

TPA RFP Questionnaire

MCHCP requires that you provide concise responses to questions requiring explanation. Please note there is a 1,000 character limit on all textual responses. MCHCP expects that you will provide all explanations within the parameters of the questionnaire.

Proprietary Statement

1.1 Pursuant to Section 610.021 RSMo, proposals and related documents shall not be available for public review until a contract has been awarded or all proposals are rejected. MCHCP maintains copies of all bid file material for review by appointment. Regardless of any claim by the bidder as to material being proprietary and not subject to copying or distribution, all material submitted by the bidder in conjunction with this RFP is subject to release after the award of a contract in relation to a request for public records under the Missouri Sunshine Law (see Chapter 610 of the Missouri Revised Statutes). Neither MCHCP nor its consultant shall be obligated to return any materials submitted in response to this RFP. The use of MCHCP's name in any way is strictly prohibited. Confirm your agreement with the Confidentiality and Public Record Policy listed above.

Confirmed

Not confirmed (please explain)

Vendor Profile

2.1 Provide the following information about your company:

Full and legal company name

Name of parent organization (if applicable)

Describe your company structure including subsidiaries and affiliates

Corporate address

Telephone

2.2 Provide a brief history of your company, including a summary of your status with respect to any past, current, or prospective mergers and acquisitions.

Response

2.3 Describe your strategy towards growth and any immediate plans for expansion nationally, regionally and in Missouri.

Nationally

Regionally

Missouri

2.4 How many employer groups does your organization service for Medical Benefits Administration?

Number of groups of 75,000 employees or more

Number of groups of 60,001-75,000 employees

Number of groups of 45,001-60,000 employees

Number of groups of 30,001-45,000 employees

Number of groups of 15,001-30,000 employees

Number of groups less than 15,000 employees

2.5 How many members does your organization service for Medical Benefits Administration?

Number of current members

Number of new members last year

Number of new members year to date

2.6 Is there any significant litigation and/or government action pending against your company, or has there been any action taken or proposed against your company within the last five (5) years?

- Yes (describe the situation prompting the suit(s) and the outcome or current status)
- No

2.7 Confirm you have uploaded a document to the Reference Files from Vendor section describing the insurance in force that your firm has made to cover any errors and omissions claims that may arise in connection with services on behalf of a client. Who is the carrier or what is the funding mechanism? What are the policy limits? Are all of your subcontractors and/or joint venture companies bound by such coverage? Name the file "Q2.7 E&O Insurance".

- Document has been uploaded (list carrier name, funding mechanism, and policy limits, and describe whether subcontractors are bound by coverage)
- Not provided (please explain)

2.8 Provide the following information for all subcontractors that will be used to fulfill the requirements of this contract:

	Company Name	Service Provided	Number of years working with your organization
Subcontractor #1	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
Subcontractor #2	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
Subcontractor #3	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
Subcontractor #4	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
Subcontractor #5	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>

2.9 Describe the economic advantages that will be realized as a result of your organization performing the required services by providing responses to each item below. If necessary to provide a full description, upload a document to the Reference Files from Vendor section, and name the file "Q2.9 Economic Impact".

- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.
- Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.
- Provide a description of the company's economic presence within the State of Missouri (e.g. type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

2.10 Confirm you have uploaded two years of your organization's audited financial statements to the Reference Files from Vendor section. Name the file "Q2.10 Audited Financial Statements".

- Confirmed
- Not confirmed (please explain)

2.11 Provide a brief summary of financial data and ratings for your organization.

	Current Rating	Date of Rating (MM/YYYY)	Financial Data Summary
A.M. Best	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
S&P	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
Duff and Phelps	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
Moody's	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>

2.12 Provide the following information regarding any SSAE 18 standards you maintain:

- Has your organization conducted a SSAE 18 examination (SOC1)?
- When was your organization's last SSAE examination conducted (MM/YYYY)?
- What is the frequency of your SSAE 18 examinations (SOC1)?

2.13 Confirm you will provide a copy of your SOC 1 report if awarded the contract.

Confirmed

Not confirmed (please explain)

2.14 Confirm you have uploaded a document to the Reference files from Vendor section confirming appropriate licensure/certification by the State of Missouri. Name the document "Q2.14 State of Missouri License".

Confirmed

Not confirmed (please explain)

Account Management and Implementation

3.1 Complete the following table regarding the Account Management team that would be compiled for MCHCP.

	Name	Role for MCHCP	Brief work experience bio	Number of years at your organization	Number of years in their current role	Number of current accounts in this same role	Maximum number of accounts
Strategic Account Executive	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical Resource	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claims Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IT Resource	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.2 Complete the following table regarding the Implementation team that would be compiled for MCHCP.

	Name	Role for MCHCP	Brief work experience bio	Number of years at your organization	Number of years in their current role	Number of current accounts in this same role	Maximum number of accounts
Implementation Account Executive	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Implementation Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Implementation Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.3 Describe the consultative services your account team will provide to MCHCP.

Response

3.4 How long will the implementation team remain involved after "go live"?

Response

3.5 Confirm you have uploaded an organizational chart for the proposed account team, showing lines of authority up to and including the executive management level. Upload the file to the Reference Files from Vendor section, and name the document "Q3.5 Organizational Chart". Include all functions such as claims, member services, billing, location, etc.

Confirmed

Not confirmed (please explain)

3.6 Confirm you have uploaded a detailed implementation plan that assumes a January 1, 2025 implementation date. Upload the file to the Reference Files from Vendor section, and name the document "Q3.6 Implementation Plan". The plan must include a list of specific implementation tasks/transition protocols and a timetable for initiation and completion of such tasks.

Confirmed

Not confirmed (please explain)

3.7 What services and support are provided and what information is needed from MCHCP in order to expedite implementation? Be specific.

Response

Member Services and Plan Administration

4.1 Provide the following information about your Member Services Department(s).

Location(s)

Days and hours of operation including observed holidays

Number of member services representatives (MSR) assigned to MCHCP account

Number of other clients assigned MSR are responsible for (average # per rep)

Experience level of staff (average # of yrs)

4.2 How can members access MSRs? What is your book of business percentage of members that utilize each method?

	Available (Yes/No)	Percent of members utilizing (X.XX)
Phone (Voice)	<input type="text"/> ..	<input type="text"/> %
Secure email	<input type="text"/> ..	<input type="text"/> %
Browser-based chat service	<input type="text"/> ..	<input type="text"/> %
Smartphone-based text messaging	<input type="text"/> ..	<input type="text"/> %
Written correspondence	<input type="text"/> ..	<input type="text"/> %
Other (please describe)	<input type="text"/> ..	<input type="text"/> %

4.3 Describe the structure of the member service team. Note preference is given to those organizations offering a designated team with some dedicated MSRs.

Response

4.4 Confirm that your MSRs will be trained on MCHCP's benefits and the toll-free line will be operational by October 1, 2024 for annual enrollment calls.

Confirmed, at no additional cost

Confirmed, at an additional cost (include cost in Supplemental Pricing)

Not confirmed (please explain)

4.5 What services are available to accommodate special populations, including non-English speaking and hearing and vision impaired? Please include the ability to translate member materials in either a non-English language or Braille if requested by a member.

Response

4.6 What features are available to the member via your website (check all that apply)?

Provider directory

- Cost transparency tools
- Verify eligibility
- Print temporary ID card
- Check claim status
- Request ID card
- Review benefits and plan design
- Review Explanation of Benefits
- Check status of deductibles, maximums, or limits
- Research specific medical conditions or health information
- Research treatment descriptions
- Ask a plan nurse health questions via secure email
- Obtain a history of medical claims
- Map provider locations
- Other (please explain)

4.7 Are all calls documented and/or recorded?

	Yes (please describe, including length of time documentation/recording is retained)	No
Documented	<input type="radio"/> <input style="width: 50px;" type="text"/>	<input type="radio"/>
Recorded	<input type="radio"/> <input style="width: 50px;" type="text"/>	<input type="radio"/>

4.8 How are overflow calls handled during busy call times (check all that apply)?

- Calls transferred to another call center
- Voice mail
- IVR
- Other (please explain)

4.9 Provide the following statistics for the member services office to be used by MCHCP:

	2023	2024 YTD
Ratio of representatives to 1,000 members	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Blockage rate (percentage)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Abandonment rate (percentage)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Average speed to answer (in seconds)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Average turnover rate (percentage)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
First call resolution rate (percentage)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

4.10 Describe any creative/innovative approaches to ensure the highest levels of member service.

Response

4.11 Confirm that you have uploaded results from your most recent member satisfaction survey. Upload the file to the Reference Files from Vendor section, and name the file "Q4.11 Satisfaction Survey Results".

- Confirmed
- Not confirmed (please explain)

4.12 Can ID cards be customized for MCHCP?

- Yes, at no additional cost
- Yes, at an additional cost (please specify cost on Supplemental Pricing)

No (please explain)

4.13 Confirm you have uploaded samples of the communications materials included in your financial proposal that you use to communicate with members. Sample materials must be uploaded to the Reference Files from Vendor section, and named "Q4.13 Member Communications".

Confirmed

Not confirmed (please explain)

Technology and Security

5.1 When was the last system/platform upgrade or migration for each of the following systems? If an upgrade is planned within the next 24 months for any of the systems listed, provide the projected date.

Customer Relation Management (CRM) (MM/YYYY)

Eligibility (MM/YYYY)

Claims (MM/YYYY)

Financial reporting (MM/YYYY)

Other (please describe)

5.2 Will MCHCP have access to update member eligibility information online?

Yes, at no additional cost

Yes, at an additional cost (include the cost in Supplemental Pricing)

No (please explain)

5.3 What practices do you have in place to protect the confidentiality of individual information when electronically storing and/or transferring information?

Response

5.4 Describe the HIPAA-compliant security measures you have in place.

Response

5.5 Describe your process for addressing security breaches.

Response

5.6 Have you ever experienced a security breach involving PHI?

Yes (provide details on when the breach occurred, actions taken and corrections implemented)

No

5.7 Do you adhere to the latest approved accessibility guidelines developed by the Web Accessibility Initiative of World Wide Web Consortium (W3C)?

Yes (please describe)

No (please explain)

5.8 Are mobile apps available for use by your membership?

Yes (please describe)

No (please explain)

5.9 Describe your organization's IT infrastructure and development platform.

Response

5.10 Confirm you have uploaded metrics that demonstrate the reliability of your IT systems. Upload the file to the Reference Files from Vendor section, and name the file "Q5.10 Reliability Metrics".

Confirmed

Not confirmed (please explain)

5.11 Does your web portal support single sign-on utilizing Security Assertion Markup Language (SAML)? If not, do you support single sign-on utilizing another standard? If so, please name the standard you support.

Support single sign-on using SAML

Support single sign-on using different standard (please list)

Do not support single sign-on (please explain)

5.12 Confirm you have uploaded an executive summary of your disaster recovery and business continuity plan in the Reference Files from Vendor section, and named the document "Q5.12 Disaster Recovery Plan".

Confirmed

Not confirmed (please explain)

5.13 Confirm you have uploaded a copy of the summary findings for your most recent testing exercise of your disaster recovery and business continuity plan. Upload the document to the Reference Files from Vendor section, and name the file "Q5.13 Disaster Recovery Plan Testing".

Confirmed

Not confirmed (please explain)

5.14 What assurances can you provide that your cybersecurity program is adequately designed and operating effectively?

Response

5.15 Do you have a SOC cybersecurity (SOC2) examination or other independent examination performed?

Yes (please describe)

No (please explain)

5.16 Confirm you will provide a copy of your SOC2 report if awarded the contract.

Confirmed

Not confirmed (please explain)

5.17 Provide the following statistics for the most recent plan year that demonstrate level of member utilization and engagement with your online resources.

Web - unique visitors

Mobile device app-based - unique downloads

Registrations - percentage of total enrolled that have registered for web-based online resources

 %

Web - average time spent (ATS) per visit (in minutes)

Web bounce rate percentage - percentage of logins that results in the member getting logged out

 %

Online account usage - percentage of total enrolled population who has used the online account two or three years after registering

 %

Email addresses - percentage of emails obtained from the total enrolled population

 %

5.18 Please describe your pre-edit or post-enrollment reporting of processed eligibility data for accuracy and evaluation.

Response

Reporting

6.1 Does your organization currently provide data to a decision support system vendor (check all that

apply)?

- Merative (formerly IBM Watson Health)
- Other decision support system vendor(s) (list other vendors)
- No

6.2 Describe your organization's ability to customize financial reports.

Response

6.3 Confirm you have uploaded copies of the standard customer service reports that will be made available to satisfy the requirements stated in Exhibit B, Section 8.2 to the Reference Files from Vendor section. Name the document "Q6.3 Customer Service Reports".

- Confirmed
- Not confirmed (explain)

6.4 Confirm you have provided samples of the standard (cost included in the TPA fee) reporting package (i.e., claims experience, network utilization, appeals, denials, etc.). Upload the file to the Reference Files from Vendor section, and name the file "Q6.4 Sample Reporting Package".

- Confirmed
- Not confirmed (please explain)

6.5 Describe your capability to produce ad hoc reports at MCHCP's request, including average turnaround time, how such requests are typically handled and billed, and if you can send these reports via email in encrypted format.

Response

6.6 Do you have online ad hoc reporting tools for use by MCHCP?

- Yes, at no additional cost (please provide the necessary credentials for the evaluation team to view the tool)
- Yes, at an additional cost (please provide the necessary credentials, and include the additional cost in Supplemental Pricing)
- No (please explain)

Claim Payment Services

7.1 Identify the location, hours of operation, and number of years in operation for the proposed claim center that will service the MCHCP account. List all locations if more than one location will service the MCHCP account.

Location(s)

Hours of operation

Number of years in operation

7.2 Will MCHCP have a dedicated team to process claims? If yes, please describe the structure of the dedicated team.

- Yes (please describe)
- No (please explain)

7.3 Do you report operating statistics on a client-specific basis? If not, please explain how statistics are reported and the basis for performance guarantees.

- Yes
- No (please explain)

7.4 Complete the following table based on statistics specific to the office that will be providing claim administration services to MCHCP:

	2022 (X.XX)	2023 (X.XX)
Financial Accuracy: Total dollar amount of claims paid correctly divided by total dollars paid in sample	<input type="text"/> %	<input type="text"/> %
Payment Accuracy: Total number of claims paid correctly divided by the total number of claims in sample	<input type="text"/> %	<input type="text"/> %
Overall Accuracy: Total number of claims processed correctly divided by total number of claims processed	<input type="text"/> %	<input type="text"/> %
Coding Accuracy: Total number of correct lines reviewed divided by the total number of lines of entry reviewed	<input type="text"/> %	<input type="text"/> %
Claim Turnaround Time: Measured from date claim received to date benefits are paid, a denial letter is sent or the claim is set aside pending additional information. Express as a % of claims processed within 10 business days of receipt.	<input type="text"/> %	<input type="text"/> %
Claim Turnaround Time: Measured from date claim received to date benefits are paid, a denial letter is sent or the claim is set aside pending additional information. Express as a % of claims processed within 15 business days of receipt.	<input type="text"/> %	<input type="text"/> %
Pend Ratio: % of claims received which get pended for additional information	<input type="text"/> %	<input type="text"/> %
Unforced Error Adjustments: % of claims requiring adjustment as a result of an unforced error	<input type="text"/> %	<input type="text"/> %
EDI: % of total claims received electronically; includes claims converted to electronic media by scanning, optical character recognition or intelligent character recognition	<input type="text"/> %	<input type="text"/> %
Auto-adjudication: % auto-adjudication	<input type="text"/> %	<input type="text"/> %
Claim denial rate: % of claims denied	<input type="text"/> %	<input type="text"/> %

7.5 How often (e.g.daily, weekly, other) and from what office are electronic payments made, checks cut and Explanations of Benefits (EOBs) produced?

	Frequency	Office location
Electronic payments	<input type="text"/>	<input type="text"/>
Checks	<input type="text"/>	<input type="text"/>
EOBs	<input type="text"/>	<input type="text"/>

7.6 What is the lag time between claim approval and payment?

Response

7.7 Confirm you have uploaded a sample of your EOB to the Reference Files from Vendor section. Name the file "Q7.7 Sample EOB".

Confirmed

Not confirmed (please explain)

7.8 Can MCHCP customize the EOB?

Yes, at no additional cost (please describe)

Yes, at an additional cost (please describe and include cost in Supplemental Pricing)

No (please explain)

7.9 Based on MCHCP's current plan designs, will all of its features (e.g., plan types, deductibles, coinsurance, copayments, benefits, and benefit limitations) be automated? If not, which specific provisions will require manual intervention?

Yes

No (please explain)

7.10 Describe the capacity and limitations of the claims processing system to incorporate options to the bidder's normal course of business. Examples include but are not limited to MCHCP establishing its own list

of preauthorized services, altering plan design from 2024 plan designs, establishing incentives in the form of waiving member cost sharing, or value-based designs based on diagnosis or other parameter.

Response

7.11 What is the medical claims processing system platform you have proposed for MCHCP? Why?

Response

7.12 Provide details on planned system enhancements and conversion in the next 36 months.

Response

7.13 How long are claims maintained on-line in full record format before being consolidated or moved to offline storage?

- < 18 months
- 18-24 months
- 24-30 months
- 30-36 months
- > 36 months

7.14 What are your recovery procedures should duplicate payments or overpayments occur? Will MCHCP receive 100 percent of the monies recovered?

Response

7.15 Does your system maintain Coordination of Benefits (COB) information on claimants?

- Yes (please describe)
- No (please explain)

7.16 How frequently do you require updates to COB data?

- Monthly
- Quarterly
- Annually
- At point of claim
- Other (please explain)

7.17 What percentage of claims per examiner is audited on a daily basis to ensure payment accuracy?

Percent %

7.18 What is the dollar amount threshold over which all claims are audited?

Dollar amount

7.19 Describe your internal audit procedures, including areas audited and frequency of audits.

Procedures

Areas audited

Frequency of audits

7.20 Does your company engage an independent auditor to evaluate internal controls?

- Yes (please describe)
- No (please explain)

7.21 When was the last audit? Describe the audit findings.

Enter date (MM/YYYY)

Audit Findings

7.22 Does your company collect pharmacy rebates based on claims processed for specific drug products? If so, please describe and explain the process for which MCHCP can obtain 100 percent of its share of rebates based on MCHCP-specific claims.

Yes (please describe and explain process for which MCHCP can obtain 100 percent of its share of rebates based on MCHCP-specific claims)

No (please explain)

Fraud and Abuse Management

8.1 MCHCP is committed to reducing member and provider fraud, waste, and abuse within the health plan. Please describe how your organization addresses this issue today, including any investments in technology to identify opportunities for improvement, root cause resolution, recovery to MCHCP, etc.

Response

8.2 Does your system have any edits that help currently identify inappropriate medical care or unnecessary medical treatment?

Yes (please describe)

No (please explain)

8.3 Describe the extent to which your claims system conforms to the National Correct Coding Initiative. Please indicate your reasoning for any variances.

Response

8.4 Confirm Fraud and Abuse Management is included in standard PEPM TPA fee.

Confirmed

Not confirmed (please explain)

8.5 Payment integrity is the process of ensuring that a healthcare claim is paid correctly by the responsible party, for eligible members, according to contractual terms. Payment integrity uses data mining and analytics to identify fraudulent, erroneous, duplicative or abusive claims. Please describe your approach to the following core areas, including: subrogation, COB/third-party liability, fraud, waste and abuse, error/clinical editing and administrative overpayment.

Subrogation

COB/third party liability

Fraud

Waste and abuse

Error/clinical editing

Administrative overpayment

8.6 For each payment integrity functional area (e.g., Subrogation, Fraud and Abuse, etc.), provide a description of specific metrics used to measure overall performance, productivity, claims identified prior to adjudication, and recovered amounts.

Subrogation

COB/third party liability

Fraud

Waste and abuse

Error/clinical editing

Administrative overpayment

Banking Arrangements

9.1 Confirm that you can support MCHCP's preferred banking arrangements.

- Confirmed (please describe)
- Not confirmed (please explain)

9.2 What type of financial reports will be generated in conjunction with the weekly claims draw?

Response

9.3 What reconciliation services do you provide for banking draws compared to claim reports?

Response

9.4 Confirm you have uploaded samples of financial reports that will be generated in conjunction with the claims draw. Upload the reports to the Reference Files from Vendor section, and name the file "Q9.4 Banking Reports".

- Confirmed
- Not confirmed (please explain)

9.5 Provide sign-on credentials for any online web portal where sample financial reports can be viewed.

Response

Federal No Surprises Act and Final Health Care Transparency Rule

10.1 Describe how your company will assure that MCHCP will be in compliance with federal law and regulations concerning surprise billing and transparency with respect to the services provided by your company.

Response

10.2 List any technical specifications that MCHCP will need to meet in order to use any solution you intend to offer to comply with the law and regulations, including software, hardware, or other information technology.

Response

10.3 Describe your general process for complying with the Transparency in Coverage Final Rule.

Response

10.4 Will you be prepared to provide an internet-based self-service tool that makes available to plan participants real time cost-sharing information in accordance with the rule?

- Yes (please describe)
- No (please explain)

10.5 Do you currently offer an internet-based self-service tool? If yes, please describe how it differs from the regulations and how you will revise it.

- Yes (please describe)
- No (please explain)

10.6 How will you make the tool available to plan participants?

Response

10.7 Confirm you have uploaded screenshots of the web portal to be used for the participant cost-sharing disclosure. Upload the files to the Reference Files from Vendor, and name the file "Q10.7 Cost-sharing Disclosure Screenshots".

- Confirmed

Not confirmed (please explain)

10.8 How will the required participant notice of disclosure be provided?

Response

10.9 How will you respond to individuals who request the information on paper instead of through the website?

Response

10.10 Will you provide a price comparison tool via internet websites and via telephone that allow a participant to compare the amount of cost sharing that they will be responsible for by participating provider and geographic region consistent with the No Surprises Act ?

Yes (please describe)

No (please explain)

10.11 Do any contracts you are a party to contain a claim prohibiting disclosure of pricing terms? If yes, please describe and state how you will assure they are removed. Indicate your timeline for removing gag clauses from contracts.

Yes (please describe)

No (please explain)

10.12 Describe your process for paying for Emergency Services, Non-Emergency Services provided at an In-Network Facility, and Air Ambulance Services ("Covered Services") under the No Surprises Act.

Response

10.13 Will you establish the Qualifying Payment Amount, Recognized Amount, and Out-of-Network Rates for the Covered Services? Please describe your process for setting these rates and assuring participant cost-sharing is based on them.

Yes (please describe)

No (please explain)

10.14 Have you assured that MCHCP will pay for emergency services without prior authorization, without additional administrative requirements for nonparticipating providers and facilities, and without being solely based on diagnostic codes?

Yes (please describe)

No (please explain)

10.15 Are there any State laws that affect your determination of the Recognized Amount for MCHCP? If yes, please describe.

Yes (please describe)

No (please explain)

10.16 Is there an All-Payer Model Agreement that affects your determination of the Recognized Amount for MCHCP? If yes, please describe.

Yes (please describe)

No (please explain)

10.17 Are there any areas in which you do not have sufficient information to calculate the contracted rate?

Yes (please describe)

No (please explain)

10.18 What support will you provide to MCHCP if a health care provider or facility elects to negotiate an out-of-network payment amount or elects to conduct Independent Dispute Resolution (IDR)?

Response

10.19 Will you prepare the IDR submission on behalf of MCHCP at no additional cost?

- Yes (please describe)
- No (please explain)

10.20 Will you pay IDR fees on behalf of MCHCP, including general assessments and fees if MCHCP is unsuccessful?

- Yes (please describe)
- No (please explain)

10.21 Will you assist MCHCP in providing a complaint process for plan participants who have a complaint about bills under the No Surprises Act?

- Yes (please describe)
- No (please explain)

10.22 Describe how the No Surprises Act will affect payment of Air Ambulance services under MCHCP, and whether you will propose plan changes to this benefit?

Response

10.23 Describe how you will provide plan participants with an Advanced Explanation of Benefits as required under PHSA Section 2799A-1(f).

Response

10.24 What process will be used to accept provider notification of expected charges and services?

Response

10.25 Describe how you will implement the requirement to allow continuation of care for individuals when their health care provider is terminated from the network, under PHSA Section 2799A-3. Describe how patients will be protected from being billed at an out-of-network rate and how the patient will be provided with notice under the law.

Response

Benefits

11.1 Describe how new medical treatments and procedures are evaluated and recommended for coverage and how often reviews are completed. Who is involved in the evaluation process?

Response

11.2 Are you able to support MCHCP's list of covered services (22 CSR 10-2.055)?

- Yes, with no exceptions
- Yes, with exceptions (please describe)
- No (please explain)

11.3 Are you able to support MCHCP's list of limitations and excluded services (22 CSR 10-2.060)?

- Yes, with no exceptions
- Yes, with exceptions (please describe)
- No (please explain)

11.4 Are there recommendations you would make to MCHCP to modify its list of covered services?

- Yes (please describe)
- No

11.5 Are there recommendations you would make to MCHCP to modify its list of limitations and excluded services?

- Yes (please describe)
- No

Utilization Management

12.1 What does the Utilization Management (UM) program include? Check all that apply and provide a description.

- Dedicated MCHCP team
- Written utilization management criteria
- Criteria distributed to all network physicians
- Criteria published on internet
- Case management triggers
- Other (please explain)

12.2 Describe your medical management staffing model for UM.

Response

12.3 What is your member engagement in your medical management programs?

Response

12.4 Please describe your medical necessity criteria/guidelines and the process for which these are regularly reviewed and updated.

Response

12.5 Describe how your organization utilizes physicians for case review. Be sure to include information on the following: number of physicians available for reviews, peer-to-peer, and frequency of reviews.

Description

Number of physicians available for review

Peer-to-peer (matches specialty of service being requested)

Frequency of reviews

Time to turnaround a standard review

Time to turnaround an urgent review

12.6 Please describe your prior authorization process and how providers can receive real time feedback on PA requests including how members are involved or may be involved in the prior authorization process.

Response

12.7 Confirm you have uploaded copies of standard quarterly UM reporting that would be made available to MCHCP at no additional cost. Standard reports must include program participation data, demographic information, and outreach rates. Upload the file to the Reference Files from Vendor section, and name the file "Q12.7 UM Quarterly Reporting".

- Confirmed
- Not confirmed (please explain)

12.8 Confirm you have uploaded copies of the standard member communications regarding the UM program that would be provided to MCHCP's members at no additional charge. Upload the file to the Reference Files from Vendor section, and name the file "Q12.8 UM Member Communications".

- Confirmed

Not confirmed (please explain)

Care Management

13.1 What does the Care Management (CM) program include? Include whether MCHCP will have a dedicated team in your description.

Response

13.2 Describe your CM problem identification process, intervention process, including methods and success rates.

Response

13.3 What is your member engagement in your care management programs?

Response

13.4 What programs are offered through CM (e.g. large case management, maternity management, treatment decision support, Emergency Room frequent flyer management, etc.). Indicate any accreditation received and the accrediting body, if applicable.

	Name of program	Accreditation received (if applicable)	Accreditation body (if applicable)
Program 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 8	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 9	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 10	<input type="text"/>	<input type="text"/>	<input type="text"/>

13.5 Describe your medical management staffing model for CM including physician oversight.

Response

13.6 Is the CM program able to accept and integrate data from MCHCP's contracted PBM or other vendors?

Yes, at no additional cost (please describe)

Yes, at an additional cost (please describe, and list additional cost in Supplemental Pricing)

No (please explain)

13.7 How do you propose to transition MCHCP's members with current CM cases?

Response

13.8 What is the average caseload (open cases) for short-term and long-term CM staffing?

Average number of cases for short-term case management

Average number of cases for long-term case management

13.9 What are the criteria for discharging a member from the CM program?

Response

13.10 Provide a description of the frequency and types of interactions you have with the member's primary care provider/treating provider once they have been enrolled in the CM program.

Describe types of interactions

Describe frequency of interactions

13.11 Provide a description of the frequency and types of interactions you have with a member once they have been enrolled in the CM program.

Describe types of interactions

Describe frequency of interactions

13.12 Provide the following information regarding your large case management (LCM) program:

Years of operation

Staff qualifications

Percent of members managed under LCM (X.XX) %

Percent of admissions managed under LCM (X.XX) %

13.13 Confirm you have uploaded copies of standard quarterly CM reporting that would be made available to MCHCP at no additional cost. Standard reports must include program participation data, demographic information, and outreach rates. Upload the file to the Reference Files from Vendor section, and name the file "Q13.13 CM Quarterly Reporting".

Confirmed

Not confirmed (please explain)

13.14 Confirm you have uploaded copies of the standard member communications regarding the CM program that would be provided to MCHCP's members at no additional charge. Upload the file to the Reference Files from Vendor section, and name the file "Q13.14 CM Member Communications".

Confirmed

Not confirmed (please explain)

National Provider Network

14.1 Are you able to offer a broad national network?

Yes (please describe)

No (please explain)

14.2 Describe your broad national network offering. Include a discussion about the discounts generally available. Where is the network available and not available?

Response

14.3 What Missouri hospital systems are included in your broad national network?

Response

14.4 Do you supplement your proprietary provider network through third-party network management companies? If so, who are your preferred network vendors? Please list all of the vendors and locations.

Yes (list preferred network vendors and locations)

No (please explain)

14.5 Confirm you have uploaded a provider network file(s) to the Reference Files from Vendor section in the format provided in Attachment 2. Name the files "Q14.5 Provider Network".

Confirmed

Not confirmed (explain)

14.6 Confirm you have uploaded to the Reference Files from Vendor section a list of hospitals and health care facilities under contract in your broad network for each county in Missouri. Name the file "Q14.6 Hospital Network".

Confirmed

Not confirmed (please explain)

14.7 What is your process for providing notification to MCHCP and its members regarding provider additions, terminations or insolvencies?

Response

14.8 What is your process for assessing network adequacy? What standards do you utilize?

Response

14.9 Do you offer specialty networks (mental health, musculoskeletal, transplant, bariatric, chiropractic, etc)?

Yes (please describe all)

No (please explain)

14.10 If you answered "Yes" to the question above on specialty networks, do you use subcontractors to provide these benefits or is it done internally?

Use subcontractors (please list)

Internal (please describe when networks were developed)

Use both subcontractors and internal network (please describe)

Not applicable

14.11 Do you have a Centers for Excellence Program?

Yes (please list programs available and where available in Missouri)

No (please explain)

14.12 Is credentialing done according to NCQA standards?

Yes

No (please describe)

14.13 Please describe your payment philosophy for providers, including the criteria that are used to evaluate efficient use of care, programs in place to help ensure ongoing focus on quality care and how long these methodologies have been in place.

Response

14.14 Please describe innovations related to network configurations and access made over the last 24 months to help ensure cost effective access to quality care.

Response

14.15 Do you offer an outpatient rehabilitation network? If so, complete the following table.

	Description	Number of contracted providers in Missouri
Physical Therapy	<input type="text"/>	<input type="text"/>
Occupational Therapy	<input type="text"/>	<input type="text"/>
Speech Therapy	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

14.16 If you answered Yes to Question 14.15, how many years has your rehabilitation network been in place

in Missouri?

- Number of years
- Not applicable

14.17 Do you measure member satisfaction with your provider network(s)?

- Yes (provide the scores for each of the past three years and identify the survey instrument used)
- No (please explain)

14.18 What percent of participating providers in the proposed MCHCP networks are currently closed to new patients? The term "closed" refers to an office that cannot currently accept new patients regardless of network affiliation. In other words, the doctor is not accepting new patients to his/her practice.

- Primary care providers %
- Specialists %
- Behavioral health providers %

14.19 Using HEDIS' technical specifications, identify the percentage of contracted providers who are board certified in your network. If board certification is not tracked, enter 0.

	2022	2023
Primary care providers	<input style="width: 50px; height: 20px;" type="text"/> %	<input style="width: 50px; height: 20px;" type="text"/> %
Specialists	<input style="width: 50px; height: 20px;" type="text"/> %	<input style="width: 50px; height: 20px;" type="text"/> %
Behavioral health providers	<input style="width: 50px; height: 20px;" type="text"/> %	<input style="width: 50px; height: 20px;" type="text"/> %

Health Care Delivery: Networks and Solutions

15.1 Please describe your Accountable Care Organization (ACO) strategy. Please include the product lines you expect to make ACOs available to (i.e., self-funded employer sponsored plans and commercial), how ACOs align with your network strategy in general, and the implications for delivery of health management services by the ACO and/or your health plan. Include how the member experience and care will differ in the ACO compared to community care. If necessary to provide a complete response, upload a file to the Reference Files from Vendor section, and name the file "Q15.1 ACO Strategy".

Response

15.2 Describe your approach to ACO contracting. Do you focus on integrated systems or large physician groups? Do you include all physicians in the system, or do you narrow it based on high performing providers?

Response

15.3 Please describe your Primary Care Medical Home (PCMH) strategy. Please include the product lines you expect to make PCMH available to (i.e., self-funded employer sponsored plans and commercial), how it aligns with your network strategy in general, and the implications for delivery of health management services by the PCMH and/or your health plan. Include how the member experience and care will differ in the PCMH compared to community care, as well as how it aligns and is integrated to your PCMH strategy, as described above. If necessary to provide a complete response, upload a file to the Reference Files from Vendor section, and name the file "Q15.3 PCMH Strategy".

Response

15.4 Please provide the criteria you use to evaluate providers for their participation in your PCMH.

Response

15.5 For your PCMH, are Primary Care Physicians (PCPs) required to be "gatekeepers?"

- Yes (please describe)
- No (please explain)

15.6 How do you integrate a client's telemedicine services with your ACO, PCMH and other care delivery models?

Response

15.7 Please describe other physician extender capabilities you currently offer or are pursuing. Please include how these capabilities are integrated with your overall network strategy, are linked to ACO, PCMH or other initiatives, and the potential benefit to employers and plan participants.

Response

15.8 Will your care management programs (managing care across the continuum from wellness to chronic condition) change under bundled payment, shared risk/shared savings or similar contracting models? For example, how does your care management program align with local ACO or PCMH efforts, when explicit care management fees or a capitation is paid to providers for care coordination? How do local providers integrate their efforts with yours, and how is "double-charging" of the client avoided?

Response

15.9 Please describe who will be responsible for health management services when a member is in a health plan and an ACO or PCMH? What entity will be responsible for providing which services?

Response

15.10 Will there be coordination between the health plan and the ACO and how is this accomplished?

Response

15.11 How are specialty case management programs such as transplant and maternity coordinated?

Response

15.12 Please describe how your bundled payment approaches align with your network strategy. Include any consideration of a warranty with a bundled service.

Response

15.13 Please provide a list of conditions to which your bundled payment arrangements apply.

Response

15.14 Please describe your bundled payment arrangement for your top three conditions. For example, how do your bundled payment levels vary by severity of the specific conditions? How are bundled payment arrangements communicated to the patients before procedures, and how do you manage patients' expectations should the severity levels change during the course of treatment?

Condition 1

Condition 2

Condition 3

Emerging Care Delivery Models

Your responses in this section should reflect known provider contracts in place for 2024 and, if available, what is projected for 2025. If answers to questions reflect membership growth, steerage or migration, please note accordingly. Note that not all questions apply to each emerging delivery approach. Limit responses to Commercial Self-Funded Products.

16.1 Indicate the extent to which each reimbursement methodology will be in place for MCHCP, and explain if necessary. If yes, also answer Q16.2.

	Yes (please explain)	No
Discounted Fee for Service	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Discounted Fee-for-Service with P4P or other incentives	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Bundled payments	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Shared Risk/Shared Savings	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>

Global Capitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial Capitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared-risk/shared-savings - upside/downside, withholds; Pay for Performance; Performance Incentives; Quality Payments; Value-based payments; Reference-based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Claims-based or PMPM charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16.2 Please answer the following questions for all emerging reimbursement models you have in place.

	DFFS	DFFS w/ P4P or other incentives	Bundled payments	Shared risk/shared savings	Partial cap	Global cap	Other claims-based or PMPM	Comments, if necessary
For Self-Funded payments (all providers), approximately what % of total contracted provider payments does each reimbursement model represent?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
What % of Hospital IP payments?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
What % of Hospital OP payments?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
What % of PCP payments?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
What % of SCP payments?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
What % of Lab, Diagnostic & Imaging payments?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>
What % of "all other" payments?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>

Behavioral Health/Substance Use Disorder

17.1 Who administers the behavioral health/substance use disorder benefits?

- Same company as medical benefits
- Subsidiary (please name)
- Contract for services with specialty vendor (please name and provide date the contract will come up for renewal)

17.2 Are the behavioral health/substance use disorder claims paid on the same claims system as the medical claims?

- Yes
- No (please explain)

17.3 Describe the clinical guidelines you use for inpatient behavioral health/substance use disorder claims.

Response

17.4 Is the behavioral health/substance use disorder claims data integrated into the standard claim files that will be provided to MCHCP's decision support system vendor?

- Yes
- No (please explain)

17.5 Do you integrate behavioral/substance use disorder diagnoses into your care management programs?

Yes (please describe)

No (please explain)

17.6 How are referrals from medical management to the behavioral health/substance use disorder unit handled? Describe the process including what steps you take to ensure that there is a smooth transition?

Response

17.7 What process do you have in place to coordinate referrals from an EAP vendor?

Response

17.8 Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance: Indicate whether each of the following non-quantitative treatment limitations (NQLs) are administered such that processes, strategies, evidentiary standards and other factors are applied to behavioral health/substance use disorder benefits in a manner that is comparable to and applied no more stringently than those applied to medical/surgical benefits.

- Utilization management timing, criteria and sanctions for inpatient as well as outpatient services
- Precertification for services in both the inpatient and outpatient classifications
- Triggers for initiating outpatient treatment review (e.g., number of outpatient visits for treatment of depression without a medication evaluation)
- Network admission requirements for practitioners (i.e., criteria required for practitioners to become network providers)
- Network fee schedules for network practitioners
- Usual and customary charges for non-network physicians
- Usual and customary charges for non-network non-physicians

17.9 Do you use psychotropic prescription drug data to trigger outpatient behavioral health/substance use disorder treatment case management?

Yes (please describe)

No (please explain)

17.10 Provide examples of your psychotropic medication outpatient review triggers.

Response

17.11 Do you use psychotropic prescription drug data to inform your medical care management program?

Yes (please describe your approach and outcomes)

No (please explain)

17.12 Do you identify members who may benefit from Medication Assisted Treatment for substance use disorder?

Yes (please describe your approach and outcomes)

No (please explain)

Network Financial Information

18.1 What is the source of your Usual, Customary and Reasonable (UCR) table used to determine non-network allowable amount levels? Select all that apply and describe your approach when used.

Leased network contracted rate

Medicare RBRVS or other Medicare-based schedule

Fair Health

Individual claim negotiation

- Billed charges
- Other (please describe)

18.2 How often do you update your UCR tables?

- Monthly
- Quarterly
- Biannually
- Annually
- Less frequently than annually
- Other (please specify)

18.3 Do you have a pre-determined dollar threshold and/or types of claims for which you will conduct negotiations for a discounted payment to non-network providers when such services are not subject to the No Surprises Act? If so, list the amount.

- Yes (specify amount)
- We conduct negotiations for non-network claims, but no formal policy or procedure exists to identify specific claims. Identify approximate percentage of non-network claims that are negotiated,
- We do not typically conduct negotiations for non-network claims (please explain)

18.4 Complete the table below in regards to the negotiation of discount payments with non-network providers for services not subject to the No Surprises Act. In addition to listing any additional costs here, also include in Supplemental Pricing.

	Response	Impact, if any, to quoted TPA fee
What is the fee charged to MCHCP for negotiating discounted payments from non-network providers?	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
How and when is it paid by MCHCP?	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Can MCHCP negotiate a different non-network provider discount savings program fee?	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Are you willing to cap the dollar amount of this fee for any one claimant? If yes, at what level?	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Can MCHCP opt out of the non-network shared savings program? If yes, indicate what impact, if any, there is to the quoted TPA fee.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

18.5 How are savings calculated in these non-network situations?

Response

18.6 Regarding services provided by a non-network provider where you are able to negotiate a discount on charges, what protection do members have against balance billing by the provider up to the original billed amount?

- Provider agrees to refrain from balance billing
- Other (please describe)

18.7 Confirm that the full provider discounts are passed to plan sponsors and participating members for all eligible non-network shared savings claims. If a fee is applied, please note the percentage of savings retained by you or the vendor.

- Confirmed
- Not confirmed (please explain)

18.8 Confirm that rebates received from pharmacy manufacturers are passed on to plan sponsors.

Confirmed (please describe)

Not confirmed (please explain)

18.9 Provide your overall book of business trend rates (Hospital med/surg) including utilization changes, cost increases, etc.:

	Description	2023 %	2024 YTD %	2025 Projected %
POS	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
PPO	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
HDHP	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
CDHP	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Other (please describe)	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

18.10 Provide the following utilization statistics for your plan-wide commercial enrollment for the most recent calendar year based upon results reported in HEDIS outcomes. If you do not report on these HEDIS outcomes, please upload as a reference document an explanation of how you arrived at your response. Exclude mental health/substance use disorders from your response.

	Note which calendar year results are for (YYYY)	Results	Percentage change from prior year
Outpatient physician encounters/1,000 members (excluding MHSA)	<input type="text"/>	<input type="text"/>	<input type="text"/> %
Inpatient admits/1,000 members (excluding MHSA)	<input type="text"/>	<input type="text"/>	<input type="text"/> %

18.11 Complete the following table indicating your commercial business for the most recent full calendar year. "Allowed cost" means the charges eligible for payment under the plan after applying discounts but before the application of plan design provisions such as uncovered expenses, copayments, deductibles, coinsurance and coordination of benefits. "Visit" means each complete encounter or requisition (for lab services) consisting of the collection of procedures (excluding physician professional activity) performed as part of the encounter or requisition.

	Note which calendar year results are for (YYYY)	Visits/1000 members	Average # procedures/visit	Average charge/visit	Average allowed cost/visit
Emergency room	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radiology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Laboratory	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other (including ambulance, PT/OT, DME)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18.12 Complete the following table indicating your commercial business for the most recent full calendar year. "Allowed cost" means the charges eligible for payment under the plan after applying discounts but before the application of plan design provisions such as uncovered expenses, copayments, deductibles, coinsurance and coordination of benefits. "Procedure" means each incidence of the listed CPT code.

	Note which calendar year results are for (YYYY)	Procedures/1000 members	Average charge/procedure	Average allowed cost/procedure
CPT 29873: Knee arthroscopy/surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 33512: Coronary artery bypass	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 36415: Drawing of blood	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CPT: 44950: Appendectomy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 45378: Diagnostic colonoscopy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 49505: Repair inguinal hernia	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 55845: Extensive prostate surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 58150: Total hysterectomy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 59400: Obstetrical care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 59510: Cesarean delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 70460-26: CAT, head or brain, w contrast	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 73610-26: X-Ray exam, ankle complete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 73721-26: MRI, any joint of lower extremity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 93000: Electrocardiogram, complete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 93015: Cardiovascular stress test	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 98941: CMT; spinal, three to four regions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPT 99213: Office/outpatient visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telehealth

19.1 Confirm you have uploaded a list of telehealth providers you currently work with. Upload the file to the Reference Files from Vendor section, and name the file "Q19.1 Telehealth Organizations".

Confirmed

Not confirmed (please explain)

19.2 Complete the following table regarding the telehealth services you have available.

	Offered (Y/N)	Company offering	Modes of communication offered (video, chat, telephone, other)	Ratio of providers available to members in Missouri	Book of business utilization rate
Medial care - Urgent, Convenience, Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Behavioral health care - Psychiatry, Psychology, Counseling, Substance Abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diabetes prevention and management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medically supervised weight loss	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical therapy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Denials/Appeals Procedures

20.1 Provide a detailed description of your internal medical appeals process including typical turnaround time for decisions. If necessary to provide a complete explanation, upload a document to the Reference Files from Vendor section, and name the file "Q20.1 Internal Appeal Process".

Response

20.2 Is there any additional cost for the appeals process? If so, indicate any cost in Supplemental Pricing.

- Yes (please explain)
- No

20.3 How are denials communicated to the member and MCHCP?

To the employee

To MCHCP

20.4 How will you communicate with MCHCP on problem claim issues, appeals/denials (check all that apply)?

- By Key contact
- By Email
- By Phone
- By Letter
- By Meetings as needed
- Other (please explain)

20.5 Confirm that your organization will handle two levels of appeal in accordance with federal regulation applicable to a self-funded non-federal governmental health plan.

- Confirmed (please describe)
- Not confirmed (please explain)

20.6 Confirm that your organization will customize its grievance and appeal notification letters to both providers and members pursuant to MCHCP's specifications (i.e. deletion of ERISA language, etc.) at no additional cost.

- Confirmed (please describe)
- Not confirmed (please explain)

20.7 Describe your appeal process including the following information:

Describe all levels of appeals	<input type="text"/>
Appeal turnaround time	<input type="text"/>
Tracking of appeals	<input type="text"/>
Rates of denial/approval at each level	<input type="text"/>
Common reasons for appeals	<input type="text"/>
Who makes determinations at each level and what are their credentials	<input type="text"/>
Criteria used	<input type="text"/>
What is communicated to the employee	<input type="text"/>
Other (please describe)	<input type="text"/>

20.8 Do you have the capability to handle urgent appeals utilizing a physician reviewer of the same specialty as the requesting physician?

- Yes (please describe)
- No (please explain)

Performance Guarantees - on MCHCP's Book of Business

21.1 Claims turnaround time - The following category will be reported and measured quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Percent of MCHCP claims processed within 10 business days	95%	<input type="text"/>	<input type="text"/>	For each full percentage point below standard, \$5,000 plus \$0.25 PEPM	<input type="text"/>

21.2 Claim processing accuracy - The following categories will be reported and measured quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Percent of MCHCP claims free of financial error	99%	<input type="text"/>	<input type="text"/>	For each full percentage point below standard, \$5,000 plus \$0.25 PEPM	<input type="text"/>
Percent of MCHCP claims processed correctly	97%	<input type="text"/>	<input type="text"/>	For each full percentage point below standard, \$5,000 plus \$0.25 PEPM	<input type="text"/>

21.3 Member Service - Average response time. The following category will be measured and reported quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Average number of seconds for MCHCP member calls to be answered by a live customer service representative	30 seconds or less	<input type="text"/>	<input type="text"/>	For each full second above standard, \$5,000 plus \$0.25 PEPM	<input type="text"/>
If utilized, average number of days for a secure message from MCHCP member to be responded to	1 business day or less	<input type="text"/>	<input type="text"/>	For each full day above standard, \$5,000 plus \$0.25 PEPM	<input type="text"/>

21.4 Member Service - Average abandonment rate. The following category will be measured and reported quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Percent of MCHCP calls abandoned	4%	<input type="text"/>	<input type="text"/>	For each full percentage point above standard, \$5,000 plus \$0.25 PEPM	<input type="text"/>

21.5 Member service - Response to written inquiries. The following category will be measured and reported quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
		<input type="text"/>	<input type="text"/>		

Average number of business days within which MCHCP member written inquiries will be responded to	5 business days or less	<input type="text"/>	<input type="text"/>	For each business day above standard, \$2,000 plus \$0.25 PEPM	<input type="text"/>
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21.6 Member Service - Call quality score. The following category will be measured and reported quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Minimum call quality satisfaction	90%	<input type="text"/>	<input type="text"/>	For each full percentage point below standard, \$5,000 plus \$0.25 PEPM	<input type="text"/>

21.7 Written communication with MCHCP membership. The following category will be measured and reported quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
MCHCP requires approval of all written communications and marketing material used by the contractor to communicate with MCHCP members, excluding provider directories	MCHCP must approve 100% of written communications	<input type="text"/>	<input type="text"/>	For each instance when material was not submitted to MCHCP for approval, \$5,000 plus \$0.25 PEPM	<input type="text"/>

21.8 ID Card Distribution - Initial/New Contract Year Distribution. The following category will be measured January 1, 2025 and each subsequent year when ID cards are issued.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
ID cards mailed no later than one week prior to effective date of each year	100% of all ID cards mailed one week prior to effective date	<input type="text"/>	<input type="text"/>	For each day after stated deadline, \$2,000 plus \$0.25 PEPM	<input type="text"/>

21.9 ID Card Distribution - Ongoing. The following category will be measured and reported quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
ID cards mailed within 10 business days of receipt of eligibility data (for monthly changes) or request for replacement card	100% of all ID cards mailed within 10 days of receipt of eligibility file or request	<input type="text"/>	<input type="text"/>	For each business day beyond the 10th business day, \$2,000 plus \$0.25 PEPM	<input type="text"/>

21.10 Implementation - Overall success. This category will be measured January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Contractor completed				Contractor must agree to place	

all the implementation plan successfully and all aspects are implemented properly by January 1, 2025.	100%	<input type="text"/>	<input type="text"/>	three (3) percent of annual administrative fees at risk across all implementation performance guarantees for the successful implementation of MCHCP's plan on January 1, 2025.	<input type="text"/>
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21.11 Implementation - Claim readiness. The following category will be measured January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Claim Readiness - Benefit profile and eligibility information loaded and tested on claims processing system a minimum of one month prior to the effective date	No later than one month prior to effective date	<input type="text"/>	<input type="text"/>	Contractor must agree to place three (3) percent of annual administrative fees at risk across all implementation performance guarantees for the successful implementation of MCHCP's plan on January 1, 2025.	<input type="text"/>

21.12 Implementation - Member Services Center. The following category will be measured January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Member Service Center ready to respond to member inquiries prior to open enrollment	No later than stated deadline	<input type="text"/>	<input type="text"/>	Contractor must agree to place three (3) percent of annual administrative fees at risk across all implementation performance guarantees for the successful implementation of MCHCP's plan on January 1, 2025.	<input type="text"/>

21.13 Implementation - Data Transfer Setup. The following category will be measured January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Measurement process	Minimum amount at risk	Maximum dollar amount at risk
All data transfer setup requirements with MCHCP's data vendor (Merative) completed by January 1, 2025	100%	<input type="text"/>	MCHCP's data vendor will report to MCHCP	Contractor must agree to place three (3) percent of annual administrative fees at risk across all implementation performance guarantees for the successful implementation of MCHCP's plan on January 1, 2025.	<input type="text"/>

21.14 Eligibility - Timeliness of installations. The following category will be measured and reported quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Electronic eligibility files will be installed and eligibility status will be effective within an average of 24 hours of receipt	95% loaded within 24 hours	<input type="text"/>	<input type="text"/>	For each full hour beyond 24 hours, \$2,000 plus \$0.25 PEPM	<input type="text"/>

21.15 Eligibility - Accuracy of installations. The following category will be measured and reported quarterly

beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Electronic eligibility records loaded with 99.5% accuracy. This standard is contingent upon receipt of clean eligibility data delivered in an agreed upon format.	99.5%	<input type="text"/>	<input type="text"/>	For each full percentage point below standard, \$5,000 plus \$0.25 PEPM	<input type="text"/>

21.16 Provider directory on website - The following category will be measured and reported quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
No provider shall be listed on the contractor's website that is not under contract	All providers listed on website are currently in network and have completed credentialing process	<input type="text"/>	<input type="text"/>	For each instance when listed provider is not in the network, \$5,000 plus \$0.25 PEPM	<input type="text"/>

21.17 Network retention rate - The following category will be measured and reported annually beginning January, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum amount at risk
Network provider retention rate (based on voluntary turnover)	98%	<input type="text"/>	<input type="text"/>	\$2,000 plus \$0.10 PEPM for each full percentage point below standard	<input type="text"/>

21.18 Account management - Satisfaction. The following category will be measured and reported annually beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Contractor guarantees MCHCP's satisfaction with account management services	Satisfactory or better	<input type="text"/>	<input type="text"/>	\$5,000 plus \$0.25 PEPM	<input type="text"/>

21.19 Account management - Responsiveness. The following categories will be measured and reported quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Timely issues acknowledgement by the account management team (e.g., issues resolvable by account management are acknowledged and responded to within 8 business hours)	Acknowledgement within 8 business hours	<input type="text"/>	<input type="text"/>	For each incident not acknowledged within 8 business hours, \$2,000 plus \$0.25 PEPM	<input type="text"/>
Timely issues resolution by					

the account management team (e.g., issues resolvable by account management are resolved within 10 business days	Resolution within 10 business days	<input type="checkbox"/>	<input type="checkbox"/>	For each incident not resolved within 10 business days, \$2,000 plus \$0.25 PEPM	<input type="checkbox"/>
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21.20 Reporting - The following categories will be reported and measured quarterly beginning January 1, 2025. Penalties will be applied for each month the contractor fails to meet these standards.

	Guarantee	Will you guarantee this standard (Yes or No)	Measurement process	Minimum amount at risk	Maximum dollar amount at risk
Claim file must be submitted to MCHCP's data vendor no later than 15th of the month for prior month's services	100%	<input type="checkbox"/>	MCHCP's data vendor will report to MCHCP	For each incident, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>
Claim file must be submitted to MCHCP's data vendor in proper format on first submission of the month	100%	<input type="checkbox"/>	MCHCP's data vendor will report to MCHCP	For each incident, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>
Data submission to MCHCP's data vendor must include 99 percent of all required financial fields	99%	<input type="checkbox"/>	MCHCP's data vendor will report to MCHCP	For each incident, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>
Data submission to MCHCP's data vendor must include all required fields (subscriber SSN, member DOB, and member gender)	100%	<input type="checkbox"/>	MCHCP's data vendor will report to MCHCP	For each incident, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>
Data submission to MCHCP's data vendor must include all required key fields (diagnostic coding, provider type, provider ID, etc.)	100%	<input type="checkbox"/>	MCHCP's data vendor will report to MCHCP	For each incident, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>

21.21 Reporting - Member Service, Case Management, ER, and Pharmacy Lock-In. The following categories will be reported and measured quarterly beginning on January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Measurement process	Minimum amount at risk	Maximum dollar amount at risk
Member service reporting must be submitted to MCHCP in the agreed upon format and within 30 days of end of quarter.	Due within 30 days of end of quarter	<input type="checkbox"/>	MCHCP will determine acceptability of reports	For each day beyond deadline for submission, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>
Case management reporting must be submitted to MCHCP in the agreed upon format and no later than the 15th of each month.	Due within 15 days of end of month. Penalty will be applied for each month contractor fails to meet standard.	<input type="checkbox"/>	MCHCP will determine acceptability of reports	For each day beyond deadline for submission, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>
Intervention program for frequent users of emergency room services report must be submitted to MCHCP in the agreed upon format and within 30 days of the end of the quarter.	Due within 30 days of end of the quarter.	<input type="checkbox"/>	MCHCP will determine acceptability of reports	For each day beyond deadline for submission, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>

Pharmacy lock-in program case management reporting must be submitted to MCHCP in the agreed upon format and no later than the 15th of each month.	Due within 15 days of the end of the month. Penalty will be applied for each month contractor fails to meet standard.	<input type="checkbox"/>	MCHCP will determine acceptability of reports	For each day beyond deadline for submission, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>
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21.22 Reporting - Network. The following categories will be reported and measured annually beginning on January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Measurement process	Minimum amount at risk	Maximum dollar amount at risk
Provider network adequacy reporting as compared to 20 CSR 400-7.095 must be submitted to MCHCP no later than January 15 of each year	Due by January 15 each year	<input type="checkbox"/>	MCHCP will determine acceptability of report	For each day beyond deadline for submission, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>
If applicable, reporting identifying alternative provider arrangements (ACOs, PCMH, etc.) must be submitted to MCHCP no later than January 15 of each year	Due by January 15 each year	<input type="checkbox"/>	MCHCP will determine acceptability of reporting	For each day beyond deadline for submission, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>
If applicable, reporting identifying contracts with network providers under special financial arrangements (withholds, incentives, etc.) must be submitted in January of each year.	Due in January of each year	<input type="checkbox"/>	MCHCP will determine acceptability of reporting	For each day beyond deadline for submission, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>
Geographic access reporting confirming network sufficiency must be submitted in January and July of each year	Due in January and July of each year	<input type="checkbox"/>	MCHCP will determine acceptability of reporting	For each day beyond deadline for submission, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>

21.23 Reporting - HEDIS measures. The following category will be reported and measured annually beginning January 1, 2026.

	Guarantee	Will you guarantee this standard (Yes or No)	Measurement process	Minimum amount at risk	Maximum dollar amount at risk
Reporting on select HEDIS measures must be submitted annually no later than July 15 for the prior year's data	Due by July 15 each year	<input type="checkbox"/>	MCHCP will determine acceptability of report	For each day beyond deadline for submission, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>

21.24 Reporting - Prior authorization procedures. The following category will be reported and measured annually beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Measurement process	Minimum amount at risk	Maximum dollar amount at risk
Report listing all services requiring prior authorization and justification for including the service submitted annually	Due by January 30 each year	<input type="checkbox"/>	MCHCP will determine acceptability of report	For each day beyond deadline for submission, \$5,000 plus \$0.25 PEPM	<input type="checkbox"/>

no later than January 30

21.25 Monthly eligibility audit file - The following category will be measured and reported quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Measurement process	Minimum amount at risk	Maximum dollar amount at risk
Eligibility audit file must be provided on the second Thursday of each month in the agreed upon format	Audit file available by the second Thursday of each month	<input type="text"/>	MCHCP will determine acceptability of file	For each day file was not transmitted on time, \$5,000 plus \$0.25 PEPM	<input type="text"/>

21.26 Quality of care initiative - Preventive care. The following category will be reported and measured quarterly beginning January 1, 2025.

	Guarantee	Will you guarantee this standard (Yes or No)	Describe your measurement process	Minimum amount at risk	Maximum dollar amount at risk
Maintain at least one quality of care initiative focused on preventive care. Topics and content to be developed in coordination with MCHCP.	Communicate to members at least quarterly regarding preventive care and plan coverage of preventive care. Timing as determined by MCHCP.	<input type="text"/>	<input type="text"/>	For each quarter communication fails to occur, \$5,000 plus \$0.25 PEPM	<input type="text"/>

21.27 Confirm your willingness to submit your performance metric results via an online tool.

Confirmed

Not confirmed (please explain)

21.28 Please provide any creative performance guarantees to help ensure MCHCP receives the highest level of customer and client service. If necessary to provide a complete response, upload a file to the Reference Files from Vendor section, and name the file "Q21.28 Additional Performance Guarantees".

Response

21.29 Please describe any ROI and/or performance guarantees you will offer regarding member incentives related to the use of transparency tools. If necessary to provide a complete response, upload a file to the Reference Files from Vendor section, and name the file "Q21.29 Member Incentive Performance Guarantees".

Response

21.30 Please describe any trend guarantees you will offer to help protect MCHCP from escalating medical costs.

Response

Financial

22.1 Confirm that your fees are quoted on a mature basis for year one.

Confirmed

Not confirmed (please explain)

22.2 Confirm that you will provide a claim trend guarantee for MCHCP? If yes, upload a sample agreement outlining the guarantee to the Reference Files from Vendor section, and name the file "Q22.2 Trend Guarantee".

Confirmed

Not confirmed (please explain)

22.3 Under what conditions do you reserve the right to change your administrative fees? Specify the percentage limits you apply and the resulting change in fees.

Response

22.4 Confirm that if MCHCP's enrollment growth exceeds your expectations, your per-employee fees will decrease.

Confirmed

Not confirmed (please explain)

22.5 Confirm you have provided a detailed description of all business partners, joint ventures, outsourcing and co-sourcing relationships currently in place to support your firm's payment integrity business and legal functions. Upload the file to the Reference Files from Vendor section, and name the file "Q22.5 Business Partners".

Confirmed

Not confirmed (please explain)

22.6 Will any of your business partners, joint ventures, outsourcing and co-sourcing relationships currently in place to support your firm's payment integrity business and legal functions expire or terminate prior to the end of the proposed contract with MCHCP.

Yes (please describe)

No

22.7 Describe any financial advantages available for bundling the various products and services requested in this RFP (e.g. DM, member advocacy, MCM, etc.)

Response

22.8 Are you willing to fund \$45,000 for a Pre-Implementation Audit to be performed by the auditor of choice for MCHCP?

Yes (please describe)

No (please explain)

22.9 Are you willing to fund \$80,000 for an annual Claims Audit to be performed by the auditor of choice for MCHCP?

Confirmed (please describe)

Not confirmed (please explain)

22.10 Are you willing to fund an annual discretionary fund of \$100,000 for MCHCP to use to reimburse MCHCP for unrestricted miscellaneous expenses relating to this contract?

Yes (please describe)

No (please explain)

22.11 Are you willing to fund an annual discretionary fund of \$100,000 for MCHCP to use to reimburse MCHCP for population health initiative expenses relating to this contract?

Yes (please describe)

No (please explain)

22.12 Confirm you are willing to fund an annual or bi-annual clinical process review (clinical audit) administered by a third party at a mutually agreeable fee by all parties. If yes, confirm the amount you are willing to fund for a clinical process review.

Confirmed (provide amount you are willing to fund)

Not confirmed (please explain)

Member Incentives

23.1 Do you have the ability to manage incentives to employees for selecting lower cost providers/higher quality providers including, but not limited to, cash rewards or waiver of cost-sharing?

Yes (please describe)

No (please explain)

23.2 Please describe your best practices approach for administering incentives to employees for selecting lower cost/higher quality providers, including, but not limited to, cash rewards, waiver of cost sharing, verifying the member's qualification for reward.

Response

23.3 What tools are used to provide this information - internally developed tools or external vendor/carrier tools?

Internally developed tools (please describe)

External vendor/carrier tools (please describe)

23.4 For what medical procedures/services do you provide cost data?

Response

23.5 Provide a description of how you evaluate and recommend a reward level (e.g., flat dollar, percentage of savings, waiver of deductible/coinsurance) for each procedure.

Response

23.6 Does your incentive program apply to network providers only or do you include non-network providers?

Yes (please describe)

No (please explain)

23.7 Describe your approach to measurement. What activities and outcomes are tracked to demonstrate program impact?

Response

23.8 Confirm you have provided a set of sample program reports and specify the frequency with which various reports are provided. Upload the file to the Reference Files from Vendor section, and name the file "Q23.8 Incentive Program Reports".

Confirmed

Not confirmed (please explain)

23.9 Do you include a satisfaction survey as part of your program? If so, what are your most recent book of business results?

Yes (please describe results)

No (please explain)

23.10 What results (clinical, etc.) does your program typically achieve and what are the primary factors that are required to deliver a successful program?

Results achieved

Primary factors required for successful program

23.11 How do you measure ROI? Please provide the methodology used and any measurable results from actual client experience that can be tied to your ROI calculation. If necessary to provide a complete response,

upload a file to the Reference Files from Vendor section, and name the file "Q23.11 Incentive Program ROI".

Response

23.12 Describe your quality control process. How do you ensure that projected prices are accurate? What records are kept of prior projections? What percent of your pricing data is within 10 percent of actual prices and what percent is 100 percent accurate?

Response

23.13 Do you provide quality measures for both individual providers and facilities?

- Individual providers (please describe)
- Facilities (please describe)

23.14 Explain how you measure provider quality and facility quality. Please list any metrics or methodologies used, along with their sources.

	Metrics or methodologies used	Source
Provider quality	<input type="text"/>	<input type="text"/>
Facility quality	<input type="text"/>	<input type="text"/>

23.15 Who do you partner with to provide quality data? Please include all sources of quality data, along with examples of the type of data provided by each source.

	Name of source	Examples of type of data provided
Source 1	<input type="text"/>	<input type="text"/>
Source 2	<input type="text"/>	<input type="text"/>
Source 3	<input type="text"/>	<input type="text"/>
Source 4	<input type="text"/>	<input type="text"/>
Source 5	<input type="text"/>	<input type="text"/>

23.16 How frequently is your quality data updated?

Response

23.17 What quality data is incorporated in the consumer-facing portal? Please list sources and types of information (e.g., specify if you include hospital and provider data and the level of specificity for each).

	Name of source	Examples of type of data provided
Source 1	<input type="text"/>	<input type="text"/>
Source 2	<input type="text"/>	<input type="text"/>
Source 3	<input type="text"/>	<input type="text"/>
Source 4	<input type="text"/>	<input type="text"/>
Source 5	<input type="text"/>	<input type="text"/>

23.18 Please describe your experience with increasing member participation in the reward programs you offer.

Response

23.19 Please describe your best practices for managing the tax implications of monetary incentive rewards to employees for selecting lower cost/higher quality providers, including how you track and issue necessary tax documents.

Response

23.20 How many clients do you administer member incentive rewards for?

No. of clients

23.21 What sizes are those clients by numbers of employees?

Response

23.22 Do you have any geographic limitations for your member incentive reward program?

- Yes (please explain)
- No (please describe)

Member Advocacy

24.1 Provide your definition of member advocacy and how it differs from traditional member services.

Response

24.2 Do you have a Member Advocacy product? If yes, provide an overview and answer the remaining questions in this section. If no, move to Section 25.

- Yes (provide overview, and answer the remaining questions in this section)
- No (please explain, and move to Section 25)

24.3 Confirm you have uploaded a brochure or process map that demonstrates the member experience under your advocacy program. Upload the file to the Reference Files from Vendor section, and name the file "Q24.3 Advocacy Process Map".

- Confirmed
- Not confirmed (please explain)

24.4 Is there an additional fee for this product? If yes, please provide detailed pricing.

- Yes (please describe and list the additional cost in Supplemental Pricing)
- No
- Not applicable

24.5 How long has your organization been offering a member advocacy product? Provide the actual date the product became available.

Response (MM/YYYY)

24.6 Complete the following table in relation to your various base member advocacy product.

	Response
Name of product	<input type="text"/>
How many clients to you currently provide this product to?	<input type="text"/>
Is the advocacy product available as a buy-up for the care management models/programs in which it is not already included?	<input type="text"/>
What requirements does a client have to meet to have a dedicated advocacy team? (Examples - specific care management model/product, minimum enrollment threshold, etc.)	<input type="text"/>
Is your advocacy product included as a standard part of your care management model (if applicable)?	<input type="text"/>

24.7 Does the advocacy team closely collaborate with care management operations (if the two are operated separately) to provide a seamless member care model?

- Yes (please describe)
- No (please explain)

24.8 Provide the hours/days of operation of your member advocacy model.

Days of operation

Hours of operation

24.9 Does your member advocacy model include outbound calling/engagement efforts?

Yes (please describe)

No (please explain)

24.10 How do you measure the quality of interactions/feedback of members with your member advocacy model? Please provide your NPS score if tracked.

Response

24.11 Provide the after-hours access/coverage of your member advocacy model.

Response

24.12 Provide the qualifications and experience requirements for member-facing member advocacy representatives.

Response

24.13 Are any of the member advocacy representatives clinicians (i.e., registered nurses, social workers, or psychologists)?

Yes (please describe)

No (please explain)

24.14 Provide your advocacy staff to member ratio.

Response

24.15 When a member starts with an advocacy representative, do they continue with the same advocate throughout their experience?

Yes (please describe)

No (please explain)

Musculoskeletal Care Management (MCM) Program

25.1 Provide a description of your Musculoskeletal Care Management (MCM) program.

Response

25.2 Describe your company's overall experience in providing a MCM program and overall service capabilities.

Response

25.3 Describe your MCM problem identification process, intervention process, including methods and success rates.

Response

25.4 Describe your medical management staffing model for MCM including physician oversight.

Response

25.5 Is the MCM program able to accept and integrate data from MCHCP's contracted PBM or other vendors?

Yes, at no additional cost (please describe)

Yes, at an additional cost (please describe, and list additional cost in Supplemental Pricing)

No (please explain)

25.6 What are the criteria for discharging a member from the MCM program?

Response

25.7 Provide a description of the frequency and types of interactions you have with the member's primary care provider/treating provider once they have been enrolled in the MCM program.

Describe types of interactions

Describe frequency of interactions

25.8 Provide a description of the frequency and types of interactions you have with a member once they have been enrolled in the MCM program.

Describe types of interactions

Describe frequency of interactions

25.9 Confirm you have uploaded copies of standard quarterly MCM reporting that would be made available to MCHCP at no additional cost. Standard reports must include program participation data, demographic information, and outreach rates. Upload the file to the Reference Files from Vendor section, and name the file "Q25.9 MCM Quarterly Reporting".

Confirmed

Not confirmed (please explain)

25.10 Confirm you have uploaded copies of the standard member communications regarding the MCM program that would be provided to MCHCP's members at no additional charge. Upload the file to the Reference Files from Vendor section, and name the file "Q25.10 MCM Member Communications".

Confirmed

Not confirmed (please explain)

25.11 What is the average caseload (open cases) for MCM nurses?

Response

25.12 How many years and in what geographic regions has your MCM program been in place?

Response

25.13 What is the length of term of your longest tenured client in which you provide the MCM program contemplated in this RFP?

Response

25.14 What is your total number of clients that use your MCM program?

Response

25.15 How many new clients have you added in the last two years to your MCM program?

Response

25.16 What MCM program experience do you have in the State of Missouri?

Response

25.17 For CY2023, what was your MCM program's average approval, redirection, denial and appeal rate?

Approval rate

 %

Redirection rate

 %

Denial rate

 %

Appeal rate

 %

25.18 Provide your most recent provider and member satisfaction metrics. If necessary to provide a complete response, upload a file to the Reference Files from Vendor section, and name the file "Q25.18 Musculoskeletal Program Satisfaction Metrics".

Response

25.19 Confirm you have provided your individual program operational metrics (e.g., phone statistics, claims processing, credentialing, etc.) for the last three years broken out by line of business and separately for Missouri members. Upload the file to the Reference Files from Vendor Section, and name the file "Q25.19 Musculoskeletal Program Operational Statistics".

Confirmed

Not confirmed (please explain)

Disease Management

26.1 Describe your approach to managing chronic disease.

Response

26.2 Can the DM program offered to MCHCP be an optional program at MCHCP's discretion to elect each year?

Yes, at no additional cost (please describe)

Yes, at an additional cost (please describe and specify cost on Supplemental Pricing)

No (please explain)

26.3 What does your Disease Management (DM) program include? Include whether it is an opt in or opt out program, dedicated team to MCHCP and what physician oversight is performed.

Response

26.4 What is the member engagement and how is that defined for each program?

Response

26.5 Describe your DM identification process and intervention process, including methods and success rates.

Response

26.6 Describe your medical management staffing model for DM.

Response

26.7 Is the DM program able to accept and integrate data from MCHCP's contracted PBM or other vendors?

Yes, at no additional cost (please describe)

Yes, at an additional cost (please describe, and list additional cost in Supplemental Pricing)

No (please explain)

26.8 What is the average caseload (open cases) for DM staffing?

Response

26.9 What are the criteria for discharging a member from the DM program?

Response

26.10 Provide a description of the frequency and types of interactions you have with the member's primary care provider once they have been enrolled in the DM program.

Describe types of interactions

Describe frequency of interactions

26.11 Provide a description of the frequency and types of interactions you have with members once they have been enrolled in the DM program.

Describe types of interactions

Describe frequency of interactions

26.12 If a member has more than one DM diagnosis, are they managed and counted in only one program?

Yes

No (please explain)

26.13 Confirm you have uploaded copies of standard quarterly disease management reporting that would be made available to MCHCP at no additional cost. Standard reports must include program participation data, demographic information, and outreach rates. Upload the file to the Reference Files from Vendor section, and name the file "Q26.13 DM Quarterly Reporting".

Confirmed

Not confirmed (please explain)

26.14 Confirm you have uploaded copies of the standard member communications regarding the disease management program that would be provided to MCHCP members at no additional charge. Upload the file to the Reference Files from Vendor section, and name the file " Q26.14 DM Member Communications".

Confirmed

Not confirmed (please explain)

26.15 Complete the following table, indicating which DM programs have received accreditation and from whom (NCQA, JCAHO, URAC).

	Program name	Accrediting organization
Program 1	<input type="text"/>	<input type="text"/>
Program 2	<input type="text"/>	<input type="text"/>
Program 3	<input type="text"/>	<input type="text"/>
Program 4	<input type="text"/>	<input type="text"/>
Program 5	<input type="text"/>	<input type="text"/>
Program 6	<input type="text"/>	<input type="text"/>
Program 7	<input type="text"/>	<input type="text"/>
Program 8	<input type="text"/>	<input type="text"/>
Program 9	<input type="text"/>	<input type="text"/>
Program 10	<input type="text"/>	<input type="text"/>

Medically-Supervised Weight Loss Programs

27.1 Do you have medically-supervised weight loss programs to assist with lifestyle changes for those utilizing weight loss drugs and/or those with a diabetes diagnosis? If so, please describe in detail. If necessary to provide a complete description of the program, upload a file to the Reference Files from Vendor section, and name the file "Q27.1 Weight Loss Program".

Yes (please describe in detail)

No (please explain)

27.2 Provide a description of how you evaluate efficacy of such programs.

Response

27.3 Who do you partner with to provide these programs?

Response

27.4 Please describe your rate of engagement and your experience with increasing member participation.

Response

27.5 How long have you been offering these programs?

Response

27.6 How many members are currently engaged and what is the average length of time members remained engaged?

Response

References

28.1 Provide references for three current clients (excluding MCHCP). If possible use companies of similar size and needs as MCHCP. We will not contact these references without discussing it with you first; however, having information on references is critical.

	Name or industry	Services provided by your organization	Number of covered employees	Number of years working with your organization
Current Client #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Client #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Client #3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

28.2 Provide references for two clients who have terminated your services. If possible use companies of similar size and needs as MCHCP. We will not contact these references without discussing it with you first; however, having information on references is critical.

	Name or industry	Services received by your organization	Number of covered employees	Number of years working with your organization	Reason for termination of relationship
Terminated Client #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Terminated Client #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MBE-WBE Participation Commitment

If the bidder is committing to participation by or if the bidder is a qualified MBE/WBE, the bidder must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed Exhibit A-9 with the bidder's proposal. For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the bidder must either (1) enter the participation percentage under MBE or WBE, or must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

29.1 MBE Participation Commitment Table

	Name of Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for MBE	Description of Products/Services to be Provided by MBE
Company 1	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 2	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 3	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 4	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Total MBE			

Percentage	<input type="text"/>	<input type="text"/> %	<input type="text"/>
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29.2 WBE Participation Commitment Table

	Name of Qualified Women Business Enterprise (WBE) Proposed	Committed Percentage of Participation for WBE	Description of Products/Services to be Provided by WBE
Company 1	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 2	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 3	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Company 4	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Total WBE Percentage	<input type="text"/>	<input type="text"/> %	<input type="text"/>

Scope of Work

30.1 Confirm you will meet all Administrative Services requirements stated in Exhibit B, Section B1.

Confirmed

Not confirmed (please explain)

30.2 Confirm you will meet all Coordination with MCHCP Business Associates requirements stated in Exhibit B, Section B2.

Confirmed

Not confirmed (please explain)

30.3 Confirm you will meet all Account Management requirements as stated in Exhibit B, Section B3.

Confirmed

Not confirmed (please explain)

30.4 Confirm you will meet all Meetings requirements as stated in Exhibit B, Section B4.

Confirmed

Not confirmed (please explain)

30.5 Confirm you will meet all Network requirements as stated in Exhibit B, Section B5.

Confirmed

Not confirmed (please explain)

30.6 Confirm you will meet all Member Service requirements as stated in Exhibit B, Section B6.

Confirmed

Not confirmed (please explain)

30.7 Confirm you will meet all Implementation requirements as stated in Exhibit B, Section B7.

Confirmed

Not confirmed (please explain)

30.8 Confirm you will meet all Reporting Requirements stated in Exhibit B, Section B8.

Confirmed

Not confirmed (please explain)

30.9 Confirm you will meet all Eligibility File requirements as stated in Exhibit B, Section B9.

Confirmed

Not confirmed (please explain)

30.10 Confirm you will meet all Website requirements as stated in Exhibit B, Section B10.

Confirmed

Not confirmed (please explain)

30.11 Confirm you will meet all Appeals requirements as stated in Exhibit B, Section B11.

Confirmed

Not confirmed (please explain)

30.12 Confirm you will meet all Clinical Management requirements as stated in Exhibit B, Section B12.

Confirmed

Not confirmed (please explain)

30.13 Confirm you will agree to all Claim Payment requirements as stated in Exhibit B, Section B13.

Confirmed

Not confirmed (please explain)

30.14 Confirm you will meet all Performance Standard requirements as stated in Exhibit B, Section B14.

Confirmed

Not confirmed (please explain)

30.15 Confirm you will meet all Supplemental Optional Administrative Services requirements as stated in Exhibit B, Section B15.

Confirmed

Not confirmed (please explain)

30.16 Confirm you will meet all Funding requirements as stated in Exhibit B, Section B16.

Confirmed

Not confirmed (please explain)

Attachment Checklist

31.1 Confirm the following have been provided with your proposal. A check mark below indicates they have been uploaded to the Reference Files from Vendor section of the RFP.

Q2.7 E&O Insurance

Q2.9 Economic Impact

Q2.10 Audited Financial Statements

Q2.14 State of Missouri License

Q3.5 Organizational Chart

Q3.6 Implementation Plan

Q4.11 Satisfaction Survey Results

Q4.13 Member Communications

Q5.10 Reliability Metrics

Q5.12 Disaster Recovery Plan

Q5.13 Disaster Recovery Plan Testing

Q6.3 Customer Service Reports

Q6.4 Sample Reporting Package

Q7.7 Sample EOB

- Q9.4 Banking Reports
- Q10.7 Cost-sharing Disclosure Screenshots
- Q12.7 UM Quarterly Reporting
- Q12.8 UM Member Communications
- Q13.13 CM Quarterly Reporting
- Q13.14 CM Member Communications
- Q14.5 Provider Network
- Q14.6 Hospital Network
- Q15.1 ACO Strategy
- Q15.3 PCMH Strategy
- Q19.1 Telehealth organizations
- Q20.1 Internal Appeal Process
- Q21.28 Additional Performance Guarantees
- Q21.29 Member Incentive Performance Guarantees
- Q22.2 Trend Guarantee
- Q22.5 Business Partners
- Q23.8 Incentive Program Reports
- Q23.11 Incentive Program ROI
- Q24.3 Advocacy Process Map
- Q25.9 MCM Quarterly Reporting
- Q25.10 MCM Member Communications
- Q25.18 Musculoskeletal Program Satisfaction Metrics
- Q25.19 Musculoskeletal Program Operational Statistics
- Q26.13 DM Quarterly Reporting
- Q26.14 DM Member Communications
- Q27.1 Weight Loss Program

Mandatory Contract Provisions Questionnaire

Mandatory Contract Provisions

Bidders are expected to closely read the Mandatory Contract Provisions. Rejection of these provisions may be cause for rejection of a bidder's proposal. MCHCP requires that you provide concise responses to questions requiring explanation. Please note, there is a 1,000 character limit on all textual responses. MCHCP expects that you will provide all explanations within the parameters of this questionnaire.

1.1 Term of Contract: The term of this Contract is for a period of one (1) year from January 1, 2025 through December 31, 2025. This Contract may be renewed for four (4) additional one-year periods at the sole option of the MCHCP Board of Trustees. Prices for Years 1-5 must be submitted with this RFP. The submitted pricing arrangement for the first year (January 1 - December 31, 2025) is a firm, fixed price. The submitted prices for the subsequent (2nd -5th) years of the contract period (January 1 - December 31, 2026, January 1 - December 31, 2027, January 1 - December 31, 2028 and January 1 - December 31, 2029 respectively) are guaranteed not-to-exceed maximum prices and are subject to negotiation. Actual pricing for the one-year renewal periods are due to MCHCP by May 15 for the following year's renewal. All prices are subject to best and final offer which may result from subsequent negotiation.

Confirmed

Not confirmed (please explain)

1.2 Contract Documents: The following documents will be hereby incorporated by reference as if fully set forth within the Contract entered into by MCHCP and the Contractor: (1) Written and duly executed Contract (sample is provided and final will be negotiated if necessary prior to award); (2) amendments to the executed Contract; (3) The completed and uploaded Exhibits set forth in this RFP; and (4) This Request for Proposal.

Confirmed

Not confirmed (please explain)

1.3 Audit Rights: MCHCP and its designated auditors shall have access to and the right to examine any and all pertinent books, documents, papers, files, or records of Contractor involving any and all transactions related to the performance of this Contract. Contractor shall furnish all information necessary for MCHCP to comply with all Missouri and/or federal laws and regulations. MCHCP shall bear the cost of any such audit or review and MCHCP will choose the auditing entity. MCHCP and Contractor shall agree to reasonable times for Contractor to make such records available for audit. Any Contractor audit protocols must be presented as part of this RFP in order to be considered by MCHCP, prior to the awarding of the contract. Protocols that are designed to limit MCHCP's audit rights shall not be allowed.

Confirmed

Not confirmed (please explain)

1.4 Financial Record Audit and Retention: Contractor agrees to maintain, and require its subcontractors to maintain, supporting financial information and documents that are adequate to ensure the accuracy and validity of Contractor's invoices. Such documents will be maintained and retained by Contractor or its subcontractors for a period of seven (7) years after the date of submission of the final billing or until the resolution of all audit questions, whichever is longer. Contractor agrees to timely repay any undisputed audit exceptions taken by MCHCP in any audit of this Contract.

Confirmed

Not confirmed (please explain)

1.5 Breach and Waiver: Waiver or any breach of any contract term or condition shall not be deemed a waiver of any prior or subsequent breach. No contract term or condition shall be held to be waived, modified, or deleted except by a written instrument signed by the parties thereto. If any contract term or condition or application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, condition or application. To this end, the contract terms and conditions are severable.

Confirmed

Not confirmed (please explain)

1.6 Confidentiality: Contractor will have access to private and/or confidential data maintained by MCHCP to the extent necessary to carry out its responsibilities under this Contract. Contractor will sign a Business Associate Agreement with MCHCP. No private or confidential data received, collected, maintained, transmitted, or used in the course of performance of this Contract shall be disseminated by Contractor

except as authorized by MCHCP, either during the period of this Contract or thereafter. Contractor must agree to return any or all data furnished by MCHCP promptly at the request of MCHCP in whatever form it is maintained by Contractor. On the termination or expiration of this Contract, Contractor will not use any of such data or any material derived from the data for any purpose and, where so instructed by MCHCP, will destroy or render it unreadable.

Confirmed

Not confirmed (please explain)

1.7 Electronic Transmission Protocols: The contractor and all subcontractors shall maintain encryption standards of 2048 bits or greater for RSA key pairs, and 256 bit session key strength for the encryption of confidential information and transmission over public communication infrastructure. Batch transfers of files will be performed using SFTP or FTPS with similar standards and refined as needed to best accommodate provider configurations (i.e. port assignment, access control, etc.).

Confirmed

Not confirmed (please explain)

1.8 Force Majeure: Neither party will incur any liability to the other if its performance of any obligation under this Contract is prevented or delayed by causes beyond its control and without the fault or negligence of either party. Causes beyond a party's control may include, but aren't limited to, acts of God or war, changes in controlling law, regulations, orders or the requirements of any governmental entity, severe weather conditions, civil disorders, natural disasters, fire, epidemics and quarantines, and strikes other than by Contractor's or its subcontractor's employees.

Confirmed

Not confirmed (please explain)

1.9 Governing Law: This Contract shall be governed by the laws of the State of Missouri and shall be deemed executed at Jefferson City, Cole County, Missouri. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Missouri.

Confirmed

Not confirmed (please explain)

1.10 Jurisdiction: All legal proceedings arising hereunder shall be brought in the Circuit Court of Cole County in the State of Missouri.

Confirmed

Not confirmed (please explain)

1.11 Independent Contractor: Contractor represents itself to be an independent contractor offering such services to the general public and shall not represent itself or its employees to be an employee of MCHCP. Therefore, Contractor shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, worker's compensation, employee insurance, minimum wage requirements, overtime, etc. and agrees to indemnify, save, and hold MCHCP, its officers, agents, and employees, harmless from and against, any and all loss; cost (including attorney fees); and damage of any kind related to such matters. Contractor assumes sole and full responsibility for its acts and the acts of its personnel.

Confirmed

Not confirmed (please explain)

1.12 Injunctions: Should MCHCP be prevented or enjoined from proceeding with this Contract before or after contract execution by reason of any litigation or other reason beyond the control of MCHCP, Contractor shall not be entitled to make or assess claim for damage by reason of said delay.

Confirmed

Not confirmed (please explain)

1.13 Integration: This Contract, in its final composite form, shall represent the entire agreement between the parties and shall supersede all prior negotiations, representations or agreements, either written or oral, between the parties relating to the subject matter hereof. This Contract between the parties shall be independent of and have no effect on any other contracts of either party.

Confirmed

Not confirmed (please explain)

1.14 Modification of the Contract: This Contract shall be modified only by the written agreement of the parties. No alteration or variation in terms and conditions of the Contract shall be valid unless made in writing and signed by the parties. Every amendment shall specify the date on which its provisions shall be effective.

Confirmed

Not confirmed (please explain)

1.15 Notices: All notices, demands, requests, approvals, instructions, consents or other communications (collectively "notices") which may be required or desired to be given by either party to the other during the course of this contract shall be in writing and shall be made by personal delivery or by overnight delivery, prepaid, to the other party at a designated address or to any other persons or addresses as may be designated by notice from one party to the other. Notices to MCHCP shall be addressed as follows: Missouri Consolidated Health Care Plan, ATTN: Executive Director, P.O. Box 104355, Jefferson City, MO 65110-4355.

Confirmed

Not confirmed (please explain)

1.16 Ownership: All data developed or accumulated by Contractor under this Contract shall be owned by MCHCP. Contractor may not release any data without the written approval of MCHCP. MCHCP shall be entitled at no cost and in a timely manner to all data and written or recorded material pertaining to this Contract in a format acceptable to MCHCP. MCHCP shall have unrestricted authority to reproduce, distribute, and use any submitted report or data and any associated documentation that is designed or developed and delivered to MCHCP as part of the performance of this Contract.

Confirmed

Not confirmed (please explain)

1.17 Payment: Upon implementation of the undertaking of this Contract and acceptance by MCHCP, Contractor shall be paid as stated in this Contract.

Confirmed

Not confirmed (please explain)

1.18 Rights and Remedies: If this Contract is terminated, MCHCP, in addition to any other rights provided for in this Contract, may require Contractor to deliver to MCHCP in the manner and to the extent directed, any completed materials. In the event of termination, Contractor shall receive payment prorated for that portion of the contract period services were provided to and/or goods were accepted by MCHCP subject to any offset by MCHCP for actual damages. The rights and remedies of MCHCP provided for in this Contract shall not be exclusive and are in addition to any other rights and remedies provided by law.

Confirmed

Not confirmed (please explain)

1.19 Solicitation of Members: Contractor shall not use the names, home addresses or any other information contained about members of MCHCP for the purpose of offering for sale any property or services which are not directly related to services negotiated in this RFP without the express written consent of MCHCP's Executive Director.

Confirmed

Not confirmed (please explain)

1.20 Statutes: Each and every provision of law and clause required by law to be inserted or applicable to the services provided in the Contract shall be deemed to be inserted herein and the Contract shall be read and enforced as though it were included herein. If through mistake or otherwise any such provision is not inserted, or is not correctly inserted, then on the application of either party the Contract shall be amended to make such insertion or correction.

Confirmed

Not confirmed (please explain)

1.21 Termination Right: Notwithstanding any other provision, MCHCP reserves the right to terminate this Contract at the end of any month by giving thirty (30) days' notice without penalty.

Confirmed

Not confirmed (please explain)

1.22 Off-shore Services: All services under this Contract shall be performed within the United States. Contractor shall not perform, or permit subcontracting of services under this Contract, to any off-shore companies or locations outside of the United States. Any such actions shall result in the Contractor being in breach of this Contract.

Confirmed

Not confirmed (please explain)

1.23 Compliance with Laws: Contractor shall comply with all applicable federal and state laws and regulations and local ordinances in the performance of this Contract, including but not limited to the provisions listed below.

Confirmed

Not confirmed (please explain)

1.24 Non-discrimination, Sexual Harassment and Workplace Safety: Contractor agrees to abide by all applicable federal, state and local laws, rules and regulations prohibiting discrimination in employment and controlling workplace safety. Contractor shall establish and maintain a written sexual harassment policy and shall inform its employees of the policy. Contractor shall include the provisions of this Nondiscrimination/Sexual Harassment Clause in every subcontract so that such provisions will be binding upon each subcontractor. Any violations of applicable laws, rules and regulations may result in termination of the Contract.

Confirmed

Not confirmed (please explain)

1.25 Americans with Disabilities Act (ADA): Pursuant to federal regulations promulgated under the authority of The Americans with Disabilities Act (ADA), Contractor understands and agrees that it shall not cause any individual with a disability to be excluded from participation in this Contract or from activities provided for under this Contract on the basis of such disability. As a condition of accepting this Contract, Contractor agrees to comply with all regulations promulgated under ADA which are applicable to all benefits, services, programs, and activities provided by MCHCP through contracts with outside contractors.

Confirmed

Not confirmed (please explain)

1.26 Patient Protection and Affordable Care Act (PPACA): If applicable, Contractor shall comply with the Patient Protection and Affordable Care Act (PPACA) and all regulations promulgated under the authority of PPACA, including any future regulations promulgated under PPACA, which are applicable to all benefits, services, programs, and activities provided by MCHCP through contracts with outside contractors.

Confirmed

Not confirmed (please explain)

1.27 Health Insurance Portability and Accountability Act of 1996 (HIPAA): Contractor shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and implementing regulations, as amended, including compliance with the Privacy, Security and Breach Notification regulations and the execution of a Business Associate Agreement with MCHCP.

Confirmed

Not confirmed (please explain)

1.28 Genetic Information Nondiscrimination Act of 2008: Contractor shall comply with the Genetic Information Nondiscrimination Act of 2008 (GINA) and implementing regulations, as amended.

Confirmed

Not confirmed (please explain)

1.29 Consolidated Appropriations Act, 2021: Contractor shall comply with CAA, including the the No Surprises Act (NSA) and implementing regulations, as amended.

Confirmed

Not confirmed (please explain)

1.30 Contractor shall be responsible for and agrees to indemnify and hold harmless MCHCP from all losses, damages, expenses, claims, demands, suits, and actions brought by any party against MCHCP as a result of Contractor's, or any associate's or subcontractor's of Contractor, failure to comply with paragraphs 1.24, 1.25, 1.26, 1.27, 1.28 and 1.29 above.

Confirmed

Not confirmed (please explain)

1.31 Prohibition of Gratuities: Neither Contractor nor any person, firm or corporation employed by Contractor in the performance of this Contract shall offer or give any gift, money or anything of value or any promise for future reward or compensation to any employee of MCHCP at any time.

Confirmed

Not confirmed (please explain)

1.32 Subcontracting: Subject to the terms and conditions of this section, this Contract shall be binding upon the parties and their respective successors and assigns. Contractor shall not subcontract with any person or entity to perform all or any part of the work to be performed under this Contract without the prior written consent of MCHCP. Contractor may not assign, in whole or in part, this Contract or its rights, duties, obligations, or responsibilities hereunder without the prior written consent of MCHCP. Contractor agrees that any and all subcontracts entered into by Contractor for the purpose of meeting the requirements of this Contract are the responsibility of Contractor. MCHCP will hold Contractor responsible for assuring that subcontractors meet all the requirements of this Contract and all amendments thereto. Contractor must provide complete information regarding each subcontractor used by Contractor to meet the requirements of this Contract.

Confirmed

Not confirmed (please explain)

1.33 Industry Standards: If not otherwise provided, materials or work called for in this Contract shall be furnished and performed in accordance with best established practice and standards recognized by the contracted industry and comply with all codes and regulations which shall apply.

Confirmed

Not confirmed (please explain)

1.34 Hold Harmless: Contractor shall indemnify, defend and hold harmless MCHCP, and its directors, officers, employees, agents and affiliates, from and against any and all losses, claims, damages, liabilities, costs and expenses (including without limitation, reasonable attorneys' fees and costs) that are recovered in actions brought by a third party asserting liability for Contractor's or its subcontractor's gross negligence or willful misconduct in the performance of the obligations under this Agreement.

Confirmed

Not confirmed (please explain)

1.35 Insurance and Liability: Contractor must maintain sufficient liability insurance, including but not limited to general liability, professional liability, and errors and omissions coverage, to protect MCHCP against any reasonably foreseeable recoverable loss, damage or expense under this engagement. Contractor shall provide proof of such insurance coverage upon request from MCHCP. MCHCP shall not be required to purchase any insurance against loss or damage to any personal property to which this Contract relates. Contractor shall bear the risk of any loss or damage to any personal property in which Contractor holds title.

Confirmed

Not confirmed (please explain)

1.36 Access to Records: Upon reasonable notice, Contractor must provide, and cause its subcontractors to provide, the officials and entities identified in this Section with prompt, reasonable, and adequate access to any records, books, documents, and papers that are directly pertinent to the performance of the services. Such access must be provided to MCHCP and, upon execution of a confidentiality agreement, to any independent auditor or consultant acting on behalf of MCHCP; and any other entity designated by MCHCP. Contractor agrees to provide the access described wherever Contractor maintains such books, records, and supporting documentation. Further, Contractor agrees to provide such access in reasonable comfort and to provide any furnishings, equipment, or other conveniences deemed reasonably necessary to fulfill the purposes described in this section. Contractor shall require its subcontractors to provide comparable access and accommodations. MCHCP shall have the right, at reasonable times and at a site designated by MCHCP, to audit the books, documents and records of Contractor to the extent that the books, documents and records relate to costs or pricing data for this Contract. Contractor agrees to maintain records which will support the prices charged and costs incurred for performance of services performed under this Contract. To the extent described herein, Contractor shall give full and free access to all records to MCHCP and/or their authorized representatives.

Confirmed

Not confirmed (please explain)

1.37 Acceptance: No contract provision or use of items by MCHCP shall constitute acceptance or relieve Contractor of liability in respect to any expressed or implied warranties.

Confirmed

Not confirmed (please explain)

1.38 Termination for Cause: MCHCP may terminate this contract, or any part of this contract, for cause under any one of the following circumstances: 1) Contractor fails to make delivery of goods or services as specified in this Contract; 2) Contractor fails to satisfactorily perform the work specified in this Contract; 3) Contractor fails to make progress so as to endanger performance of this Contract in accordance with its terms; 4) Contractor breaches any provision of this Contract; 5) Contractor assigns this Contract without MCHCP's approval; or 6) Insolvency or bankruptcy of the Contractor. MCHCP shall have the right to terminate this Contract, in whole or in part, if MCHCP determines, at its sole discretion, that one of the above listed circumstances exists. In the event of termination, Contractor shall receive payment prorated for that portion of the contract period services were provided to and/or goods were accepted by MCHCP, subject to any offset by MCHCP for actual damages including loss of any federal matching funds. Contractor shall be liable to MCHCP for any reasonable excess costs for such similar or identical services included within the terminated part of this Contract.

Confirmed

Not confirmed (please explain)

1.39 Arbitration, Damages, Warranties: Notwithstanding any language to the contrary, no interpretation shall be allowed to find MCHCP has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, MCHCP shall not agree to pay attorney fees and late payment charges beyond those available under this Contract, and no provision will be given effect which attempts to exclude, modify, disclaim or otherwise attempt to limit implied warranties of merchantability and fitness for a particular purpose.

Confirmed

Not confirmed (please explain)

1.40 Assignment: Contractor shall not assign, convey, encumber, or otherwise transfer its rights or duties under this Contract without prior written consent of MCHCP. This Contract may terminate in the event of any assignment, conveyance, encumbrance or other transfer by Contractor made without prior written consent of MCHCP. Notwithstanding the foregoing, Contractor may, without the consent of MCHCP, assign its rights to payment to be received under this Contract, provided that Contractor provides written notice of such assignment to MCHCP together with a written acknowledgment from the assignee that any such payments are subject to all of the terms and conditions of this Contract. For the purposes of this Contract, the term "assign" shall include, but shall not be limited to, the sale, gift, assignment, pledge, or other transfer of any ownership interest in the Contractor provided, however, that the term shall not apply to the sale or other

transfer of stock of a publicly traded company. Any assignment consented to by MCHCP shall be evidenced by a written assignment agreement executed by Contractor and its assignee in which the assignee agrees to be legally bound by all of the terms and conditions of this Contract and to assume the duties, obligations, and responsibilities being assigned. A change of name by Contractor, following which Contractor's federal identification number remains unchanged, shall not be considered to be an assignment hereunder. Contractor shall give MCHCP written notice of any such change of name.

Confirmed

Not confirmed (please explain)

1.41 Compensation/Expenses: Contractor shall be required to perform the specified services at the price(s) quoted in this Contract. All services shall be performed within the time period(s) specified in this Contract. Contractor shall be compensated only for work performed to the satisfaction of MCHCP. Contractor shall not be allowed or paid travel or per diem expenses except as specifically set forth in this Contract.

Confirmed

Not confirmed (please explain)

1.42 Contractor Expenses: Contractor will pay and will be solely responsible for Contractor's travel expenses and out-of-pocket expenses incurred in connection with providing the services. Contractor will be responsible for payment of all expenses related to salaries, benefits, employment taxes, and insurance for its staff.

Confirmed

Not confirmed (please explain)

1.43 Conflicts of Interest: Contractor shall not knowingly employ, during the period of this Contract or any extensions to it, any professional personnel who are also in the employ of the State of Missouri or MCHCP and who are providing services involving this Contract or services similar in nature to the scope of this Contract to the State of Missouri. Furthermore, Contractor shall not knowingly employ, during the period of this Contract or any extensions to it, any employee of MCHCP who has participated in the making of this Contract until at least two years after his/her termination of employment with MCHCP.

Confirmed

Not confirmed (please explain)

1.44 Patent, Copyright, and Trademark Indemnity: Contractor warrants that it is the sole owner or author of, or has entered into a suitable legal agreement concerning either: a) the design of any product or process provided or used in the performance of this Contract which is covered by a patent, copyright, or trademark registration or other right duly authorized by state or federal law or b) any copyrighted matter in any report document or other material provided to MCHCP under this Contract. Contractor shall defend any suit or proceeding brought against MCHCP on account of any alleged patent, copyright or trademark infringement in the United States of any of the products provided or used in the performance of this Contract. This is upon condition that MCHCP shall provide prompt notification in writing of such suit or proceeding; full right, authorization and opportunity to conduct the defense thereof; and full information and all reasonable cooperation for the defense of same. As principles of governmental or public law are involved, MCHCP may participate in or choose to conduct, in its sole discretion, the defense of any such action. If information and assistance are furnished by MCHCP at the Contractor's written request, it shall be at Contractor's expense, but the responsibility for such expense shall be only that within Contractor's written authorization. Contractor shall indemnify and hold MCHCP harmless from all damages, costs, and expenses, including attorney's fees that the Contractor or MCHCP may pay or incur by reason of any infringement or violation of the rights occurring to any holder of copyright, trademark, or patent interests and rights in any products provided or used in the performance of this Contract. If any of the products provided by Contractor in such suit or proceeding are held to constitute infringement and the use is enjoined, Contractor shall, at its own expense and at its option, either procure the right to continue use of such infringement products, replace them with non-infringement equal performance products or modify them so that they are no longer infringing. If Contractor is unable to do any of the preceding, Contractor agrees to remove all the equipment or software which are obtained contemporaneously with the infringing product, or, at the option of MCHCP, only those items of equipment or software which are held to be infringing, and to pay MCHCP: 1) any amounts paid by MCHCP towards the purchase of the product, less straight line depreciation; 2) any license fee paid by MCHCP for the use of any software, less an amount for the period of usage; and 3) the pro rata portion of any maintenance fee presenting the time remaining in any period of maintenance paid for. The obligations of Contractor under this paragraph continue without time limit. No costs or expenses shall be incurred for the

account of Contractor without its written consent.

Confirmed

Not confirmed (please explain)

1.45 Tax Payments: Contractor shall pay all taxes lawfully imposed on it with respect to any product or service delivered in accordance with this Contract. MCHCP is exempt from Missouri state sales or use taxes and federal excise taxes for direct purchases. MCHCP makes no representation as to the exemption from liability of any tax imposed by any governmental entity on Contractor.

Confirmed

Not confirmed (please explain)

1.46 Disclosure of Material Events: Contractor agrees to immediately disclose any of the following to MCHCP to the extent allowed by law for publicly traded companies: (*) Any material adverse change to the financial status or condition of Contractor; (*) Any merger, sale or other material change of ownership of Contractor; (*) Any conflict of interest or potential conflict of interest between Contractor's engagement with MCHCP and the work, services or products that Contractor is providing or proposes to provide to any current or prospective customer; and (1) Any material investigation of Contractor by a federal or state agency or self-regulatory organization; (2) Any material complaint against Contractor filed with a federal or state agency or self-regulatory organization; (3) Any material proceeding naming Contractor before any federal or state agency or self-regulatory organization; (4) Any material criminal or civil action in state or federal court naming Contractor as a defendant; (5) Any material fine, penalty, censure or other disciplinary action taken against Contractor by any federal or state agency or self-regulatory organization; (6) Any material judgment or award of damages imposed on or against Contractor as a result of any material criminal or civil action in which Contractor was a party; or (7) Any other matter material to the services rendered by Contractor pursuant to this Contract. For the purposes of this paragraph, "material" means of a nature or of sufficient monetary value, or concerning a subject which a reasonable party in the position of and comparable to MCHCP would consider relevant and important in assessing the relationship and services contemplated by this Contract. It is further understood that in fulfilling its ongoing responsibilities under this paragraph, Contractor is obligated to make its best faith efforts to disclose only those relevant matters which to the attention of or should have been known by Contractor's personnel involved in the engagement covered by this Contract and/or which come to the attention of or should have been known by any individual or office of Contractor designated by Contractor to monitor and report such matters. Upon learning of any such actions, MCHCP reserves the right, at its sole discretion, to terminate this Contract.

Confirmed

Not confirmed (please explain)

1.47 MCHCP's rights Upon Termination or Expiration of Contract: If this Contract is terminated, MCHCP, in addition to any other rights provided under this Contract, may require Contractor to transfer title and deliver to MCHCP in the manner and to the extent directed, any completed materials. MCHCP shall be obligated only for those services and materials rendered and accepted prior to termination.

Confirmed

Not confirmed (please explain)

1.48 Termination by Mutual Agreement: The parties may mutually agree to terminate this Contract or any part of this Contract at any time. Such termination shall be in writing and shall be effective as of the date specified in such agreement.

Confirmed

Not confirmed (please explain)

1.49 Retention of Records: Unless MCHCP specifies in writing a shorter period of time, Contractor agrees to preserve and make available all of its books, documents, papers, records and other evidence involving transactions related to this contract for a period of seven (7) years from the date of the expiration or termination of this contract. Matters involving litigation shall be kept for one (1) year following the termination of litigation, including all appeals, if the litigation exceeds seven (7) years. Contractor agrees that authorized federal representatives, MCHCP personnel, and independent auditors acting on behalf of MCHCP and/or federal agencies shall have access to and the right to examine records during the contract period and during the seven (7) year post contract period. Delivery of and access to the records shall be at no cost to MCHCP.

Confirmed

Not confirmed (please explain)

1.50 Change in Laws: Contractor agrees that any state and/or federal laws, applicable rules and regulations enacted during the terms of the Contract which are deemed by MCHCP to necessitate a change in the contract shall be deemed incorporated into the Contract. MCHCP will review any request for additional fees resulting from such changes and retains final authority to make any changes. In consultation with Contractor, a consultant may be utilized to determine the cost impact.

Confirmed

Not confirmed (please explain)

1.51 Response/Compliance with Audit or Inspection Findings: Contractor must take action to ensure its subcontractors' compliance with or correction of any finding of noncompliance with any law, regulation, audit requirement, or generally accepted accounting principle relating to the services or any other deficiency contained in any audit, review, or inspection. This action will include Contractor's delivery to MCHCP, for MCHCP's approval, a corrective action plan that address deficiencies identified in any audit(s), review(s), or inspection(s) within thirty (30) calendar days of the close of the audit(s), review(s), or inspection(s).

Confirmed

Not confirmed (please explain)

1.52 Inspections: Upon notice from MCHCP, Contractor will provide, and will cause its subcontractors to provide, such auditors and/or inspectors as MCHCP may from time to time designate, with access to Contractor service locations, facilities or installations. The access described in this section shall be for the purpose of performing audits or inspections of the Services and the business of MCHCP. Contractor must provide as part of the services any assistance that such auditors and inspectors reasonably may require to complete such audits or inspections.

Confirmed

Not confirmed (please explain)

1.53 Security Bond: The contractor must furnish an original performance security deposit in the form of check, cash, bank draft, or irrevocable letter of credit, issued by a bank or financial institution authorized to do business in Missouri, to MCHCP within ten (10) days after award of the contract and prior to performance of service under the contract. The performance security deposit must be made payable to MCHCP in the amount of \$5,000,000. The contract number and contract period must be specified on the performance security deposit. In the event MCHCP exercises an option to renew the contract for an additional period, the contractor shall maintain the validity and enforcement of the security deposit for the said period, pursuant to the provisions of this paragraph, in an amount stipulated at the time of contract renewal, not to exceed \$5,000,000.

Confirmed

Not confirmed (please explain)

1.54 Any fees not proposed in the proposal, for items included in the proposal cannot be considered at a later date. This does not limit new or additional programs from being proposed and fees set forth at the time of proposal for the consideration of the board.

Confirmed

Not confirmed (please explain)

1.55 MCHCP is a governmental body under Missouri Sunshine Law (Chapter 610 RSMo). Section 610.011 requires that all provisions be liberally construed and their exceptions strictly construed to promote the public policy that records are open unless otherwise provided by law. Regardless of any claim by a bidder as to material being proprietary and not subject to copying or distribution, or how a bidder characterizes any information provided in its proposal, all material submitted by the bidder in conjunction with the RFP is subject to release after the award of a contract in relation to a request for public records under the Missouri Sunshine Law (see Chapter 610 of the Missouri Revised Statutes). Only information expressly permitted by the provisions of Missouri's Sunshine Law to be closed, strictly construed, will be redacted by MCHCP from any public request submitted to MCHCP after an award is made. Bidders should presume information provided to MCHCP in a proposal will be public following the award of the bid and made available upon

request in accordance with the provisions of state law.

Confirmed

Not confirmed (please explain)