Current Plan Year	text		
g.	Average turnaround time (x% in x business days) : Prior Plan Year	text		
h.	Average turnaround time (x% in x business days) : Current Plan Year	text		
i.	Non-Medicare COB savings as a percentage of paid claims : Prior Plan Year	text		
j.	Non-Medicare COB savings as a percentage of paid claims : Current Plan Year	text		
k.	Average number of days claims are pended : Prior Plan Year	text		
l.	Average number of days claims are pended : Current Plan Year	text		
20.	Provide the number of claims processed in the proposed claim facility over the most recent 12-month period.	number, 0		
21.	Do you have a voice response system (automated) that allows members to check the status of their claims, deductibles, out-of-pocket maximums, etc? Can special messaging be implemented due to a certain event during the year or an emergency (hurricane)?	drop down box		
22.	What other services are made available through telephonic interface (i.e., IVR)?	text		
23.	What system edits have been added to detect erroneous data and fraud or to support network quality?	text		
24.	How do you handle transition of care if a member is receiving care from a non-network provider on the transition date? For example, a member in the 2nd or 3rd trimester of their pregnancy.	text		
25.	If necessary, will you provide eligible members with written certification of length of coverage (plus eligibility waiting period) as a result of the passage of the HIPAA of 1996? If so, are there costs associated, please indicate yes or no and do not provide actual cost information here.	text		
26.	Can you comply with primary and secondary payer requirements for Medicare and provide reporting to support?	drop down box		
27.	Please describe your multi-lingual capabilities.	text		
28.	Do you have Spanish speaking customer service representatives?	text		

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		Answer Format	Response	Explanation
29.	Please confirm you will have a dedicated toll-free telephone number for the participants of M-DCPS operational in advance of the beginning of 10/1/2014.			
30.	Please describe your process for handling access to care and continuity of care and the turn around time.	text		

XVII.	System Integration	Answer Format	Response	Explanation
1.	Are all of your internal systems integrated? (e.g., claims payment, eligibility, enrollment, customer service, utilization management, case management and disease management)	drop down box		
2.	Please confirm you agree to interface with (e.g., sending to and/or receiving from) the in house M-DCPS COBRA Administration.	drop down box		
3.	Please confirm you agree to interface with (e.g., sending to and/or receiving from) the contracted Prescription Drug Administrator of M-DCPS.	drop down box		
4.	Please confirm you agree to interface with (e.g., sending to and/or receiving from) the contracted Wellness vendor of M-DCPS.	drop down box		
5.	Please confirm you agree to interface with (e.g., sending to and/or receiving from) the contracted Transparency Vendor of M-DCPS.	drop down box		
6.	Please confirm you agree to interface with (e.g., sending to and/or receiving from) the contracted Data Warehouse Vendor of M-DCPS.	drop down box		
7.	Please confirm you agree to interface with (e.g., sending to and/or receiving from) the M-DCPS Jackson High School Onsite clinic.	drop down box		
8.	Please confirm you agree to interface with (e.g., sending to and/or receiving from) the contracted HRA/HSA/FSA Vendor of M-DCPS.	drop down box		
9.	Do you charge separate fees to send or receive data to other vendors of M-DCPS?	drop down box		
10.	What is the time lag between the eligibility and enrollment claims systems? Are all systems updated in real time?	text		
11.	Describe how your system handles eligibility and enrollment history and retroactive coverage changes.	text		
12.	Confirm you can match the current file layout(s) used to transmit information and data to and from the M-DCPS's SAP system .	drop down box		
13.	Please indicate your agreement to interface with M-DCPS Risk Management department as requested, to provide needed data and information at M-DCPS's discretion.	drop down box		

XVIII.	Offshoring	Answer Format	Response	Explanation
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	Answer Format	Response	Explanation
1. Does your organization use any offshore assets that have access to M-DCPS data including Customer Service Centers, mail handling facilities, software development centers, data storage or Debt Collection Services?	drop down box		
2. If your organization does have services offshored, can you provide proof that these entities are in full compliance with Office of Foreign Assets Control ("OFAC") regulations?	drop down box		
3. If offshore assets have access to M-DCPS data, is the access via electronic means, or do they have access to physical forms of data?	text		
4. What safeguards does your organization have in place to ensure that PHI and other private information is not compromised due to off-shoring?	text		
5. Does your organization provide any non-customer facing operations offshore? If so, please indicate.	drop down box		
6. Does your organization provide any customer facing operations offshore? If so, please indicate	drop down box		
7. Please answer the following questions as they relate to claims processing for offshore locations:			
a. Claim payment accuracy (number of correct payments divided by number of payments) : Year 1	percent, 2		
b. Claim payment accuracy (number of correct payments divided by number of payments) : Year 2	percent, 2		
c. Claim processing accuracy (number of claims processed with 100 percent accuracy divided by number of claims) : Year 1	percent, 2		
d. Claim processing accuracy (number of claims processed with 100 percent accuracy divided by number of claims) : Year 2	percent, 2		
e. Financial accuracy (dollars paid correctly divided by total dollars paid) : Year 1	percent, 2		
f. Financial accuracy (dollars paid correctly divided by total dollars paid) : Year 2	percent, 2		

XIX.	Vendor Integration	Answer Format	Response	Explanation
1.	Describe your efforts at integration between medical, Rx, and medical management programs. Discuss specifically how these efforts would be applied to M-DCPS, as well as if there is a potential cost impact. Do not discuss actual cost here.	text		
	Confirm your company can administer an ALL IN combined ACA Out of Pocket maximums (medical & Rx copays deductibles, out of pocket costs) without having to set a specific Rx Out of Pocket maximum with the Rx benefit carved out. Discuss specifically how the member out of pocket balances would integrate and the timing. Also confirm the member would see the integrated medical and Rx out of pocket costs (Rx carved out) on the member website.			

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	Answer Format	Response	Explanation
2. Describe your efforts at integration between medical, Rx, medical management programs and data warehouse vendor . Discuss specifically how these efforts would be applied to M-DCPS, as well as if there is a potential cost impact. Do not discuss actual cost here.	text		
3. Describe your efforts at integration between medical, Rx, medical management programs and M-DCPS Jackson High School clinic . Discuss specifically how these efforts would be applied to M-DCPS, as well as potential cost impact. Confirm your company will be willing to accept and administer the client specific contract with University of Miami as it pertains to the Jackson High School Clinic and any additional clinics added in the future.	text		
4. Describe your efforts at integration between medical, Rx, and medical management programs and a M-DCPS Transparency vendor . Discuss specifically how these efforts would be applied to M-DCPS, as well as potential cost impact. Do not discuss actual cost here.	text		
5. Describe your efforts at integration between medical, Rx, medical management programs and a M-DCPS Wellness vendor . Discuss specifically how these efforts would be applied to M-DCPS, as well as potential cost impact. Do not discuss actual cost here.	text		
6. Describe your efforts at integration between medical, Rx, and medical management programs and M-DCPS FSA vendor, TASC . Discuss specifically how these efforts would be applied to M-DCPS, as well as potential cost impact. Do not discuss actual cost here.	text		
7. Describe your efforts at integration between medical, Rx, medical management programs with M-DCPS in house COBRA administration . Discuss specifically how these efforts would be applied to M-DCPS, as well as potential cost impact. Do not discuss actual cost here.	text		
8. Describe your process for transition of care to/from other programs including case management.	text		
9. Describe your process for referring members to other programs such as EAP or behavioral health.	text		
10. Do you warm transfer to other vendors?	drop down box		
11. Do you accept inbound warm transfers from other vendors?	drop down box		
12. Do you send referrals to other vendors via fax or secure email with member consent?	drop down box		
13. Indicate if you accept inbound referrals via fax, secure email or shared databases and provide outreach to members based on the referral.	drop down box		

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		Answer Format	Response	Explanation
14.	Do you develop a hierarchy for program outreach with other programs as applicable?	drop down box		
15.	Would you participate in monthly vendor calls to discuss program administration and member cases?	drop down box		
16.	Do you track and report inbound and outbound referral activity and disposition?	drop down box		

XX.	Website Capabilities	Answer Format	Response	Explanation
1.	Please identify which of the following services are currently available on your website.			
a.	Update eligibility or change/add dependents.	drop down box		
b.	Request additional or replacement ID cards.	drop down box		
c.	Print ID cards directly from site.	drop down box		
d.	Access historical health data.	drop down box		
e.	Take a health risk assessment.	drop down box		
f.	Provider directories (standard).	drop down box		
g.	Provider quality information.	drop down box		
h.	Provider cost information.	drop down box		
i.	Provider selection where users enter search criteria.	drop down box		
j.	Plan design information.	drop down box		
2.	Please specify the tools available to M-DCPS via the employer portal of your organization's website?			
a.	Real-time secure access to information for M-DCPS.	drop down box		
b.	On-line eligibility maintenance.	drop down box		
c.	EFT Transfers.	drop down box		
d.	Access to claims data.	drop down box		
e.	Access to member-specific coverage information.	drop down box		
f.	Account level delegate rights.	drop down box		
g.	Eligibility verification.	drop down box		
h.	Request ID cards.	drop down box		
3.	Can members access information through your website or customer service function regarding hospital quality? If so, please describe the information available and the ways in which it can be accessed.	text		

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	Answer Format	Response	Explanation
4. Can members access information through your website or customer service function regarding the cost of a particular service from a particular hospital? If so, please describe the information available and the ways in which it can be accessed.	text		
5. Can members access information through your website or customer service function regarding physician quality? If so, please describe the information available and the ways in which it can be accessed.	text		
6. Can members access information through your website or customer service function regarding the cost of a particular service from a particular physician or medical group? If so, please describe the information available and the ways in which it can be accessed.	drop down box		

XXI.	Communications	Answer Format	Response	Explanation
1.	Briefly describe the types of standard communication materials available and whether there are charges for those materials.	text		
2.	Can M-DCPS's own "branding" be added to communication materials? If so, is there an additional cost? Please explain in the Explanation column.	drop down box		
3.	Can communication materials be customized? If so, is there an additional cost? Please explain in the Explanation column.	drop down box		
4.	Please describe what communication solutions are able to be created (at no additional cost to M-DCPS) for visually disabled and impaired members.	drop down box		
5.	List languages other than English in which communication materials are available. If applicable, detail additional costs.	text		
6.	Do you provide a general phone number/help line for members to use when they have general program questions or need help with some aspect of the program?	drop down box		
7.	Briefly describe any innovative communication materials that you offer which differentiate you from your competitors (e.g. transparent stickers, video clips, etc.).	text		
8.	Do you provide an allowance for member research groups and telephone surveys?	drop down box		
9.	Do you provide an allowance for member communication?	drop down box		
10.	Will you engage a subcontractor at the request of M-DCPS for more comprehensive research and surveying of M-DCPS membership?	drop down box		
11.	Please report on your company's process to provide the following communication materials and information.			

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		Answer Format	Response	Explanation
a.	Member ID Cards.	text		
b.	Master Contract.	text		
c.	SPD(s).	text		
d.	Ongoing SPD Changes.	text		
e.	Summary of Benefits and Coverage (SBC).	text		
f.	Ongoing SBC Changes.	text		
g.	Enrollment Communications.	text		
h.	Ongoing Member Engagement Communications.	text		
i.	Medical management Communications.	text		
12.	Please provide sample written/print/online communication materials that will aid members in plan usage and understanding the availability and capability of your resources. For which of these communications do you track and report effectiveness? Describe your capabilities in reporting the linkage between plan usage and communication activities.	text		
13.	Describe any strategies and experience with population segmentation and targeted messaging/communications.	text		
14.	Provide case studies of your work with other customers that illustrate increased employee engagement and cost savings as a result of your reporting and plan recommendations.	text		
15.	Describe your overall philosophy with respect to consumer communication and engagement and key initiatives/differentiators.	text		

XXII.	Reporting Capabilities	Answer Format	Response	Explanation
1.	You will provide monthly paid claims and enrollment reports by group and plan type to M-DCPS as part of your standard reporting package. Costs for standard reports should be included in the base administrative fee. If you disagree, please explain	drop down box		
2.	You will meet with M-DCPS on a quarterly basis (at minimum) to review claim experience, plan progress, service-related issues, etc. Review will include an Executive Summary and plan recommendations based on M-DCPS utilization. If you disagree, please explain.	drop down box		
3.	What platform is utilized for your organization's reporting?	text		
4.	What is your preferred delivery frequency of standard reporting?	text		
5.	If the relationship is terminated, do you have the ability to provide M-DCPS with a detailed report of the status of each participant, to transition these participants to another health plan?	drop down box		
6.	What are your standard reports that are provided at no additional cost?	text		

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		Answer Format	Response	Explanation
7.	Attach one sample of all standard reports that would be provided to M-DCPS.	drop down box		
8.	List the name, description and frequency of each standard report that would be provided to M-DCPS.	text		
9.	List the key drivers that you track to assess improved outcomes and lower costs.	text		
10.	Will M-DCPS specific results be compared to national averages, your book of business and/or government averages?	text		
11.	Can the reports be customized to further meet M-DCPS needs? If so, explain the levels of customization available and any additional charges incurred.	drop down box		
12.	Can you provide ad hoc reports? If so, provide any additional charges incurred.	drop down box		
13.	Are you able to measure and calculate the cost of productivity, absenteeism, and presenteeism among the active participants in your programs? If yes, briefly describe your approach.	drop down box		
14.	Please provide an electronic copy of each report within the standard reporting package (use sample data)	drop down box		

XXIII.	Monthly Reports	Answer Format	Response	Explanation
1.	Monthly reporting containing the following information:			
a.	Paid Claims by Plan, plan tier, eligibility and bargaining unit.	drop down box		
b.	Capitation (if applicable)	drop down box		
c.	Administrative/Network Fees (if applicable)	drop down box		
d.	Premiums (if applicable)	drop down box		
e.	Claims exceeding pooling point or stop loss levels	drop down box		
f.	Individual claims > 50% pooling/stop loss levels	drop down box		
g.	Monthly enrollment counts by Plan.	drop down box		
h.	Electronic eligibility listing	drop down box		
i.	Claims paid by \$ amount increments	drop down box		
j.	Reconciliation of claim drafts to paid claims	drop down box		
2.	General claim utilization reports by major line of coverage identifying:			
a.	Claims submitted	drop down box		
b.	Claims eligible	drop down box		
c.	Deductible and coinsurance application	drop down box		

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	Answer Format	Response	Explanation
d. Payment reductions due to network negotiated rates	drop down box		
e. R&C cutbacks and savings	drop down box		
f. COB savings	drop down box		
g. Ineligible expenses	drop down box		
h. Net benefits paid by Plan in and out of network	drop down box		
3. Claim utilization report will show separate experience for:			
a. Employees	drop down box		
b. Dependents	drop down box		
c. COBRA Participants	drop down box		
4. Electronic format of claims data.	drop down box		
5. Employee contested claims separated by denial reason.	drop down box		
6. Claim lag report.	drop down box		
7. Network savings reports for each plan and network offered.	drop down box		
8. Most-utilized hospitals and physicians reports.	drop down box		
9. A year-end financial accounting for the program within 45 days of the contract anniversary date.	drop down box		

XXIV.	Med/Utilization Management	Answer Format	Response	Explanation
1.	Are physicians in the network(s) required to abide by utilization review rulings?	drop down box		
2.	Provide the following statistics for your utilization management programs for years 2012 and 2013.			
3.	Number of admission requests : Prior Plan Year	number, 0		
a.	Number of admission requests : Current Plan Year	number, 0		
b.	Number of denials : Prior Plan Year	number, 0		
c.	Number of denials : Current Plan Year	number, 0		
d.	Percent of cases referred to physician reviewer : Prior Plan Year	percent, 2		
e.	Percent of cases referred to physician reviewer : Current Plan Year	percent, 2		
f.	Percent of cases unresolved : Prior Plan Year	percent, 2		
g.	Percent of cases unresolved : Current Plan Year	percent, 2		
h.	Percent of cases reviewed for quality improvement opportunities : Prior Plan Year	percent, 2		
i.	Percent of cases reviewed for quality improvement opportunities : Current Plan Year	percent, 2		
j.	Admissions per 1,000 covered lives : Prior Plan Year	number, 0		

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		Answer Format	Response	Explanation
k.	Admissions per 1,000 covered lives : Current Plan Year	number, 0		
l.	Average length of stay (days) : Prior Plan Year	number, 0		
m.	Average length of stay (days) : Current Plan Year	number, 0		
n.	Inpatient days per 1,000 covered lives : Prior Plan Year	number, 0		
o.	Inpatient days per 1,000 covered lives : Current Plan Year	number, 0		
4.	What criteria do you use for determining length of stay? Do these criteria vary by region?	text		
5.	What criteria do you use for determining medical necessity? Do these criteria vary by region?	text		
6.	What is your current mix of case managers?			
a.	Registered Nurses (RN) : Percent of Case Managers.	percent, 2		
b.	Licensed Practical Nurses (LPN) : Percent of Case Managers.	percent, 2		
c.	Dieticians: Percent of Case Managers.	percent, 2		
d.	Mental Health Practicioners: Percent of Case Managers.	percent, 2		
e.	Social Workers : Percent of Case Managers.	percent, 2		
f.	Physicians : Percent of Case Managers.	percent, 2		
g.	Other : Percent of Case Managers.	percent, 2		
7.	How are candidates for case management identified?	text		
8.	What percentage of candidates are accepted into the program?	percent, 2		
9.	Do case managers work in other areas of utilization management?	text		
10.	Provide a description of the services listed below. What differentiates your organization's utilization management services?			
a.	Preadmission verification/concurrent review/discharge planning.	text		
b.	Case management.	text		
c.	Outpatient surgical review.	text		
d.	Inpatient mental health/substance abuse review.	text		
11.	Is your UM program accredited by the following?			
a.	URAC.	drop down box		
b.	Other.	text		
12.	Does your UR/UM offer the following reviews?			
a.	Outpatient surgical review.	drop down box		
b.	Inpatient mental health and substance abuse review.	drop down box		

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		Answer Format	Response	Explanation
c.	Physical therapy.	drop down box		
d.	Occupational therapy.	drop down box		
e.	Home health care.	drop down box		
f.	Other - please specify.	text		
13.	Indicate which of the following services your UM Program provides:			
a.	Needs assessment.	drop down box		
b.	Care planning for medical services.	drop down box		
c.	Facilitation of coordination services.	drop down box		
d.	Discharge planning.	drop down box		
e.	Follow-up to monitor services and the patient.	drop down box		
f.	Other (please specify).	text		
14.	How are utilization management decisions communicated to the claims processors?	text		
15.	How are utilization management activities, outcomes, and results communicated to M-DCPS?	text		
16.	What programs do you have to drive usage of specialty drugs to lower cost delivery sites?	text		
17.	What programs do you have to approve the use of specialty drugs? Which drug classes do these programs target?	text		
18.	If a patient fails to contact your company(s) prior to an elective hospital admission or within forty-eight (48) hours of an emergency admission, your company(s) should conduct a retrospective review for medical necessity. Please confirm that you conduct retrospective reviews as necessary.	drop down box		
19.	What programs does your company have in place to emphasize appropriate utilization by M-DCPS members. Specifically, what programs does your company have to address inappropriate use of the emergency room and educate M-DCPS members on the most appropriate utilization settings.	text		
	Can you administer a customized in network Prior Authorization list of Services? If so describe the process and flow and your company's role and responsibility.	text		

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1.

	Answer Format	Response	Explanation
Please indicate which of the following case management programs are included at no additional charge in the plan design quoted for M-DCPS.			
a) Allergies case management	drop down box		
a. Asthma case management.	drop down box		
b. Back case programs/discounts.	drop down box		
c. Cancer case management.	drop down box		
d. Chronic case programs.	drop down box		
e. Congestive heart failure case management.	drop down box		
f. Diabetes case management.	drop down box		
g. Depression.	drop down box		
i) Family planning program	drop down box		
h. Heart disease case management.	drop down box		
i. Hypertension case management.	drop down box		
j. Low back pain/injury case management.	drop down box		
k. Lung conditions (except asthma) case management.	drop down box		
l. Muscle or joint problems case management.	drop down box		
m. Neonatal intensive case management.	drop down box		
n. Patient management.	drop down box		
o. Prenatal case management.	drop down box		
p. Rheumatoid arthritis.	drop down box		
q. Other case management programs (if yes, please list).	drop down box		

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	Answer Format	Response	Explanation
2.	text		
3.	text		
4.	text		

XXVI.	Disease Management	Answer Format	Response	Explanation
1.	Please describe how your organization handles the integration of disease management and behavioral health.	text		
2.	M-DCPS's most expensive chronic conditions are cancer, chronic back/neck pain, osteoarthritis, coronary artery disease, diabetes, hypertension and weight management. Detail a disease management strategy and any innovations your company can provide to assist M-DCPS in managing the costs associated with these chronic conditions and improving M-DCPS members health and well-being.	text		
3.	On average, 35 cents of every claim dollar goes toward hospital care. What programs and procedures do you have in place to most effectively manage inpatient stays? What programs do you have in place to prevent readmissions? How have you been able to impact readmission rates and what results can you demonstrate?	text		
4.	Confirm that there is a dedicated disease management account representative to regularly meet with M-DCPS on disease management matters.	drop down box		
5.	If M-DCPS would like to focus on a specific chronic disease, does your company have the flexibility to work with M-DCPS to create and implement a special or pilot disease management program?	drop down box		
6.	What are your organizations' top 2-3 short term strategic priorities in 2015 and 2016? What are your top 2-3 long term strategic priorities for the next five years and how would they fit with M-DCPS's plans? Where will investments be made and how will they benefit M-DCPS?	text		
7.	Describe any programs for oncology management	text		
8.	Describe if you offer any programs for metabolic syndrome	text		
9.	Please confirm that you are able to administer a Diabetes Prevention Program (DPP).	drop down box		
10.	List program accreditation status: NCQA Disease Management Program Accreditation, NCQA Disease Management Program Certification, &/or URAC Disease Management Program Accreditation.	text		

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		Answer Format	Response	Explanation
11.	List the conditions managed in your disease management program (e.g. asthma, CAD, diabetes, low back pain, etc.)	text		
12.	What are your hours of operation and days of operation for member outreach and in-bound calls?	text		
13.	Is your enrollment model opt-in or opt-out?	text		
14.	How do you define active participation/engagement in your program (opt-in versus opt-out) Please be specific (e.g. individuals with identified condition vs receiving ongoing telephonic nurse interventions).	text		
15.	Describe your disease management programs. Include in the description the types of conditions managed, the target population for each program, the identification process, the process for stratifying the population, standard interventions for each population tier, the average amount of time an individual participates in the program, and any program hierarchy for assigning individuals with co-morbidities.	text		
16.	What is your current mix of disease case managers?			
a.	Registered Nurses (RN) : Percent of Case Managers.	percent, 2		
b.	Licensed Practical Nurses (LPN) : Percent of Case Managers.	percent, 2		
c.	Dieticians: Percent of Case Managers .	percent, 2		
d.	Mental Health Practicioners: Percent of Case Managers.	percent, 2		
e.	Social Workers : Percent of Case Managers.	percent, 2		
f.	Physicians : Percent of Case Managers.	percent, 2		
g.	Other : Percent of Case Managers.	percent, 2		
17.	Briefly describe your process for outreaching to members to solicit their participation in an opt-out program.	text		
18.	How many times do you call someone to enroll in the program if you are unable to reach them?	text		
19.	What is the maximum number of letters sent out if you are unable to make phone contact with the member?	text		
20.	How do you define graduation from a disease management program?	text		
21.	Please list languages (other than English) available for enrollment outreach and program interventions (paper-based and telephonic).	text		
22.	What do you do with individuals who decline the program?	text		
23.	What do you do if the phone number is not correct? Describe your process for acquiring updated phone numbers including use of external agencies to find phone numbers (include name search tool/company used).	text		
24.	What is your rate of obtaining correct phone numbers for those whose number is not correct?	text		

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		Answer Format	Response	Explanation
25.	Will you provide a primary nurse model in which the same nurse works with participants throughout the duration of the program?	text		
26.	Please include as an exhibit a detailed description and workflow of your stratification process.	text		
27.	Indicate the minimum number of outbound calls annually to participants by acuity (very high/high, moderate and low). If not performed, explain (e.g. if mail based only).	text		
28.	Please explain in detail how you develop and provide M-DCPS specific integrated clinical management strategies. How do you conduct each needs assessment? How do you customize your “off the shelf” products and services to meet specific M-DCPS needs?	text		
29.	Describe your organizations’ tools and processes for coordinating care being provided by multiple providers (e.g., physicians, ancillary, and hospitals).	text		
30.	Describe the technology and processes you will deploy to proactively identify cases for M-DCPS’s clinical team outreach.	text		
31.	How does your clinical team prioritize cases based on acuity?	text		
32.	Detail your organizations standard process that your nurses take once an individual has been identified for case management. Make sure at a minimum you address how priority for order of clinician call is determined, how many calls are made in attempting to make initial contact and how long between each call until a next attempt is made.	text		
33.	What is your organizations current reach rate for identified disease management opportunities? What is your engagement rate?	text		
34.	How will disease managers coordinate with other health care management programs (e.g., utilization management, pharmacy management, behavioral health, case management)?	text		
35.	Describe your methodologies for calculating and reporting cost savings related to disease management.	text		
36.	What ROI have you experienced with your disease management programs? Describe the specific programs and exactly how you calculate the ROI.	text		
37.	Provide any findings and outcome data you have that demonstrate the effectiveness of your disease management programs.	text		
38.	What tools and methods are used to prevent hospital emergency room usage and hospital readmissions?	text		
39.	Indicate the electronic avenues used/available to communicate with participants (e.g. email, text messaging, secure chat capability with nurse coach, other).	text		

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		Answer Format	Response	Explanation
40.	For each of the conditions that you manage (e.g. diabetes), list the key metrics that you track and report on to assess improved clinical outcomes and lower costs	text		
41.	Do you offer a 24/7 Nurseline? If so, please describe the program and list any subcontractor used.	text		
42.	Do you currently have on-site, full-time medical director(s) on staff at the service center chosen for M-DCPS? If so, how many?	text		
43.	How do you notify and communicate/engage with the PCP/treating physician for a patient enrolled in a disease management or wellness program? Describe mediums and frequency of communications.	text		
44.	Are any of your disease management services subcontracted?	text		
a.	If so, list each outsourced service, corresponding partner and length of time providing each outsourced service.	text		
45.	Discuss any imminent plans to change your existing disease management services. Address expansion in scope of current programs, new programs planned, links to other care-management services, etc.	text		
46.	Please list two or three key components that you think differentiates you from other similar organizations.	text		

XXVII.	Behavioral Health Management	Answer Format	Response	Explanation
	This section asks offerors to describe their capabilities in terms of controlling MISA/EAP utilization through case management and requests cost information			
1.	Any systems and interfaces involved with the functions addressed in this section that were NOT described previously within the questionnaire must be described here.	text		
2.	Describe in detail the information required for processing a provider treatment plan.	text		
3.	Describe in detail the process for approving treatment plans.	text		
4.	What is your standard turn-around time for approving or dis-approving a provider treatment plan?	text		
5.	How do your actual results compare to your standard turn-around time over the past 12 months?	text		
6.	Describe in detail your pre-admission and continued hospital stay certification process for inpatient care, including the nature and timing of the contact with the provider(s) and the patient.	text		
7.	How are the specifications of approved treatment formally communicated to the provider, the treatment facility and to the patient?	text		

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		Answer Format	Response	Explanation
8.	How do the certification and notification processes differ between in-network, out-of-network and out-of-area providers? Provide examples.	text		
9.	During what hours of the day are pre-admission and continued hospital stay certification services provided?	text		
10.	How is an emergency inpatient admission defined and how is it certified (during regular hours and during weekends or after hours)? Please include any differences between certifying an admission to in-network and out-of-network facilities.	text		
11.	Please briefly describe the criteria used to guide case manager decisions regarding approval of acute inpatient hospital admissions, emergency inpatient, intensive outpatient, partial day inpatient, individual/group outpatient treatment for adults, adolescents and children. Provide specific Diagnostic and Statistical Manual (DSM) diagnostic categories that would be excluded from any particular level of care. Do the criteria vary geographically? If so, how?	text		
12.	What are the standard number of inpatient days and number of outpatient treatment sessions that are approved for a patient's initial treatment in the following conditions?	text		
a.	Drug/ Alcohol standard # inpatient days	text		
b.	Mental Health standard # inpatient days	text		
c.	Drug/ Alcohol standard # outpatient treatment sessions	text		
d.	Mental Health standard # outpatient treatment sessions	text		
e.	How frequently is the approved care (inpatient and outpatient) reviewed?	text		
f.	For outpatient care, is the review of the clinical assessment always, sometimes or never done by the same person?	text		
g.	Describe the procedures for how an initial request for hospitalization is denied, a request for additional hospitalization is denied, and a request for additional outpatient visits is denied	text		
13.	Describe what follow-up action is taken by your company when patients drop out of treatment against medical advice.	text		
14.	Explain your standard procedures for coordinating utilization review with the M-DCPS's EAP and Medical-Surgical plans, including a description of the responsibilities and authority of those plans and your organization.	text		

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		Answer Format	Response	Explanation
15.	Please describe in detail the after-care monitoring services you provide, including the frequency to follow up, the criteria for determining when to contact the patient or family directly (rather than contacting the after-care provider for information), criteria for intervention, and the amount of contact with the M-DCPS's EAP.	text		
16.	Describe the criteria used to determine if the intensive treatments are successful, and the criteria used to assess a patient's progress or outcome.	text		
17.	Provide the approval and non-approval treatment rates for inpatient and outpatient for calendar year 2012 and 2013.	text		
18.	Submit your cost proposal in accordance with the instructions contained within the fee tab.	text		
19.	What are the specifications to provide for a self-funded arrangement for MH/SA benefits. Would you be willing to enter into a risk sharing agreement?	text		

XXVIII.	Gaps In Care-Member/Physician Messaging	Answer Format	Response	Explanation
1.	M-DCPS is interested in your "gaps in care" program, including identification and outreach to members based on identified gaps in care. Please describe your program in detail. How could this program integrate with M-DCPS's "Wellness" initiatives?	text		
2.	For purposes of your gaps in care program, please confirm your organization's ability to take in data from a third party PBM for purposes of gap identification. What frequency of pharmacy data intake would you recommend? Do you have alternate recommendations?	text		
3.	Do you have a Gaps in Care patient safety program? If so, does the program include pharmacy gaps, medical gaps, and/or preventive screenings?	text		
4.	Do you provide compliance/gaps messaging to members?	drop down box		
5.	Is gap messaging available to members in languages other than English? If so, please list.	drop down box		
6.	What is the delivery method to members for gap communications? Please list (paper based mail, email, phone, etc.).	text		
7.	Do you provide compliance/gaps messaging to physicians?	drop down box		
8.	What is the delivery method to physicians? Please list (paper based mail, email, fax, phone, etc.).	text		
9.	List the gaps in care program name and program inception year.	text		
10.	List the Evidence Based Software (EBM) and whether it is wholly owned/national tool/other.	text		

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		Answer Format	Response	Explanation
11.	List the number EBM rules and the frequency of EBM updates.	text		
12.	Please list how you monitor provider quality of care.	text		

XXIX.	Quality Assurance	Answer Format	Response	Explanation
1.	Does your organization fully fund M-DCPS specific third party audit of your disease management program?	drop down box		
2.	Does your organization conduct disease management participant satisfaction surveys? If yes, do you provide M-DCPS-specific reporting?	drop down box		
3.	Has your organization completed any general or M-DCPS specific outcomes studies related to disease management services?	drop down box		
4.	Has your organization completed any general or M-DCPS-specific outcomes studies related to disease management services? If yes, please explain.	drop down box		

XXX.	Provider Contracting Payment Reform/Alternative Delivery System			
1.	M-DCPS is interested in finding creative solutions to providing quality healthcare utilizing the most efficient approach, please provide initiatives that your organization is modeling	text		
2.	How do or will your provider contracts payment methodologies cut waste (reduce unnecessary payment and care)?	text		
3.	How do or will your provider contracts payment methodologies reflect "value" (Tied to performance measured against standard).	text		
4.	What percentage of providers in your network are paid in something other than fee-for-service - please specify by type of program (i.e. capitation, withholds, quality bonuses, etc.) and specify by hospitals versus physicians.	text		
5.	Regarding Provider Contracting Payment Reform, provide details on the reporting that you are providing to M-DCPS to show the cost-effectiveness of these programs for that M-DCPS specifically.	text		
6.	How do your organization/provider contracts reduce unwarranted price and quality variations?	text		
7.	Describe the variance in the current provider contracts that exist today. How will your contracting philosophy work to reduce the variations?	text		
8.	Identify any program or philosophies that you are incorporating into your provider contracts or provider quality measure that stimulate provider competition?	text		
	Identify any bundled services provided payments that you have negotiated and you can currently administer in South Florida and with what health system(s). Please also indicate future bundled services that you will to improve quality and cost.	text		

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XXXI.

	Answer Format	Response	Explanation
Value Oriented Payment	Answer Format	Response	Explanation
1. Describe your payment strategy that you have today or intend to have in the future that tie to value and efficiency, to include readmissions for same condition within a certain number of days.	text		
2. How does this payment strategy result in savings to M-DCPS and its participants?	text		
3. Describe how your hospital provider contracts will align performance based reimbursement. (Examples are: hospital acquired conditions, readmissions, other). Will your approach be similar to the Medicare initiative?	text		
4. Describe how your provider contract payment philosophy will cut waste while not diminishing quality, including reducing unwarranted payment variations. (Example: Reductions in cesarean deliveries or reduce payment differentials between vaginal and cesarean deliveries).	text		
5. How do your provider contract payments encourage adherence to clinical guidelines?	text		
6. Provide any evidence that you may have that links payment reform and adherence to clinical guidelines that results in meaningful improvement in "value" and clinical outcomes.	text		
7. What percentage of your aggregate net payments to providers will be tied to value or efficiency by 2015.	text		
8. What efforts are underway to reduce unwarranted price/reimbursement variation such as reference or value pricing?	text		

XXXII.

	Answer Format	Response	Explanation
Innovation	Answer Format	Response	Explanation
1. What tools and technology does your organization have to support transparency, member education/engagement, improving health and wellness initiatives?	text		
2. What tools and technology does your organization have to support consumer driven health plans?	text		
3. For M-DCPS's top three counties, Miami-Dade, Broward and Palm Beach (largest member counts) please identify the counties where quality/cost transparency data will be available by January 1, 2015.	text		
4. Describe current initiatives and results with regards to evidence-based design or outcomes based design.	text		
5. What mobile technology applications do you currently offer to engage your members? How do you measure enrollment or use of the apps? What additional member engagement applications or tools are currently in development and when could M-DCPS expect to benefit from them?	text		

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		Answer Format	Response	Explanation
6.	Are you willing to negotiate on behalf of M-DCPS to improve your network agreements with specific provider groups and facilities that are currently highly utilized by M-DCPS membership? Based on the provided utilization and spend data, given your current or forecasted contract with these groups, please estimate the potential impact of this improvement.	text		
7.	What local network delivery system innovations or pilots (e.g. medical homes, ACOs) are available or are in the planning stages for M-DCPS's primary geographies? What are your recommendations on how M-DCPS could take advantage of these programs?	text		
8.	Given what you know about M-DCPS's population and objectives, describe any unique strategies or services that you would recommend for M-DCPS that are not explicitly requested in the scope of this RFP How can your organization help M-DCPS move to the next level in terms of improved outcomes and accountability for our member's health care spend?	text		
9.	Are you willing to participate in a defined contribution model with several plan design options that may or may not have multiple vendor partners?	drop down box		
10.	What is your current position for a self-funded versus a fully insured structure for the defined contribution model?	text		
11.	Describe any developments your company is considering in the marketplace for private exchanges given the current healthcare environment.	text		

XXIII.	Performance Guarantees	Answer Format	Response	Explanation
	Medical Administration - Service & Performance Guarantees			
1.	Financial Accuracy: Financial Accuracy is the absolute dollar value of all claim payment errors in an audit sample, subtracted from the total benefits paid in the same audit sample. The result is then divided by the total medical benefits paid in the audit sample.			
a.	Measurement Period: Annually	drop down box		
b.	Service Objective: 99.35%	drop down box		
c.	Fees at Risk: 1.5%	drop down box		
d.	Any monetary penalties will be paid to M-DCPS no later than December 31st of each year.	drop down box		

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		Answer Format	Response	Explanation
2.	Overall Accuracy: Overall Accuracy is the total number of claims within an audit sample processed without any type of error, divided by the total number of claims within the audit sample.			
a.	Measurement Period: Annually	drop down box		
b.	Service Objective: 95.50%	drop down box		
c.	Fees at Risk: 1%	drop down box		
3.	Turnaround Time: Turnaround time is measured from the date a paper claim, or an electronic claim submission is received by the administrator, or by a subcontracted vendor responsible for the initial receipt of claims, to the date the claims are resolved.			
a.	Measurement Period: Annually	drop down box		
b.	Service Objective: 92.00% in 14 calendar days, or 10 business days; 98.00% in 30 calendar days, or 20 business days	drop down box		
c.	Fees at Risk: 1%	drop down box		
4.	Claim Adjustment Processing: Claim adjustment processing time is measured from the time a prior claim submission requiring an adjustment is identified through the date the claim adjustment is processed by service facility personnel.			
a.	Measurement Period: Annually	drop down box		
b.	Service Objective: 95.00% within 7 calendar days, or 5 business days	drop down box		
c.	Fees at Risk: 1%	drop down box		
5.	Telephone Service Factor: Defined as the percentage of M-DCPS telephone inquiries answered by facility Customer Service Representatives (CSRs) within 30 seconds. Measured from the time the caller completes the prompts of the automated telephone system to the time the caller reaches a CSR.			
a.	Measurement Period: Annually	drop down box		
b.	Service Objective: 85% of calls answered within 30 seconds	drop down box		
c.	Fees at Risk: 1%	drop down box		

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		Answer Format	Response	Explanation
6.	Call Abandonment Rate: The call abandonment rate is the total number of participant and provider calls abandoned, divided by the total number of calls received by the facility's customer service telephone system.			
a.	Measurement Period: Annually	drop down box		
b.	Service Objective: 2.00%	drop down box		
c.	Fees at Risk: 1%	drop down box		
7.	First Call Resolution Rate: First Call Resolution rate is the percentage of telephone inquiries completely resolved within a 'window period' of time. A call is considered 'resolved' when the same participant or a family member under the same subscriber ID has not contacted the administrator's customer service facility again regarding the same issue within 60 calendar days of the initial call.			
a.	Measurement Period: Annually	drop down box		
b.	Service Objective: 95.00%	drop down box		
c.	Fees at Risk: 1%	drop down box		
8.	Open Inquiry Closure: Open Inquiry Closure addresses the time taken in hours and/or days by CSRs at the administrator's service facility to close open inquiries placed by participants of M-DCPS to the facility.			
a.	Measurement Period: Annually	drop down box		
b.	Service Objective: 90.00% within 48 hours and 98.00% within five business days	drop down box		
c.	Fees at Risk: 1%	drop down box		
9.	CSR Audit, or Quality Scores: CSR audit or quality scores should be determined by the process used to evaluate the effectiveness and accuracy of participant telephone call handling at the administrator's customer service facility.			
a.	Measurement Period: Annually	drop down box		
b.	Service Objective: 97.00%	drop down box		

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		Answer Format	Response	Explanation
10.	c. Fees at Risk: 1%	drop down box		
	CSR Callback Performance: CSR Callback Performance is measured from the CSR commitment data in hours and/or days to the time the actual callback was placed to the participant.			
11.	a. Measurement Period: Annually	drop down box		
	b. Service Objective: 90.00% within 24 hours	drop down box		
	c. Fees at Risk: 1%	drop down box		
	Participant Email Response Performance: Email Response Performance is measured from the time an email is received by the administrator's response team to the time in hours or days to the time the actual email response is sent to the participant.			
12.	a. Measurement Period: Annually	drop down box		
	b. Service Objective: 90% within 8 hours, 95% within 24 hours	drop down box		
	c. Fees at Risk: 1%	drop down box		
	Eligibility Processing: Plan will process and confirm weekly eligibility information within specified business days of receipt of the eligibility information, given that information is complete and accurate.			
13.	a. Measurement Period: Annually	drop down box		
	b. Service Objective: 98.00% within 2 business days	drop down box		
	c. Fees at Risk: 1%	drop down box		
	In Network Trend Guarantee: Indicate your guaranteed medical trend for the M-DCPS population for the next three years (2015, 2016, 2017). Identify trend corridors, if any.	text		
14.	Total Annual Ongoing Fees at Risk: Percent of annual ongoing fees at risk. Service Objective: Minimum 25% of total ASO fees at risk	drop down box		
15.	Implementation Satisfaction: Vendor shall effectively manage program implementation and resolve any issues identified with implementation in a timeframe mutually agreed by M-DCPS and the Account Executive.			

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		Answer Format	Response	Explanation
16.	a. Service Objective: M-DCPS program manager will determine if expectations are met.	drop down box		
	Pre-Implementation Audit: Vendor will fully fund (up to \$75,000) and pass a pre-implementation audit focusing on its phone and claims system, and will have any issues identified during the audit resolved prior to the January 1, 2015 effective date.	drop down box		
	a. Service Objective: 90.00% of audit claims processed correctly, and all audit issues corrected prior to effective date.	drop down box		
17.	ID Card Production and Distribution			
a.	Service Objective: 100% within 10 business days.	drop down box		
	b. Service Objective: Minimum 5% of total ASO fees at risk	drop down box		
	c. Requested Fees at Risk 5%	drop down box		
Utilization Management				
18.	Post Discharge Outreach Attempts			
a.	100% of members discharged from an inpatient hospital setting to home will have an outbound post discharge call attempt documented within 3 business days following discharge.	drop down box		
	b. Fees at Risk: 2%	drop down box		
19.	Post Discharge Outreach Success			
a.	50% of members discharged from an inpatient hospital setting to home will have a successful outbound post discharge call. Success is defined as dialogue with the member or their designee.	drop down box		
	b. Fees at Risk: 2%	drop down box		
Case Management				
20.	Engagement			
a.	At least 1.5% of M-DCPS's population will be engaged in case management at some point during the year. Engagement will be defined as contact with the member or their designee and establishment of a care plan.	drop down box		
	b. Fees at Risk: 2%	drop down box		
Disease Management				
21.	Implementation			
a.	Achieve a 90% or better on a survey completed by M-DCPS assessing Vendor's performance for program implementation timeframes and processes.	drop down box		

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		Answer Format	Response	Explanation
	b. Fees at risk: 1%	drop down box		
22.	Participant Satisfaction			
	A minimum of 90% of respondents to the member satisfaction survey report satisfaction with program; based on M-DCPS specific results and sent to all participants.	drop down box		
	b. Fees at risk: 1%	drop down box		
23.	Incentive Management			
	100% of results from all incentivized programs will be accurately autoloading into the incentive file by a mutually agreed upon date. Files and reporting are expected to be accurate and timely.	drop down box		
	b. Fees at risk: 1%	drop down box		
24.	Data Analysis and Reporting			
	Vendor's reports shall be delivered timely and with accurate data analyses on a quarterly, semi-annual, and annual basis, including monthly activity reports. Reporting dates will be agreed upon with your company and included in the performance guarantee.	drop down box		
	b. Fees at risk: 1%	drop down box		
25.	Coaching Engagement			
	Vendor will successfully enroll a minimum of 30% of those members identified as eligible (having an applicable chronic disease) for the disease management program(s) to actively (as defined by M-DCPS) receive nurse interventions. Prefer that this metric increase to a minimum of 40% in year two and 50% in year three.	drop down box		
	b. Fees at risk: 2.5%	drop down box		
26.	Utilization Rates (Hospital)			
	Vendor will improve the percent of program participants rate of inpatient admissions by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims. Inpatient admission rate should decrease in year two by a minimum of 5% as compared to year one and an additional 5% in year three as compared to year two.	drop down box		
	b. Fees at risk: 5%	drop down box		
27.	Utilization Rates (Emergency Room)			

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		Answer Format	Response	Explanation
	a.	Reduction of emergency room visits by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims. Emergency room visit rate should decrease in subsequent years by a minimum of 5% as compared to the preceding year.	drop down box	
	b.	Fees at risk: 5%	drop down box	
28.		COPD Identified Participants		
	a.	Improve the percent of program participants key clinical indicators (e.g., long term COPD medication use, smoking quit rate) results by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims and self-reported responses. Vendor to establish baseline (defined as the 12 months before program initiation). Rate of compliance should improve in subsequent years by a minimum of 5% as compared to the preceding year.	drop down box	
	b.	Fees at risk: 1.5%	drop down box	
29.		Asthma Identified Participants		
	a.	Improve the percent of program participants key clinical indicators (e.g., long term asthma medication use) results by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims and self-reported responses. Vendor to establish baseline (defined as the 12 months before program initiation). Rate of compliance should improve in subsequent years by a minimum of 5% as compared to the preceding year.	drop down box	
	b.	Fees at risk: 1.5%	drop down box	
30.		Diabetes Identified Participants		
	a.	Improve the percent of program participants key clinical indicators (e.g., recommended HbA1c testing, recommended LDL cholesterol screening) results by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims and self-reported responses. Vendor to establish baseline (defined as the 12 months before program initiation). Rate of compliance should improve in subsequent years by a minimum of 5% as compared to the preceding year.	drop down box	
	b.	Fees at risk: 1.5%	drop down box	
31.		CAD Identified Participants		

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		Answer Format	Response	Explanation
	a. Improve the percent of program participants key clinical indicators (e.g., recommended LDL cholesterol screening, ACE inhibitor use) results by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims and self-reported responses. Contractor to establish baseline (defined as the 12 months before program initiation). Rate of compliance should improve in subsequent years by a minimum of 5% as compared to the preceding year.	drop down box		
	b. Fees at risk: 1.5%	drop down box		
32.	Heart Failure Identified Participants			
	a. Improve the percent of program participants key clinical indicators (e.g., ACE inhibitor or ARB use) results by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims and self-reported responses. Vendor to establish baseline (defined as the 12 months before program initiation). Rate of compliance should improve in subsequent years by a minimum of 5% as compared to the preceding year.	drop down box		
	b. Fees at risk: 1.5%	drop down box		
33.	ROI			
	a. ROI based on claims. Year one ROI 1.5 to 1, year two ROI 2.0 to 1, year three ROI 2.5 to 1. Include guaranteed ROI separately for each year of the program(s) and include assumptions and general measurement criteria.	drop down box		
	b. Fees at risk: 5%	drop down box		
	Medical Administration - Service & Performance Guarantees			
	Account Management			
34.	Plan will guarantee that the services provided by the health plan's team during the guarantee period will be satisfactory to M-DCPS Areas of satisfaction will include:			
	a. Knowledge/capabilities - Account representative demonstrates competence in getting issues and problems resolved.	drop down box		
	b. Responsiveness - All calls returned within 24 hours; along with an alternate person identified who can assist with service issues when account representative is unavailable.	drop down box		

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		Answer Format	Response	Explanation
	c. Ability to meet deadlines - Supplying all requested materials accurately and in a timely manner, along with all necessary documentation (i.e. enrollment kits, rate confirmations, plan performance work plans, group contracts, ZIP code file, etc.).	drop down box		
	d. Professionalism - Demonstrates objectivity and empathy with customer problems.	drop down box		
	e. Flexibility - Ability to meet M-DCPS-specific needs.	drop down box		
	f. Participation in periodic meetings - Attendance at all required M-DCPS meetings or conference calls.	drop down box		
	g. Guarantee measured with staff responses to internal questionnaire. A scale from 1 to 5 will be used to measure performance, where 1 means 'very dissatisfied' and 5 means 'very satisfied'; and 2 through 4 are defined respectively.	drop down box		
	h. Measurement Period: Annually	drop down box		
	i. Service Objective: 3.5	drop down box		
	j. Fees at Risk: 2%	drop down box		
35.	Administrative Fee Guarantee			
	a. Administrative Fee Guarantee: Indicate your flat guaranteed medical ASO Fee for the population for the next three years (2015, 2016, 2017). Identify trend corridors, if any.	text		
	b. Fees at Risk: Not less than 25%	drop down box		
36.	Implementation Satisfaction: Vendor shall effectively manage program implementation and resolve any issues identified with implementation in a timeframe mutually agreed by M-DCPS and the Account Executive.			
	a. Service Objective: M-DCPS program manager will determine if expectations are met.	drop down box		
	b. Service Objective: 90.00% of audit claims processed correctly, and all audit issues corrected prior to effective date.	drop down box		
37.	ID Card Production and Distribution			
	a. Service Objective: 100% within 10 business days	drop down box		
	b. Service Objective: Minimum 5% of total ASO fees at risk	drop down box		
	c. Requested Fees at Risk 15%	drop down box		

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XXXIV.

	Answer Format	Response	Explanation
ADMINISTRATIVE AND OPERATIONAL ISSUES/Implementation Services			
1.	drop down box		
2.	Indicate your willingness to provide the following services, if required:		
a.	drop down box		
b.	drop down box		
c.	drop down box		
d.	drop down box		
3.	Indicate your willingness to provide the following pre-implementation services:		
a.	drop down box		
4.	drop down box		
5.	drop down box		
6.	drop down box		
7.	drop down box		
8.	drop down box		
9.	drop down box		

Request for Proposal (RFP) for M-DCPS

Medical Claim Administrator

		Answer Format	Response	Explanation
10.	Please verify that you have provided a sample implementation plan, with a detailed timeline , (for both Medical claim administrator and Medical management) as an attachment to your response.	drop down box		
11.	How much lead time do you typically require for new implementations?	text		
12.	What is your implementation plan for integrating with other M-DCPS vendors (PBM, Transparency, FSA, HRA, HIPPA and COBRA)? Please describe.	text		
13.	Will you be providing M-DCPS with a dedicated implementation manager?	drop down box		
14.	Please confirm that you have provided an implementation timeline with your RFP submission.	drop down box		
15.	Please confirm that your company shall effectively manage program implementation and resolve any issues identified with implementation in a timeframe mutually agreed by M-DCPS and the Account Executive.	drop down box		
	Please explain your capabilities and commitments related to training M-DCPS staff during implementation.	text		
16.	Are all implementation fees included in your cost proposal? Are there additional fees for implementing? Please confirm Yes or No. Do not provide fee information here.	drop down box		
17.	Does your organization fully fund M-DCPS specific third party pre- and post-implementation audits of your administration programs?	drop down box		

XXXV.	Other Services	Answer Format	Response	Explanation
1.	List the location(s) of your service centers that would be servicing M-DCPS employees and the corresponding geographic areas/regions covered by the respective location. Use the " Explanation " column and/or worksheet if you need more space.			
a.	Service Center 1			
	Location 1	text		
	Geographic Region(s) Covered 1	text		
b.	Service Center 2			
	Location 2	text		
	Geographic Region(s) Covered 2	text		
c.	Service Center 3			
	Location 3	text		
	Geographic Region(s) Covered 3	text		
2.	Indicate whether the following additional services are provided and the associated costs.			
a.	COBRA:			
	Service Provided?	drop down box		
	Associated Cost	dollar, 2		

Request for Proposal (RFP) for M-DCPS

Medical Claim Administrator

		Answer Format	Response	Explanation
b.	HIPAA Administration:			
	Service Provided?	drop down box		
	Associated Cost	dollar, 2		
3.	To the extent permitted under state law, no fault auto insurance, governmental plans coordination and negligent third party subrogation will be administered.	drop down box		
4.	All claim records and eligibility data used by the carrier in its role as claim administrator shall remain the property of M-DCPS as Plan Sponsor and Plan Administrator.	drop down box		
5.	Vendor agrees to monitor federal and state legislation affecting the delivery of medical benefits under the plan and to report to M-DCPS on those issues in a timely fashion prior to the effective date of any mandated plan changes.	drop down box		
6.	When customized printing is required, the health plan must present a proof to M-DCPS for approval.	drop down box		
7.	Your company will pay for printing costs for:			
a.	ID Cards	drop down box		
b.	Booklets	drop down box		
c.	Certificates	drop down box		
d.	SPDs	drop down box		
8.	Your company will provide SPDs in an electronic format.	drop down box		
9.	Your company agrees that no external communications material that mentions M-DCPS benefit plans may be circulated without written approval from M-DCPS.	drop down box		
10.	M-DCPS reserves the right to accept or decline the designated service centers.	drop down box		
11.	M-DCPS reserves the right to decline the designated Account Manager.	drop down box		
12.	M-DCPS reserves the right to accept or decline designated claims processors.	drop down box		



Provider Disruption Report

Provider Utilization: Physician

Incumbent Data Request for Physician Provider Utilization

Plan Type [HMO, PPO, EPO, etc.] ==> Note to Client Team: Send out one data request worksheet per plan type being requested

Instructions:

- a. Please provide the data requested for physician providers that represents 100% of total claims paid for calendar years 20XX and 20XX.
- b. **EXCLUDE** data for ARPs (anesthesiologists, radiologists, pathologists), free-standing labs and X-ray facilities, and home health care; they should be included in the Ancillary Provider section.
- c. **EXCLUDE** data for outpatient surgical facilities in this section; they should be included in the Facility Utilization Section.
- d. Do not sort, add, or delete any columns.

Physician Providers

Tax ID	National Provider Identifier (if available)	Provider First Name	Provider Middle Initial	Provider Last Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider Office State	Provider Office 5-Digit ZIP Code	PCP or Specialist	Specialty (Provider Type)	Number of Unique Claimants	Number of Claims Processed	Total Paid Claims	Claims Paid—In or Out-of-Network? (In/Out)	Single-Case Agreement in Place? (Y/N)
123456789	9876543210	John	J	Doe	100 Main Street	Suite 200	Anytown	NY	12345	Specialist	Gynecologist	15	100	\$95,000	Out	N

Provider Utilization: Ancillary

Incumbent Data Request for Ancillary Outpatient Providers

Plan Type (HMO, PPO, EPO, etc.) ==> Note to Client Team: Send out one data request worksheet per plan type being requested

Instructions:

- a. Please provide the data requested for ancillary outpatient providers that represents 100% of total claims paid for calendar years 20XX and 20XX.
- b. **INCLUDE** data for ARPs (anesthesiologists, radiologists, pathologists), free-standing labs and X-ray facilities, and home health care.
- c. **EXCLUDE** data for outpatient surgical facilities in this section; they should be included in the Facility Utilization Section.
- d. Do not sort, add, or delete any columns.

Ancillary Outpatient Providers

Tax ID	National Provider Identifier (if available)	Provider First Name	Provider Middle Initial	Provider Last Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider Office State	Provider Office 5-Digit ZIP Code	Specialty (Provider Type)	Number of Unique Claimants	Number of Claims Processed	Total Paid Claims	Claims Paid—In or Out-of-Network? (In/Out)	Single-Case Agreement in Place? (Y/N)
123456789	9876543210	John	J	Doe	100 Main Street	Suite 200	Anytown	NY	12345	Radiology	15	100	\$95,000	Out	N

Facility Utilization

Incumbent Data Request for Medical Facility Utilization

Plan Type (HMO, PPO, EPO, etc.) ==> Note to Client Team: Send out one data request worksheet per plan type being requested

Instructions:

- a. Please provide the data requested for inpatient and outpatient facilities that represents 100% of total claims paid for calendar years 20XX and 20XX.
- b. **INCLUDE** data for outpatient surgical facilities in this section.
- c. **EXCLUDE** data for ARPs (anesthesiologists, radiologists, pathologists), free-standing labs and X-ray facilities, and home health care; they should be included in the Ancillary Provider section.
- c. Do not sort, add, or delete any columns.

Medical Facilities

Tax ID	National Provider Identifier (if available)	Facility Name	Facility Office Address 1	Facility Provider Office Address 2	Facility Office City	Facility Office State	Facility Office 5-Digit ZIP Code	Facility Type	Number of Unique Claimants	Number of Claims Processed	Total Paid Claims	Claims Paid—In or Out-of-Network? (In/Out)	Single-Case Agreement in Place? (Y/N)
123456789	9876543210	XYZ Hospital	100 Main St	Suite 200	Anytown	NY	12345	Outpatient	3	75	\$150,000	In	N

Rank by Cost	Procedure Code	CPT4 Description	# of Claims	2013 South Florida Average Reimbursement (Your Book of Business Average among all commercial plans for Broward, Dade and Palm Beach Counties combined-all zip codes)
1	99214	OFFICE/OP/MODERATE/COMPLE	70308	
2	97110	THER EXERC-ROM/FLEX 15"	63413	
3	97140	MANUAL TX EA 15 MINS	55565	
4	99213	OFFICE/OP/LOW/COMPLEX	71339	
5	97112	NM REEDUCATION EA 15"	37970	
6	99396	PREVENT MED E/M-40-64YO	12294	
7	97035	ULTRASOUND EACH 15"	41699	
8	99204	OFFICE/OP/NEW/MODERCOMPLX	11981	
9	88305	LEVEL IV-GROSS & MICRO	8515	
10	20610	ASP-MAJOR JT/BURSA	7670	
11	99215	OFFICE/OP/HIGH COMPLEXITY	8219	
12	97530	DIR THER ACTIVITY-15"	20938	
13	99203	OFFICE/OP/NEW/LOW COMPLEX	13562	
14	97032	ELECTR STIM EACH 15"	17165	
15	80050	GENERAL HEALTH PANEL	22127	
16	97012	MECHANICAL TRACTION APPL	20273	
17	97010	HOT/COLD PACK APPL	20347	
18	97034	CONTRAST BATH EACH 15"	7504	
19	98941	SPINAL CMT 3-4 REGIONS	10193	
20	99285	ER/VISIT/HIGH/COMPLEX	5431	
21	99395	PREVENT MED E/M-18-39YO	5250	
22	76645	BREAST US B-SCAN W DOC	4968	
23	99232	SUBHOSP/CAREMODERCOMPLE	4713	
24	64493	INJ PARAVERT F JNT L/S 1 LEV	4706	
25	93306	TTE W/DOPPLER, COMPLETE	4550	
26	76830	TRANSVAGINAL ULTRASOUND	4461	
27	64490	INJ PARAVERT F JNT C/T 1 LEV	4130	
28	99284	ER/VISIT/DETAIL/EXAM	3988	
29	76856	B-SCAN PELV US-COMPLETE	3402	
30	99205	OFFICE/OP/NEW/HIGHCOMPLEX	3303	
31	99283	ER/VISIT/MODERATE,COMPLEX	3186	
32	99244	OFFICE/CONSULT/MODERCOMP	3087	
33	99233	SUBHOSP/CAREHIGHCOMPLEX	3038	
34	00810	ANES INT ENDOSCOPIC PX	2667	
35	77080	DXA BONE DENSITY, AXIAL	2403	
36	99223	INIT,HOSPITALCARE/HIGHCOMPL	2346	
37	99222	INIT,HOSPITALCARE/MODCOMPL	2278	
38	77057	MAMMOGRAM SCREENING-BILATERAL	2183	
39	95165	SP&P ANTIGEN SNGL/MULT	1649	
40	74177	CT ANGIO ABDOM&PELVIS W/CONTRAST	1178	
41	99291	CRITICAL CARE-1ST 30-74"	1139	
42	00740	ANES UGI ENDOSCOPIC PX	861	
43	81220	CFTR GENE COM VARIANTS	623	
44	00840	ANES INTRPRTNL LW ABD PX	436	
45	99469	NEONATE CRITICAL CARE, SUBSQ	428	

46	01961	ANES CESAREAN DEL ONLY	362
47	99472	PEDIATRIC CRITICAL CARE, SUBSQ	352
48	59510	ROUTINE OB CARE-CD	342
49	01967	NEURAX ANES PLAN VAG DEL	317
50	59400	TOTAL OBSTETRIC CARE	278
			599137

Rank by Count	Procedure Code	CPT4 Description	# of Claims	2013 South Florida Average Reimbursement (Your Book of Business Average among all commercial plans for Broward, Dade and Palm Beach Counties combined-all zip codes)
1	99213	OFFICE/OP/LOW/COMPLEX	71339	
2	99214	OFFICE/OP/MODERATE/COMPLE	70308	
3	97110	THER EXERC-ROM/FLEX 15"	63413	
4	97140	MANUAL TX EA 15 MINS	55565	
5	36415	COLLECT BLOOD-VENIPUNCT	51785	
6	97035	ULTRASOUND EACH 15"	41699	
7	97112	NM REEDUCATION EA 15"	37970	
8	80061	LIPID PANEL	35662	
9	85025	AUTO CBC & DIFF WBC CNT	32052	
10	80053	COMPR METABOL PNL	23104	
11	80050	GENERAL HEALTH PANEL	22127	
12	97530	DIR THER ACTIVITY-15"	20938	
13	97010	HOT/COLD PACK APPL	20347	
14	97012	MECHANICAL TRACTION APPL	20273	
15	81001	AUTOMAT UA W MICRO	20243	
16	83036	HEMOGLOBIN GLYCATED	19683	
17	97032	ELECTR STIM EACH 15"	17165	
18	82306	CALCIFEDIOL	15713	
19	99203	OFFICE/OP/NEW/LOW COMPLEX	13562	
20	97014	ELECTR STIMULATION APPL	13119	
21	93000	ROUTINE ECG W I&R	13002	
22	99396	PREVENT MED E/M-40-64YO	12294	
23	81003	AUTOMAT UA W/O MICRO	11988	
24	99204	OFFICE/OP/NEW/MODERCOMPLX	11981	
25	96372	THER/PROPHY/DIAG INJ, SC/IM	11914	
26	88175	CX/VAG CYTO AUTO SCRIN/RE	11739	
27	84443	TSH	10684	
28	98941	SPINAL CMT 3-4 REGIONS	10193	
29	99212	OFFICE/OP/PROBLEM,FOCUS	9366	
30	87086	QUAN UR BACT CULT-COLONY	9350	
31	80048	BASIC METABOL PNL	9277	
32	87621	HPV BY DNA-AMPL PROBE	9126	
33	85610	PROTHROMBIN TIME	9030	
34	98940	SPINAL CMT 1-2 REGIONS	9018	
35	88305	LEVEL IV-GROSS & MICRO	8515	
36	84436	THYROXINE TOTAL	8489	
37	99215	OFFICE/OP/HIGH COMPLEXITY	8219	
38	84439	THYROXINE FREE	7866	

39	20610 ASP-MAJOR JT/BURSA	7670
40	82607 CYANOCOBALAMIN (VIT B12)	7548
41	97034 CONTRAST BATH EACH 15"	7504
42	85730 PTT PLASMA/WHOLE BLOOD	7237
43	87491 CHL TRACH BY DNA-AMPL	7146
44	87591 GONORRHEA BY DNA-AMPL	7124
45	71020 XRAY CHEST 2-FRONT&LAT	6554
46	84153 TOTAL PSA	6491
47	81002 NON-AUTOMAT UA W/O MICRO	6338
48	90471 IMMUNIZATION-1 VACCINE	6317
49	97018 PARAFFIN BATH	6186
50	77052 COMP SCREEN MAMMOGRAM AD	6082
		930315

Provider Access Report

Instructions:

- Please provide the data requested below using the census zip codes provided in the RFP.
- Please do not alter the access standards; these are Aon Hewitt standards that cannot be changed.
- A sample has been completed for you in cells C10 - C18. Please delete this and include your specific numbers.

Primary Care Physicians	INSERT VENDOR NAME	Sample Response
Access Standard	2 providers within 8 miles	2 providers within 8 miles
Total number of Providers in network		490,479
Percentage Meeting Access Standard		85.50%
Percentage NOT Meeting Access Standard		14.5%
Employees NOT Meeting Access Standard		221
Average distance to 3 Providers - Employees with Access		2.1
Average distance to 2 Providers - Employees with Access		1.8
Average distance to 1 Providers - Employees with Access		1.5
Specialists-separate all specialists and report on each specialty individually-DO NOT Combine	INSERT VENDOR NAME	
Access Standard	2 providers within 8 miles	
Total number of Providers in network		
Percentage Meeting Access Standard		
Percentage NOT Meeting Access Standard		
Employees NOT Meeting Access Standard		
Average distance to 3 Providers - Employees with Access		
Average distance to 2 Providers - Employees with Access		
Average distance to 1 Providers - Employees with Access		
Pediatricians	INSERT VENDOR NAME	
Access Standard	2 providers within 8 miles	
Total number of Providers in network		
Percentage Meeting Access Standard		
Percentage NOT Meeting Access Standard		
Employees NOT Meeting Access Standard		
Average distance to 3 Providers - Employees with Access		
Average distance to 2 Providers - Employees with Access		
Average distance to 1 Providers - Employees with Access		
OB / GYN'S	INSERT VENDOR NAME	
Access Standard	2 providers within 8 miles	
Total number of Providers in network		

Provider Access Report

Instructions:

- a. Please provide the data requested below using the census zip codes provided in the RFP.
- b. Please do not alter the access standards; these are Aon Hewitt standards that cannot be changed.
- c. A sample has been completed for you in cells C10 - C18. Please delete this and include your specific numbers.

Percentage Meeting Access Standard	
Percentage NOT Meeting Access Standard	
Employees NOT Meeting Access Standard	
Average distance to 3 Providers - Employees with Access	
Average distance to 2 Providers - Employees with Access	
Average distance to 1 Providers - Employees with Access	
Hospitals - URBAN	INSERT VENDOR NAME
Access Standard	1 provider within 10 miles
Total number of Providers in network	
Percentage Meeting Access Standard	
Percentage NOT Meeting Access Standard	
Employees NOT Meeting Access Standard	
Average distance to 3 Providers - Employees with Access	
Average distance to 2 Providers - Employees with Access	
Average distance to 1 Providers - Employees with Access	
Hospitals - SUBURBAN	INSERT VENDOR NAME
Access Standard	1 provider within 20 miles
Total number of Providers in network	
Percentage Meeting Access Standard	
Percentage NOT Meeting Access Standard	
Employees NOT Meeting Access Standard	
Average distance to 3 Providers - Employees with Access	
Average distance to 2 Providers - Employees with Access	
Average distance to 1 Providers - Employees with Access	

Request for Proposal (RFP) for M-DCPS

Self-Funded Medical, Network and Claims Administration		Initial Contract Period
PEPM Basis		January 1, 2015 - December 31, 2017
· Implementation fees		
· Pre-implementation Audit fees		
· Post-implementation Audit fees		
· Administrative Service Fee for claims processing		
· Network Access		
· Utilization Review		
· Disease Management		
· Mental Health/Substance Abuse		
· Student Status/Disability Verification		
· Claims Fiduciary		
· Subrogation		
· Eligibility Reporting to Carriers (if applicable)		
· Standard Reporting		
· Summary Plan Descriptions (SPDs)		
· Summary of Benefits and Coverage (SBCs)		
· Other (please list)		
· \$750,000 Wellness Initiatives		
· \$150,000 Audit initiatives		
COBRA Conversion Cost per conversion		
Assumptions		
1		
2		
3		
4		
5		
6		
· Other fees (if applicable)		
· ID card printing and mailing fees		

Request for Proposal (RFP) for M-DCPS

Self-Funded Medical, Network and Claims Administration		Initial Contract Period
PEPM Basis		January 1, 2015 - December 31, 2017
· Add M-DCPS logo to ID card		
· ID card replacement fee		
· Fees for standard communication materials		
· Fees for non-English communication materials		
· Fees for custom communication materials		
· Ad hoc reporting fees		
· Customized reporting fees		
· Member communications pertaining to vendor transition		
· Fees to assist with development of customized communication/education materials		
· Fees for preparation and attendance of 25 benefit fairs		
· Fee for distribution of open enrollment materials		
· Runout fees associated with contract termination		
· Fees for Internal/external audits including hospital bill audits of claims greater than \$15,000		
· Medical necessity and coverage denial determination fees		
· Fees for integration of services with any prescription drug, data management, or other M-DCPS vendor		
· Fee for exchanging data with other vendors		
· Interest rate charged for late wire transfers		
· Member portal customization		
· Customized Summary Plan Description (SPDs)		
· SPD Amendments		
· Customized Summary of Benefits and Coverage (SBCs)		
· Other (please list)		
·		
Case Management Fees		
· Asthma		
· Back case programs/discounts		

Request for Proposal (RFP) for M-DCPS

Self-Funded Medical, Network and Claims Administration		Initial Contract Period
PEPM Basis		January 1, 2015 - December 31, 2017
· Cancer		
· Chronic care programs		
· Congestive heart failure		
· Diabetes		
· Depression		
· Heart disease		
· Hypertension		
· Low back pain/injury		
· Lung conditions (except asthma)		
· Muscle or joint		
· Neonatal intensive care		
· Patient management		
· Prenatal		
· Rheumatoid arthritis		
· Other Case Management Programs (Please list)		
Medical, Network and Claims Administration Fee Grand Total (PEPM)		Initial Contract Period
		January 1, 2015 - December 31, 2017
Grand Total <i>Please sum all of your cost components together that are broken out within each category above.</i>		

Request for Proposal (RFP) for M-DCPS

Wellness Questionnaire

To Vendor: Use **Column Q** to provide a brief explanation. However if the length of the explanation is **greater than 400 characters**, you must use the **"Explanation"** worksheet to provide your detail explanation.

	Wellness Information	Response	Explanation
1.	Are any of your wellness services subcontracted?		
	If yes, list the outsourced service(s) and the name of the corresponding outsourced partner.		
	Comment: if no, leave the following section blank.		
2.	Outsourced service #1		
a)	Outsource vendor name		
b)	Year established/incorporated		
c)	Length of time working with Vendor		
d)	NAIC code		
3.	Outsourced service #2		
a)	Outsource vendor name		
b)	Year established/incorporated		
c)	Length of time working with Vendor		
d)	NAIC code		
4.	Outsourced service #3		
a)	Outsource vendor name		
b)	Year established/incorporated		
c)	Length of time working with Vendor		
d)	NAIC code		
5.	Outsourced service #4		
a)	Outsource vendor name		
b)	Year established/incorporated		
c)	Length of time working with Vendor		
d)	NAIC code		
6.	Home Office Location		
a)	Address Line #1		
b)	Address Line #2		
c)	City		
d)	State		

e)	Zip		
f)	Web Address		
7.	Vendor is able to meet all minimum requirements outlined in the RFP narrative		

II

Wellness Contacts		Response	Explanation
Please indicate the vendor contact, should there be any questions concerning submitted responses.			
1.	Primary Contact		
a)	Name		
b)	Title		
c)	Address		
d)	City		
e)	State		
f)	Zip		
g)	Phone Number		
g)	Fax Number		
i)	E-mail Address		
2	Secondary Contact		
a)	Name		
b)	Title		
c)	Address		
d)	City		
e)	State		
f)	Zip		
g)	Phone Number		
g)	Fax Number		
i)	E-mail Address		

III

Vendor Experience		Response	Explanation
1.	Significant organizational changes (including changes in ownership, business operations, or partnerships) that were implemented within the past 24 months.		
2.	Significant changes in ownership, business operations, technologies, partnerships or staffing in the next 24 months that would impact services requested in this RFP or the level of service provided to M-DCPS.		

3.	Is your company owned by another company or by a common controlling shareholder of interest? If so, describe these affiliate relationships.		
4.	Provide audited financial statements for the years ending 2012 & 2013 and/or copies of Annual reports (if you are a publicly traded company). Also include any 10K filings, which have been made in the last year from the date of this RFP. Privately held firms must provide detailed financial information.		
5.	Provide any applicable financial ratings.		
6.	Length of time in business providing services described in this RFP.		
7.	Number of employees both locally and nationally.		
8.	Location(s) where employees will be assigned to provide services described in this RFP. Also list location(s) of other company offices.		
9.	Describe company background/history and why vendor is qualified to provide the services described in this RFP.		
10.	List the number and percentage of employers of similar size to M-DCPS that your organization currently contracts with directly for wellness.		
11.	List the number and percentage of government employers that your organization currently contracts with directly for wellness.		

IV

Compliance		Response	Explanation
1.	Please confirm that you can meet all minimum requirements as outlined in the RFP narrative.		
2.	Vendor has complied with all Florida insurance department filing requirements for all products being offered in this quote.		
3.	If the answer to the preceding question is "no", for all products quoted in this RFP for which the required state insurance department filing requirements have not been met, please specify the applicable product and corresponding state.		
4.	Vendor agrees to prepare and file all legal documents necessary to implement and maintain the program, including policies, amendments, contracts, and required state filings.		
5.	Vendor will hold harmless and release M-DCPS and any M-DCPS affiliate, subcontractor, officer, director, employee or agent from and against any claim, cause of action, liability, damage, cost or expense, including reasonable attorneys' fees and court or proceeding costs, arising out of or in connection with administration of the M-DCPS Health Plan under this contract and with any non-permitted or violating use or disclosure of PHI or other breach of the BAA by the vendor or any subcontractor, agent, person or entity under their control.		

6.	Vendor is fully compliant with the Genetic Information Nondiscrimination Act (GINA).		
7.	Vendor maintains professional liability insurance that exceeds \$5 million per claim and \$20 million aggregate.		
a)	If not, please explain amount of coverage.		
8.	Upon notice of termination, the vendor shall either return, keep or destroy all PHI received from M-DCPS, or created or received by the vendor on behalf of M-DCPS, and which the vendor still maintains in any form. In the event the vendor retains such PHI, it shall do so in compliance with HIPAA Privacy and Security Standards and provisions of the BAA. The parties acknowledge that it is not feasible to return or destroy PHI maintained in the Company's databases and electronic applications. Accordingly, the terms and provisions of the BAA shall survive termination and such PHI shall be used or disclosed solely for such purpose or purposes that prevented the return or destruction of such PHI.		

V

Administrative Services/Account Management		Response	Explanation
Adhere to the proposed plan design shown in the worksheet(s), "Plan Design" in preparing the quote.			
1.	Will you dedicate a Wellness Account Manager to provide strategic and tactical support for the wellness program		
2.	How many additional clients will the Wellness Account Manager handle?		
a)	What percentage of time will the Wellness Account Manager devote to M-DCPS?		
b)	Work location of Wellness Account Manager		
c)	Define the Wellness Account Manager's role and responsibilities for the proposed program?		
d)	Post Implementation, will the Wellness Account Manager meet with M-DCPS via phone at least bi-weekly and in person monthly to review results?		
e)	Will you provide a designated back-up Wellness Account Manager?		
3.	Please provide the location (city/state) of the customer service center as it relates to the M-DCPS account.		
4.	Will the Account Manager participate in an annual vendor summit?		

5.	Will you have an Account Manager dedicated for planning and marketing of the wellness program?		
6.	Are you willing to hire wellness consultants to market and educate members about the wellness program covered under M-DCPS Health Plan? If yes, please explain your plan.		
7.	Please describe your banking arrangements for the self-insured medical plans.		
8.	Your organization is held accountable for the integrity of the financial transactions.		
9.	All disbursements must be supported by a claim for payment event.		
10.	Please confirm that there will not be a minimum deposit requirement. If there is, please state the amount.		
11.	Please describe float requirements.		

VI

Communications		Response	Explanation
1.	Briefly describe the types of standard communication materials available for the wellness program and indicate yes or no whether there are charges for those materials.		
2.	Are the standard communications described available at no additional cost? If not, detail all additional costs in the pricing section.		
3.	If there are additional costs for communications, are you willing to provide M-DCPS with a communications allowance. If yes, please detail the allowance available.		
4.	Are the following customizations to standard communications available? If yes, indicate in the explanation column if there is an additional fee for the customization (detail any additional costs in the pricing section).		
a)	Please indicate if M-DCPS and/or wellness program branding may be added to health portal and mail communications.		
b)	Customization of standard content in member letters and other paper based communications.		
c)	List languages other than English in which communications materials are available. If applicable, indicate yes or no if there are additional costs (detail any additional costs in the pricing section).		
d)	Customization of standard content in electronic member communications.		

VII

5.	Briefly describe your fulfillment process for distribution and mailings of educational materials. Include quality control methods.		
<div>Wellness Reporting</div> <div>Response</div> <div>Explanation</div>			
1	Indicate if the standard reports include the following:		
a)	Operational results (ASA, abandonment rate, website uptime)		
b)	Activity and participation results for all program components including HRQ, biometric screening, coaching programs, online tools/program/portal activity, challenges, onsite programs		
c)	Population health risks by risk level (based on HRQ and biometric screening results)		
d)	Population health risks by individual risk factor (based on HRQ and biometric screening results)		
e)	Readiness to change		
f)	Self-reported productivity results		
g)	Year over year shifts in risk levels and readiness to change.		
h)	Goals met		
i)	Evidence based medicine compliance		
j)	Member Satisfaction		
2.	Will M-DCPS's specific results be compared to:		
a)	National averages (as appropriate)		
b)	Your book of business results		
c)	Like industry		
3.	Can these reports be customized to further meet M-DCPS needs?		
a)	Indicate yes/no if there is additional cost for customized reports. Provide additional cost detail in the pricing section.		
4.	Can you provide ad hoc reports?		
a)	Indicate yes/no if there is additional cost for ad hoc reports. Provide additional cost detail in the pricing section.		
5.	M-DCPS may require reporting at a business level unit, and perhaps at a sub-unit level. Indicate how many reporting segments are included in your pricing.		

6.	Please provide copies of your standard reports with your proposal.		
7.	Describe how ROI will be calculated and reported.		
8.	Are you able to measure and calculate the cost of productivity, absenteeism, and presenteeism among the active participants in your programs? If yes, briefly describe your approach in the Explanation section.		

VIII

Wellness Performance Guarantees		Response	Explanation
1.	Please indicate Yes or No if you agree to the following performance guarantees. If you do not agree please list alternative guarantees that you are willing to offer.		
	Implementation		
a)	Achieve a 90% or better on a survey completed by M-DCPS assessing Vendor's performance for program implementation timeframes and processes.		
b)	Fees at risk: 1.5%		
2.	Account Management		
a)	Achieve a 90% or better on a survey completed by M-DCPS assessing account management performance including but not limited to timely response to questions and resolution of issues.		
b)	Fees at risk: 1.5%		
3.	Participant Satisfaction		
a)	A minimum of 90% of respondents to the member satisfaction survey report satisfaction with program; based on M-DCPS specific results and sent to all participants.		
b)	Fees at risk: 1.5%		
4.	Incentive Management		
a)	100% of results from all incentivized programs will be accurately autoloading into the incentive file by a mutually agreed upon date. Files and reporting are expected to be accurate and timely.		
b)	Fees at risk: 1.5%		
5.	Web Portal		
a)	99% web portal availability excluding maintenance hours.		
b)	Fees at risk: 1.5%		
6.	Data Analysis and Reporting		

	a) Vendor's reports shall be delivered timely and with accurate data analyses on a quarterly, semi-annual, and annual basis, including monthly activity reports. Reporting dates will be agreed upon with the Vendor and included in the performance guarantee.		
	b) Fees at risk: 1.5%		
7.	Customer Service - Speed to Answer		
	a) 80% or more of inbound calls will be answered within 30 seconds.		
	b) Fees at risk: 1.5%		
8.	Customer Service - Call Abandon Rate		
	a) Less than 5% of inbound calls will be abandoned.		
	b) Fees at risk: 1.5%		
9.	Coaching Engagement		
	a) Vendor will successfully enroll a minimum of 30% of those members identified as eligible (having applicable risk factors) for the wellness coaching program(s) to actively (as defined by M-DCPS) receive wellness coach interventions. Prefer that this metric increase to a minimum of 40% in year two and 50% in year three.		
	b) Fees at risk: 5%		
10.	Risk Profile Improvement		
	a) Vendor will improve the percent of program participants risk profile by a minimum of 5% in year two as compared to year one and 5% in year three as compared to year two.		
	b) Fees at risk: 7% in year 1 and 8.5% in subsequent years since no implementation guarantee is applicable after year 1.		
	b) Please include a copy of a sample employer contract that includes all exclusions and limitations that the vendor expects will apply to "M-DCPS ". Name the file: [Your Organization Name]_Sample Employer Wellness Contract.		
11.	Wellness Return on Investment (ROI)		
	a) Year One through Year Three: Year one ROI at a minimum of 1 to 1, year two minimum of 1.25 to 1 and year three minimum of 1.5 to 1. Include guaranteed ROI separately for years one, two and three and include assumptions and general measurement criteria.		
	b) Fees at risk: 6%		
12.	Provide details of how ROI will be calculated including a sample calculation. Be sure to address if the ROI analysis includes productivity, absenteeism and/or presenteeism. All assumptions should be clearly delineated.		

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IX

Privacy and Confidentiality	Response	Explanation
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1.	You maintain a dedicated individual or staff responsible for resolving HIPAA issues.		
2.	Vendor certifies that, if it conducts Standard Transactions, it is in full compliance with HIPAA's administrative simplification standards relating to electronic data interchange (EDI).		
3.	Vendor agrees to provide the consultant access to protected health information under the employer's health plan if consultant executes an applicable Business Associate Agreement.		
4.	Vendor shall use appropriate safeguards to prevent use or disclosure of PHI other than pursuant to terms and conditions of the BAA and pursuant to HIPAA Standards. The vendor agrees to mitigate, to the extent practicable, any harmful effect that is known to the vendor of a use or disclosure of PHI by the vendor in violation of the requirements of the BAA and HIPAA Standards.		
5.	Vendor shall report to M-DCPS any use or disclosure of PHI from M-DCPS in violation of the BAA, HIPAA Standards, or the HITECH Act. Vendor shall make such notification without unreasonable delay and in no case no later than sixty (60) calendar days.		
6.	Vendor shall obtain and maintain an agreement with each agent or subcontractor that has or will have access to PHI, which is received from, or created or received by the vendor on behalf of M-DCPS, pursuant to which agreement such agent or subcontractor agrees to be bound by the same restrictions and conditions that apply to the vendor pursuant to the BAA with respect to such PHI.		
7.	The vendor will not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law.		
8.	The vendor agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Vendor agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI.		
9.	The vendor agrees to ensure that any agent, including a subcontractor, to whom it provides PHI agrees to implement reasonable and appropriate safeguards to protect PHI.		
10.	The vendor agrees to provide access to PHI in compliance with §164.504(e)(2) (ii)(E).		
11.	The vendor agrees to make PHI available for amendment and incorporating any amendments made by an Individual to PHI in a Designated Record Set pursuant to §164.504(e)(2)(ii)(F).		

12.	The vendor agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by organization available to the Secretary of the Department of Health and Human Services for purposes of the Secretary of the Department of Health and Human Services determining organization's compliance with the privacy rules.		
13.	If vendor makes disclosure of PHI that are subject to a requirement to maintain an Accounting for Disclosure then vendor agrees to cooperate in preparing an Accounting for Disclosure required by §164.504(e)(2)(ii)(G).		
14.	The vendor agrees to (i) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic PHI that it creates, receives, maintains or transmits, (ii) report to the plan sponsor any security incident (within the meaning of 45 CFR § 164.304) of which vendor becomes aware, and (iii) ensure that any vendor employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by the vendor agrees to implement reasonable and appropriate safeguards to protect such PHI.		

X

Wellness Program Design/Products and Services		Response	Explanation
1.	Does your organization offer the following Products/Services? (indicate Yes or No)		
a)	Health risk questionnaire		
b)	Biometric screenings		
c)	Dedicated onsite wellness professional		
d)	Nutritionist		
e)	Clinical immunizations		
f)	Nutrition education		
g)	Weight management		
h)	Obesity management		
i)	Smoking cessation		
j)	Stress management / stress reduction		
k)	Fitness center management		
l)	Personal training / wellness & fitness coaching		
m)	Group exercise classes		
n)	Ergonomics / back care / injury prevention		
o)	Expectant parents / prenatal care		
p)	Internet / intranet health education (e.g., portals via intranet)		

q)	Pedometers/activity tracking devices		
r)	Activity tracking devices downloadable via mobile applications		
s)	Internal newsletters with health education		
t)	External newsletters with health education		
u)	Self-Care initiatives / consumerism - print programs		
v)	Self-Care initiatives / consumerism - online programs		
w)	Partnership with retailer(s) for healthy food or other healthy products initiatives		
x)	Lunch & learn programs		
y)	Coordination with community / local health programs		
z)	Information on M-DCPS sponsored recreation leagues		
aa)	Return to work support		
ab)	Program design		
ac)	Lifestyle and condition management interventions		
ad)	Incentive management		
ae)	Newsletters, brochures, reference materials		
af)	Web-site (standardized)		
ag)	Web-site (customized)		
ah)	Promotional awareness campaigns		
ai)	Data analysis		
aj)	Data transfer		
ak)	24/7 nurseline		
al)	Health and safety education		
am)	Travel immunizations		
an)	Sleep coaching		
ao)	Other (please list)		

ap)	Other (please list)		
2.	Do programs utilize stage of change or other behavior change theories? If yes, please list behavior change theories used.		
3.	Describe the amount of M-DCPS-specific customization allowable in the program design via your products and services.		
4.	How would your organization enhance the M-DCPS Well Way Program?		

XI

Wellness Utilization		Response	Explanation
5.	Does your organization track usage statistics for specific wellness programs?		
6.	Does your organization track registrations and completion of specific wellness programs?		
7.	Of the population in wellness programs, provide the percentage that would qualify for each of the following programs (enter %).		
a)	Back care		
b)	Blood pressure management		
c)	Cholesterol management		
d)	Nutrition education		
e)	Prenatal management		
f)	Physical fitness		
g)	Stress management / stress reduction		
h)	Tobacco cessation		
i)	Weight management		
j)	Other (please list with %)		
8.	Describe the follow-up process for those who have successfully completed a program.		
9.	Will you proactively reach out to those individuals who have not registered once identified for program inclusion?		

XII

Wellness Quality Assurance		Response	Explanation
10.	Does your organization fully fund M-DCPS specific third party audit of your wellness/health promotion program?		
11.	Does your organization fully fund M-DCPS specific third party pre and post implementation audits of your wellness/health promotion program?		

11.	Does your organization provide accommodations where applicable for disabled individuals (e.g. completion of HRQ, use of web portal). If yes, please explain.		
12.	Briefly describe your wellness quality assurance process.		
13.	Does your organization conduct wellness and health promotion participant satisfaction surveys? If yes, does your organization provide M-DCPS-specific reporting?		
14.	Has your organization completed any general or large employer specific outcomes studies related to wellness services? If yes, please explain.		
15.	What type of metrics do you report on to improve engagement, participation, etc.?		
16.	Program Accreditation Status:		
a)	NCQA Wellness & Health Promotion Accreditation		
b)	URAC Comprehensive Wellness Accreditation		
17.	Accreditation Expiration Dates:		
a)	Date NCQA Wellness & Health Promotion Accreditation Expires		
b)	Date URAC Comprehensive Wellness Accreditation Expires		

XIII

Program Integration		Response	Explanation
18.	Can you send and receive data from outside sources (i.e., other vendors)?		
19.	Do you currently accept laboratory data/values directly from laboratory vendors for your programs? If so, please list laboratory vendors that you currently accept data from and/or have a relationship/partnership with?		
20.	Can you offer a wellness program to participants who do not participate in the medical program?		
21.	Can your organization's wellness program be linked to the M-DCPS's following programs? (indicate Yes or No to all that apply)		
a)	Disease management (delivered via medical TPA or Third Party)		
b)	Biometric screenings		
c)	Health advocacy		
d)	Health coaching		
e)	Prescription drug		
f)	Disability		
g)	Absence management		
h)	Worker's compensation		
22.	What methods do you use to integrate? (Answer Yes to all that apply)		
a)	Fax		
b)	Telephonic warm transfer		

XIV

	c) Periodic conference calls		
	d) Shared Databases		
	e) Other (please list)		
	23. Are you able to set up data feeds with M-DCPS's other vendors? If yes, please list the vendors you currently have data feeds set up with.		
Lifestyle Behavioral Change Programs			
		Response	Explanation
24.	Do you offer online programs for the following topics? If yes, specify in the explanation column whether the module is a one-time session or if the module requires multiple sessions for completion.		
	a) Nutrition management		
	b) Stress management		
	c) Tobacco cessation		
	d) Weight management		
	e) Exercise management		
	f) Sleep disorders		
	g) Cholesterol		
	h) Blood pressure		
	i) Glucose / pre-diabetes		
	j) Family oriented programs (if yes, please list available programs in Explanation column)		
	k) Child specific programs (if yes, please list available programs in the Explanation column)		
	l) Ergonomics/workspace safety		
	m) Other programs - specify		
25.	Do you offer telephonic coaching programs for the following programs? If yes, specify in the explanation column the average number of calls/sessions for each program and the timing of the calls		
	a) Nutrition management		
	b) Stress management		
	c) Tobacco cessation		
	d) Weight management		
	e) Exercise management		
	f) Sleep disorders		
	g) Cholesterol		
	h) Blood pressure		
	i) Glucose / pre-diabetes		
	j) Family oriented programs (if yes, please list available programs in Explanation column)		

	k) Child specific programs (if yes, please list available programs in the Explanation column)		
	l) Ergonomics/workspace safety		
	m) Other programs - specify		
26.	Briefly Describe your identification/risk stratification approach below.		
	a) Does the program use self-reported HRQ data to identify the member's overall level of risk? If yes, specify in the explanation column what risk factors are used to identify/risk stratify members.		
	b) Does the program use medical and/or Rx claims to identify the member's overall level of risk? If yes, specify in the explanation column what risks are identified via claims and used in the identification/risk stratification process.		
	c) Are members able to self-refer to telephonic coaching programs. If no, briefly explain the approach in the explanation column.		
	d) Are members invited to participate in specific coaching programs (such as online versus telephonic) based on their level of risk and readiness to change? If yes, briefly explain the approach in the explanation column.		
27.	Does your company have the capability and experience to provide onsite health seminars/fairs and health related education programs?		
28.	Does your company have the capability and experience to provide onsite coaching?		
	a) If yes, briefly describe your capabilities and experience delivering onsite coaching.		
	b) If yes, list specific conditions available via onsite coaching.		
29.	Can you sponsor/administer "wellness challenges" periodically throughout the year?		
	a) If so, briefly describe the wellness challenges that you have sponsored/administered.		
30.	Indicate other wellness/lifestyle behavioral change coaching program delivery methods available (briefly describe using the explanation column):		
	a) Email communications		
	b) Text messages		
	c) Online live chat with a coach		
	d) Video materials		
	e) Audio materials		
	f) Promotional awareness campaigns		
	g) Smartphone apps		
	h) Other - please specify		

	i) Briefly describe how you increase utilization and keep participants engaged in wellness/lifestyle behavioral change programs		
31.	Do you have "push email" functionality?		
32.	Can you send email reminders to participants who have started but not completed program activities or online wellness courses?		
a)	Can you push out individually tailored programs to those individuals identified with high risk behaviors in the HRQ?		
33.	What do you consider successful completion in your wellness program?		
a)	Online program		
a)	Telephonic coaching		
34.	Will you provide a primary health coach model? (The same coach works with participants throughout the duration of the program).		
35.	Do the coaches use a "whole person" approach where they manage multiple risks regardless of the program the member originally enrolled in?		
36.	Do your health coaches accept in-bound calls and place out-bound calls?		
37.	What are your hours of operation and days of operation for member outreach and in-bound calls?		
38.	How many times do you attempt to call someone to enroll in the program if you are unable to reach them?		
39.	What do you do with individuals who decline the program? Are these members flagged for outreach again later in the program?		
40.	What do you do if the phone number is not correct?		
a)	What follow-up do you provide to M-DCPS?		
b)	What is your rate of obtaining correct phone numbers for those whose number is not correct?		
41.	Do your health coaches make at least one outbound call annually to individuals with the following risk levels:		
a)	Very high/high risk		
b)	Moderate risk		
c)	Low risk		
42.	If a participant has multiple health risks, how do your health coaches prioritize which risks to address first?		
a)	Readiness to change		
b)	Member interest		
c)	Greatest potential impact on health and medical costs.		
43.	Does M-DCPS have the flexibility to limit or expand the number of individuals targeted for telephonic intervention?		

XV

Biometric Screenings

Response

Explanation

44.	Do you have the capability to do onsite biometric screenings?		
a)	If so, what is the minimum number of participants needed per location?		
b)	Do you deliver results immediately to participants? Are results explained by a counselor present at the screenings? Please explain.		
45.	Would you accept biometric information directly from physicians of participants? If so, describe how this would be done.		
46.	Would you accept biometric information directly from a laboratory vendor? If so, describe how this would be done.		
47.	Do you have arrangements with area labs to conduct biometric screenings? If onsite is not an option, can members go to these labs to have screenings done? List names of laboratory partners. Are these arrangements subject to favorable pricing?		
48.	Indicate the specific health elements (blood pressure, blood glucose, BMI, etc.) recommended in your proposed biometric screenings.		
49.	Can you auto-populate the HRQ with results from:		
a)	Onsite biometric screening event		
b)	At lab biometric screenings		
c)	At physician's office		
50.	What is your timeframe for loading results from:		
a)	Onsite biometric screening event		
b)	At lab biometric screenings		
c)	At physician's office		
51.	Can you lock the electronically populated biometric values so that they cannot be manually overwritten?		
52.	Indicate procedure(s) used (finger prick, venipuncture, other) and whether or not each procedure is fasting or non-fasting.		

VXI	Incentive Management		Response	Explanation
	53.	Can you administer (track and report on) incentives for the following programs:		
	a)	Completion of Health Risk Questionnaire		
	b)	Completion of biometric screenings		
	c)	Completion of a health advisor call		
	d)	Participation in or completion of telephonic health coaching programs		
	e)	Participation in or completion of online wellness programs		

f)	Meeting or making progress toward a health goal defined by the member or coach.		
g)	Meeting a defined health standard defined by the M-DCPS (e.g. BMI, cholesterol, blood pressure, glucose, etc.)		
h)	Progress toward meeting a health standard (e.g. loss of 5% of body weight)		
i)	Participation in programs offered by M-DCPS's other vendors or at the local onsite level (if participation reports/files are provided)		
54.	Please provide examples of incentives that you administer at no additional charge.		
55.	Are you able and willing to report information on active program participants to the M-DCPS and the claims payer that permits administration of the following: different HRA contributions.		
56.	Do you offer a points based tracking system via your website? If so, describe your tracking system.		
57.	Do you administer cash incentives? If yes, please explain.		
58.	Do you have the ability to directly administer tax reporting to multi-employer plan members receiving incentives? If yes, please explain. If no, please provide your capabilities in this area.		
59.	Is your company able to provide incentive fulfillment for the following? If you partner with a third party to provide incentive fulfillment, indicate the name of your partner.		
a)	Other merchandise?		
b)	Gift cards?		
b)	For this proposal, confirm that the risk is held entirely by your organization. (Applicable to fully-insured coverages.)		
	If it is not, indicate the percentage of the risk passed on to other firms.		
	Provide treaty details of any ceded risk. If you need more space, please use the " Explanation " column and/or Worksheet .		
c)	Online shopping mall?		
60.	List the incentive options your company has found to yield the greatest results in terms of increased participation and improved outcomes.		
Health Portal/Web Site Functionality		Response	Explanation
1.	Please provide information such as user ID and password needed to access your web site (sufficient to experience the web site like M-DCPS participants would). Please provide user IDs and passwords for 5 individuals to experience your web site.		
2.	Can your organization support M-DCPS-specific customization of your Web Site?		

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3.	Are the contents of your organization's Web Site developed in-house? (indicate Yes/No) If no, please provide the name of the subcontractor.		
4.	Is a log on and password required for access to web-based tools?		
5.	Is access to the web-based tools via a single sign on?		
6.	Discuss how you handle both scheduled and unscheduled system maintenance issues.		
7.	Provide information regarding the number of times your site was down within the past 12 months. Include both planned and unplanned disruptions and the length of time the site was unavailable per occurrence.		
a)	Describe any plans to expand web-based information technology that will be effective within the next 12 months.		
8.	Can your portal be linked to M-DCPS portal?		
9.	Can links chosen by M-DCPS be included on your portal (e.g. for access to a health plan or another organization's portal)?		
a)	Describe your system security protocols and the measures you take to ensure data integrity.		
10.	Describe your system security protocols and the measures you take to ensure data integrity.		
11.	Detail your back up and disaster recovery plan.		

XVIII

Web-Based Health Content		Response	Explanation
12.	What is the name of your organization's Web-Based Health Content Program?		
13.	Which of the following conditions are addressed on your organization's Web-Based Health Content site? (indicate Yes or No)		
14.	Assisted reproduction		
a)	Asthma		
b)	Cancer		
c)	Chronic obstructive pulmonary disease (COPD)		
d)	Congestive heart failure (CHF)		
e)	Coronary artery disease (CAD)		
f)	Depression (co-morbid)		
g)	Depression (primary)		
h)	Diabetes		
i)	Gastro esophageal reflux disease (GERD)		
j)	Hepatitis		
k)	Low back pain		
l)	Lupus		

	m)	Maternity (high risk)			
	n)	Maternity (routine)			
	o)	Migraine			
	p)	Multiple sclerosis			
	q)	Musculoskeletal (other than low back)			
	r)	Obesity			
	s)	Osteoporosis			
	t)	Other respiratory			
	u)	Pain management			
	v)	Rare diseases			
	w)	Other (please list)			
	15.		What features are incorporated on your organization's Health Content Web Site?		
		a)	Ask the doctor		
		b)	Chat rooms / support group		
		c)	Disease and conditions browse / search A-Z		
d)		Electronic medical records			
e)		First-aid			
f)		General health information			
g)		Health and web-based health content information			
h)		Mobile applications			
i)		Health care consumerism information			
j)		Health care news updates			
k)		Health decision guides			
l)		Health improvement programs			
m)		Health quizzes			
n)		Health lifestyle planners			
o)		Health risk questionnaire (HRQ)			
p)		Biometric screening results			
q)		Information about diagnostic tests			
r)		Information about specific drugs			
s)		Information regarding medical procedures			

	t) Personal profile		
	u) Personalized news specific to health issues		
	v) Personalized tracking of medication, test results		
	w) Physician, hospital locators		
	x) Physician messaging		
	y) Preventive care alerts / reminders		
	z) Schedules of recommended exams, tests, immunizations, etc.		
	aa) Search capabilities		
	ab) Self-care guide		
	ac) Other (please list)		
16.	Can your organization customize messages, or "push" particular information from the Web-Based Health Content site based on the following: (indicate Yes, No, or available at additional cost)		
	a) Disease management participation		
	b) M-DCPS custom messages		
	c) Health risk questionnaire (HRQ)		
	d) General health interest		
	e) Prevention and risk reduction		
	f) Other (please list)		
17.	Please list other medias that are available (i.e., texting, facebook, twitter, etc.)		
18.	Describe how you keep participants engaged in web-based programs. Detail how you increase utilization also.		
19.	Does your web-based interactive programming incorporate readiness to change theory?		
20.	Describe how your web-based interactive programming is personalized for M-DCPS and/or participant.		
21.	Is an individual's medical record housed on the health portal for the individual to access this information via secure sign-on?		
	a) If so, how often is this information updated?		
XIX	System Security		
22.	Please describe your system security policy and how data will be secured.		
23.	What is your standard ID and password policy? Can you force password resets? If so, how often?		
24.	Are you able to recognize re-authentication for single sign-on recognition?		
25.	Describe your firm's disaster recovery procedures.		

26.	In the event of a data breach that resulted from a non-M-DCPS error, what efforts would your firm take to cover this risk?		
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XX

1.	Health Risk Questionnaire (HRQ)	Response	Explanation
1.	Finalists will be asked to provide a copy of the HRQ you propose to use, and, if applicable, citations of any peer reviewed publications. Confirm that you will provide the necessary information if/when requested		
2.	HRQ Validation		
a)	Has your HRQ been validated internally?		
b)	Briefly describe the validation process?		
c)	Has your HRQ been validated externally?		
d)	Briefly describe the validation process including who provided the validation?		
e)	How long has your organization been providing this HRQ		
3.	Are any of your HRQ tools available in languages other than English?		
a)	If "yes", please specify which languages are currently available or planned and any additional costs incurred for having access to non-English versions.		
4.	How many total HRQs did your organization process during 2013?		
5.	Is the proposed HRQ instrument available in the following formats?		
a)	Online		
b)	Paper		
c)	Telephonic		
6.	What is the reading level (grade level) of the HRQ?		
7.	How long on average does it take for a participant to complete the HRQ?		
8.	Is there a time limit to complete? Can participants complete the HRQ over multiple sessions?		
9.	Are "readiness to change" questions included in the questionnaire?		
a)	If "yes", are the "readiness to change" responses used to tailor the feedback in the individual reports to members?		
b)	If "yes", will the management reports outline "readiness to change" shifts as part of the data reported to M-DCPS?		
10.	Are "productivity" questions included in the questionnaire?		
a)	Do the questions specifically address self-reported absenteeism?		

11.	b)	Do the questions specifically address self-reported presenteeism?		
	c)	If yes, will the management reports outline productivity shifts as part of the data reported to M-DCPS?		
		Is the health score communicated to the individual completing the HRQ?		
	a)	Briefly describe how this score works with partial HRQ completion (with and without biometric panel, missing responses to self-reported questions).		
12.		Does the HRQ provide the opportunity for members to model the impact of changes on health risk (For example, "Losing 20lbs will do what to my health risk score?")		
13.		Briefly describe one or two key features that differentiate your HRQ from your competitors.		
14.		Can the M-DCPS own branding be added to the HRQ?		
15.		Is M-DCPS able to customize the HRQ by adding and/or deleting specific questions? In the explanation column, briefly describe how deletion of questions may impact validation/scoring.		
16.		Can HRQ triggers for identification of individuals for health coaching outreach be modified/customized?		
17.		Are HRQ results used to prioritize program offerings and provide ongoing targeted health information to members after initial results are provided?		
18.		Are you able to electronically transmit HRQ data to a third party at M-DCPS's request?		
19.		Do you provide a Health Advisor call program (call to review a member's HRQ and make recommendations for follow-up/programs)?		
20.		Briefly describe the goals of the Health Advisor?		
21.		Does the Health Advisor program use an inbound (member is required to call in) or outbound (coach or staff member calls out to members) call approach?		
22.		Will Health Advisors refer members to M-DCPS other vendor partners and health related programs as appropriate?		

Request for Proposal (RFP) for M-DCPS

Wellness Services and Administration		Initial Contract Period
PEPM Basis		January 1, 2015 - December 31, 2017
· Implementation fees		
· Wellness Administration		
· Health Risk Questionnaire		
Online Health and Wellness Portal (Standard)		
Online Health and Wellness Portal (Customized)		
· Biometric Screenings		
· Dedicated Onsite Wellness Professional		
· Nutritionist		
· Clinical Immunizations		
Metabolic Syndrome Education		
Blood Pressure Education and Management		
Cholesterol Education and Management		
Glucose and Pre Diabetes Management		
· Nutrition Education and Management		
· Weight Education and Management		
· Obesity Education and Management		
· Smoking Cessation Education and Management		
· Stress Management/Stress Reduction		
Personal training / wellness & fitness coaching		
Group exercise classes		
Ergonomics / back care / injury prevention		
Expectant parents / prenatal care Education		
Internet / intranet health education (e.g., portals via intranet)		
Pedometers/activity tracking devices		
Activity tracking devices downloadable via mobile applications		

Newsletters with health education	
Self-Care initiatives / consumerism - print programs	
Self-Care initiatives / consumerism - online programs	
Partnership with retailer(s) for healthy food or other healthy products initiatives	
Lunch & learn programs	
Coordination with community / local health programs	
Return to work support	
Wellness Program design	
Lifestyle and condition management interventions	
Incentive fulfillment and management	
Promotional awareness campaigns	
Data analysis	
Data transfer	
Health and safety education	
Travel immunizations	
Sleep coaching	
· Smoking Cessation	
· Eligibility Reporting to Carriers (if applicable)	
· Standard Reporting	
Customized Reporting	
Online Employer Reporting Portal	
· Other (please list)	
Assumptions	
1	
2	
3	
4	
5	
6	

· Other Services (if applicable)- indicate Y, N or NA	
· ID card printing and mailing fees (if applicable)	
· Add M-DCPS logo to ID card	
· ID card replacement fee	
· Fees for standard communication materials	
· Fees for non-English communication materials	
· Fees for custom communication materials	
· Ad hoc reporting fees	
· Customized reporting fees	
· Member communications fulfillment and mailing	
· Fees to assist with development of customized communication/education materials	
· Fees for integration of services with any medical claims administrator, prescription drug,	
· Fee for exchanging data with other vendors	
· Interest rate charged for late wire transfers	
· Member portal customization	
· Customized Summary Plan Description (SPDs)	
· SPD Amendments	
· Customized Summary of Benefits and Coverage (SBCs)	
· Other (please list)	
· Other (please list)	
Wellness Services and Administration Fee Grand Total (PEPM)	Initial Contract Period
	January 1, 2015 - December 31, 2017
Grand Total <i>Please sum all of your cost components together that are broken out within each category above.</i>	

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

To Vendor: Use Column S to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

PBM RFP 2015

Section	Question	Response	Explanation
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Bidding Requirements

Section	Question	Response	Explanation
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General	You agree to the following statements: (i) Information provided in accordance with RFP is the only information that may be submitted as part of your offer. (ii) NO additional documentation may be submitted (or incorporated by reference) unless specifically requested and/or approved by Aon Hewitt. (iii) Any additional documentation provided by you will not be reviewed, will not modify or condition your offer, and will not be incorporated into contract unless specifically requested by Aon Hewitt. (iv) Any deviations from the requested terms and conditions in this RFP must be expressly stated within the space provided in this RFP. (v) Any failure to comply with these requirements constitutes grounds for rejection of your proposal.		
General	If selected as a finalist or as requested at any point during the bidding process, you will provide a detailed contract draft that reflects all commitments made in the bid to date by the date requested. M-DCPS expects that any requirement you agree to below will be incorporated into a draft contract as stated in this RFP.		
General	Vendor Compliance with All Laws		
General	M-DCPS pricing and financial guarantees can only change on an annual basis with the explicit written approval of M-DCPS (i.e. new terms resulting from a market check) and any approved changes must result in a positive financial impact to M-DCPS.		
General	Should any change in any financial term, rebate arrangement, guarantee, formulary structure, requirement on employees, or other aspect of the program affecting M-DCPS or its employees be requested, you will provide the request to M-DCPS along with the reason for the change, an M-DCPS-specific analysis of the financial impact and any employee impact. M-DCPS will have 45 days to review and determine if the change is acceptable. If the change is not acceptable, it will not occur during the term of the contract."		
General	The financial terms you propose are client-specific, not book of business averages.		
General	You will provide reporting to validate compliance with each and every financial guarantee, and such reporting must tie to your standard management reports. (This includes separate rebate reports where prescription counts by dispensing channel and drug type should tie out to management reports).		
General	You will disclose and certify all sources of revenue on an annual basis.		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
General	On an annual basis you will disclose and certify to M-DCPS your organization's P&L specific to your relationship with M-DCPS.		
General	You will not require an advance deposit from M-DCPS.		
General	Confirm that your organization can administer M-DCPS's current benefit designs and provisions as defined in attachment "M-DCPS 2014 Benefit Design". If you cannot administer specific provisions, please identify those in a separate attachment.		
General	Your organization does not have exclusivity agreements with any provider that may have a direct or indirect impact to M-DCPS.		
General	You will utilize the brand/generic indicator available from only one nationally recognized source (e.g., Medispan) unless a change in the indicator will lower the price for M-DCPS or M-DCPS agrees that the change is acceptable. In your response, please indicate which source will be used.		
General	You use the "maintenance medication indicator" provided in a nationally recognized drug information source (e.g., Medispan) to identify/define "maintenance medications" for purposes of an incentivized or mandatory mail program (or a program that charges a penalty for refills obtained at retail pharmacies instead of mail).		
General	In the event there are changes in the marketplace to the pricing benchmark (e.g., AWP), methodology used to determine a drug's ingredient cost, or the pricing source used for M-DCPS, even if you use an alternate pricing source for other clients, you will notify M-DCPS at least 120 days in advance of the effective date of any such change and provide a client-specific analysis that demonstrates that costs will not increase as a result of the change through the contract term based on up to 12 months worth of data. Your organization must provide full documentation justifying the reason for such change and the adjusted terms must be agreed upon before any changes are made. The terms will be adjusted accordingly to provide an equivalent ingredient cost after the change to M-DCPS.		
General	Your standard policy is to ensure that "once a generic, always a generic." In other words, members will pay a generic copay for single-source and multi-source generics regardless of your drug-type classification policy.		
Definitions	"Brand Drug" means an FDA approved drug, which is manufactured and distributed by an innovator drug company, or its licensee and as defined by a nationally recognized source (e.g., Medispan) as a brand name drug. Brand drugs shall include single-source and multi-source brand drugs.		
Definitions	"Generic Dispensing Rate" (GDR): For purposes of guarantees, GDR will be calculated by using only non-Specialty Drugs. For each calendar year, all non-Specialty Generic Drug prescriptions will be divided by all non-Specialty Brand and Generic Drug prescriptions (as defined above) to arrive at an achieved GDR.		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
Definitions	"Generic Drug" means a prescription or an OTC drug that is therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient(s) and approved by the FDA or a drug that is lawfully marketed as a DESI drug. Generics shall include all drugs with an approved ANDA, single-source generics drugs, multi-source generic drugs, products involved in patent litigation, house generic drugs and generic drugs that may only be available in limited supply.		
Definitions	"Limited Distribution Specialty Drugs" are those Specialty Drugs only available through select pharmacy providers as determined by the drug manufacturer.		
Definitions	"Open Formulary" will be defined as a listing of all FDA-approved prescription drugs . No FDA-approved prescription drugs will be excluded from an open formulary without the express written consent of M-DCPS.		
Definitions	"Rebates" for purposes of your offer will be defined as all concurrent, past and future revenue/financial benefits and credits you receive from outside sources attributable to M-DCPS's utilization or enrollment in programs. These include but are not limited to all Manufacturer Administration Fees, Formulary Access Rebates (inclusive of any bundling), Market Share Rebates, Performance/Incentive Rebates, Data Fees, Compliance Program Funding, Clinical Program support/funding, Therapeutic Intervention funding, Education Fees, Marketing Grants for Clinical Studies, Specialty Drug Rebates, Specialty Clinical/Case Management Funding, Specialty Compliance Program Funding, and Research.		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
Definitions	<p>"Specialty Drugs" means certain pharmaceuticals, biotech or biological drugs that are used in the management of chronic, complex or genetic disease that meet at least two of the first four criteria (a through d) and the final criteria (e) in order to be placed on your specialty drug list:</p>		
Pricing Guarantees	You agree to pass through 100% of total rebates inclusive of all Pharmaceutical revenues based on the Rebates definition above.		
Pricing Guarantees	All pricing discounts and dispensing fees guarantees will be reconciled on an individual component basis in each delivery channel and will be guaranteed dollar for dollar, meaning that a surplus in one pricing component will not be allowed to make up for a shortfall in another component within or across delivery channels.		
Pricing Guarantees	Your proposed pricing guarantees (i.e. AWP discounts, dispensing fees, admin fees, Rebates) will not be based on minimum days supply at retail, mail order or specialty.		
Pricing Guarantees	The financial guarantees you propose do NOT require M-DCPS to make any plan design changes or implement any programs that are different from M-DCPS's current set up or M-DCPS's contemplated changes specified as part of the Plan Design document(s) included in this RFP.		
Pricing Guarantees	All financial terms (including but not limited to AWP discounts, dispensing fees, administrative and clinical program fees, Rebates, specialty discounts, and specialty dispensing fees) submitted by you will be guaranteed as specified for the full contract period and incorporated into the contract.		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
Pricing Guarantees	Brand Discount Guarantees. You will not include any generics (including but not limited to single-source generics, new to market generics, patent litigation generics, authorized generics and limited supply generics) in the brand discount guarantee nor reclassify any generics to adjudicate at the brand discount. If you do not fully agree to this requirement, your brand discounts will be reduced in the financial analysis of your offer.		
Pricing Guarantees	Generic Discount Guarantees. You will include all generics (including but not limited to single-source generics, new to market generics, patent litigation generics, authorized generics and limited supply generics) in the overall generic discount and will not reclassify any generics to adjudicate at the brand discount. You will not include any multi-source brand claims where a DAW penalty is assessed in the generic discount calculation. If you do not fully agree to this requirement, your generic discounts will be reduced in the financial analysis of your offer.		
Pricing Guarantees	For the purpose of measuring and reconciling the pricing guarantees in this RFP, Brand Drugs will be defined as all claims that adjudicate at a Brand cost share logic based on M-DCPS's plan design, including all claims that adjudicate with a DAW penalty.		
Pricing Guarantees	For the purpose of measuring and reconciling the pricing guarantees in this RFP, Generic Drugs will be defined as all claims that adjudicate at a Generic cost share logic based on M-DCPS's plan design, excluding all claims that adjudicate with a DAW penalty.		
Pricing Guarantees	Retail claims will be processed such that members always pay the lowest of the discounted price, U&C price (including the pharmacy's sale price, if any), or the plan's applicable copayments/coinsurance. M-DCPS shall not be billed for any zero balance due claims.		
Pricing Guarantees	Mail claims will be processed such that members always pay the lower of the discounted price or the plan copayments/coinsurance. M-DCPS shall not be billed for any zero balance due claims (i.e. 100% member paid claims).		
Pricing Guarantees	All zero balance due claims (regardless of delivery channel) will be reconciled at the adjudicated AWP discount and shall not be counted as AWP-100%.		
Pricing Guarantees	If the reconciliation of any guaranteed discounts result in a shortfall owed to M-DCPS, you will not use zero balance due claims or make any additional adjustments to offset the shortfall amount.		
Pricing Guarantees	You agree to pay/credit the client 100% of any shortfall for each discount and dispensing fee guarantee within 60 days from the end date of each contract quarter, with the client retaining 100% of any additional savings achieved above each minimum guarantee.		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
Pricing Guarantees	Calculation of the discount guarantees shall NOT include the following types of claims:		
Pricing Guarantees	You will accept full responsibility for negotiating and maintaining all rebate contracts with pharmaceutical manufacturers and submitting the appropriate files for rebate collections. This also includes follow up with the manufacturer to ensure timely collection of Rebates (i.e., you will receive as close to 100% of the Rebates earned by M-DCPS as possible within 120 to 150 days of the close of each contract year).		
Pricing Guarantees	You will provide a separate annual Generic Dispensing Rate (GDR) guarantee at Retail and Mail, backed by a dollar for dollar guarantee for each component. You will reimburse M-DCPS 100% of any shortfall. M-DCPS will retain any surplus.		
Pricing Guarantees	Your proposal underwrites future increases in postage/ mailing fees for mail service and your preferred specialty pharmacy so that you will not pass any such increases to M-DCPS during the contract term.		
Pricing Guarantees	Pricing for Specialty Drugs added to the list on or after 1/1/2015 shall be equal to or greater than the mode (i.e. most frequent) discount for Specialty Drugs in the therapeutic category they belong to. For example, if the mode discount for Oncology Specialty Drugs is AWP - 15%, all new Oncology Specialty Drugs must be priced at least at AWP - 15% or better. For new therapeutic categories, the pricing shall be equal to or greater than the mode discount for all Specialty Drugs on the list.		
Pricing Guarantees	You will adjudicate single source generics with a discount that approximates the effective pass through discount for all single-source generic drug, and is higher than the minimum guaranteed discount for brand name drugs in the same channel.		
Pricing Guarantees	Your pricing is not contingent upon M-DCPS implementing or maintaining a minimum number of active or retiree lives throughout the contract term.		
Clinical Programs	You agree that your proposed pricing for clinical programs will allow M-DCPS to elect specific programs for certain populations only.		
Communications	M-DCPS will not be billed by your organization for postage costs associated with member communications.		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015			
Section	Question	Response	Explanation
Rx Formulary	You agree that your proposal assumes:		
Rx Formulary	You agree that your proposal assumes:		
Rx Formulary	You agree that your proposal assumes:		
Rx Formulary	You agree that your proposal assumes:		
Rx Formulary	If you do not agree to (a) and (d) of the first question in this section ('Rx Formulary') above, please complete the following (Note: if you responded agree to (a) and (d) above, please skip this question).		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015			
Section	Question	Response	Explanation
Rx Formulary	If you do not agree to (a) and (d) of the first question in this section ('Rx Formulary') above, please complete the following (Note: if you responded agree to (a) and (d) above, please skip this question).		
Rx Formulary	If you do not agree to (a) and (d) of the first question in this section ('Rx Formulary') above, please complete the following (Note: if you responded agree to (a) and (d) above, please skip this question).		
Rx Formulary	In addition to the request in (a) of the first question in this section ('Rx Formulary') above, please indicate the following:		
Rx Formulary	In addition to the request in (a) of the first question in this section ('Rx Formulary') above, please indicate the following:		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015			
Section	Question	Response	Explanation
Rx Formulary	In addition to the request in (a) of the first question in this section ('Rx Formulary') above, please indicate the following:		
Rx Formulary	In addition to the request in (a) of the first question in this section ('Rx Formulary') above, please indicate the following:		
Rx Formulary	In addition to the request in (a) of the first question in this section ('Rx Formulary') above, please indicate the following:		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015			
Section	Question	Response	Explanation
Rx Formulary	In addition to the request in (a) of the first question in this section ('Rx Formulary') above, please indicate the following:		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
Rx Formulary	In addition to the request in (a) of the first question in this section ('Rx Formulary') above, please indicate the following:		
Retail Network	You agree to base your bid on your broadest retail network available that includes all retail chains.		
Retail Network	If you propose a network change that impacts more than 5% of all pharmacies in the network (add, drop certain chains, etc.) before the effective date and or during the contract term, you will provide a detailed analysis describing member disruption and impact to pricing with all underlying assumptions disclosed to M-DCPS at least 90 days prior to the effective date of the proposed network change.		
Retail Network	Furthermore, should the number of retail pharmacies in your network be reduced by more than 5% before the effective date and or any point during the contract term, you will provide M-DCPS with an improved pricing offer for the proposed smaller retail network at least 90 days prior to the effective date of such change.		
Retail Network	If the revised pricing that results from a change in the pharmacy network is not acceptable to M-DCPS, it reserves the right to terminate for cause with 30 days notice for the remaining term of the contract.		
Retail Network	If you elect to make a change in you pharmacy network, M-DCPS's pricing cannot be negatively altered (current pricing must be honored or improved).		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
Retail Network	You have a network of pharmacies that will provide significantly greater discounts (i.e. similar or equal to mail pricing) for claims that are 90 days (i.e. 83 days or greater) when mail order benefits apply to prescriptions filled at these pharmacies.		
Market Check	You agree to allow fair and flexible market checks to preserve competitiveness of financial terms. The winning bidder will agree to the following comprehensive Market Check requirements:		
Market Check	You will fund an annual market check up to \$25,000 per contract year.		
Term and Termination	Initial contract term will be for 36 months.		
Term and Termination	You agree to provide a renewal proposal with your market check offer in Year 2 of contract.		
Term and Termination	M-DCPS reserves the right to terminate the agreement, with or without cause and without termination charges, with 90 days written notice. M-DCPS will be the only party to have termination for convenience rights. Should you terminate for cause, M-DCPS will require 360 days written notice.		
Term and Termination	Upon termination, you agree to pay M-DCPS all rebates received within 36 months after the end of the agreement, unless termination results from you terminating for cause. The payments will follow the contractual cycle.		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
Term and Termination	M-DCPS reserves the right to terminate the agreement if it terminates the benefit plan or prescription drug program defined by M-DCPS.		
Term and Termination	You will be responsible for incurred claims up to the contract termination date, regardless of paid date. The replacement vendor will have the responsibility to pay claims incurred after the termination date of the contract.		
Term and Termination	Upon termination of the contract, you will provide all necessary documentation (i.e. plan set-up), claims files, prescription history, and other data needed for the successful transition of the program to the appointed vendor within a mutually agreed upon reasonable timeframe and at no additional cost to M-DCPS. This includes, but is not limited to, all open mail order and specialty pharmacy refills, prior authorization histories, accumulators used in all plan options and at least six months of historical claims data. It is appropriate for the PBM to remove confidential pricing information from this documentation.		
Client Audit Rights - General	M-DCPS retains the right to audit such information as reasonably required to determine that your firm is complying with the Agreement, which includes but may not be limited to: 100% of pharmacy claims data, with all NCPDP fields from the most current version and release; data management; pharmaceutical manufacturer and wholesaler agreements; mail and specialty pharmacy contracts to the extent they exist with other vendor(s); approved and denied utilization management reviews; clinical program outcomes; appeals; and information related to the reporting and measurement of performance guarantees.		
Client Audit Rights - General	M-DCPS retains the right to audit at no additional charge to M-DCPS, including no direct pass-through of any data retrieval fees, for up to two years of data. If additional data, beyond two years is required for any audit and the data has already been stored, data retrieval fees may be charged.		
Client Audit Rights - General	M-DCPS retains the right to perform additional audits of similar scope during the year if requested as a follow-up to ensure significant/material errors found in any prior audit have been corrected and are not recurring, or if additional information becomes available to warrant further investigation.		
Client Audit Rights - General	M-DCPS retains the right to audit more than once per year if the audits are different in scope or for different services.		
Client Audit Rights - General	M-DCPS retains the right to audit up to twelve months after the termination of this Agreement.		
Client Audit Rights - General	Any third party auditor engaged by M-DCPS shall execute a confidentiality agreement in a form mutually agreed upon prior to conducting any audit ensuring that all information reviewed during such audit and all details will be treated as confidential and will not be revealed in any manner or form by or to any third party.		
Client Audit Rights - General	Any adjustments, payments and/or reimbursements determined to be necessary as a result of any examination or audit shall be paid by the appropriate party within thirty (30) days of execution of a release document closing the audit period.		
Client Audit Rights - General	You agree to fund up to \$70,000 per year for audits.		

Miami-Dade County Public Schools - 2015 Rx RFP

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PBM RFP 2015

Section	Question	Response	Explanation
Client Audit Rights - General	You agree to provide reasonable cooperation with requests for information, which includes but is not limited to the timing of the audit, deliverables, data/information requests and your response time to auditor questions during and after the process. Your firm will also provide a response to all "findings" it receives within 30 days, or at a later date if mutually determined to be more reasonable based on the number and type of findings. To the extent the auditor has follow up questions to your responses, you will respond promptly within five business days.		
Client Audit Rights - General	You will allow any party selected by M-DCPS, to audit claims at any time. Items that will be subject to audit include, but are not limited to, rebates, ingredient cost discounts, dispensing fees, plan design and clinical program rules.		
Client Audit Rights – Claim Audits	M-DCPS, or a mutually acceptable independent third party retained by M-DCPS, may conduct a claims audit annually and such audit shall be limited to the prior two contract years of data. M-DCPS retains the right to audit beyond the prior two contract years if a claims audit indicates a systemic issue.		
Client Audit Rights – Rebate Audits	M-DCPS, through a mutually agreeable independent third party retained by M-DCPS, may conduct an annual Rebate audit for the prior two contract years. Such audit shall be limited to a review of up to ten (10) pharmaceutical company contracts directly related to M-DCPS's Rebates as selected by M-DCPS. Such review of pharmaceutical company contracts may include formulary and Rebate provisions and shall be limited to information necessary for validating the accuracy of the Rebate amounts remitted to Client by your firm.		
Client Audit Rights – Pre-implementation Audit	M-DCPS reserves the right to have Aon Hewitt conduct 1) a quality review of the plan design to be loaded in the claims system(s) prior to implementation (or as soon thereafter as reasonably possible) and 2) a client-specific readiness assessment prior to the effective date of the implementation. As the selected pharmacy benefit provider you agree to pay the cost of this review, up to \$35,000. You will provide all necessary support to enable Aon Hewitt to review Aon Hewitt selected test claims in a test environment that mirrors the plan information present in the "live" claims processing system and access your readiness to implement the business without error. If this review cannot be supported remotely and requires an on-site meeting, you will be responsible for travel costs up to \$3,000.		
Client Audit Rights – Pre-Implementation Audit	You will perform all of the tasks necessary to complete the pre-implementation audit (including follow up test claims) by 12/1/2014. This assumes that M-DCPS has signed off on the benefit set-up by no later than 10/1/2014.		
Client Audit Rights – Platform Migration Audit	If you require M-DCPS to change systems platforms, M-DCPS reserves the right to have its consultant conduct a pre-migration readiness assessment and claim audit in order to test that the set up and benefits will be processed correctly. The cost of the migration audit will be paid for by your organization up to \$30,000.		

General Vendor Information

Section	Question	Response	Explanation
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Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
General Information	PBM Name		
General Information	Street Address (Headquarters)		
General Information	City		
General Information	State		
General Information	Zip Code		
General Information	Web Address		
Contacts	Please indicate the primary and secondary contact who will answer questions related to this RFP.		
Contacts	Primary Contact		
Contacts	Name		
Contacts	Title		
Contacts	Address		
Contacts	City		
Contacts	State		
Contacts	Zip		
Contacts	Phone Number		
Contacts	Fax Number		
Contacts	E-mail Address		
Contacts	Secondary Contact		
Contacts	Name		
Contacts	Title		
Contacts	Address		
Contacts	City		
Contacts	State		
Contacts	Zip		
Contacts	Phone Number		
Contacts	Fax Number		
Contacts	E-mail Address		
Vendor References	Please provide three current client references for the proposed account team, preferably for public entity clients of similar size and complexity as M-DCPS for whom you provide integrated retail and mail services.		
Vendor References	Company		
Vendor References	Contact Person		
Vendor References	Title		
Vendor References	Phone Number		
Vendor References	Email Address		
Vendor References	Company		
Vendor References	Contact Person		
Vendor References	Title		
Vendor References	Phone Number		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
Vendor References	Email Address		
Vendor References	Company		
Vendor References	Contact Person		
Vendor References	Title		
Vendor References	Phone Number		
Vendor References	Email Address		
Vendor References	Please provide two references for public entity plan sponsors who terminated your services within the last two years, preferably plans of similar size and complexity as M-DCPS.		
Vendor References	Company		
Vendor References	Contact Person		
Vendor References	Title		
Vendor References	Phone Number		
Vendor References	Email Address		
Vendor References	Program Termination Date		
Vendor References	Company		
Vendor References	Contact Person		
Vendor References	Title		
Vendor References	Phone Number		
Vendor References	Email Address		
Vendor References	Program Termination Date		
Vendor Accreditations	Does your firm currently have URAC accreditation for:		
Vendor Accreditations	Pharmacy Benefit Management		
Vendor Accreditations	Specialty Pharmacy		
Vendor Accreditations	Mail Order Pharmacy		
Vendor Accreditations	NCQA Disease Management Program Accreditation		
Vendor Accreditations	Expiration date of accreditation/certification.		
Vendor Accreditations	List any other accreditations for which your organization has been certified:		

Liability/Regulatory

Section	Question	Response	Explanation
Liability/Regulatory	Your firm is bonded.		
Liability/Regulatory	Your firm maintains a fidelity bond as required by ERISA.		

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Section	Question	Response	Explanation
Liability/Regulatory	Your firm maintains liability coverage with limits not less than \$5,000,000 per occurrence and in the aggregate per policy year, with excess liability coverage in the amount not less than \$5,000,000 per policy year. Evidence thereof will be furnished to M-DCPS upon request and you will add M-DCPS as an additional insured.		
Liability/Regulatory	If not, please explain amount of coverage.		
Liability/Regulatory	Liability insurance covers:		
Liability/Regulatory	Liability insurance covers:		
Liability/Regulatory	Liability insurance covers:		
Liability/Regulatory	You agree to indemnify and hold M-DCPS harmless for your negligence or for your failure to perform under the Agreement. M-DCPS shall not provide any indemnity in favor of your firm.		
Liability/Regulatory	Please describe any judgment or settlement during the past three years or pending litigation that could result in judgments or settlements in excess of \$100,000.		
Liability/Regulatory	You will act as plan fiduciary for claims and first level appeals, and facilitate access for external reviews for M-DCPS's plan.		

Member Appeals

Section	Question	Response	Explanation
Member Appeals Process	You will perform initial claims review and first level appeals on behalf of M-DCPS.		
Member Appeals Process	Would you be willing to perform final level appeals on behalf of M-DCPS?		
Member Appeals Process	You will act as plan fiduciary for claims and appeals as follows: You will perform first level appeals, M-DCPS will perform second level appeals, and you will facilitate access to external reviews.		

Compliance

Section	Question	Response	Explanation
Compliance - General	You and your subcontracted vendors will comply with all ERISA, HIPAA and DOL regulations, as applicable, around member services, complaints, appeals, timeliness of responses and confidentiality. Any fines related to non-compliance will be your sole responsibility.		
Compliance - General	You maintain a dedicated individual or staff responsible for resolving HIPAA issues.		
Compliance - General	You will notify M-DCPS of any and all HIPPA violations committed by your organization.		
Compliance - General	Your processes, systems and reporting will be in full compliance with federal and state requirements, and compliant with HIPAA for acceptance of claim transactions in the applicable industry standard NCPDP format. Any fines related to non-compliance will be your sole responsibility.		

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Section	Question	Response	Explanation
Compliance - General	You will provide support for class action settlements and notify M-DCPS of litigation against your organization.		
Compliance – Privacy and Confidentiality	You will adopt and implement written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of member information used for any purpose.		
Compliance – Privacy and Confidentiality	You will agree not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law.		
Compliance – Privacy and Confidentiality	You agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Vendor agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI.		
Compliance – Privacy and Confidentiality	You agree to mitigate, to the extent practicable, any harmful effect that is known to you of a use or disclosure of PHI by your firm in violation of the requirements of the federal privacy rule.		
Compliance – Privacy and Confidentiality	You agree to provide access to PHI in a "designated record set" in order to meet the requirements under 45 CFR §164.524.		
Compliance – Privacy and Confidentiality	You agree to make any amendment(s) to PHI in a "designated record set" pursuant to 45 CFR §164.526.		
Compliance – Privacy and Confidentiality	You agree to document such disclosures of PHI and information related to such disclosures as would be required to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528.		
Compliance – Privacy and Confidentiality	You agree to (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that your firm creates, receives, maintains, or transmits, (ii) report to M-DCPS any security incident (within the meaning of 45 CFR § 164.304) of which you become aware, and (iii) ensure that any employee of your firm or agent, including any subcontractor to whom you provide PHI received from, or created or received by your firm agrees to implement reasonable and appropriate safeguards to protect such PHI.		

Pricing Guarantees

Section	Question	Response	Explanation
Worksheets	In the four "Rx Pricing, Trad" worksheets included in this Excel workbook, you will quote a Transparent pricing offer on a post-AWP rollback basis, with traditional value pricing at retail, mail service, and specialty and a full pass through of total rebates.		
Worksheets	Indicate below that you have completed the pricing worksheets included in this Workbook:		
Worksheets	The "RX-Pricing, Transparent" Worksheets have been completed:		
Worksheets	The "Specialty Drugs" Worksheet has been completed:		
General	What is your policy on selling M-DCPS's de-identified pharmacy data?		
General	In a separate attachment, please provide a detailed three year trend guarantee with all relevant conditions.		

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Section	Question	Response	Explanation
Claim Pricing/Processing	The AWP used to price claims will be the one associated with the actual NDC-11 submitted by the pharmacy (retail, mail, and specialty) and used to fill the prescription. Include a list of any exceptions to this rule (e.g., compound prescriptions, etc.) if necessary as an explanation.		
Claim Pricing/Processing	What is the name of the adjudication platform you will use for M-DCPS?		
Claim Pricing/Processing	The actual package size used for dispensing will serve as the basis for determining the AWP and discount calculations. This applies at retail, mail service and specialty.		
Claim Pricing/Processing	You will not charge M-DCPS a higher AWP price for any repackaged products assigned a new NDC number by a repackager, a manufacturer, or at mail order, than the original manufacturer/labeler AWP price for the same product (drug name, form, and strength).		
Claim Pricing/Processing	Please indicate if your organization is a licensed repackager of prescription drugs.		
Ingredient Costs	You will calculate the achieved discounts with the following formula: [1-(total discounted AWP ingredient cost --excluding dispensing fees and claims that adjudicate with DAW penalties and prior to application of copayments --of applicable prescription drug claims for the measurement period divided by total undiscounted AWP ingredient cost (both amounts will be calculated as of the date of adjudication) for the measurement/guarantee period)]. Discounted ingredient cost will always be the lowest of the AWP discount, MAC or U&C adjudication methodology.		
Ingredient Costs - Retail	In the "Rx Pricing" Section, the percentage discounts you enter represent the guaranteed minimum quarterly ("Effective") AWP Discounts.		
Ingredient Costs - Retail	In the "Rx Pricing" Section, the Ingredient Cost adjudication formulas you enter are guaranteed adjudication formulas.		
Ingredient Costs - Retail	In the "Rx Pricing" Section, the dispensing fees you enter represent the guaranteed maximum average annual Dispensing Fees.		
Ingredient Costs - Mail	You agree to measure, report and reconcile the brand and generic discount guarantees quarterly comparing actual discounts achieved with guaranteed discounts.		
MAC Pricing	Your MAC list must include a minimum of 95% of all generic drugs.		
MAC Pricing	You will apply the same MAC list at mail order and at retail.		
MAC Pricing	In addition, the MAC pricing schedule at mail will include the same or more favorable pricing (i.e. lower per unit prices) than at retail for every drug.		
MAC Pricing	Your MAC pricing schedule at mail will include a comparable list of 300-400 low cost generics included in retail generic promotion programs at competitive pricing (i.e. pricing will be equal to or less than \$10 for a 90 day supply).		
MAC Pricing	Effective MAC discounts cannot be lower than non-MAC AWP discounts.		
MAC Pricing	You will provide M-DCPS and or its consultant a copy of the actual MAC List used upon request, including for audits.		
MAC Pricing	Indicate the number of months after patent expiration that drugs are added to your MAC list.		

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Section	Question	Response	Explanation
Dispensing Fees	Quoted dispensing fees per claim are based on paid claims only, NOT claims that are reversed or rejected.		
Dispensing Fees	U&C priced claims at retail will NOT be assessed a dispensing fee.		
Dispensing Fees	Retail claims priced using the U&C price (e.g. submitted price) will NOT be included in the guaranteed average dispensing fee per claim.		
Dispensing Fees	The dispensing fee per claim listed for mail, if any, is not an average but the maximum amount that applies per paid claim.		
Dispensing Fees	You agree to measure, report and reconcile the dispensing fee guarantees at retail comparing actual dispensing fees with quarterly guaranteed dispensing fees.		
Dispensing Fees	You agree to measure, report and reconcile the dispensing fee guarantees at mail comparing actual dispensing fees for each claim with quarterly guaranteed dispensing fees per claim.		
Specialty Drugs	M-DCPS reserves the right to determine if plan participants can fill specialty drug prescriptions at any retail store. You will include pricing for a voluntary option (open retail network/no retail refill limit) and a closed network option (retail lockout or retail refill limit). Please include pricing on 'Specialty Pharmacy Pricing' Excel document and submit as a separate attachment..		
Specialty Drugs	Provide a current and complete list of Specialty Drugs with pricing as of 1/1/2014. Only newly FDA approved and launched products or indications and drugs not on the market as of 1/1/2014 may be considered for addition to the specialty pharmacy drug price list after this date. Your list will identify limited distribution drugs, even if your firm does not have distribution rights. Please complete the list in the 'Specialty Pharmacy Pricing' Excel document and submit as a separate attachment.		
Specialty Drugs	In making any such modifications, you will provide M-DCPS with a revised and complete list on the first day of each quarter noting the effective date for each modification.		
Specialty Drugs	Additions to your list will be based on the agreed upon criteria for defining Specialty Drugs, unless approved by M-DCPS.		
Specialty Drugs	Your proposed specialty pricing will include varying ingredient cost discounts by drug with a minimum annual effective discount guarantee for all brand specialty drugs and a minimum annual effective discount guarantee for all specialty generic drugs.		
Specialty Drugs	Your annual overall effective discount guarantee for all brand specialty drugs will include new name drugs added to the list of Specialty Drugs each year.		
Specialty Drugs	Your annual overall effective discount guarantee for all generic specialty drugs will include new generics that become available during each year.		
Specialty Drugs	Your pricing discounts for brand specialty drugs dispensed through your specialty pharmacy channel (exclusive of rebates) will always be equal to or better than your aggregate pricing guarantee for brand retail network drugs (e.g., AWP-X%+\$Y dispensing fee).		
Specialty Drugs	Please describe your firm's approach to biosimilar medications that may become available prior to 12/31/2017. Include specifics on how these medications will be incorporated into your proposed pricing guarantees.		

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Section	Question	Response	Explanation
Specialty Drugs	Split fills for specialty products will not be assessed two dispensing fees.		
Rebates	Your offer will include guaranteed minimum Rebates per brand paid prescription at retail 30, retail 90, mail order and specialty. You may provide different minimum Rebate guarantees in each year of the contract. Total guaranteed Rebates should represent at least 98% of the expected 100% pass through of Rebates in each contract year.		
Rebates	If the total guaranteed Rebates do not represent at least 98% of actual rebates earned in each contract year, your organization will pay a penalty of \$50,000 to M-DCPS.		
Rebates	You will guarantee that M-DCPS's Rebates will be the greater of the sum of the minimum guaranteed Rebates by channel or the 100% pass through of Rebates.		
Rebates	Specify if the guaranteed Rebates apply to all M-DCPS's plan designs or if they vary by plan design. If they vary by plan design, explain which rebates apply to each plan design.		
Rebates	A surplus in the guaranteed Rebates for one channel (i.e. Mail vs. Retail and/or Specialty) cannot be used to fund a shortfall in guaranteed rebates in another channel.		
Rebates	At year end, you will reconcile the 100% Rebate pass-through percent against the sum of the guaranteed rebates by channel and provide documentation of your calculation and the result to M-DCPS within 120 days after the end of each contract year.		
Rebates	You will pay any resulting credit to M-DCPS automatically within 150 days after the end of each contract year without written request.		
Rebates	Any rebates received from manufacturers after the reconciliation will be applied to the next annual reconciliation and will be clearly noted in the next annual reconciliation.		
Implementation Allowance / Credit	You agree to provide M-DCPS with an implementation allowance in the "Rx Pricing" section of this RFP. This allowance or credit shall constitute an additional discount off the purchase price of drugs dispensed under the Agreement.		
Implementation Allowance / Credit	Payment of the implementation allowance does not require M-DCPS to submit receipts for costs incurred; instead, the payment will be provided automatically 60 days after implementation. Note that the majority of transition costs are incurred internally by M-DCPS.		
Administrative Fees	Confirm that the following services are included in the base administrative fees quoted in the "Rx Pricing" section of this RFP by responding "Yes". If any of these services are not offered and therefore not included in the quote or included in the quote, but at an additional cost, please answer "No" and provide the additional fee as appropriate in the "Rx Pricing" section of this RFP.		
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Administrative Fees	You agree that M-DCPS will pay Administrative Fees on a monthly basis.		

Mail Order Facilities

Section	Question	Response	Explanation
Mail Order Facilities	Provide information on the proposed Mail Order Facilities for this client (use the Census file to determine the geographic location of employees):		
Mail Order Facilities	Primary Mail Order Facility Location:		
Mail Order Facilities	Address:		
Mail Order Facilities	Street Address		
Mail Order Facilities	City		
Mail Order Facilities	State		
Mail Order Facilities	Zip Code		
Mail Order Facilities	% Current Capacity/month		
Mail Order Facilities	What is the mail order dispensing capacity per month		
Mail Order Facilities	Secondary Mail Order Facility Location(s)		
Mail Order Facilities	Facility #1		
Mail Order Facilities	Address:		
Mail Order Facilities	Street Address		
Mail Order Facilities	City		
Mail Order Facilities	State		

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Section	Question	Response	Explanation
Mail Order Facilities	Zip Code		
Mail Order Facilities	% Current Capacity		
Mail Order Facilities	What is the mail order dispensing capacity per month		
Mail Order Facilities	Third Mail Order Facility Location(s)		
Mail Order Facilities	Address:		
Mail Order Facilities	Street Address		
Mail Order Facilities	City		
Mail Order Facilities	State		
Mail Order Facilities	Zip Code		
Mail Order Facilities	% Current Capacity		
Mail Order Facilities	What is the mail order dispensing capacity per month		
Mail Order Facilities	Fourth Mail Order Facility Location(s)		
Mail Order Facilities	Address:		
Mail Order Facilities	Street Address		
Mail Order Facilities	City		
Mail Order Facilities	State		
Mail Order Facilities	Zip Code		
Mail Order Facilities	% Current Capacity		
Mail Order Facilities	What is the mail order dispensing capacity per month		
Mail Order Facilities	What are your standard hours of operation?		
Mail Order Facilities	Service Statistics for all Mail Order Facilities (not just the ones proposed for this client):		
Mail Order Facilities	Quarterly Dispensing Capacity		
Mail Order Facilities	Number of Prescriptions Dispensed in the Most Recent Quarter		
Mail Order Facilities	Ratio of Pharmacists to Pharmacy Technicians		
Mail Order Facilities	Average Number of Prescriptions Dispensed per Pharmacist per Hour		
Mail Order Facilities	Average turnaround time in the most recent quarter for prescriptions that:		
Mail Order Facilities	Required intervention (in days)		
Mail Order Facilities	Did not require intervention (in days)		

Customer Service

Section	Question	Response	Explanation
Mail Service	You will communicate any delays beyond three days in the delivery of prescriptions to the member.		
Mail Service	You will arrange and pay for a short-term retail supply of a delayed or incorrectly processed mail order prescription caused by your organization. In addition, you agree not to charge M-DCPS members for expedited delivery of the mail order prescription if the prescription delay is caused by your organization.		

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Section	Question	Response	Explanation
Mail Service	Describe what happens when there is a balance due on a participant's account. How will you communicate this?		
Mail Service	M-DCPS will not be required to pay outstanding balances owed by membership.		
Mail Service	M-DCPS shall have the right to advise you in writing to change the floor limit for all members or just those with unpaid balances after 120 days of dispensing.		
Mail Service	You will not require M-DCPS to mandate use of the mail pharmacies.		
Mail Service	If requested, you will provide a toll-free number to members currently using the incumbent's mail facility for the sole purpose of furnishing the information necessary to transition prescriptions to your firm.		
Mail Service	If requested, you are willing and able to prorate copays at mail order for claims that are processed for less than or equal to a 60 day supply.		
Specialty Pharmacy Services	If a Specialty drug package is lost, stolen or not delivered, you will not charge the M-DCPS or M-DCPS participant for the Specialty Drug.		
Specialty Pharmacy Services	Describe the operations of your specialty drug program.		
Specialty Pharmacy Services	Is the Specialty Pharmacy wholly owned or outsourced?		
Specialty Pharmacy Services	How long has the Specialty Pharmacy been in place?		
Specialty Pharmacy Services	How many patients does the Specialty Pharmacy currently provide services to?		
Specialty Pharmacy Services	What criteria do you use to decide which drugs go on the specialty drug list?		
Channel Management - Internal Audits	You agree to share 100% of all audit recoveries (retail, mail, and specialty) with M-DCPS on a quarterly basis within 30 days from the close of the contract quarter.		
Customer Service	You will provide M-DCPS a dedicated toll-free telephone line with live caller support through a designated member service team (including member service representatives and supervisors) available 24 hours a day, seven days a week, 365 days a year.		
Customer Service	You agree to support M-DCPS with US based call center support only. No off-shoring of call center support is allowed.		
Customer Service	M-DCPS reserves the right to review the on-line scripting for call center representatives prior to the implementation/effective date.		
Customer Service	The member service team will be knowledgeable of specific pharmacy benefit programs of M-DCPS to respond to member questions.		
Customer Service	You (or your designee at your expense) will perform a client-specific (versus book-of-business) member satisfaction survey at least once annually.		
Customer Service	Member/provider service representatives will have access to a pharmacist in the event the call requires the attention of a clinician.		
Customer Service	You will make available a geo-access and customized pharmacy provider locator service via customer service.		
Customer Service	You will allow M-DCPS to customize the phone tree accessed by their members.		

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Section	Question	Response	Explanation
Customer Service	Your online member service capabilities must be able to support the following customer service functions: mail service refill/ order tracking capabilities, pharmacy locator, formulary support, drug pricing tool, requests for explanation of benefits (EOB), appeal forms, and direct member reimbursement forms.		
Customer Service	You will agree to hold call calibration meetings, where M-DCPS listens to selected M-DCPS specific calls and provides feedback.		
Customer Service	You will provide a telephone tracking system for M-DCPS specific member/provider telephone inquiries and will provide monthly reports of call volume, first call resolution rates, average wait times and abandonment rates.		
Customer Service	You will record 100% of all member calls.		
Customer Service	You will provide all member services and provider service staff with training on the M-DCPS program 90 days and 30 day before launch date, respectively.		
Customer Service	This training will recur as needed for newly assigned staff and/or in the event of benefit modification.		
Customer Service	You will provide training materials to M-DCPS for review and approval prior to execution of training		
Account Management	You will provide a dedicated, experienced account management team to M-DCPS including:		
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Section	Question	Response	Explanation
Account Management	You will provide a dedicated, experienced account management team to M-DCPS including:		
Account Management	You will provide a dedicated, experienced account management team to M-DCPS including:		
Account Management	Describe the account team you are proposing for M-DCPS. For each team member, include years of experience servicing similar types of organizations.		
Account Management	Will the team be dedicated or designated? Explain how you determined the proposed staffing levels.		
Account Management	In a separate attachment., describe each team member's current client base, work load and how other responsibilities be transitioned. Please name the file name the file [Your Organization Name]_Account Team Current Responsibilities.		
Account Management	You will coordinate with M-DCPS for management of the SPD, SMM and SBC. This includes, but is not limited to, reviewing changes to the SPD, SMM and SBC, making sure that you administer the plan as reflected in the SPD and communicating any plan/clinical program changes to M-DCPS for inclusion in the SPD, SMM and SBC.		
Account Management	You will measure M-DCPS's satisfaction with the account management team (account executive, clinical account manager, account manager, financial analyst) at least annually.		
Account Management	You will allow M-DCPS to interview and approve any proposed replacements to the account team.		

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Section	Question	Response	Explanation
Account Management	The account executive or account manager will participate on the implementation team.		
Implementation Support - if applicable	You will provide a designated implementation team for M-DCPS that will include an implementation manager and the account manager or account executive. Implementation team members will provide assistance during the transition/implementation process and participate in regularly scheduled status meetings (at least weekly) with M-DCPS.		
Implementation Support - if applicable	You will maintain an implementation project plan and issue log documenting all implementation issues, actions, due dates and responsible parties. Implementations must be supported year round as required by M-DCPS.		
Implementation Support - if applicable	You agree to accept and load all open mail order and specialty pharmacy refills, prior authorization histories and at least six months of historical claims data at no additional cost to M-DCPS during the implementation process.		
Implementation Support - if applicable	You will offer alternative approaches to minimize the need for members to request new prescriptions during transition.		
Systems - General	Will you accept files, electronic or other format, from selected third party vendors (e.g. medical carrier)?		
Systems – General	Please describe your organizations ability to administer ACA-required out of pocket maximums in conjunction with M-DCPS's medical vendor.		
Systems - General	How often do you backup claim system data?		
Systems - General	Where is your claim system data backed up? For example, offshore, offsite, etc.		
Eligibility	You will accept electronic reporting of enrollment from at least 5 sources. (Current eligibility comes electronically from the M-DCPS or the company's eligibility administrator on a daily basis.) You must accept various file formats, media and schedules, including daily or even real-time updates at no additional cost.		
Eligibility	You will also be capable of supporting manual updates and off-cycle files, which may arise from new acquisitions or strike situations.		
Eligibility	You will provide immediate on-line real-time manual eligibility updates for urgent requests by the staff of M-DCPS.		
Eligibility	You must capture both the 9-digit SSN and the X digit alphanumeric Client ID in your eligibility system.		
Eligibility	Based on the eligibility files you receive, you will:		
Eligibility	Based on the eligibility files you receive, you will:		

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Questionnaire

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Section	Question	Response	Explanation
Eligibility	Based on the eligibility files you receive, you will:		
Eligibility	Aon Hewitt is currently M-DCPS's eligibility vendor.		
ID Cards	If requested you will produce and send prescription drug ID cards for receipt by M-DCPS members on or before December 15 prior to the start of each plan year at no additional cost.		
ID Cards	You will produce and send prescription drug ID cards for distribution to new M-DCPS members within 4 business days or less of receipt of clean eligibility and enrollment files at no additional cost.		
ID Cards	If related to PBM errors or PBM initiated charges, you will be responsible for the cost to reproduce ID cards (including priority shipping).		
Web-Capabilities	In a separate attachment, provide a sample of the website screenshots in an electronic file and name the file [Your Organization Name]_Sample Website Screens.		
Data Feeds/Exchange	You agree to provide periodic electronic data feeds at no additional cost to a minimum of 10 unique vendors. Each data feed could be unique in nature and range from real time to quarterly transmission intervals.		
Overrides	You have the ability to override retail and mail order prescriptions and provide up to a 90 day supply for overseas travel/vacation. Currently, M-DCPS allows a vacation override of 2 additional fills per retail and mail order Rx per member per year.		
Reporting	All reporting must be provided to M-DCPS for each individual business group and in aggregate, as defined by M-DCPS.		
Reporting	You agree to provide quarterly electronic summary reports of M-DCPS claims activity and an annual report analyzing M-DCPS's prescription drug trend within 10 business days from the end of the reporting period.		
Reporting	You will provide an online access capability to standard reports so that authorized M-DCPS users and third party representatives can view current reports within a day of user access. There will be no limit on the number of authorized users allowed at no additional cost.		
Reporting	You will provide M-DCPS (and if requested, their third party representatives) with sophisticated online reporting and modeling (plan design, clinical and financial) tools at no additional cost. The online reporting tool will include a custom, ad hoc reporting function with access to all data elements captured. You will provide training and ongoing user support to manage the prescription drug program.		
Reporting	You will provide reporting for the purposes of monitoring and reconciling financial and performance guarantees. Sampling techniques and report formats will be defined and mutually agreed upon.		

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Section	Question	Response	Explanation
Reporting	You will provide prescription drug claim level detail, all reports, billings, rebate records, performance measures, service concerns and issues, or any other communication, to each M-DCPS business group in a manner mutually agreed upon by both parties.		

Retail Network Access and Disruption

Section	Question	Response	Explanation
Retail Network Disruption	For your Broadest Retail Network:		
National Network	What is your organization's name for the 'Broadest' network?		
National Network	You will provide the client at least 90 days advance written notice of any changes to your proposed network, including a disruption analysis.		
Retail Networks	Please complete the "Network Access" tables included in this section and indicate they have been completed.		
Retail Networks	Excluding exceptions made for custom networks, do you offer at least one 90-Day Supply Retail pharmacy network (i.e., Retail-90 Network)?		
Retail Networks	Excluding exceptions made for custom networks, do you offer at least one 90-Day Supply Retail pharmacy network (i.e., Retail-90 Network)?		

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Section	Question	Response	Explanation
Retail Networks	Excluding exceptions made for custom networks, do you offer at least one 90-Day Supply Retail pharmacy network (i.e., Retail-90 Network)?		
Retail Networks	Are you willing to create a custom retail network with fewer participating pharmacies without compromising member access (at least 97% of participants shall reside within the access standards described in the next question)?		

Formulary Disruption - Standard Formulary

Section	Question	Response	Explanation
Instructions	Please complete the analysis below based on your organization's standard formulary (including any applicable exclusions).		
Formulary Disruption Results	Provide the following script counts by drug type:		
Formulary Disruption Results	Provide the following script counts by drug type:		
Formulary Disruption Results	Provide the following script counts by drug type:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will move from Non-Preferred to Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will move from Non-Preferred to Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will move from Non-Preferred to Preferred:		

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Section	Question	Response	Explanation
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will remain Non-Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will remain Non-Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will remain Non-Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will remain Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will remain Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will remain Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will move from Preferred to Non-Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will move from Preferred to Non-Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will move from Preferred to Non-Preferred:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will move from covered to excluded:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will move from covered to excluded:		
Formulary Disruption Results	Provide the following information for Brand and Generic claims that will move from covered to excluded:		
Formulary Disruption Results	Formulary disruption summary		
Formulary Disruption Results	Formulary disruption summary		
Formulary Disruption Results	Formulary disruption summary		
Formulary Disruption Results	Formulary disruption summary		
Formulary Disruption Results	What are the top 10 drugs that are positively impacted (Non-Preferred drug moving to Preferred)?		

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Section	Question	Response	Explanation
Formulary Disruption Results	What are the top 10 drugs that are negatively impacted (Preferred drug moving to Non-Preferred)?		
Formulary Disruption Results	Confirm that you have provided your standard formulary disruption report as an attachment to your RFP response.		

Performance Guarantees

Section	Question	Response	Explanation
General Information - Performance Guarantee Offering	M-DCPS requires performance guarantees to incent your firm to deliver superior service performance. Your failure to meet the performance guarantees would result in a financial penalty.		
General Information - Performance Guarantee Offering	M-DCPS is seeking performance guarantees to incent your firm to deliver superior service performance. Your failure to meet the performance guarantees would result in a financial penalty. Please indicate your agreement with the following requirement:		
General Information - Performance Guarantee Offering	M-DCPS is seeking performance guarantees to incent your firm to deliver superior service performance. Your failure to meet the performance guarantees would result in a financial penalty. Please indicate your agreement with the following requirement:		
General Information - Performance Guarantee Offering	M-DCPS is seeking performance guarantees to incent your firm to deliver superior service performance. Your failure to meet the performance guarantees would result in a financial penalty. Please indicate your agreement with the following requirement:		

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Section	Question	Response	Explanation
General Information - Performance Guarantee Offering	M-DCPS is seeking performance guarantees to incent your firm to deliver superior service performance. Your failure to meet the performance guarantees would result in a financial penalty. Please indicate your agreement with the following requirement:		
General Information - Performance Guarantee Offering	M-DCPS is seeking performance guarantees to incent your firm to deliver superior service performance. Your failure to meet the performance guarantees would result in a financial penalty. Please indicate your agreement with the following requirement:		
General Information - Performance Guarantee Offering	M-DCPS is seeking performance guarantees to incent your firm to deliver superior service performance. Your failure to meet the performance guarantees would result in a financial penalty. Please indicate your agreement with the following requirement:		
General Information - Performance Guarantee Offering	M-DCPS is seeking performance guarantees to incent your firm to deliver superior service performance. Your failure to meet the performance guarantees would result in a financial penalty. Please indicate your agreement with the following requirement:		

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Section	Question	Response	Explanation
General Information - Performance Guarantee Offering	M-DCPS is seeking performance guarantees to incent your firm to deliver superior service performance. Your failure to meet the performance guarantees would result in a financial penalty. Please indicate your agreement with the following requirement:		
General Information - Performance Guarantee Offering	You will agree to pay any performance guarantees regardless of the status of an executed contract.		
General Information - Performance Guarantee Offering	You will measure, report and pay implementation guarantees within 120 days after implementation.		
General Information - Performance Guarantee Offering	You will guarantee that the pre-implementation audit will be completed, including follow up test claims, at least 30 days prior to the implementation date. The penalty for this stand-alone performance guarantee is \$50,000.		
Implementation Service Guarantees - Implementation	All services are implemented as proposed within specified timeframe and to the satisfaction of M-DCPS- Measured by your ability to complete all key functions in an accurate and timely manner according to the detailed work plan. Specifically, M-DCPS may assess a penalty if, three (3) months after the Effective Date, M-DCPS does not rate your performance in implementing the program in an accurate and timely manner an average of 4 or better on a scale of 1 to 5 (5 being the best).		
Ongoing Performance Guarantees - Pharmacy Network Access	At least 98% of participants shall reside within 1.5 miles of a network pharmacy for urban areas, within 3 miles for suburban areas and within 10 miles for rural areas.		
Ongoing Performance Guarantees - Pharmacy Network Access	At least 98% of participants shall reside within 1.5 miles of a network pharmacy for urban areas, within 3 miles for suburban areas and within 10 miles for rural areas.		
Ongoing Performance Guarantees - Retail Direct Reimbursement Claims Timeliness of Processing and Response	100% of retail direct reimbursement claims processed for payment or rejected and responded to within 5 business days.		
Ongoing Performance Guarantees - Retail Direct Reimbursement Claims Timeliness of Processing and Response	100% of retail direct reimbursement claims processed for payment or rejected and responded to within 5 business days.		
Ongoing Performance Guarantees - Mail Order Turnaround Time for Prescription Drugs Requiring no Intervention	Mail order turnaround time for prescription drugs requiring no intervention (Non-Protocol or Clean Rx's) - 99.5% shipped within 2.0 business days (measured in business days from the date the prescription drug claim is received by the vendor (either via paper, phone, fax or Internet) to the date it is shipped).		
Ongoing Performance Guarantees - Mail Order Turnaround Time for Prescription Drugs Requiring no Intervention	Mail order turnaround time for prescription drugs requiring no intervention (Non-Protocol or Clean Rx's) - 99.5% shipped within 2.0 business days (measured in business days from the date the prescription drug claim is received by the vendor (either via paper, phone, fax or Internet) to the date it is shipped).		

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Section	Question	Response	Explanation
Ongoing Performance Guarantees - Mail Order Turnaround Time for Prescription Drugs Requiring Administrative/Clinical Intervention	Mail order turnaround time for prescription drugs requiring administrative /clinical intervention (Protocol Rx's) - 100% of prescriptions requiring administrative/clinical intervention will be shipped within 5 business days (measured in business days from the date the prescription drug claim is received by the vendor (either via paper, phone, fax or Internet) to the date it is shipped).		
Ongoing Performance Guarantees - Mail Order Turnaround Time for Prescription Drugs Requiring Administrative/Clinical Intervention	Mail order turnaround time for prescription drugs requiring administrative /clinical intervention (Protocol Rx's) - 100% of prescriptions requiring administrative/clinical intervention will be shipped within 5 business days (measured in business days from the date the prescription drug claim is received by the vendor (either via paper, phone, fax or Internet) to the date it is shipped).		
Ongoing Performance Guarantees - Mail Order Dispensing Accuracy	At least 99.99% or greater. Dispensing Accuracy Rate means (i) the number of all mail order prescriptions dispensed in a contract quarter less the number of those prescriptions dispensed in such contract quarter which are reported and verified as having been dispensed with the incorrect drug, strength, form, patient name, directions, packing non-conformance or address causing medication to be delivered incorrectly divided by (ii) the number of all mail order prescriptions dispensed in such contract quarter.		
Ongoing Performance Guarantees - Mail Order Dispensing Accuracy	At least 99.99% or greater. Dispensing Accuracy Rate means (i) the number of all mail order prescriptions dispensed in a contract quarter less the number of those prescriptions dispensed in such contract quarter which are reported and verified as having been dispensed with the incorrect drug, strength, form, patient name, directions, packing non-conformance or address causing medication to be delivered incorrectly divided by (ii) the number of all mail order prescriptions dispensed in such contract quarter.		
Ongoing Performance Guarantees - Member Service Telephone Response Time	On average 100% of calls will be answered by a live voice within 25 seconds or less. The amount of time that elapses between the time a call is received into a member service queue to the time the phone is answered by a Customer Service Representative (CSR). Measurement excludes calls routed to IVR.		
Ongoing Performance Guarantees - Member Service Telephone Response Time	On average 100% of calls will be answered by a live voice within 25 seconds or less. The amount of time that elapses between the time a call is received into a member service queue to the time the phone is answered by a Customer Service Representative (CSR). Measurement excludes calls routed to IVR.		
Ongoing Performance Guarantees - Member Service Call Abandonment Rate	2% or less of calls will be abandoned (i.e., caller hangs up) before call is answered by CSR. Calculated as the number of calls that are not answered divided by the number of calls received. Measurement excludes calls routed to IVR and includes calls abandoned within the first 20 seconds.		
Ongoing Performance Guarantees - Member Service Call Abandonment Rate	2% or less of calls will be abandoned (i.e., caller hangs up) before call is answered by CSR. Calculated as the number of calls that are not answered divided by the number of calls received. Measurement excludes calls routed to IVR and includes calls abandoned within the first 20 seconds.		

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Section	Question	Response	Explanation
Ongoing Performance Guarantees - Member Service First Call Resolution	At least 98% of all calls will be resolved at first point of contact. Calculated as the total calls to vendor minus total number of unresolved calls divided by the total number of calls received. Measurement excludes calls routed to IVR.		
Ongoing Performance Guarantees - Member Service First Call Resolution	At least 98% of all calls will be resolved at first point of contact. Calculated as the total calls to vendor minus total number of unresolved calls divided by the total number of calls received. Measurement excludes calls routed to IVR.		
Ongoing Performance Guarantees - Member Drug Inquiry	You will promptly review and respond to request for prior approval for specific drugs following receipt of all required information, but in any case will respond in no more than 2 business days.		
Ongoing Performance Guarantees - Member Drug Inquiry	You will promptly review and respond to request for prior approval for specific drugs following receipt of all required information, but in any case will respond in no more than 2 business days.		
Ongoing Performance Guarantees - Claims Format Compliance	You will guarantee that 99% of the prescription drug claims submitted on behalf of eligible participants will be submitted in a HIPAA compliant format.		
Ongoing Performance Guarantees - Claims Format Compliance	You will guarantee that 99% of the prescription drug claims submitted on behalf of eligible participants will be submitted in a HIPAA compliant format.		
Ongoing Performance Guarantees - Member Service Written Inquiry (Paper or Electronic Mail) Response Time	98% within 5 business days and 100% within 7 business days. Response time for all written inquiries will be based on the number of calendar days subtracting the date received by vendor from the date the response was sent.		
Ongoing Performance Guarantees - Member Service Written Inquiry (Paper or Electronic Mail) Response Time	98% within 5 business days and 100% within 7 business days. Response time for all written inquiries will be based on the number of calendar days subtracting the date received by vendor from the date the response was sent.		
Ongoing Performance Guarantees - Member Satisfaction with Retail, Mail Order, and Specialty Program	At least 95% satisfaction. Measured as the number of satisfied to highly satisfied survey ratings divided by the total number of survey responses. Survey tool and survey methodology will be mutually agreed upon by vendor and M-DCPS.		
Ongoing Performance Guarantees - Member Satisfaction with Retail, Mail Order, and Specialty Program	At least 95% satisfaction. Measured as the number of satisfied to highly satisfied survey ratings divided by the total number of survey responses. Survey tool and survey methodology will be mutually agreed upon by vendor and M-DCPS.		
Ongoing Performance Guarantees - Account Team Guarantee	<p>At least a 4.0 on a scale of 1 to 5 (with 5 being the best).</p> <p>Designated members of staff of M-DCPS will complete an annual report card to evaluate vendor account team performance. Guarantee will be measured using a mutually agreed upon survey tool. Scoring can be pass/fail or based on a rating such as:</p> <p>5 = Outstanding 4 = Commendable 3 = Satisfactory 2 = Needs Improvement 1 = Unacceptable</p>		

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Section	Question	Response	Explanation
Ongoing Performance Guarantees - Account Team Guarantee	<p>At least a 4.0 on a scale of 1 to 5 (with 5 being the best).</p> <p>Designated members of staff of M-DCPS will complete an annual report card to evaluate vendor account team performance. Guarantee will be measured using a mutually agreed upon survey tool. Scoring can be pass/fail or based on a rating such as:</p> <p>5 = Outstanding 4 = Commendable 3 = Satisfactory 2 = Needs Improvement 1 = Unacceptable</p>		
Ongoing Performance Guarantees - Overall Service Guarantee	<p>At least a 4.0 on a scale of 1 to 5 (with 5 being the best).</p> <p>Designated members of staff of M-DCPS will complete an annual report card to evaluate overall service performance. Guarantee will be measured using a mutually agreed upon survey tool. Scoring can be pass/fail or based on a rating such as:</p> <p>5 = Outstanding 4 = Commendable 3 = Satisfactory 2 = Needs Improvement 1 = Unacceptable</p>		
Ongoing Performance Guarantees - Overall Service Guarantee	<p>At least a 4.0 on a scale of 1 to 5 (with 5 being the best).</p> <p>Designated members of staff of M-DCPS will complete an annual report card to evaluate overall service performance. Guarantee will be measured using a mutually agreed upon survey tool. Scoring can be pass/fail or based on a rating such as:</p> <p>5 = Outstanding 4 = Commendable 3 = Satisfactory 2 = Needs Improvement 1 = Unacceptable</p>		

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Section	Question	Response	Explanation
Ongoing Performance Guarantees - New Program Implementation Satisfaction Guarantee	<p>At least a 4.0 on a scale of 1 to 5 (with 5 being the best).</p> <p>This applies to any new programs (such as step therapy, clinical programs, benefit plan design changes) during the term of the contract. At least a 4.0 on a scale of 1 to 5 (with 5 being the best).</p> <p>Designated members of staff of M-DCPS will complete an annual report card to evaluate vendor account team or the overall service performance. Guarantee will be measured using a mutually agreed upon survey tool. Scorings can be pass/fail or based on a rating such as:</p> <p>5 = Outstanding 4 = Commendable 3 = Satisfactory 2 = Needs Improvement 1 = Unacceptable</p>		
Ongoing Performance Guarantees - New Program Implementation Satisfaction Guarantee	<p>At least a 4.0 on a scale of 1 to 5 (with 5 being the best).</p> <p>This applies to any new programs (such as step therapy, clinical programs, benefit plan design changes) during the term of the contract. At least a 4.0 on a scale of 1 to 5 (with 5 being the best).</p> <p>Designated members of staff of M-DCPS will complete an annual report card to evaluate vendor account team or the overall service performance. Guarantee will be measured using a mutually agreed upon survey tool. Scorings can be pass/fail or based on a rating such as:</p> <p>5 = Outstanding 4 = Commendable 3 = Satisfactory 2 = Needs Improvement 1 = Unacceptable</p>		
Ongoing Performance Guarantees - Annual Benefit Plan Review	You will conduct an annual benefit plan review 45 days prior to effective date of any plan benefit plan modifications of M-DCPS, including quality control documentation. If such review identifies any system set in error(s) by you, then you will reconcile such error(s) on a dollar for dollar basis, and shall pay penalty amount at risk to M-DCPS.		
Ongoing Performance Guarantees - Annual Benefit Plan Review	You will conduct an annual benefit plan review 45 days prior to effective date of any plan benefit plan modifications of M-DCPS, including quality control documentation. If such review identifies any system set in error(s) by you, then you will reconcile such error(s) on a dollar for dollar basis, and shall pay penalty amount at risk to M-DCPS.		
Ongoing Performance Guarantees - Timeliness of Reporting	You will deliver standard financial and clinical reports within 30 days from the close of each reporting period.		
Ongoing Performance Guarantees - Timeliness of Reporting	You will deliver standard financial and clinical reports within 30 days from the close of each reporting period.		

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Section	Question	Response	Explanation
Ongoing Performance Guarantees - ID Card Mailing	You will issue at least 99% of all new member ID cards within four (4) business days following your receipt and update of a processable eligibility tape or transmission identifying the applicable Eligible Participant(s).		
Ongoing Performance Guarantees - ID Card Mailing	You will issue at least 99% of all new member ID cards within four (4) business days following your receipt and update of a processable eligibility tape or transmission identifying the applicable Eligible Participant(s).		
Ongoing Performance Guarantees - Platform Migration Execution	If you require M-DCPS to migrate adjudication platforms or service facilities, you agree to guarantee that M-DCPS will be satisfied with the migration. You will measure satisfaction as either "satisfied" or "not satisfied". This will be a separate, stand-alone performance guarantee for each migration (i.e. not included with all other ongoing guarantees). The amount at risk will be equal to 30% of the aggregate amount at risk for Ongoing Performance Guarantees.		
Ongoing Performance Guarantees - Platform Migration Execution	If you require M-DCPS to migrate adjudication platforms or service facilities, you agree to guarantee that M-DCPS will be satisfied with the migration. You will measure satisfaction as either "satisfied" or "not satisfied". This will be a separate, stand-alone performance guarantee for each migration (i.e. not included with all other ongoing guarantees). The amount at risk will be equal to 30% of the aggregate amount at risk for Ongoing Performance Guarantees.		
Ongoing Performance Guarantees - Specialty Program	Specialty dispensing accuracy of at least 99.99% or greater. Dispensing rate formula used in mail service guarantee applies.		
Ongoing Performance Guarantees - Specialty Program	Specialty dispensing accuracy of at least 99.99% or greater. Dispensing rate formula used in mail service guarantee applies.		
Ongoing Performance Guarantees - Specialty Program	100% of calls will be answered by a live voice on average within 25 seconds or less. The amount of time that elapses between the time a call is received into a member service queue to the time the phone is answered by a Customer Service Representative (CSR). Measurement excludes calls routed to IVR.		
Ongoing Performance Guarantees - Specialty Program	100% of calls will be answered by a live voice on average within 25 seconds or less. The amount of time that elapses between the time a call is received into a member service queue to the time the phone is answered by a Customer Service Representative (CSR). Measurement excludes calls routed to IVR.		
Ongoing Performance Guarantees - Specialty Program	2% or less of calls will be abandoned (i.e., caller hangs up) before call is answered by CSR. Calculated as the number of calls that are not answered divided by the number of calls received. Measurement excludes calls routed to IVR and includes calls abandoned within the first 20 seconds.		
Ongoing Performance Guarantees - Specialty Program	2% or less of calls will be abandoned (i.e., caller hangs up) before call is answered by CSR. Calculated as the number of calls that are not answered divided by the number of calls received. Measurement excludes calls routed to IVR and includes calls abandoned within the first 20 seconds.		
Ongoing Performance Guarantees - Specialty Program	At least 98% of all calls will be resolved at first point of contact. Calculated as the total calls to vendor minus total number of unresolved calls divided by the total number of calls received. Measurement excludes calls routed to IVR.		

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Section	Question	Response	Explanation
Ongoing Performance Guarantees - Specialty Program	At least 98% of all calls will be resolved at first point of contact. Calculated as the total calls to vendor minus total number of unresolved calls divided by the total number of calls received. Measurement excludes calls routed to IVR.		
Ongoing Performance Guarantees - Fees at Risk	Year 1: Aggregate Amount at Risk (Year 1 Implementation and Ongoing Performance Guarantees exclusive of Platform Migration Guarantee)		
Ongoing Performance Guarantees - Fees at Risk	Year 1: Aggregate Amount at Risk (Year 1 Implementation and Ongoing Performance Guarantees exclusive of Platform Migration Guarantee)		
Ongoing Performance Guarantees - Fees at Risk	Year 2: Aggregate Amount at Risk (Ongoing Performance Guarantees exclusive of Platform Migration Guarantee)		
Ongoing Performance Guarantees - Fees at Risk	Year 3: Aggregate Amount at Risk (Ongoing Performance Guarantees exclusive of Platform Migration Guarantee)		

Clinical Qualifications

Section	Question	Response	Explanation
Quality and Clinical Programs	You will develop and promote compliance with evidence-based treatment guidelines. Those policies may apply to certain drugs, including new drugs on the market or those designated under a cost management program or benefit design.		
Quality and Clinical Programs	You will limit formulary uptiers and formulary exclusions no more frequently than once per year except for changes related to the availability of generic equivalents.		
Quality and Clinical Programs	You will accept prior authorization calls from physicians to review coverage requests by reason of medical necessity as they arise.		
Quality and Clinical Programs	You will actively promote therapeutic substitution of clinically equivalent generic drugs as alternatives to brand name drugs.		
Quality and Clinical Programs	You have the capability to integrate medical and prescription drug claims data to enhance:		
Quality and Clinical Programs	You have the capability to integrate medical and prescription drug claims data to enhance:		

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Section	Question	Response	Explanation
Quality and Clinical Programs	You have the capability to integrate medical and prescription drug claims data to enhance:		
Quality and Clinical Programs	You have the capability to integrate medical and prescription drug claims data to enhance:		
Quality and Clinical Programs	Clinical program offering includes:		
Quality and Clinical Programs	Clinical program offering includes:		
Quality and Clinical Programs	Clinical program offering includes:		
Quality and Clinical Programs	Clinical program offering includes:		
Quality and Clinical Programs	Clinical program offering includes:		
Quality and Clinical Programs	You will only communicate with participants about alternative medications or places of service when a change will save both the participant and M-DCPS money before the application of rebates.		
Quality and Clinical Programs	You will allow M-DCPS the ability to 'opt-out' of clinical programs, which include but are not limited to therapeutic substitution programs and impose no penalties for opting out.		
Quality and Clinical Programs	If requested, you will allow 'grandfathering' of copays (formulary tier levels) for current utilizers for a specified period of time.		
Quality and Clinical Programs	You are willing and capable of providing reporting specific to the activity and outcomes associated with all of the utilization management tools and programs you have as frequently as the plan requests.		
Quality and Clinical Programs	Provide the total number of the following clinical rules or edits you are offering:		
Quality and Clinical Programs	Provide the total number of the following clinical rules or edits you are offering:		
Quality and Clinical Programs	Provide the total number of the following clinical rules or edits you are offering:		

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PBM RFP 2015

Section	Question	Response	Explanation
Quality and Clinical Programs	On a per member, per month (PMPM) basis, please indicate the charges/fees associated with the following types of utilization management programs (Include charges for basic and optional programs). If charges vary depending on drug class, put a range in the corresponding cell, (ex.: \$0.05-\$0.08 PMPM) and attach detailed list. Please do not put "Quoted upon request" or "See attached".		
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Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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Miami-Dade County Public Schools - 2015 Rx RFP

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Clinical Programs - Savings and Reporting	How often are your clinical programs reviewed to ensure they remain up-to-date?		
Clinical Programs - Savings and Reporting	Clinical programs included in your financial proposal will have no shared savings and the fee will not be based on the M-DCPS's average membership.		
Clinical Programs - Savings and Reporting	All proposed clinical programs will be guaranteed dollar-for-dollar, and M-DCPS will receive 100% of any/all savings achieved in excess of any minimum guaranteed savings within 90 calendar days from the end of each contract year.		
Clinical Programs - Savings and Reporting	All proposed utilization management programs will have a positive ROI for the entire time period they are in place.		
Clinical Programs - Savings and Reporting	You will provide the methodology for calculating ROI prior to the start of the program and will not change methodology during the life of the program without prior M-DCPS consent.		
Clinical Programs - Savings and Reporting	You will allow M-DCPS or Aon Hewitt to audit ROI calculations and reimburse M-DCPS if any of the ROI ratio did not meet proposed guarantee.		
Clinical Programs - Savings and Reporting	Any savings achieved in excess from one clinical program will not be used to subsidize short falls in savings resulting from any other clinical program in any contract year.		
Clinical Programs - Savings and Reporting	You will exclude savings from Concurrent DUR and administrative edits, including but not limited to 'refill too soon', from any clinical savings guarantee.		
Clinical Programs - Savings and Reporting	You will provide quarterly performance reporting (activity and savings/outcomes) for all clinical programs within 30 days from the close of each quarter.		
Clinical Programs - Savings and Reporting	The reporting must clearly outline the performance of each individual clinical edit separately in addition to summary level reporting.		
Clinical Programs - Savings and Reporting	Savings assumptions must be based on M-DCPS specific utilization and not on book of business measures.		
Clinical Programs - Savings and Reporting	Savings reported will be direct savings associated with the pharmacy benefit and will not include any inferred medical savings.		
Clinical Programs - Savings and Reporting	You will provide a fixed fee per letter, if any, to provide and mail communications pieces to participants to help them lower costs (e.g., switching to generics, mail, etc.).		
Pharmacy and Therapeutic Committee	Pharmacy and Therapeutic Committee employs:		
Pharmacy and Therapeutic Committee	Pharmacy and Therapeutic Committee employs:		

Miami-Dade County Public Schools - 2015 Rx RFP

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[illegible]

Questionnaire

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Is this section required?

[illegible]

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Section	Question	Response	Explanation
Medicare Part D	In a separate attachment., please suggest performance guarantees in regards to the above Medicare Part D questions. Please name the attachment [Your Organization Name]_Medicare Part D Performance Guarantees.		
Medicare Part D	Please confirm your capability to adminster RDS Services.		
Medicare Part D	Please provide your proposed RDS fee (if applicable) on a per member, per month (PMPM) basis.		
Medicare Part D	Please confirm your capability to offer an EGWP + WRAP Product.		
Medicare Part D	Please confirm your capability to comply with CMS guidance and include language in your contract in compliance with CMS guidance.		
Medicare Part D	In the event, M-DCPS wishes to transition to a EGWP set-up mid-contract, please confirm your capability to manage this.		
Medicare Part D	Please confirm that a separate Per Member Implementation Credit will also be available/offered for this transition.		
Medicare Part B COB	Do you currently offer a real-time Medicare Part B COB solution at mail order?		
Medicare Part B COB	Do you currently offer a real-time Medicare Part B COB solution at mail order?		
Medicare Part B COB	Are all of your mail order pharmacies, including specialty pharmacies, enrolled as Medicare Part B Suppliers? If no, are some of your mail order pharmacies, including specialty pharmacies, enrolled as Medicare Part B Suppliers? If yes, how many?		
Medicare Part B COB	If some or all of your pharmacies are Medicare Part B Suppliers, which classes of drugs and supplies are currently dispensed to Medicare Part B members?		
Medicare Part B COB	Do you have edits in place at retail to identify Medicare Part B eligible members and reject their claims with messaging to pharmacies that the claims should be submitted to Medicare Part B?		
Medicare Part B COB	Do you have edits in place at retail to identify Medicare Part B eligible members and reject their claims with messaging to pharmacies that the claims should be submitted to Medicare Part B?		
Enrollment and Disenrollment Requirements	Is your organization able or willing to accept enrollment / disenrollment from the client without obtaining an election form from each participant?		

Miami-Dade County Public Schools - 2015 Rx RFP

Questionnaire

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PBM RFP 2015

Section	Question	Response	Explanation
Enrollment and Disenrollment Requirements	Is your organization able or willing to accept enrollment / disenrollment from the client without obtaining an election form from each participant?		
Enrollment and Disenrollment Requirements	Is your organization able or willing to accept enrollment / disenrollment from the client without obtaining an election form from each participant?		
Enrollment and Disenrollment Requirements	Is your organization able or willing to accept enrollment / disenrollment from the client without obtaining an election form from each participant?		
Enrollment and Disenrollment Requirements	Will your plan disenroll a participant who enrolls in another Medicare Part D PDP or an MA-PD plan?		
Enrollment and Disenrollment Requirements	Does your plan utilize the Part D Special Enrollment Period (SEP)?		
Enrollment and Disenrollment Requirements	Does your plan utilize the Part D Special Enrollment Period (SEP)?		

Miami-Dade County Public Schools - 2015 Rx RFP

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Enrollment and Disenrollment Requirements	Does your plan utilize the Part D Special Enrollment Period (SEP)?		
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Enrollment and Disenrollment Requirements	Does your plan utilize the Part D Special Enrollment Period (SEP)?		
Waivers	Has your organization applied for all of the standard employer Part D waivers?		
Waivers	If you did not apply for all standard employer Part D waivers,did you apply for the following waiver? If your answer is no, please provide an explanation.		
Waivers	If you did not apply for all standard employer Part D waivers,did you apply for the following waiver? If your answer is no, please provide an explanation.		
Waivers	If you did not apply for all standard employer Part D waivers,did you apply for the following waiver? If your answer is no, please provide an explanation.		

Miami-Dade County Public Schools - 2015 Rx RFP

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Section	Question	Response	Explanation
Waivers	If you did not apply for all standard employer Part D waivers,did you apply for the following waiver? If your answer is no, please provide an explanation.		
Waivers	If you did not apply for all standard employer Part D waivers,did you apply for the following waiver? If your answer is no, please provide an explanation.		
Low Income Subsidy (LIS) Participants	Will your organization notify the client of any Part D participant who qualifies for the LIS and automatically provide the client with LIS proceeds (once the participant's premium is reduced to zero)?		
Billing	Will your organization bill retirees for their PDP coverage?		
Billing	Describe how you will handle billing retirees when the client contributes towards the cost of their PDP coverage.		
Billing	Do you have the ability for electronic payment from retiree checking/savings accounts?		
Billing	Will you 'balance' bill the client for its contribution towards retiree coverage?		
Communication Materials	What communication materials, if any, will you provide to the client's participants?		
Communication Materials	Will you provide customized and targeted mailings?		
Communication Materials	Will you provide customized and targeted mailings?		
Communication Materials	Will you provide customized and targeted mailings?		
Transitioning to PDP from Employer who is collecting RDS	The following questions require a separate document in Excel or a table format. Please attach the required documents with your RFP.		

Miami-Dade County Public Schools - 2015 Rx RFP

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Transitioning to PDP from Employer who is collecting RDS	The following questions require a separate document in Excel or a table format. Please attach the required documents with your RFP.		
Transitioning to PDP from Employer who is collecting RDS	Will you provide a 90 day grace period to allow for a one-time fill of non-formulary and excluded drugs?		
Transitioning to PDP from Employer who is collecting RDS	How will you manage Part B and Part B/D co-eligible drug coverage in the PDP products you are offering the client?		
Transitioning to PDP from Employer who is collecting RDS	Is your organization willing to provide coverage for Non-Part D medications at the client's request?		
Transitioning to PDP from Employer who is collecting RDS	How will you transition participants using specialty medications? Will you implement any specialty lock-out at retail for these members?		
Transitioning to PDP from Employer who is collecting RDS	How will you transition participants with mail order open-refill prescriptions?		
Additional Comments	Please provide any additional comments.		

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PBM RFP 2015			
Section	Question	Response	Explanation
Officer			
Section	Question	Response	Explanation
Officer Statement	You acknowledge that the response provided to this proposal in entirety will become part of the contract with M-DCPS. If any part of the contract does not agree with the response provided herein, you will amend the contract or defer to the proposal.		
Officer Statement	You agree that all existing contractual terms and conditions not addressed in this Request for Proposal will remain unchanged in any future contract or amendment unless M-DCPS decides otherwise.		
Officer Statement	Your completed proposal contains the form (included in the "Officer Statement" worksheet), signed by a company officer, attesting to compliance with RFP specifications and the accuracy of all responses.		

Miami-Dade County Public Schools - 2014 Rx RFP

Rx Pricing, Traditional (Broadest Network)

Instructions: Please complete every cell on this worksheet. For retail, please propose pricing for your broadest retail network. Your financial offer **MUST COMPLY** with all Bidding Requirements and requirements in the Financial Questionnaire. Your pricing offer must be on a post-AWP rollback basis. All proposed terms are guaranteed.

Aon Identification Data	
Vendor Name	

RETAIL (INCLUDING SPECIALTY FROM NON-PREFERRED SPECIALTY VENDORS)			
Type of Network:	Broadest Network		
Number of Pharmacies Nationwide			
	Year 1	Year 2	Year 3
Ingredient Cost Adjudication Formula: Lowest of pharmacy's U&C price, MAC (where applicable), or discounted AWP	Insert formula including AWP discount percentages	Insert formula including AWP discount percentages	Insert formula including AWP discount percentages
Minimum AWP Discount Guarantees			
SS-Brands (nonMAC + MAC)	Insert Guaranteed Discount for brands at Retail	Insert Guaranteed Discount for brands at Retail	Insert Guaranteed Discount for brands at Retail
MS-Brands (nonMAC + MAC)			
Other Brands (describe)			
All Brands	Insert Guaranteed Discount for ALL generics at Retail	Insert Guaranteed Discount for ALL generics at Retail	Insert Guaranteed Discount for ALL generics at Retail
All SS-Generics (nonMAC + MAC)			
All MS-Generics (nonMAC + MAC)			
Other Generics (describe)			
All Generics			
Maximum Dispensing Fee per Paid Claim			
Brands	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Generics	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Compounds			
Ingredient cost adjudication formula	Insert formula including discount percentage	Insert formula including discount percentage	Insert formula including discount percentage
Administrative Fee, if any			
Per Paid Claim, OR	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Per Member Per Month	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt

MAIL AT RETAIL (INCLUDING SPECIALTY FROM NON-PREFERRED SPECIALTY VENDORS)			
Type of Network:	Mail at Retail		
Number of Pharmacies Nationwide			
	Year 1	Year 2	Year 3
Ingredient Cost Adjudication Formula: Lowest of pharmacy's U&C price, MAC (where applicable), or discounted AWP	Insert formula	Insert formula	Insert formula
Minimum AWP Discount Guarantees			
SS-Brands (nonMAC + MAC)	Insert Guaranteed Discount for brands at Mail at Retail	Insert Guaranteed Discount for brands at Mail at Retail	Insert Guaranteed Discount for brands at Mail at Retail
MS-Brands (nonMAC + MAC)			
Other Brands (describe)			
All Brands	Insert Guaranteed Discount for all generics at Mail at Retail	Insert Guaranteed Discount for all generics at Mail at Retail	Insert Guaranteed Discount for all generics at Mail at Retail
All SS-Generics (nonMAC + MAC)			
All MS-Generics (nonMAC + MAC)			
Other Generics (describe)			
All Generics			
Maximum Dispensing Fee per Paid Claim			
Brands	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Generics	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Compounds			
Ingredient cost adjudication formula	Insert formula	Insert formula	Insert formula
Administrative Fee, if any			
Per Paid Claim, OR	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt

Per Member Per Month	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
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MAIL (EXCLUDING SPECIALTY)			
	Year 1	Year 2	Year 3
Ingredient Cost Adjudication Formula - Maintenance Choice (must include lower of U&C)	Insert formula including AWP discount percentages	Insert formula including AWP discount percentages	Insert formula including AWP discount percentages
Ingredient Cost Adjudication Formula - Mail	Insert formula including AWP discount percentages	Insert formula including AWP discount percentages	Insert formula including AWP discount percentages
Minimum AWP Discount Equivalent Guarantees			
SS-Brands (nonMAC + MAC)	Insert Guaranteed AWP Discount for brands at Mail	Insert Guaranteed AWP Discount for brands at Mail	Insert Guaranteed AWP Discount for brands at Mail
MS-Brands (nonMAC + MAC)			
Other Brands (describe)			
All Brands	Insert Guaranteed AWP Discount for generics at Mail	Insert Guaranteed AWP Discount for generics at Mail	Insert Guaranteed AWP Discount for generics at Mail
All SS-Generics (nonMAC + MAC)			
All MS-Generics (nonMAC + MAC)			
Other Generics (describe)			
All Generics			
Maximum Dispensing Fee per Paid Claim			
Brands	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Generics	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Compounds			
Ingredient cost adjudication formula	Insert formula	Insert formula	Insert formula
Administrative Fee, if any			
Per Paid Claim, OR	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Per Member Per Month	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt

SPECIALTY (THROUGH YOUR PREFERRED SPECIALTY VENDOR)			
	Year 1	Year 2	Year 3
Ingredient Cost Adjudication Formula	Insert formula	Insert formula	Insert formula
Minimum AWP Discount Guarantee			
All Brands	Insert Guaranteed Discount for all brands at Specialty	Insert Guaranteed Discount for all brands at Specialty	Insert Guaranteed Discount for all brands at Specialty
All Generics	Insert Guaranteed Discount for all generics at Specialty	Insert Guaranteed Discount for all generics at Specialty	Insert Guaranteed Discount for all generics at Specialty
Maximum Dispensing Fee per Paid Claim			
All Brands and Generics	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Compounds			
Ingredient cost adjudication formula	Insert formula	Insert formula	Insert formula
Administrative Fee, if any			
Per Paid Claim, OR	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Per Member Per Month	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Explain how specialty drugs at retail are treated. Do the Specialty rates apply or retail rates apply?			

Guaranteed Amount			
Rebate Percentage shared with the Plan	100%	100%	100%
Guaranteed Minimum Rebate per Paid Claim			
	Year 1	Year 2	Year 3
Per Retail Brand Claim	Guaranteed Rebate per Paid Brand Claim	Guaranteed Rebate per Paid Brand Claim	Guaranteed Rebate per Paid Brand Claim
Per Mail at Retail Brand Claim	Guaranteed Rebate per Paid Brand Claim	Guaranteed Rebate per Paid Brand Claim	Guaranteed Rebate per Paid Brand Claim
Per Mail Brand Claim (excluding Specialty)	Guaranteed Rebate per Paid Brand Claim	Guaranteed Rebate per Paid Brand Claim	Guaranteed Rebate per Paid Brand Claim
Per Retail Specialty Brand Claim (Non-preferred specialty vendor)	Guaranteed Rebate per Paid Brand Claim	Guaranteed Rebate per Paid Brand Claim	Guaranteed Rebate per Paid Brand Claim
Per Specialty Brand Claim (Preferred Specialty Pharmacy)	Guaranteed Rebate per Paid Brand Claim	Guaranteed Rebate per Paid Brand Claim	Guaranteed Rebate per Paid Brand Claim

Generic Dispensing Rate (GDR) Guarantee

	Year 1	Year 2	Year 3
Retail GDR Guarantee	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt
Mail GDR Guarantee	Insert Guaranteed Amt	Insert Guaranteed Amt	Insert Guaranteed Amt

Other Costs		
Please indicate the charges/fees associated with the following types of utilization management programs (Include charges for basic and		
	Basic (\$)	Optional (\$)
Utilization Management Programs		
Concurrent Drug Utilization Reviews (CDUR)		
Drug utilization review, Retrospective (RDUR) <input type="checkbox"/>		
Controlled substance excessive use programs		
Medication adherence programs (e.g., refill reminders)		
Disease Management programs		
Clinical Prior Authorization program		
Step Care/Step Therapy program		
Dose optimization programs (quantity limits, dose duration, half tablet)		
Physician Profiling programs		
Genetic Testing (if price varies between programs, specify the price for each		
Smoking Cessation (includes counseling and coverage of OTC products)		
Please indicate what are the charges/fees associated with the following:		
Appeals (per Review)		
External/Independent Reviews		
First level		
Second Level (includes Urgent)		
Data Feeds		
Additional data feeds beyond the minimum number required in contract		
ID Card Production and Delivery :		
# of Cards, Free		
Cost/Card, after # Free		
Member Enrollment Packages ("packet")		
# of Packets, Free		
Cost/Package, after # Free		
Other		
Formulary management		
Communications to participants about lower cost alternatives (generics, mail, etc.)		
Member access to web-based drug information		
Member access to web-based patient claims history records		
Paper Claims, if any		
Installation or Set-up Charges, if any		
Other Program Fee(s)/Cost(s)		

Credits / Allowances	
Program Implementation Credit/Allowance	
Pre-implementation Audit Credit	
Pharmacy Management Fund Allowance	
Market check allowance	
Annual Audit Allowance	
Pharmacy management fund Allowance	
Other Credit	

Definitions	
Define Single Source Generic (SSG) Drugs.	
Define the number of sources for SSG drugs.	
Are SSG drugs included in the generic discount, brand discount or excluded (i.e.	



Miami-Dade County Public Schools - 2014 Rx RFP

Network Access

- Complete the tables below with the results of your network geo-analysis using the plan member residence zip code data provided in the Census.

Network #1: Narrow Retail Network:		Mileage Standard Measured in Driving Distance			
		Urban (1.5 M)	Suburban (3 M)	Rural (10 M)	Total
A.	Total number of network pharmacies within access standard				
B.	<u>Number</u> of members on census file				
C.	<u>Number</u> of members includes in geo-analysis				
D.	<u>Number</u> of members not included in geo-analysis				
E.	<u>Number</u> of members with access to at least one network pharmacy within standard				
F.	<u>Number</u> of members without access to at least one network pharmacy within standard (Line C-E)				
G.	<u>Number</u> of members without access because no pharmacy exists within access standard				
H.	<u>Number</u> of members without access because a pharmacy exists but is not in the proposed network (Line F-G)				

- Explain why the members in D. were not included in the geo-analysis for the proposed network.
- Please attach a listing of those pharmacies identified in Line H above, including:

a. NCPDP number

b. Name of Pharmacy

c. Address (Street, city, state, zip)
- Please attach a summary of the zip code where access standards are not met.
- Briefly describe your methodology for geo-analysis, including:

a. software used and when last updated

b. definition of distance if not driving distance

c. other assumptions and approach

		Urban (1.5 M)	Suburban (3 M)	Rural (10 M)	Total
A.	Total number of network pharmacies within access standard				
B.	<u>Number</u> of members on census file				
C.	<u>Number</u> of members includes in geo-analysis				

D.	Number of members not included in geo-analysis				
E.	Number of members with access to at least one network pharmacy within standard				
F.	Number of members without access to at least one network pharmacy within standard (Line C-E)				
G.	Number of members without access because no pharmacy exists within access standard				
H.	Number of members without access because a pharmacy exists but is not in the proposed network (Line F-G)				

2.	Explain why the members in D. were not included in the geo-analysis for the proposed network.	
3.	Please attach a listing of those pharmacies identified in Line H above, including:	
a.	NCPDP number	
b.	Name of Pharmacy	
c.	Address (Street, city, state, zip)	
4.	Please attach a summary of the zip code where access standards are not met.	
5.	Briefly describe your methodology for geo-analysis, including:	
a.	software used and when last updated	
b.	definition of distance if not driving distance	
c.	other assumptions and approach	



Miami-Dade County Public Schools - 2014 Rx RFP

Network Access

Medicare Advantage (with Part D) Questionnaire

VENDOR NAME:

To Vendor: Use Column F to provide a brief explanation. However if the length of the explanation is **greater than 400 characters**, you must use the **"Extended Explanations"** worksheet to provide your detail explanation.

MEDICARE ADVANTAGE with PART D RFP 2015		Response	Explanation
GENERAL PLAN INFORMATION			
1.	Organization Name		
2.	Legal Name of Corporation Insuring Benefits		
3.	Corporate Office Address: Street Address		
4.	City		
5.	State		
6.	Zip Code		
7.	Web Address		
8.	Brand Name of Plan(s)		
9.	Total MA, or PD, or MA-PD Group Membership		
13.	Provide an electronic copy of the company's most recent annual report. Name the file: Your Organization's Name_Annual Report.		
14.	Provide an electronic copy of your company's most recent financial statement. If your company will not release this information, provide proof of ongoing financial stability. Name the file: Your Organization's Name_Financial Statement.		
15.	Indicate if the risk is held entirely by your organization.		
a.	If it is not, indicate the percentage of the risk passed on to other firms.		
16.	Provide overview of your organization/firm including, at minimum: historical background, locations(s) of business, length of time in business, organizational structure		
17.	Please describe your firm's turn-over rate, as it pertains to Account Managerment staff assigned to specific accounts.		

18.	<p>Attach an organizational chart showing the suggested key staff member(s) who will handle account management for M-DCPS' account, and indicate which staff members will be servicing M-DCPS. Include separate charts for each product if the staff varies. Include the following information for each of these staff members:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name, title, address, telephone #, role on the M-DCPS account <input type="checkbox"/> A brief biography, including: <ul style="list-style-type: none"> <input type="checkbox"/> Managed care qualifications and experience <input type="checkbox"/> Length of service with your organization <input type="checkbox"/> Current account responsibilities <input type="checkbox"/> Relevant large client experience 		
a.	Will the Senior Account Executive be available to meet with M-DCPS on an "as needed" basis?		
19.	Provide the location of the office which would service the M-DCPS.		
20.	Indicate the number of lives you service within the State of Florida.		
a.	Medicare Advantage		
b.	Part D Prescription Drug Plan		
c.	EGWP+Wrap		
21.	How many years has your company been providing private Medicare plans?		
22.	What size clients do you service and what is your target size client?		
23.	Under your proposal, will any other organization provide services as a subcontractor?		
a.	Please identify and describe the nature of the relationship with the outside firms.		
b.	Specify how long (years) these relationships existed.		
c.	Describe how you guarantee the quality of their service delivery.		
24.	Please provide a sample client list of employers for whom you provide Medicare Advantage, or Part D or MA-PD depending on what vendor is proposing.		
25.	Do you have a minimum participation requirement?		
a.	If yes, please indicate the smallest number of members that you would accept.		
26.	Provide your organization's (Legal entity insuring risk) most recent ratings by the following organizations:		
a.	AM Best		
b.	Moody's		
c.	Standard & Poor's		

II. CONTACTS		Response	Explanation
Please indicate the vendor contact, should there be any questions concerning submitted responses.			
1.	Primary Contact		
a.	Name		
b.	Title		
c.	Address		
d.	City		

e.	State		
f.	Zip Code		
g.	Telephone #		
h.	Fax Phone #		
i.	E-mail Address		
2.	Secondary Contact		
a.	Name		
b.	Title		
c.	Address		
d.	City		
e.	State		
f.	Zip Code		
g.	Telephone #		
h.	Fax Phone #		
i.	E-mail Address		

III.

PROPOSED PLAN DESIGN		Response	Explanation
1.	Confirm whether or not the plans that are the basis of your quoted rates match the current M-DCPS plans.		
a.	HMO Medicare Advantage - Medical Design		
b.	PPO Medicare Advantage - Medical Design		
c.	Part D - Drug Design		
2.	If the plan quoted does not match the plan design outlined in the plan design document, please provide your closest plan design and provide a complete description of the quoted plan design including any deviations on the "Medical Plan Design" tab and the "Rx Benefit Design" tab. If an alternative plan design is provided, please note in the response column the actuarial difference in benefit value compared to the outlined plan design.		
3.	Confirm the quoted rates/fees include commissions/compensation requested in the introduction Section of this RFP. Indicate the percentage of commission/compensation included.		
4.	Please include a concise description of how your health plan would cover the transitional conditions (e.g. chemotherapy, etc.), if the new member is receiving treatment from a non-participating provider. How do you recommend M-DCPS handle transition of care issues? Be specific with respect to hospitalization, chronic/terminal illness, mental health, and prescription drugs.		
5.	Please describe how you handle coverage for individuals who travel outside the home plan service area.		
6.	Please describe how you handle coverage for individuals who live outside the home plan service area.		
7.	Please confirm vendor will notify M-DCPS upon their notification of a participant's death.		
8.	Please confirm vendor will pay any balance billing associated with providers that are non-participating with Medicare.		

9.	Please confirm Medicare Advantage or Part D coverage will be available to all Medicare-eligibles including disabled employees and dependents regardless of age.		
10.	Describe the clinical programs included with the MA and/or PD including disease management program eligibility identification and engagement.		
11.	Describe your process by which members seek care from in-network providers. Can plan participants self-refer to any specialist in your network, or must care be coordinated through a PCP.		
12.	Does the PCP have a sub-network of specialists to which he/she refers patients?		
13.	Will vendor perform low income subsidy (LIS) premium subsidy administration?		
14.	Does organization utilize a third-party pharmacy benefit manager to administer your prescription drug benefit? If so, please identify.		
15.	The vendor will keep M-DCPS apprised of changes in the drug formulary prior to the change, with explanation of how it will directly affect M-DCPS' members.		

IV.

FINANCIALS		Response	Explanation
1.	In a separate submission, please provide proposed premiums based on a fully insured funding approach for both medical and prescription drugs. Please use lay-out similar to one on tab, "MA PDP Proposed Rates" and supply an excel file titled, "M-DCPS_Financials.xls"		
2.	Confirm that your proposal contains no conditions as to employer contributions.		
3.	Please confirm that you will accept the claims and demographic information provided in the RFI as full disclosure.		
3.	Confirm that your proposal assumes continued coverage on a no loss, no gain basis.		
4.	Confirm that all pre-existing condition limitations and exclusions are waived for all participants covered under the plan.		
5.	Will you allow retirees who are entitled to Medicare but not yet age 65 to enroll in either your plans? If your answer varies by plan, provide details.		

Financial - Renewal Services		Response	Explanation
Please indicate your willingness to comply with the following renewal requirements and services:			
Renewal underwriting of rates is to be completed annually with any adjustments effective on the contract anniversary date, unless an alternate date is mutually agreed to in advance by M-DCPS.			
Renewal rates (to be accompanied with an experience summary report) are to be provided at least 180 days in advance of the contract anniversary date.			
Vendor will provide routine underwriting- and actuarial-related contract services.			
The vendor will provide a complete description of the methodology inherent in the renewal work up.			

The vendor will provide a definition of all terms and an itemization of all assumptions used including all components requested on the Proposed Rates sheet included in this RFP as well as trend factors and the formulas involved, plus a complete explanation of the logic inherent in the final renewal rate/fee package.		
The vendor will provide a comparison of old and new rates and factors.		
REPORTING (Management Reports)	Response	Explanation
Attach a sample management and utilization report(s) that would be prepared for M-DCPS and describe timing. Label Attachment: Management Reporting Package.		

V.

ADMINISTRATIVE AND OPERATIONAL ISSUES		Response	Explanation
Implementation			
1.	Prepare a detailed schedule and time frame to implement this program by the effective date. Please indicate the implementation responsibilities of your organization and M-DCPS. Name the file: M-DCPS_Implementation.		
2.	Vendor agrees to design, submit for M-DCPS's approval, and print forms with M-DCPS's logo for claims submission, where required.		
3.	Vendor agrees to load, audit and insure clean eligibility data at least 5 days prior to program effective date.		
4.	Describe assistance vendor will provide in acquiring missing Health Insurance Claim Numbers (HICNs) for Medicare retired members.		
5.	Will you conduct on-site new member orientations at no additional charge?		
6.	Will you provide a fulltime onsite representative to M-DCPS, including computer equipment and access to your systems? Representative will maintain M-DCPS hours and days open.		
	Vendor agrees to provide CMS licensed representatives during the enrollment period.		
7.	Confirm that all premiums and fees can be paid within a 45-day grace period without penalty.		
8.	Confirm that the Medicare premiums will be collected by you, the Proposer or partner plan, directly from retirees or via the Florida Retirement System (FRS), and that M-DCPS will not be held liable for the collection of premiums.		
Other Services		Response	Explanation
1.	Attach a description of premium or administrative fee billing procedures. Include information on the timing of billing, billing-payment reconciliations and ability to provide for client self-billing. Name the file: M-DCPS_PremiumBil		
2.	For MA PPO plan(s), are participants required to submit claim forms and bills:		
a.	In-Network		
b.	Out-of-Network		
c.	Out-of-Area		
3.	When customized printing is required, the health plan must present a proof to M-DCPS for approval. Please confirm.		

4.	The vendor will pay for printing costs for:		
a.	ID Cards		
b.	Booklets		
c.	Certificates		
d.	SPDs		
5.	Please confirm whether or not the vendor can provide SPDs in an electronic format.		
6.	Please describe any web-access vendor provides for participants.		
6.	The health plan agrees that no external communications material that mentions M-DCPS's benefit plans may be circulated without written approval from M-DCPS.		
7.	M-DCPS reserves the right to decline the designated Account Manager.		
8.	Are you willing to customize the above materials annually, not just during implementation? Is there an additional charge for customization?		

VI.

PERFORMANCE GUARANTEES

Response

Explanation

M-DCPS is considering negotiating performance standards on performance results with the selected vendor to encourage the vendor to provide superior performance. Vendor's failure to meet the performane guarantee(s) would result in a financial penalty. Please indicate your concurrence below.

The penalty for failure to meet any agreed performance standard will be determined during negotiations.

A penalty of % of for failure to meet any of the agreed performance standards is being considered.

Implementation

Response

Explanation

1.	Meeting deadlines set forth in Implementation Schedule.		
3.	Production and distribution of ID cards prior to effective date with accuracy equal to data provided by M-DCPS.		
4.	<p>M-DCPS desires the following minimum information to be provided on member ID Cards:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Group account number <input type="checkbox"/> Member name <input type="checkbox"/> Member identification number <input type="checkbox"/> Coverage Option (Medicare Supplement/Advantage) <input type="checkbox"/> Coverage type (employee, employee + spouse, employee + child(ren), employee + family) (or alternative coverage tiers, as applicable) <input type="checkbox"/> Toll-free number for selected vendor(s) <input type="checkbox"/> Medical vendor's claims mailing address <input type="checkbox"/> Prescription vendor's name and telephone number (if different from medical) and mailing address <input type="checkbox"/> Copays for Office Visits, Emergency Room and Pharmacy 		
5.	Appropriate members of account team to perform a service and operational audit for M-DCPS within the first three months of the program.		
6.	Provide M-DCPS with a benefits and financial contract 180 days prior to the effective date.		

7.	Meet or exceed M-DCPS's subjective assessment of satisfaction with program implementation.		
Network Maintenance		Response	Explanation
7.	Maintenance of satisfactory number of providers (hospitals and physicians) in all implemented locations.		
8.	The vendor will keep M-DCPS apprised of any significant issues/discussions surrounding changes to the provider network including terminations of all hospitals utilized by M-DCPS members and physician practices utilized by 10 or more MDCPS members in a 12 month period. Notice will be provided to M-DCPS within 48 hours of termination notice. Vendor must provide a report to M-DCPS indicating the number of members impacted by the provider termination and alternative network options. a) Agree b) Agree with conditions c) Decline		
9.	Where, if anywhere, would you seek to add providers to specifically address network deficiencies based on the location of the M-DCPS population?		
10.	Is any part of your network leased? If so, identify the owner of the network and the geographic service area (otherwise denote N/A).		
11.	What is the current percentage of primary care physicians that are accepting new patients for your Medicare Advantage HMOs?		
12.	Actively pursue physicians nominated by M-DCPS employees to participate in network.		
Member Services		Response	Explanation
13.	Satisfactory results as defined and agreed upon on member satisfaction survey.		
14.	90% of telephone calls to member services will be answered within 20 seconds.		
Data Reporting and Analysis		Response	Explanation
15.	Production of promised reports and data on agreed upon dates.		
16.	Analyze M-DCPS's utilization and claims data and meet with M-DCPS on at least a semi-annual basis to review emerging trends and account servicing.		
17.	Provide a year-end financial accounting for the program within 45 days of the contract anniversary date.		
18.			

VII.

ADMINISTRATIVE SERVICES		Response	Explanation
1.	Please indicate the range of services your firm offers, and whether or not they are included in your fully-insured rate, relative to retiree benefits administration services by completing the following table and expanding upon it as necessary.		
a.	Load and maintain eligibility files		
b.	Monitor eligibility and identify retirees approaching age 65		
c.	Prepare and mail retiree health enrollment packages as individuals approach age 65		
d.	Prepare billing statements for employer		

e.	Prepare and send retiree informational kits to current employees interested in their retirement benefits		
2.	Please confirm vendor's responsibility for distributing all required communication per CMS rules including but not limited to:		
a.	Pre-Notification mailing of pending group enrollment and ability to opt-out		
b.	Exhibit and Event Letters (31 possible letters)		
c.	Welcome Kit Package		
d.	Transition Supply Services		
e.	Formulary Changes		
f.	Formulary 60-Day Notice		
g.	Excluded Provider		
h.	Medication Therapy Management (MTM)		
i.	Annual Notice of Change (ANOC)		
j.	Explanation of Benefits (EOB)		
k.	Other (Explain)		
3.	Will vendor provide the following communications:		
a.	Targeted retail to mail conversion for maintenance Rx		
b.	Day One renewing member (mail order, generic awareness)		
c.	Therapy-specific generic education (options awareness, encourage physician discussion)		
d.	Generics launch (new generic for major brand name medication)		
4.	Will vendor provide co-branding and customization costs for communications materials?		
5.	Confirm vendor will be able to provide the following communications:		
a.	Customized communication pieces		
b.	Call center with representatives trained in unique needs of retirees		
c.	Call center representatives that can answer plan design questions		
d.	Call center representatives that can act as claim advocate in claim resolution.		
6.	Describe the training vendor will provide Client staff who could take calls from Medicare retired members.		
7.	Will the staff taking calls from Medicare retired members be specifically dedicated to MA and PD plans?		
8.	Confirm that your organization will be prepared to handle Benefit Fair support during open enrollment.		
	Confirm that your organization will provide an onsite representative for daily administration of the Medicare Advantage Program.		

VIII.

LEGAL/CONTRACTUAL CONSIDERATIONS		Response	Explanation
1.	Below are the proforma contract provisions which the vendor agrees to:		
a.	The contract will be issued in Florida		
b.	January 01, 2015 will be the contract effective date.		
c.	January 01 will be the first contract anniversary date.		
d.	January 1 to December 31 is the plan year.		

e.	Indicate any deviations to the contract enclosed in this workbook titled, "Contract" in the "Explanation" column and/or worksheet.		
e.	M-DCPS reserves the right to terminate its contract on any annual due date, provided such notification is given at least 90 days in advance.		
f.	The vendor must unconditionally agree to provide coverage to all present participants (retirees and eligible dependents) enrolled on the program effective date.		
g.	Employees who are not actively at work due to disablement on the program effective date will be covered when they become Medicare-eligible.		
h.	In the event the contract is terminated, the vendor agrees to maintain coverage for persons who are hospital confined on the date the agreement terminates until the individual is discharged.		
i.	In the event of a change in vendors, the vendor selected will be responsible for incurred claims up to the termination date regardless of paid date.		
j.	M-DCPS will neither recognize the appointment of any agent, general agent or broker by a respondent to these bid specifications not authorize any payment or remuneration of any kind by a vendor to a party not approved in writing by M-DCPS.		
k.	Vendor agrees to provide necessary legal defense in the event of litigation.		
l.	Vendor agrees to cover all costs associated with legal defense in the event of litigation.		
m.	In the event of any claim or suit filed against the vendor(s) for decisions rendered on behalf of M-DCPS, the vendor(s) shall defend itself at its own expense and shall indemnify and hold harmless M-DCPS for any such expenses, including, but not limited to, all litigation costs and expenses.		
n.	In the event of any claim or suit filed against M-DCPS for decisions made by MDCPS in reliance upon the decisions of the vendor(s) or for any wrongful or negligent acts or omissions of the vendor(s), its employees, and its sub vendors, the vendor(s) will hold harmless and indemnify M-DCPS, its employees, agents, and successors from all liability and expenses (including attorney's fees) and will be required, at its own expense, to fully cooperate with M-DCPS by providing any information or testimony necessary for the defense of such claim or suit. This assistance may include, but not be limited to, providing all information in its possession, including books, records, and documents, which may be relevant to the defense of any such claim.		
o.	Provide information on network-related litigation experience during the past three years, including pending cases, awards, and settlements (both in and out of court) in the "Explanation" column and/or worksheet .		
HIPAA and Records Management			
2.	The vendor (s) must comply with all provisions of the Health Insurance Portability and Accountability Act of 1996, including, but not limited to:		
a.	Providing certificates of creditable coverage where lawfully required		

b.	Permitting mid-year enrollment as outlined in the special enrollment provisions		
c.	Compliance with HIPAA confidentiality requirements		
d.	Does your organization have the ability to use encrypted e-mail in communications with M-DCPS retirees?		
e.	Does your organization inform members, practitioners, and providers of its policies and procedures on (check all that apply): a) Obtaining consent for use of member medical information? b) Allowing members access to their medical records? c) Protecting access to member medical information? d) Disclosing member medical info?		
f.	Does your organization afford patients the opportunity to consent to or deny the release of identifiable medical information, except when law requires such release?		
g.	What services does your organization outsource, or delegate to vendors, that fall under HIPAA's definition of "business partners"? (Please comment on all that apply.) a) Claim Administration b) Utilization Management c) Member Services d) Other; please describe		
h.	Confirm that your organization is fully complying with the HIPAA transaction and privacy rules. Please include the implementation month, year, and any caveats or comments.		
Legislative Compliance Processes			
3.	The vendor(s) will administer M-DCPS program in compliance with all pertinent statutes, regulations, and bulletins.		

IX.

OTHER INFORMATION		Response	Explanation
1.	Please attach the following information and label as specified:		
a.	A copy of the vendor's appeal and grievance policies . Label Attachment: Appeal and grievance Policies .		
b.	Current marketing materials that would be of assistance in evaluating your program. Label Attachment: Marketing Materials .		
c.	Sample ID Card and description of elements that may be customized. Label Attachment: ID Card .		
d.	Current member enrollment materials that the vendor feels would be of assistance in evaluating your program. Label Attachment: Member Enrollment Materials .		
Please provide three of your public sector employer client references who are similar in size and demographics to M-DCPS, of which you provide MA, PD or MA-PD services in the network locations that will be serving most of M-DCPS retirees.			
2.	Reference #1		
a.	Organization Name		
b.	Contact Person		
c.	Title		
d.	Phone Number		
e.	Fax Number		

f.	E-mail Address		
g.	Network Name		
h.	Members Enrolled		
3.	Reference #2		
a.	Organization Name		
b.	Contact Person		
c.	Title		
d.	Phone Number		
e.	Fax Number		
f.	E-mail Address		
g.	Network Name		
h.	Members Enrolled		
4.	Reference #3		
a.	Organization Name		
b.	Contact Person		
c.	Title		
d.	Phone Number		
e.	Fax Number		
f.	E-mail Address		
g.	Network Name		
h.	Members Enrolled		
	Please provide three of your terminated employer client references who were similar in size and demographics to M-DCPS, of which you provided MA, PD or MA-PD services.		
5.	Reference #1		
a.	Organization Name		
b.	Contact Person		
c.	Title		
d.	Phone Number		
e.	Fax Number		
f.	E-mail Address		
g.	Network Name		
h.	Members Enrolled		
i.	Reason for Termination		
6.	Reference #2		
a.	Organization Name		
b.	Contact Person		
c.	Title		
d.	Phone Number		
e.	Fax Number		
f.	E-mail Address		
g.	Network Name		
h.	Members Enrolled		
i.	Reason for Termination		
7.	Reference #2		

a.	Organization Name		
b.	Contact Person		
c.	Title		
d.	Phone Number		
e.	Fax Number		
f.	E-mail Address		
g.	Network Name		
h.	Members Enrolled		
i.	Reason for Termination		

Request for Proposal (RFP) for M-DCPS

Medicare Advantage and PPO D Plan Rates		Initial Contract Period
Rates and Services		January 1, 2015 - December 31, 2015
Plan Rates per Retiree (Head) Medicare Advantage Plan (Match Current 2014 M-DCPS Plan as applicable for 2015)		
Plan Rates per Retiree (Head) Medicare PPO D Plan (Match Current 2014 M-DCPS Plan as applicable for 2015)		
· Eligibility Reporting to Carriers (if applicable)		
· Standard Reporting		
· Summary Plan Descriptions (SPDs)		
· Summary of Benefits and Coverage (SBCs)		
Assumptions		
1		
2		
3		
4		
5		
6		
· Services Offered (if applicable) indicate- Yes, No, NA		
· ID card printing and mailing fees		
· Add M-DCPS logo to ID card		
· ID card replacement		
· Standard communication materials		
· Non-English communication materials		
· Member communications pertaining to vendor transition		
· Preparation and attendance of 25 benefit fairs		
· Distribution of open enrollment materials		
· Interest rate charged for late wire transfers		
· Member portal customization		
· Customized Summary Plan Description (SPDs)		
· SPD Amendments		
· Customized Summary of Benefits and Coverage (SBCs)		
· Other (please list)		

Case Management	
· Asthma	
· Cancer	
· Chronic care programs	
· Congestive heart failure	
· Diabetes	
· Depression	
· Heart disease	
· Hypertension	
· Low back pain/injury	
· Lung conditions (except asthma)	
· Muscle or joint	
· Patient management	
· Rheumatoid arthritis	
· Other Case Management Programs (Please list)	

Request for Proposal (RFP)

Individual Stop Loss Reinsurance

Miami-Dade County Public Schools

Tampa

Florida

I. Introduction

M-DCPS is seeking stop loss proposals for the plan year beginning **January 1, 2015**. Information regarding the current program is provided below.

II.

Vendor Financial Strength/Stability	Response	Explanation
1. For the entity that will be providing medical claims administration services, provide your most recent financial ratings or filings and effective dates of the ratings from each of the following agencies:		
Comment: Indicate whether your organization has received a financial rating for each of the rating agencies listed below by using the drop down box in the response cell to the right of each agency's name. Do not respond by providing information about your organization's credit ratings.		
a. A.M. Best: Financial Rating Status		
Financial Rating (do not report credit rating)		
Financial Rating Modifiers (if applicable)		
Date Rating Effective (if rated; if not financially rated, leave response cell blank)		
b. Standard & Poor's: Financial Rating Status		
Financial Rating (do not report credit rating)		
Financial Rating Modifiers (if applicable)		
Date Rating Effective (if rated; if not financially rated, leave response cell blank)		
c. Moody's: Financial Rating Status		
Financial Rating (do not report credit rating)		
Date Rating Effective (if rated; if not financially rated, leave response cell blank)		

2.	d. Fitch: Financial Rating Status		
	Financial Rating (do not report credit rating)		
	Date Rating Effective (if rated; if not financially rated, leave response cell blank).		
	Vendor's financial rating change within the past 12 months:		
	a. A.M. Best	drop down box	
3.	b. Standard & Poors	drop down box	
	c. Moody's	drop down box	
	d. Fitch.	drop down box	
	Provide an electronic copy of your company's most recent financial statement. If your company will not release this information, provide proof of ongoing financial stability. Name the file: [Your Organization's Name]_Financial Statement.	drop down box	

III. Stop Loss Proposal Requirements

General Information

1.	<div>Miami-Dade County Public Schools</div> <div>Miami, FL 33132</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
2.	<div>919.9</div>
3.	<div>General Government</div>
4.	<div>1/1/2015</div>

5.

TBD

6.

Jorge Davila
1501 NE 2nd Avenue, Suite 335, Miami, FL 33131
305-995-7152
305-995-7170
Jdavila@dadeschools.net

7.

No Commission

8.

No

9.

Actives

26,000
6,000

Retirees Under 65

Yes

10.

Retirees Over 65

11.

CIGNA
CIGNA
CIGNA

12.

CIGNA
CIGNA
CIGNA

13.

14.

15

Unlimited
Unlimited

Current Contract

16.

\$880,000

17.

No
No

18.

\$6.40

19.

Unlimited
Unlimited

20.

Medical and Rx

21

No

22.	
23.	
24.	
25.	
26.	
27.	
Requested Contract	

28.

\$800,000
\$880,000
\$1,000,000
\$1,150,000

29.

No

30.

18/12
Paid
Yes

31.

Medical/Rx

32.

Unlimited
Unlimited

33.

None

34.

--

35.

--

36.

--

37.

Unlimited
Unlimited

38.

Assumed "yes" upon acceptance of disclosure unless stated otherwise. Use Comment section below if necessary.

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

Yes
No Change
Yes
No
Yes
No

Additional Comments

2014 Benefit summaries and BeneFlex Guide for M-DCPS are an attachment within the Medical, Rx and Stop Loss RFP.

Explanation Tab for all RFP Questionnaires

State the number of questions you addressed with further explanation:

[illegible]

Miami-Dade County Public Schools - 2014 All RFPs

Miami-Dade County Public Schools - 2014 Rx RFP

Officer Certification

Please have an Officer review and sign this worksheet to confirm the information is valid.
Please include the completed form with your proposal.

OFFICER'S STATEMENT	
Vendor Legal Name	
Vendor Marketing Name	
Street Address	
City	
State	
Zip	
Phone Number	
Fax Number	
Web Address	
Name of Officer completing statement	
Title of Officer completing statement	
Phone Number of Officer completing statement	
Email Address of Officer completing statement	

I certify that our response to Aon Hewitt's RFP (Request for Proposal) is complete and accurate to the best of my knowledge and contains no material omissions or misstatements. I acknowledge that Aon Hewitt's clients will rely upon the information included in our response to make decisions concerning the _____ services that are offered to their employees.

Officer's Signature

Date Signed