

SPECIAL INSTRUCTIONS TO PROPOSER(S)

SOLICITATION NO. S37-T24702

STRATEGIC
PURCHASING
DIVISION

CITY OF HOUSTON, TEXAS

NOTICE OF REQUEST FOR PROPOSAL (RFP)
SOLICITATION NO.: S37-T24702

*"PARTNERING TO
BETTER SERVE
HOUSTON"*

958-61

NIGP CODE:

SOLICITATION DUE
DATE/TIME:

September 26, 2013 at 12:00 P.M., CST

SUBMITTAL LOCATION:

City Secretary's Office
City Hall Annex, Public Level
900 Bagby Street
Houston, Texas 77002

DESCRIPTION:

**THIRD PARTY ADMINISTRATOR FOR SELF-FUNDED
MEDICAL AND/OR PHARMACY BENEFITS PLANS FOR THE
CITY OF HOUSTON**

PRE-PROPOSAL
CONFERENCE:

Date	Time
09-11-2013	2:00 P.M.

Location
E. B. Cape Center,
Auditorium, 1st Floor,
4501 Leeland, Houston,
TX 77023

In accordance with T.L.G.C. § Chapter 252, competitive sealed proposals for the services specified will be received by the City Secretary's Office of the City of Houston at the above specified location, until the time and date cited. Proposals must be in the actual possession of the City Secretary's Office on or prior to the time and date, and at the location indicated above. Late proposals will not be considered.

Proposals must be submitted in a sealed envelope or package with the Solicitation Number and the Proposer's name and address clearly indicated on the envelope or package. All proposals must be completed on Proposal Tech's website. Additional instructions for preparing a proposal are included in this Solicitation.

PROPOSERS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE SOLICITATION

Solicitation Contact Person:
Joyce Hays

Name

joyce.hays@houstontx.gov

E-Mail Address

City Purchasing Agent

Date

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INTRODUCTION

Purpose and Project Description

The City of Houston (City) is conducting an active search of the marketplace for a service provider(s) that can partner to provide a health benefits delivery system to its employees, effective May 1, 2014. Service providers may include:

- Third Party Administrator for an integrated medical and prescription drug plan, or
- Third Party Administrator for the medical plan, or
- A Prescription Benefits Manager

Through the issuance of this Request for Proposals (RFPs) the City of Houston is soliciting proposals from qualified proposers that can provide services listed above and COBRA administration for eligible employees and retirees. However, the City reserves the right to award any service in whole or in part, if proposals suggest that doing so would be in the City's best interest.

Proposals provided in response to this RFP must comply with the submittal requirements set forth in later sections, including all forms and certifications, and will be evaluated in accordance with the criteria and procedures described herein. Based on the results of the evaluation, the City will award the work to the most advantageous proposer, based on cost and the evaluation factors set forth in the RFP.

Background

The City of Houston is the fourth largest City in the United States and largest city in the state of Texas. The Houston City Council is responsible for approving health benefits for its active and retired employees and their eligible dependents. The City, as an employer, has an employee population of more than 21,000 employees and some 9,500 retirees.

The City utilizes Connecticut General Life Insurance Company (Cigna) and Cigna Pharmacy to administer its self-insured integrated medical, prescription drugs, and behavioral health program. Through this partnership, the City offers several medical options to its active and retired employees and their eligible dependents.

Plans	Eligible Members	Enrollment
Limited Network Plan (EPO)	Active employees, some part-time, retirees under age 65 and a limited number of overage 65 retirees	41,262 members
An Open Access Plan (PPO)	Active employees, some part-time, retirees under age 65 and a limited number of overage 65 retirees	8,994 members
Consumer Driven Health Plan	Active employees, some part-time, retirees under age 65 and a limited number of overage 65 retirees	3,750 members
Retirees of Texas Options Plus	Non-Medicare-eligible retirees, typically those under age 65 who live in Texas but not in the 13 counties contiguous to Houston	134 members

Note: The City offers six Medicare Plans to Medicare-covered retirees and their Medicare-covered dependents. For this population, City-sponsored medical coverage is limited to the Medicare Plans.

City of Houston Objectives

The current benefit contract will expire April 2014. From this solicitation, the City expects to negotiate a contractual partnership for a term of three years and could include option years. The partnership will be effective May 1, 2014; the partner will be expected to assist the City with these strategic goals:

- Negotiate multi-year contract(s), with methodology to calculate reasonable predictable costs for each year.
- Maximize financial predictability and affordability.
- Penetrate the health care delivery market to obtain negotiated rates/fees/discounts so as to better control claims costs and to minimize changes to plan design in order to remain within or below industry trend (medical inflation).

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- Promote a workplace environment of healthy lifestyles using employee education, incorporating incentives and rewards.
- Provide tools and resources to employees that will empower them to make educated decisions when seeking healthcare.
- Improve the quality of healthcare provided to plan members through disease management programs.
- Work to increase employee level of awareness and understanding of the benefits plan (i.e. plan design, funding arrangement, vendor selection process, wellness opportunities, evaluation of plan elections) in order to lead to improved employee satisfaction.
- Ensure timely implementation of all mandates in accordance with the Patient Protection and Affordable Act (PPACA).

Plan Design

Plan contracts are incorporated in this RFP as exhibits posted on the Proposal Tech website; however, these are profiles of the plans.

- The Limited Network has predictable member cost-shares through a deductible for medical and prescription drugs and copayments. Members must utilize network providers that are in limited Texas counties.
- The Open Access Plan requires payment of a deductible, some copayments and co-insurance. Members have access to a broad nationwide network of providers; the plan does not provide out-of-network benefits.
- The Consumer Driven Health Plan provides a reimbursement account, a deductible, and coinsurance. Members have access to a broad nationwide network of providers; the plan provides out-of-network benefits.
- The Retirees of Texas Options Plus has predictable cost-shares through a deductible for medical and prescription drugs and copayments. This unique plan duplicates benefits in the Limited Network Plan; however, members may use providers of choice.

Essential Data

Detailed data fundamental for proposers to complete and submit proposals are posted on the Proposal Tech website and include:

- Member Eligibility (May 2011 through July 2013)
- Demographics for covered members
- Medical and prescription drug claims data (May 2011 through most current paid)
- GeoAccess Data
- Plan documents
- Total Claims Costs
- Formulary
- Specialty Drug list

Proposal Submissions

Proposers are requested to duplicate and price the existing healthcare delivery system, as well as the plan in effect on April 30, 2013, to establish a baseline comparison. Proposers are also requested to price a two-plan option – a Limited Network Plan and a Consumer Driven Health Plan; provide strategy to migrate subscribers to the Consumer Driven Plan. Proposers are encouraged to identify and propose features of enhancements that provide additional value without adding cost; and, propose creative solutions or plan design options that will achieve the City's goals.

Proposers should complete only the section of the RFP Questionnaire for which they are submitting a proposal:

- Third Party Administrator for an integrated medical and prescription drug plan, or
- Third Party Administrator for the medical plan, or
- Prescription Benefits Manager

Other specific submission requirements are outlined in the RFP.

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1.0 SUBMITTAL PROCEDURE:

1.1 The entire proposal must be completed online on the Proposal Tech website at the following link:

(<https://www.proposaltech.com/home/app.php/register>)

1.2 In the event a Proposer submits trade secret information to the City, the information must be clearly labeled as a “**Trade Secret**”. The City will maintain the confidentiality of such trade secrets to the extent provided by law. The ability to mark a response confidential will be provided underneath each question. If a Proposer desires for its response to be confidential, they can do so by checking the box marked “Confidential” underneath that particular response. In order to provide the Proposal hard copies, the Proposer can run two separate versions from the Proposal Tech tool, an all response inclusive version and a confidential version for public postings. This can be done on the “Reports” page in the left-hand side menu of the RFP. If Proposers have any questions with this process, they can contact Proposal Tech support at **877-211-8316 x84**.

1.3 Eleven (11) copies of the Proposal per health plan, including one (1) marked “Original” signed in BLUE ink, and eleven (11) additional electronic CD copies per health plan are to be submitted in a sealed envelope or box bearing the assigned Solicitation Number, located on the first page of the RFP document to:

City Secretary's Office
City Hall Annex
900 Bagby
Houston, Texas 77002

1.4 Please provide both “confidential” and “redacted” versions on the CD copies.

1.5 The deadline for the submittal of the Proposal to the City Secretary's Office is no later than the date and time as indicated on the first page of the RFP document. Failure to submit the required number of copies as stated above may be subject for disqualification from the Proposal process.

1.6 Respondents may elect to either mail or personally deliver their Proposals to the City Secretary's Office.

1.7 The City of Houston shall bear no responsibility for submitting responses on behalf of any Proposer. Proposer(s) may submit their Proposal to the City Secretary's Office any time prior to the stated deadline.

2.0 PROPOSAL FORMAT:

2.1 The Proposal should be electronically generated, and the printed original signed in ink. Proposals should not be submitted in elaborate or expensive binders. Legibility, clarity, and completeness are important and essential.

2.2 The Proposal must be signed by an individual(s) legally authorized to bind the Proposer(s), and must contain a statement that the Proposal and the prices contained therein shall remain firm for a period of one hundred-eighty (180) days.

3.0 PRE-PROPOSAL CONFERENCE:

3.1 A Pre-Proposal Conference will be held at the date, time, and location as indicated on the first page of the RFP document. Interested Proposer(s) should plan to attend. It will be assumed that potential Proposer(s) attending this meeting have reviewed the RFP in detail, and are prepared to bring up any substantive questions not already addressed by the City.

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4.0 ADDITIONAL INFORMATION AND SPECIFICATION CHANGES:

4.1 Requests for additional information and questions should be addressed to the Finance Department, Strategic Purchasing Division Buyer, Joyce Hays, telephone: 832.393.8723, fax: 832.393. 8759, or e-mail (preferred method to): joyce.hays@houstontx.gov, no later than Thursday, September 19, 2013 at 12:00 p.m. (noon) CST. The City of Houston shall provide written response to all questions received in writing by September 23, 2013 at 12:00 p.m. (noon) CST. Questions received from all Proposer(s) shall be answered and posted on the Proposal Tech website. Proposer(s) shall be notified in writing of any changes in the specifications contained in this RFP.

5.0 LETTER(S) OF CLARIFICATION:

5.1 All Letters of Clarification and interpretations to this Solicitation shall be in writing. Any Letter of Clarification(s) or interpretation that is not in writing shall not legally bind the City of Houston. Only information supplied by the City of Houston in writing or in this RFP should be used in preparing Proposal responses.

5.2 The City does not assume responsibility for the receipt of any Letters of Clarification sent to Proposer(s).

6.0 EXAMINATION OF DOCUMENTS AND REQUIREMENTS:

6.1 Each Proposer shall carefully examine all RFP documents and thoroughly familiarize themselves with all requirements prior to submitting a Proposal to ensure that the Proposal meets the intent of this RFP.

6.2 Before submitting a Proposal, each Proposer shall be responsible for making all investigations and examinations that are necessary to ascertain conditions and requirements affecting the requirements of this RFP. Failure to make such investigations and examinations shall not relieve the Proposer from obligation to comply, in every detail, with all provisions and requirements of the RFP.

7.0 EXCEPTIONS TO TERMS AND CONDITIONS:

7.1 All exceptions included with the Proposal shall be submitted in a clearly identified separate section of the Proposal in which the Proposer clearly cites the specific paragraphs within the RFP where the Exceptions occur. Any Exceptions not included in such a section shall be without force and effect in any resulting contract unless such Exception is specifically referenced by the City Purchasing Agent, City Attorney, HR Director(s) or designee in a written statement. The Proposer's preprinted or standard terms will not be considered by the City as a part of any resulting contract.

7.2 All Exceptions that are contained in the Proposal may negatively affect the City's Proposal evaluation based on the evaluation criteria as stated in the RFP, or result in possible rejection of Proposal.

8.0 POST-PROPOSAL DISCUSSIONS WITH PROPOSER(S):

8.1 It is the City's intent to commence final negotiation with the Proposer(s) deemed most advantageous to the City. The City reserves the right to conduct post-Proposal discussions with any Proposer(s).

9.0 PROTEST:

9.1 A protest shall comply with and be resolved, according to the City of Houston Procurement Manual <http://purchasing.houstontx.gov/docs/Procurement Manual.pdf> and rules adopted thereunder. Protests shall be submitted in writing and filed with both the City Attorney and the Solicitation contact person. A pre-award protest of the RFP shall be received five (5) calendar days prior to the solicitation due date and a post-award protest shall be filed within five (5) calendar days after City Council approval of the contract award.

9.1.1 A protest shall include the following:

9.1.1.1 The name, address, e-mail, and telephone number of the protester;

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- 9.1.1.2 The signature of the protester or its representative who has the delegated authority to legally bind its company;
- 9.1.1.3 Identification of the RFP description and the RFP or contract number;
- 9.1.1.4 A detailed written statement of the legal and factual grounds of the protest, including copies of relevant documents, etc.; and
- 9.1.1.5 The desired form of relief or outcome, which the protester is seeking.

10.0 **NO CONTACT PERIOD:**

10.1 Neither Proposer(s) nor any person acting on Proposer(s)'s behalf shall attempt to influence the outcome of the award by the offer, presentation or promise of gratuities, favors, or anything of value to any appointed or elected official or employee of the City of Houston, their families or staff participants. All inquiries regarding the solicitation are to be directed to the designated City Representative identified on the first page of the solicitation. Upon issuance of the solicitation through the pre-award phase and up to the award, aside from Proposer's formal response to the solicitation, communications publicly made during the official pre-proposal conference, written requests for clarification during the period officially designated for such purpose by the City Representative, neither Proposer(s) nor persons acting on their behalf shall communicate with any appointed or elected official or employee of the City of Houston, their families or staff through written or oral means in an attempt to persuade or influence the outcome of the award or to obtain or deliver information intended to or which could reasonably result in an advantage to any Proposer. However, nothing in this paragraph shall prevent a Proposer from making public statements to the City Council convened for a regularly scheduled session after the official selection has been made and placed on the City Council agenda for action.

11.0 **EVALUATION CRITERION FOR THIRD PARTY ADMINISTRATOR FOR THE SELF-INSURED MEDICAL PLAN AND/OR PRESCRIPTION BENEFITS MANAGER:**

11.1 Proposals may earn up to 100 points for their responses to the requirements of the RFP. Points allocated to the various areas are shown in the table below.

RFP AREA	MAXIMUM SCORE
Account Management/ Claims Administration/ Reporting	20%
Data Management/Technical Requirements	15%
Member Services/Communications/ Wellness Initiatives /Disease Management /Network Delivery and Management	20%
Financials/Financial Stability/Banking	10%
Pricing/Cost	20%
Plan Design	5%
Qualifications/Experience of Proposer & Staff	10%

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ADDITIONAL SUBMITTAL PROCEDURES

- 1.0 This RFP does not commit the City of Houston to award a contract, issue a purchase order, or to pay any costs incurred in the preparation of a Proposal in response to this request.
- 2.0 The Proposals will become part of the City's official files without any obligation on the City's part. To the extent permitted by law, all Responses shall be held confidential from all parties other than the City until after the contract is awarded. Afterward, the Proposals shall be available to the public.
- 3.0 The City of Houston shall not be held accountable if material from responses is obtained without the written consent of the Proposer by parties other than the City, at any time during the Proposal evaluation process.
- 4.0 In the event a Proposer submits trade secret information to the City, the information must be clearly labeled as a "**Trade Secret.**" The City will maintain the confidentiality of such trade secrets to the extent provided by law.
- 5.0 Proposer(s) shall not offer any gratuities, favors, or anything of monetary value to any official or employee of the City of Houston (including any and all participants of the Proposal Evaluation Committee).
- 6.0 Proposer(s) shall not collude in any manner, or engage in any practices, with any other Proposer(s), which may restrict or eliminate competition, or otherwise restrain trade. This is not intended to preclude subcontracts and joint ventures for the purposes of: a) responding to this RFP; or b) establishing a project team with the required experience and/or capability to provide the goods or services specified herein. Conversely, the City can combine or consolidate Proposals, or portions thereof, for the purposes mentioned above.
- 7.0 All Proposals submitted must be the original work product of the Proposer. The copying or paraphrasing of the work product of another Proposer is not permitted.
- 8.0 The RFP and the related responses of the selected Proposer will by reference (within either a contract or purchase order) become part of any formal Agreement between the selected Proposer and the City. The City and the selected Proposer may negotiate a Contract or contracts for submission to City Council for consideration and approval. In the event an Agreement cannot be reached with the selected Proposer, the City reserves the right to select an alternative Proposer. The City reserves the right to negotiate with an alternative Proposer the exact terms and conditions of the contract.
- 9.0 Proposer(s), their authorized representatives and their agents are responsible for obtaining, and will be deemed to have, full knowledge of the conditions, requirements, and specifications of the RFP at the time a Proposal is submitted to the City.
- 10.0 The Agreement(s) shall become effective on or about **May 1, 2014** for a term of three (3) years. The City of Houston reserves the option of extending the Agreement(s) for two (2) additional one-year terms, or portions thereof.
- 11.0 If necessary for the completion of tasks required under the project, the City will provide reasonable working space to the Prime Contractor.
- 12.0 Clerical support and reproduction of documentation costs shall be the responsibility of the Prime Contractor. If required, such support and costs shall be defined in the negotiated Agreement.
- 13.0 Prime Contractor personnel essential to the continuity, and the successful and timely completion of the project should be available for the duration of the project unless substitutions are approved in writing by the HR Director or his designee.
- 14.0 The Prime Contractor will be expected to adhere to all standard contractual requirements of the City which shall include, but are not limited to, provisions for: Time Extensions; Appropriation of Available Funds; Approvals; Term and Termination; Independent Contractor; Business Structure and Assignments; Subcontractors; Parties in Interest; Non-Waiver; Applicable Laws; Notices; Use of Work Products; Equal Employment Opportunity; Force Majeure; and Inspections and Audits.

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15.0 The City may terminate its performance under a contract in the event of a default by the Prime Contractor and a failure to cure such default after receiving notice of default from the City. Default may result from the Prime Contractor's failure to perform under the terms of the contract or from the Prime Contractor becoming insolvent, having a substantial portion of its assets assessed for the benefit of creditors, or having a receiver or trustee appointed.

16.0 Prime Contractor must promptly report to the HR Director, or his designee, any conditions, transactions, situation, or circumstances encountered by the Prime Contractor, which would impede or impair the proper and timely performance of the contract.

17.0 The City of Houston has sole discretion and reserves the right to cancel this RFP or to reject any or all Proposals received prior to contract award.

18.0 The City reserves the right to waive any minor informality concerning this RFP, or to reject any or all Proposals or any part thereof.

19.0 The City reserves the right to request clarity of any Proposal after they have been received.

20.0 The City reserves the right to select elements from different individual Proposals and to combine and consolidate them in any way that best serves the City's interest. The City reserves the right to reduce the scope of the project and evaluate only the remaining elements from all Proposals. The City reserves the right to reject specific elements contained in all Proposals and to complete the evaluation process based only on the remaining items.

21.0 The selected Proposer(s) must furnish a "Certificate of Registration" which authorizes them to conduct business in the State of Texas prior to the awarding of the contract. Such Registration is obtained from the Texas Secretary of State's Office, which will also provide the certification thereof.

22.0 After contract execution, the successful Proposer shall be the Prime Contractor and responsible party for contracting and communicating the work to be performed to subcontractors, and for channeling other information between the City and subcontractors. Any subcontracting must be specified in the Proposal. Any subcontracting not specified in the Proposal will need prior written approval from the City Purchasing Agent.

23.0 Prime Contractor assumes total responsibility for the quality and quantity of all work performed, whether it is undertaken by the Prime Contractor or is subcontracted to another organization.

24.0 If subcontractor involvement is required in the use of license, patent, or proprietary process, the Prime Contractor is responsible for obtaining written authorization from the subcontractor to use the process, or provide another process comparable to that which is required and which is acceptable to the City, all at no additional cost or liability to the City.

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1.0 INDEMNITY AND RELEASE:

1.1 RELEASE

PRIME CONTRACTOR/SUPPLIER AGREES TO AND SHALL RELEASE THE CITY, ITS AGENTS, EMPLOYEES, OFFICERS, AND LEGAL REPRESENTATIVES (COLLECTIVELY THE "CITY") FROM ALL LIABILITY FOR INJURY, DEATH, DAMAGE, OR LOSS TO PERSONS OR PROPERTY SUSTAINED IN CONNECTION WITH OR INCIDENTAL TO PERFORMANCE UNDER THIS AGREEMENT, EVEN IF THE INJURY, DEATH, DAMAGE, OR LOSS IS CAUSED BY THE CITY'S SOLE OR CONCURRENT NEGLIGENCE AND/OR THE CITY'S STRICT PRODUCTS LIABILITY OR STRICT STATUTORY LIABILITY.

1.2 INDEMNIFICATION

PRIME CONTRACTOR/SUPPLIER AGREES TO AND SHALL DEFEND, INDEMNIFY, AND HOLD THE CITY, ITS AGENTS, EMPLOYEES, OFFICERS, AND LEGAL REPRESENTATIVES (COLLECTIVELY THE "CITY") HARMLESS FOR ALL CLAIMS, CAUSES OF ACTION, LIABILITIES, FINES, AND EXPENSES (INCLUDING, WITHOUT LIMITATION, ATTORNEYS' FEES, COURT COSTS, AND ALL OTHER DEFENSE COSTS AND INTEREST) FOR INJURY, DEATH, DAMAGE, OR LOSS TO PERSONS OR PROPERTY SUSTAINED IN CONNECTION WITH OR INCIDENTAL TO PERFORMANCE UNDER THIS AGREEMENT INCLUDING, WITHOUT LIMITATION, THOSE CAUSED BY:

1.2.1 PRIME CONTRACTOR/SUPPLIERS AND/OR ITS AGENTS', EMPLOYEES', OFFICERS', DIRECTORS', CONTRACTORS', OR SUBCONTRACTORS' (COLLECTIVELY IN NUMBERED PARAGRAPHS 1.1-1.3, "PRIME CONTRACTOR/SUPPLIER") ACTUAL OR ALLEGED NEGLIGENCE OR INTENTIONAL ACTS OR OMISSIONS;

1.2.2 THE CITY'S AND PRIME CONTRACTOR/SUPPLIER'S ACTUAL OR ALLEGED CONCURRENT NEGLIGENCE, WHETHER PRIME CONTRACTOR/SUPPLIER IS IMMUNE FROM LIABILITY OR NOT; AND

1.2.3 THE CITY'S AND PRIME CONTRACTOR/SUPPLIER'S ACTUAL OR ALLEGED STRICT PRODUCTS LIABILITY OR STRICT STATUTORY LIABILITY, WHETHER PRIME CONTRACTOR/SUPPLIER IS IMMUNE FROM LIABILITY OR NOT.

1.2.4 PRIME CONTRACTOR/SUPPLIER SHALL DEFEND, INDEMNIFY, AND HOLD THE CITY HARMLESS DURING THE TERM OF THIS AGREEMENT AND FOR FOUR YEARS AFTER THE AGREEMENT TERMINATES. PRIME CONTRACTOR/SUPPLIER'S INDEMNIFICATION IS LIMITED TO \$500,000 PER OCCURRENCE. PRIME CONTRACTOR/SUPPLIER SHALL NOT INDEMNIFY THE CITY FOR THE CITY'S SOLE NEGLIGENCE.

1.2.5 CONTRACTOR AGREES TO AND SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY, ITS AGENTS, EMPLOYEES, OFFICERS, AND LEGAL REPRESENTATIVES (COLLECTIVELY THE CITY) FROM ALL CLAIMS OR CAUSES OF ACTION BROUGHT AGAINST THE CITY ALLEGING THAT THE CITY'S USE OF ANY EQUIPMENT, SOFTWARE, PROCESS, OR DOCUMENTS CONTRACTOR FURNISHES DURING THE TERM OF THIS AGREEMENT INFRINGES ON A PATENT, COPYRIGHT, OR TRADEMARK, OR MISAPPROPRIATES A TRADE SECRET. CONTRACTOR SHALL PAY ALL COSTS (INCLUDING, WITHOUT LIMITATION, ATTORNEYS' FEES, COURT COSTS, AND ALL OTHER DEFENSE COSTS, AND INTEREST) AND DAMAGES AWARDED. CONTRACTOR SHALL NOT SETTLE ANY CLAIM ON TERMS WHICH PREVENT THE CITY FROM USING THE EQUIPMENT, SOFTWARE, PROCESS, AND DOCUMENTS WITHOUT THE CITY'S PRIOR WRITTEN CONSENT. WITHIN 60 DAYS AFTER BEING NOTIFIED OF THE CLAIM, CONTRACTOR SHALL, AT ITS OWN EXPENSE, EITHER (1) OBTAIN FOR THE CITY THE RIGHT TO CONTINUE USING THE EQUIPMENT, SOFTWARE, PROCESS, AND DOCUMENTS OR, (2) IF BOTH PARTIES AGREE, REPLACE OR MODIFY THEM WITH COMPATIBLE AND FUNCTIONALLY EQUIVALENT PRODUCTS. IF NONE OF THESE ALTERNATIVES IS REASONABLY AVAILABLE, THE CITY MAY RETURN THE EQUIPMENT, SOFTWARE, OR DOCUMENTS, OR DISCONTINUE THE PROCESS, AND CONTRACTOR SHALL REFUND THE PURCHASE PRICE.

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1.3 INDEMNIFICATION-SUBCONTRACTOR'S INDEMNITY

1.3.1 CONTRACTOR SHALL REQUIRE ALL OF ITS SUBCONTRACTORS (AND THEIR SUBCONTRACTORS) TO RELEASE AND INDEMNIFY THE CITY TO THE SAME EXTENT AND IN SUBSTANTIALLY THE SAME FORM AS ITS RELEASE AND INDEMNITY TO THE CITY.

2.0 INDEMNIFICATION PROCEDURES:

2.1 Notice of Claims. If the City or Prime Contractor receives notice of any claim or circumstances which could give rise to an indemnified loss, the receiving party shall give written notice to the other party within 30 days. The notice must include the following:

2.1.1 a description of the indemnification event in reasonable detail,

2.1.2 the basis on which indemnification may be due, and

2.1.3 the anticipated amount of the indemnified loss.

2.2 This notice does not stop or prevent the City from later asserting a different basis for indemnification or a different amount of indemnified loss than that indicated in the initial notice. If the City does not provide this notice within the 30-day period, it does not waive any right to indemnification except to the extent that Prime Contractor/Supplier is prejudiced, suffers loss, or incurs expense because of the delay.

2.3 Defense of Claims.

2.3.1 Assumption of Defense. Prime Contractor may assume the defense of the claim at its own expense with counsel chosen by it that is reasonably satisfactory to the City. Prime Contractor/Supplier shall then control the defense and any negotiations to settle the claim. Within 10 days after receiving written notice of the indemnification request, Prime Contractor must advise the City as to whether or not it will defend the claim. If Prime Contractor does not assume the defense, the City shall assume and control the defense, and all defense expenses constitute an indemnification loss.

2.3.2 Continued Participation. If Prime Contractor elects to defend the claim, the City may retain separate counsel to participate in (but not control) the defense and to participate in (but not control) any settlement negotiations. Prime Contractor may settle the claim without the consent or agreement of the City, unless it (i) would result in injunctive relief or other equitable remedies or otherwise require the City to comply with restrictions or limitations that adversely affect the City, (ii) would require the City to pay amounts that Prime Contractor does not fund in full, (iii) would not result in the City's full and complete release from all liability to the plaintiffs or claimants who are parties to or otherwise bound by the settlement.

3.0 INSURANCE REQUIREMENTS:

3.1 The Contractor shall obtain and maintain in effect during the term of this Agreement, insurance coverage as set forth below and shall furnish certificates of insurance showing the City as an additional insured, in duplicate form, prior to the beginning of the Contract. The City shall be named as an additional insured on all such policies except Professional Liability and Workers' Compensation, must contain an endorsement that the policy is primary to any other insurance available to the Additional Insured with respect to claims arising under the Agreement. **The issuer of any policy shall have a Certificate of Authority to transact insurance business in the State of Texas or have a Best's rating of at least B+ and a Best's Financial Size Category of Class VI or better, according to the most current edition of Best's Key Rating Guide, Property-Casualty United States.**

3.2 Comprehensive General Liability including Contractual Liability and Automobile Liability insurance shall be in at least the following amounts:

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3.2.1 Commercial General Liability Insurance including Contractual Liability:

3.2.1.1 \$500,000 per occurrence

3.2.1.2 \$1,000,000 aggregate, (defense costs excluded from face value of the policy)

3.2.2 Workers' Compensation:

3.2.2.1 Amount shall be statutory amount

3.2.2.2 **Employer's Liability cannot be used as a substitute for Workers' Compensation**

3.2.3 Automobile Liability (See Note Below):

\$1,000,000 Combined Single Limit per occurrence

Defense costs are excluded from the face amount of the policy. Aggregate Limits are per 12-month policy period unless otherwise indicated.

3.2.4 Employer's Liability:

3.2.4.1 Bodily injury by accident \$100,000 (each accident)

3.2.4.2 Bodily injury by disease \$100,000 (policy limit)

3.2.4.3 Bodily injury by disease \$100,000 (each employee)

3.2.5 Professional Liability (USE ONLY If Applicable)

3.2.5.1 \$1,000,000 per occurrence \$1,000,000 aggregate

3.3 Automobile liability insurance for autos furnished or used in the course of performance of this contract including Owned, Non-owned and Hired Auto coverage (Any Auto coverage may be substituted for Owned, Non-owned and Hired Auto coverage.) If no autos are owned by the Contractor, coverage may be limited to Non-owned and Hired Autos. If Owned Auto coverage cannot be purchased by Contractor, Scheduled Auto coverage may be substituted for Owned Auto coverage. EACH AUTO USED IN PERFORMANCE OF THIS CONTRACT MUST BE COVERED IN THE LIMITS SPECIFIED.

3.4 If the City of Houston requires you to maintain in effect insurance coverage during the term of a contract resulting from the City's acceptance of your response to this request for proposal ("potential contract"), all of your insurance policies must require on their face, or by endorsement, that your insurance carrier waives any rights of subrogation against the City of Houston except for Professional Liability insurance. You must give 30-days' written notice to the City Purchasing Agent if any of your insurance policies are to be cancelled, materially changed, or not renewed. Within this 30-day period, you shall provide other suitable policies in lieu of those about to be canceled, materially changed, or not renewed so as to maintain in effect the required coverage. If you do not comply with this requirement, the Purchasing Agent, at his or her sole discretion, may: (1) immediately suspend you from any further performance under the potential contract and begin procedures to terminate for default, or (2) purchase the required insurance with City funds and deduct the cost of the premiums from amounts due to you under the potential contract.

3.5 If any part of the work is sublet, similar insurance shall be provided by or in behalf of the Subcontractor to cover their operations, and the Contractor shall furnish evidence of such insurance, satisfactory to the City. In the event a Subcontractor is unable to furnish insurance in the limits required under the contract, the Contractor shall endorse the

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Subcontractor as an Additional Insured on their policies excluding Workers' Compensation and Employer's Liability.

3.5.1 (See Insurance Requirements Exhibit for a sample insurance certificate format.)

3.5.2 Only unaltered original insurance certificates endorsed by the underwriter are acceptable. Photocopies are unacceptable.

3.6 Contractor shall maintain in effect certain insurance coverage, which is described as follows:

3.6.1 Form of Policies: The Director may approve the form of the insurance policies, but nothing the Director does or fails to do relieves Contractor from its duties to provide the required coverage under this Agreement. The Director's actions or in-actions do not waive the City's right under this Agreement.

3.6.2 Issuers of Policies: The issuer of any policy shall have a Certificate of Authority to transact insurance business in Texas or have a Best's rating of at least B+ and a Best's Financial Size Category of Class VI or better, according to the most current edition Best's Key Rating Guide, Property-Casualty United States.

3.6.3 Insured Parties: Each policy, except those for Workers Compensation, Employer's Liability, and Professional Liability, must name the City (and its officers, agents, and employees) as Additional Insured parties on the original policy and all renewals or replacements.

3.6.4 Deductibles: Contractor shall be responsible for and bear any claims or losses to the extent of any deductible amounts and waives any claim it may have for the same against the City, its officers, agents, or employees.

3.6.5 Cancellation: Each policy must state that it may not be canceled, materially modified, or non-renewed unless the contractor gives the Director 30 days' advance written notice. Contractor shall give written notice to the Director within five days of the date on which total claims by any party against Contractor reduce the aggregate amount of coverage below the amounts required by this Agreement. In the alternative, the policy may contain an endorsement establishing a policy aggregate for the particular project or location subject to this Agreement.

3.6.6 Subrogation: Each policy must contain an endorsement to the effect that the issuer waives any claim or right of subrogation to recover against the City, its officers, agents, or employees, except for Professional Liability insurance.

3.6.7 Endorsement of Primary Insurance: Each policy, except Worker's Compensation and Professional Liability (if any), must contain an endorsement that the policy is primary to any other insurance available to the Additional Insured with respect to claims arising under this Agreement.

3.6.7.1 All certificates of insurance submitted by Contractor shall be accompanied by endorsements for additional insured coverage in favor of the City for Commercial General Liability and Automobile Liability policies; and waivers of subrogation in favor of the City for Commercial General Liability, Automobile Liability, and Worker's Compensation/Employers' Liability policies. For a list of pre-approved endorsement, forms see <http://purchasing.houstontx.gov/forms.shtml>. The Director will consider all other forms on a case-by-case basis.

3.6.8 Liability for Premium: Contractor shall pay all insurance premiums, and the City shall not be obligated to pay any premiums.

3.6.9 Subcontractors: Contractor shall require all subcontractors to carry insurance naming the City as an additional insured and meeting all of the above requirements except amount. The amount must be commensurate with the amount of the subcontract, but in no case less than \$500,000 per occurrence. Contractor shall provide copies of insurance certificates to the Director.

3.6.10 Proof of Insurance: On the effective date and at any time during the Term of this Agreement, Contractor shall furnish the Director with Certificates of Insurance, along with an Affidavit from Contractor confirming that the Certificates accurately reflect the insurance coverage maintained. If requested in writing by the Director, Contractor shall furnish the City with certified copies of Contractor's actual insurance policies.

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3.6.10.1 Contractor shall continuously and without interruption, maintain in force the required insurance coverage's specified in this Section. If Contractor does not comply with this requirement, the Director, at his or her sole discretion, may immediately suspend Contractor from any further performance under this Agreement and begin procedures to terminate for default, or

3.6.10.2 Purchase the required insurance with City funds and deducts the cost of the premiums from amounts due to Contractor under this Agreement.

3.6.10.3 The City shall never waive or be stopped to assert its right to terminate this Agreement because of its acts or omissions regarding its review of insurance documents.

3.6.11 Other Insurance: If requested by the Director, Contractor shall furnish adequate evidence of Social Security and Unemployment Compensation Insurance, to the extent applicable to Contractor's operations under this Agreement.

4.0 CONTRACTOR PERFORMANCE LANGUAGE:

4.1 Contractor should make member satisfaction a priority in providing services under this contract. Contractor's employees should be trained to be customer-service oriented and to positively and politely interact with members when performing contract services. Contractor's employees should be clean, courteous, efficient and neat in appearance at all times and committed to offering the highest degree of service to the public. If, in the Director's determination, the Contractor is not interacting in a positive and polite manner with members, the Contractor shall take all remedial steps to conform to the standards set by this contract and is subject to termination for breach of contract.

5.0 INSPECTIONS AND AUDITS:

5.1 City representatives may have the right to perform, or have performed, (1) audits of Contractor's books and records made available to the City of Houston in Houston (our principal office) or provide electronic access to all those records, and (2) inspections of all places where work is undertaken in connection with this Agreement. Contractor shall keep its books and records available for this purpose for at least three (3) years after this Agreement terminates. This provision does not affect the applicable statute of limitations.

6.0 INTERPRETING SPECIFICATIONS:

6.1 *The specifications and product references contained herein are intended to be descriptive rather than restrictive. The City is soliciting Proposals to provide a complete product and service package, which meets its overall requirements. Specific equipment and system references may be included in this RFP for guidance, but they are not intended to preclude Proposer(s) from recommending alternative solutions offering comparable or better performance or value to the City. Unless specifically stated otherwise with regard to a specific item of equipment, it should be assumed that the City requires all equipment proposed for this project to be supported by a manufacturer's warranty, which is equal to or better than the prevailing standard in the industry.*

6.2 Changes in the specifications, terms and conditions of this RFP will be made in writing by the City prior to the Proposal due date. Results of informal meetings or discussions between a potential Proposer(s) and a City of Houston official or employee may not be used as a basis for deviations from the requirements contained in this RFP.

7.0 CONTRACTOR DEBT:

7.1 IF CONTRACTOR, AT ANY TIME DURING THE TERM OF THIS AGREEMENT, INCURS A DEBT, AS THE WORD IS DEFINED IN SECTION 15-122 OF THE HOUSTON CITY CODE OF ORDINANCES, IT SHALL IMMEDIATELY NOTIFY THE CITY CONTROLLER IN WRITING. IF THE CITY CONTROLLER BECOMES AWARE THAT CONTRACTOR HAS INCURRED A DEBT, HE SHALL IMMEDIATELY NOTIFY CONTRACTOR IN WRITING. IF CONTRACTOR DOES NOT PAY THE DEBT WITHIN 30 DAYS OF EITHER SUCH NOTIFICATION, THE CITY CONTROLLER MAY DEDUCT FUNDS IN AN AMOUNT EQUAL TO THE DEBT FROM ANY PAYMENTS OWED TO

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CONTRACTOR UNDER THIS AGREEMENT, AND CONTRACTOR WAIVES ANY RECOURSE THEREFOR.

8.0 CRIMINAL JUSTICE INFORMATION SERVICES (CJIS) COMPLIANCE (Applicable to Houston Police Department (HPD) Occupied Facilities:

- 8.1 The Houston Police Department recognizes that by allowing physical or logical (electronic) access to HPD facilities or network resources, people may gain access to information or systems they are statutorily prohibited from accessing. To comply with state and federal regulations, the Houston Police Department is required to document and investigate access requests to be sure access is necessary and permitted. Proposers/Respondents, therefore, agree to review the Criminal Justice Information Systems (CJIS) process and related documents located at <http://www.houstontx.gov/police/cjis/hpdvendorcertification.htm> and shall comply with the terms and requirements therein.

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1.0 LOCAL MINORITY/WOMEN BUSINESS ENTERPRISE PARTICIPATION:

1.1 Contractor shall comply with the City's Minority and Women Business Enterprise ("M/WBE") programs as set out in Chapter 15, Article V of the City of Houston Code of Ordinances. Contractor shall make good faith efforts to award subcontracts or Supply Agreements in at least 15% of the total value of the administrative services fee paid to the administrator of the various benefits plans to M/WBEs. Contractor acknowledges that it has reviewed the requirements for good faith efforts on file with the City's Office of Business Opportunity ("OBO"), and will comply with them.

1.2 Contractor shall require written subcontracts with all M/WBE subcontractors and shall submit all disputes with M/WBEs to binding arbitration to be conducted in Houston, Texas, if directed to do so by the OBO Director. M/WBE subcontracts must contain the Terms set out in **Exhibit II**.

2.0 CITY CONTRACTORS' PAY OR PLAY PROGRAM:

2.1 The requirements and terms of the City of Houston Pay or Play Program, as set out in Executive Order 1-7, are incorporated into this Agreement for all purposes. Contractor has reviewed Executive Order No. 1-7 and shall comply with its Terms and Conditions as they are set out at the time of City Council approval of this Agreement. This provision requires certain Contractors to offer to certain employees a minimal level of health benefits or to contribute a designated amount to be used to offset the costs of providing health care to uninsured people in the Houston/Harris County area. Failure to complete **Exhibit X** "Pay or Play" Acknowledgement Form & Certification of Agreement to Comply with Pay or Play Program may be just cause for rejection of your Proposal.

3.0 CITY CONTRACTOR OWNERSHIP DISCLOSURE ORDINANCE:

3.1 City Council requires knowledge of the identities of the owners of entities seeking to contract with the City in order to review their indebtedness to the City prior to entering into contracts. Therefore, all respondents to this RFP must comply with Houston Code of Ordinances Chapter 15, as amended (Sections 15-122 through 15-126) relating to the disclosure of owners of entities bidding on, proposing for or receiving City contracts.

3.2 Completion of Exhibit VI – "Affidavit of Ownership or Control" will satisfy this requirement. Failure to provide this information may be just cause for rejection of your Bid or Proposal.

4.0 CITY OF HOUSTON FAIR CAMPAIGN ORDINANCE:

4.1 The City of Houston Fair Campaign Ordinance makes it unlawful for a Contractor to offer any contribution to a candidate for City elective office. For purposes of this ordinance a contract is defined as any contract for goods or services having a value in excess of \$30,000 or more, regardless of the way by which it was solicited or awarded. **Exhibit V** of this RFP describes the contract and documentation requirements relating to this Ordinance.

5.0 DRUG DETECTION AND DETERRENCE PROCEDURES FOR CONTRACTORS:

5.1 It is the policy of the City to achieve a drug-free workforce and to provide a workplace that is free from the use of illegal drugs and alcohol. It is also the policy of the City that the manufacture, distribution, dispensation, possession, sale or use of illegal drugs or alcohol by Contractors while on City premises is prohibited. Accordingly, effective September 1, 1994, and pursuant to the Mayor's Executive Order 1-31, as a condition to the award of any contract for labor or services, a successful Proposer(s) must certify to its compliance with this policy. **EXHIBIT VII** contains the standard language, which will be used in each contract for labor or services, as well as the Executive Order 1-31 disclosure and compliance forms (Attachments A, B, and C). These forms must be completed and returned prior to award.

6.0 HIRE HOUSTON FIRST:

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6.1 Designation as a City Business or Local Business

6.1.1 To be designated as a City or Local Business for the purposes of the Hire Houston First Program, as set out in Article XI of Chapter 15 of the Houston City Code, a Proposer must submit the **Hire Houston First Application and Affidavit ("HHF Affidavit")** to the Director of the Mayor's Office of Business Opportunities and receive notice that the submission has been approved prior to award of a contract. Proposers are encouraged to secure a designation prior to submission of a bid or proposal if at all possible.

6.1.2 **Download the HHF Affidavit** from the Office of Business Opportunities Webpage at the City of Houston e-Government Website at the following location:

<http://www.houstontx.gov/hbsc/hirehoustonfirstaffidavit.pdf>

6.1.3 Submit the completed application forms to: Office of Business Opportunity, Houston Business Solutions Center, 611 Walker, Lobby Level, Houston, TX 77002 (832) 393-0954 or Applications may be submitted via e-mail to houstonBSC@houstontx.gov or faxed to 832.393.0650 or Applications may be submitted with proposal response.

6.2 Award of Procurement Pursuant to a Request for Proposal, Best Value Solicitation or Alternative--- Pursuant to Chapter 15 of the City Code of Ordinances

6.2.1 IN EVALUATION OF A PROPOSAL SUBMITTED UNDER ANY OF THE ABOVE PROCUREMENT METHODS, THE CITY SHALL AWARD EXTRA POINTS EQUAL TO:

- **THREE PERCENT** OF THE TOTAL EVALUATION POINTS AVAILABLE TO A "LOCAL BUSINESS," AS DEFINED IN SECTION 15-176 OF THE CITY OF HOUSTON CODE OF ORDINANCES, AND
- **FIVE PERCENT** OF THE TOTAL EVALUATION POINTS AVAILABLE TO A "CITY BUSINESS," AS DEFINED IN SECTION 15-176 OF THE CITY OF HOUSTON CODE OF ORDINANCES
- UNLESS THE USER DEPARTMENT DETERMINES THAT AN AWARD TO THE LOCAL OR CITY BUSINESS WOULD UNDULY INTERFERE WITH CONTRACT NEEDS, AS PROVIDED SECTION 15-181 OF THE CODE.

7.0 PROJECT ADMINISTRATION:

7.1 Questions regarding the scope of the project, technical specifications, proposed applications, etc., may be addressed to the project manager at the Pre-Proposal conference.

8.0 PROCUREMENT TIMELINE/SCHEDULE:

8.1 Listed below are the important and estimated completion dates and times for this Request for Proposal (RFP).

<u>EVENT</u>	<u>DATE</u>
Date of RFP Issued	August 26, 2013
Pre-Proposal Conference	September 11, 2013
Deadline for Questions from Proposers Due to City	September 19, 2013
Final Responses Released from the City	September 23, 2013
Proposals Due from Proposer(s)	September 26, 2013
Notification of Intent to Award (Estimated)	December, 2013
Council Agenda Date (Estimated)	January 2014
Contract Start Date (Estimated)	May 1, 2014

City of Houston TPA Services RFP

City of Houston TPA Services RFP

1 Introduction

1.1 Please review the attached introduction.

Attachment [CoH TPA PBM RFP Introduction.docx](#)

2 Description of Services Required

2.1 Background

2.1.1 The City offers a self-insured health care delivery system that includes four plans: (1) a Limited Network Plan, which utilizes Kelsey Seybold, Renaissance Group and Mayor Group, (2) an Open Access Provider (OAP) plan, (3) a Consumer Directed Health Plan (CDHP) with Health Reimbursement Account (HRA) and (4) Retirees of Texas Options Plus (RTOP) for retirees who reside outside of the Greater Houston Area but still live in Texas. The contract expires April 30, 2014, the final year of a three-year contract. CIGNA administers the medical plans and the prescription drug benefits. The plan year is May to April.

The following information applies to all plans:

Plan effective date:	May 1, 2014
Enrollment:	March, 2014
Eligibility:	Full time employees and part-time employees regularly scheduled to work 30 or more hours retirees and certain survivors.
Census:	A complete census file for eligible employees and retirees is provided in Exhibit 15.D.
Pre-tax status:	These plans are offered to employees on a pre-tax basis.
Waiting period:	Employees are eligible for benefits coverage on the 1 st or 16 th of the month following 30 days of employment.

Wellness / Medical Management

In 2011, the City employed a wellness strategy with the goal of educating their employees while encouraging them to take control of their health. Discover Health with Wellness Connection is the wellness program whose vision is to create a healthy lifestyle culture among City of Houston employees. The program promotes health and well-being through customized wellness programs designed to meet the employees' diverse needs. The program is administered by the City of Houston with CIGNA's collaboration. The City is seeking plans that include innovative solutions to identify, educate, engage and manage high-risk City employees.

City of Houston TPA Services RFP

A description of the City's 2013 wellness-based incentive program is provided as Exhibit 15 K: 2013 Description of Wellness Incentive Program. The wellness incentive program offers employees the opportunity to earn points by completing wellness activities. The different point levels allow members to be entered into drawings for wellness based prizes. Non-participating employees will incur increased costs to contributions. For more information please see www.cohemployeenews.com/home-wellness.

Some of the City's additional approaches and programs to wellness and medical management now in place are listed below:

- 6-12 week onsite behavioral modification programs specific to department medical spend,
- Enhanced built environment of city facilities to engage employees in physical activity healthy eating, tobacco cessation, and stress reduction,
- Monthly programs on specific health topics relevant to current medical spend,
- Monthly awareness campaigns,
- Health fairs,
- Biometric screenings,
- Annual flu-shots,
- A paid wellness day to encourage members to obtain preventive healthcare exams,
- Wellness exams with \$0 copayments,
- Lifestyle Management Programs (i.e., Metabolic syndrome weight loss programs, diabetes, cardiovascular disease, etc.),
- On-line portals for patient self-management of diabetes and other self-management wellness programs,
- Disease management,
- Case management,
- Specialty drug management,
- \$0 copay for mail-order diabetes medication, and
- \$0 copay for mail-order test strips.

The Proposer should include the health management tools listed above, as well as others that will predict and manage emerging cases and diseases. Additional evidenced-based, preventive wellness programs with measurable outcomes should also be proposed. Proposers must be willing to engage in wellness performance guarantees to ensure outcomes.

The City's wellness program includes a preferential contribution structure for members who do not use tobacco products. Subscribers who do not cover a person who uses tobacco products can elect a contribution that is \$25/month less than tobacco users pay. Historically, approximately 8% of the enrolled members have paid the higher premium, indicating tobacco use.

Proposers should also consider any unique opportunities presented by a stable population in one geographic location for medical or wellness programs.

Prescriptions

The City's prescription drug program is incorporated with the medical administration. Prescription drugs represent 12.6% of current claims. . See Exhibits 15.E.iv. and 15.E.v. for more information regarding the

City of Houston TPA Services RFP

City's prescription drug benefits. We are seeking innovative partnerships or drug purchasing programs to rein in pharmaceutical costs.

Due to the advent of "designer" and specialty drugs, the cost for prescriptions has become a major driver of health-care costs. The City has managed the resulting cost increase by implementing a mandatory generic program which has resulted in a 83.5% generic drug fill rate, a mail order option, specialty drug monitoring combined with a single source supplier, a step therapy drug program for PPIs, RA drugs, cholesterol lowering medications, cox-2 inhibitors, leukotrienes, ACE inhibitors and angiotensin II receptor blockers. Other cost management considerations to be included in your proposals are:

- \$50 - \$100 prescription drug deductible,
- Fourth-tier copayment for specialty drugs,
- Specialty drug management (i.e., single source supplier, etc.),
- Increased copayments for brand drugs,
- Mail order drug plan that includes 3-months fill for 2.5 times copayment,
- Quantity vs. time limits,
- Retail maintenance drug program,
- Mandatory use of mail order for maintenance prescriptions after two refills, and
- Other pharmacy management programs.

COST

A key issue for the City is the predictability of program costs. With a self-insured program, the City's health benefit cost is a substantial percent of total annual costs. The City's ability to predict future plan liability is one of the most critical aspects of competition. Equally important are the Proposer's demonstrated results in implementing measures to flatten rising cost trends through plan design and future rate and fee caps, as well as the ability to negotiate costs with their network providers and facilities. The City desires a multi-year contract, with annual cost caps, and performance standards with money at risk.

ACCESS

Access will be measured in terms of network stability (hospitals and physicians), access to doctors' offices (appointment times, office hours, etc.), and geo-access guidelines described in **Section 7.1: Geo Access Results**. The stability of the proposed network may be the subject of a performance standard.

ADMINISTRATIVE

The exchange of eligibility and administrative information occurs this way:

- Enrollment and eligibility administration
 - **Frequency of transmissions:** all employees are paid on the same Friday on a bi-weekly basis. The City sends full file eligibility overlays to the Prime Contractor twice monthly for active employees. Files contain complete subscriber and covered dependent data. The City sends a full file eligibility overlay to Prime Contractor once a month for retirees.
 - **Mode of transmission:** Eligibility data is transmitted electronically via encrypted FTP on a weekly basis.
 - **Enrollment data:** Will be maintained by both the City and the Prime Contractor.
 - **Annual enrollment and off-cycle family status change:** Information is transacted between the participant and the City via an external record-keeping tool electronically transferred.
- Monthly Self-invoicing and Reconciliation
 - The City desires to self-invoice for the TPA fees and capitation charges, if applicable.

City of Houston TPA Services RFP

- The City will provide biweekly electronic eligibility from active employee payroll files and a monthly file from our retiree member data base. The City will work with the successful Proposer(s) on timing, format and medium of delivery of an eligibility file in support of the calculation of the TPA and any capitation fees paid that month, and the City will wire transfer the calculated fees.
- The file will contain the necessary data to ensure the Prime Contractor is able to reconcile the file on a member by member basis. Any errors, omissions or discrepancies will be compiled by the Prime Contractor and reported to the City for further payment or credit on the following month's self-invoice. The City and the Prime Contractor will jointly work to establish timelines for identification and submission of discrepancies for payment or credit.
- Prime Contractor's reconciliation files are provided in Excel format: termination, eligibility and tier.
- Banking
 - The City desires to have a zero-balance imprest account. The Proposer should arrange any overdraft protection.
 - Performance standards are found in the appropriate sections of each component. They are reported quarterly and finalized annually. Additional requirements will be negotiated with finalists.

2.2 Proposal Requests

2.2.1 The City will accept proposals for Third Party Administration (TPA) / Medical Claims and Network Administration, as well as Pharmacy Benefit Management, in part or as a whole proposal. Each Proposer is encouraged to read the entire proposal, as there may be pertinent information related to each section.

The City is looking for arrangements that mirror the existing plan designs with pharmacy carved out as well as integrated. Additionally, the City is interested in exploring the possibility of eliminating the OAP resulting in only the Limited Network plan and the CDHP with HRA option, also with the pharmacy carved out and integrated. Proposer ideas and suggestions are welcome, including alternate quotes and plan designs. The City is interested in proposals that integrate pharmacy benefits and, in the alternative, carve out pharmacy benefits.

Proposers are requested to duplicate and price the existing plan models to establish a baseline for comparison. Proposers are encouraged to identify and propose features or enhancements that provide additional value without adding cost. Proposers are encouraged to propose any creative solution or plan design option that will achieve the City's goals. Of particular interest are programs that focus on wellness, quality measures/outcomes, and direct access to improved quality.

The City is interested in partnering with qualified Proposer(s) to provide leading, valued-based solutions. Each component is described in separate sections of this document. The timing of the RFP coincides with the expiration of the in force contract, and the potential offering of new plans. We also want to use this RFP to explore and challenge proposers to consider proposals that will address the challenge of providing wellness and disease management programs that successfully engage the City's membership, resulting in measurable cost savings. It is important that the health-care vendors partner with the City to work toward controlling health benefit costs. Proposers should read the entire RFP, even if you are planning to propose only one component. Information provided in any section may be valuable in developing your proposal.

City of Houston TPA Services RFP

The City desires multi-year contracts, with predictable costs for each year. Please propose a three (3) year contract with at least two (2) additional one-year extensions.

2.3 Healthcare Reform

2.3.1 The City’s plans are not grandfathered. Responses to this RFP should include specifics of how your company will handle implementation of the regulations of the Patient Protection and Affordability Care Act (PPACA) over the next three years and beyond. After reviewing the City’s plan design, Proposers should list what steps to take and estimated costs the City should expect to incur during each year to prepare for PPACA compliance.

3 Minimum Business and Contractual Requirements 0 Answers / 2 Questions

3.1 RFP Requirements for All Proposers 0 Answers / 1 Questions

3.1.1 All Proposers must comply with the following conditions with regard to the RFP. Confirm your capability to provide each of the following by a response of yes or no.

	Response	Comments
a. No commissions, overrides, and/or finder’s fees shall be paid to any party. All rates should be quoted net. If fees cannot be quoted net, please explain.	No Answer (Yes / No)	No Answer (Text)
b. Proposers must be licensed to do business in all states in which the City has plan members. Such license, where required, must be in effect on or before a contract is awarded.	No Answer (Yes / No)	No Answer (Text)
c. All vendors awarded a contract shall agree to a jurisdiction and venue of the State of Texas.	No Answer (Yes / No)	No Answer (Text)
d. The selected vendor’s systems, data files, GeoAccess physician and hospital information must be provided in the format and parameters specified by this RFP.	No Answer (Yes / No)	No Answer (Text)
e. All City information disclosed during the proposal and contract term must remain strictly confidential unless disclosure is required by law.	No Answer (Yes /	No Answer (Text)

City of Houston TPA Services RFP

	No)	
f. No loss/No gain: No covered employee or covered dependent shall lose or gain benefits as a result of vendor change. All pre-existing condition limitations, actively-at-work and non-confinement provisions must be expressly waived for the initial enrollment for covered employees and covered dependents that have already satisfied the limitations under the existing plan. Also, any partial or full satisfaction of an existing limitation, deductible, or annual copayment must be credited, as applicable.	No Answer (Yes / No)	No Answer (Text)
g. Monitor and implement strategy to prevent and control waste, fraud and abuse – by members and providers.	No Answer (Yes / No)	No Answer (Text)
h. Provide on-site Customer Service Representatives (CSRs) at the City's request.	No Answer (Yes / No)	No Answer (Text)
i. Renewal rates and fee computations must be furnished at least 180 days prior to the end of the contract year, with 60 day updates.	No Answer (Yes / No)	No Answer (Text)
j. The Proposer will provide 180-days advance notice of renewal rates and fees (after initial three-year term), with 60 day updates, which shall then be subject to negotiation and written agreement between the parties.	No Answer (Yes / No)	No Answer (Text)
k. Fees and rate guarantees for three or more years are requested. If fees and rates cannot be guaranteed for three or more years, please explain and provide alternative guidelines.	No Answer (Yes / No)	No Answer (Text)
l. Selected Proposer(s) shall assist in plan communication and enrollment for active employees at 700 locations throughout Houston and retirees at designated sites.	No Answer (Yes / No)	No Answer (Text)
m. Maintain and provide provider access via statewide and national network.	No Answer (Yes / No)	No Answer (Text)
n. Proposers must agree to performance guarantees in connection with the implementation of services and for those services that are to be provided on	No Answer	No Answer

City of Houston TPA Services RFP

<p>an ongoing basis. The details of these guarantees will be negotiated during the finalist selection process. Examples of the types of guarantees that will be required can be found in Section 15.E: In Force Performance Guarantees.</p>	<p>(Yes / No)</p>	<p>(Text)</p>
<p>o. Proposers must agree to performance guarantees in connection with results of wellness / disease management programs implemented under the contract.</p>	<p>No Answer</p> <p>(Yes / No)</p>	<p>No Answer</p> <p>(Text)</p>
<p>p. The Proposer agrees to attend scheduled monthly update and quarterly review meetings at the City's desired location in Houston, Texas.</p>	<p>No Answer</p> <p>(Yes / No)</p>	<p>No Answer</p> <p>(Text)</p>
<p>q. All vendors that are awarded a contract must provide customized Evidence of Coverage Booklets and Summary Booklets of Coverage to all subscribers annually.</p>	<p>No Answer</p> <p>(Yes / No)</p>	<p>No Answer</p> <p>(Text)</p>
<p>r. All Proposers must provide a single point-of-contact account manager and local contact representatives.</p>	<p>No Answer</p> <p>(Yes / No)</p>	<p>No Answer</p> <p>(Text)</p>
<p>s. All Proposers that are awarded a contract must contractually agree to provide "run-out" claims processing services at the level of service and price that are comparable to pre-termination services, for no less than 12 months after termination of the new agreement.</p>	<p>No Answer</p> <p>(Yes / No)</p>	<p>No Answer</p> <p>(Text)</p>
<p>t. All Proposers that are awarded a contract must provide I.D. cards to participants within ten (10) calendar days after receiving the initial enrollment eligibility file and at the beginning of each plan year. Thereafter, new I.D. cards must be provided to a participant within five (5) days of receiving any change request.</p>	<p>No Answer</p> <p>(Yes / No)</p>	<p>No Answer</p> <p>(Text)</p>
<p>u. The City will have the right to terminate the contract with or without cause given a 90-day notice period, without penalty to the City.</p>	<p>No Answer</p> <p>(Yes / No)</p>	<p>No Answer</p> <p>(Text)</p>
<p>v. The Proposer agrees to a three year contract term effective May 1, 2014, with two one year options.</p>	<p>No Answer</p> <p>(Yes / No)</p>	<p>No Answer</p> <p>(Text)</p>
<p>w. The City or its designee will have the right to audit, multiple times during the plan year, with an auditor of its choice, with full cooperation of</p>	<p>No Answer</p>	<p>No Answer</p>

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the selected Proposer, financial and non-financial records the (i.e. claims, services and pricing and/or rebates), to verify compliance with all program requirements and contractual guarantees. This provision shall survive the termination of the agreement between the parties for a period of 3 years. The City or its designee will have the right to conduct an audit at any time during the year and the selected Proposer will provide all documentation necessary to perform the audit.	(Yes / No)	(Text)
x. The Proposer agrees to a 21-day turnaround time to provide its response to claims audit findings.	No Answer (Yes / No)	No Answer (Text)
y. The Proposer agrees to provide to the City any information on the City that arises in an internal audit process within 90 days of discovery.	No Answer (Yes / No)	No Answer (Text)
z. The Proposer agrees that any findings during the audit that are to the detriment of the plan will be reimbursed within 90 days after receipt of the audit findings.	No Answer (Yes / No)	No Answer (Text)
aa. The Proposer agrees to hold the City harmless for any HIPAA Violations made by the Proposer or its network providers or pharmacies.	No Answer (Yes / No)	No Answer (Text)
bb. The Proposer will agree to defend claims litigation based on its decisions to deny coverage for clinical reasons.	No Answer (Yes / No)	No Answer (Text)
cc. The Proposer agrees to provide dedicated account resources including, but not limited to, an implementation manager, strategic account executive, clinical director - pharmacist, account manager, claims advocate and an underwriter/financial analyst. Please include biographies.	No Answer (Yes / No)	No Answer (Text)
dd. The Proposer agrees to provide an Implementation Credit to the City on a Per Member basis.	No Answer (Yes / No)	No Answer (Text)
ee. The Proposer will agree to fund a Pre-Implementation Audit (up to \$50,000) to be conducted at least 30 days prior to the start of claims adjudication. The Proposer will work with the auditor to run test claims in a test environment utilizing the City's actual plan parameters	No Answer (Yes / No)	No Answer (Text)

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	No)	
ff. The City will not be held responsible for time or miscellaneous costs incurred by the Proposer in association with any audit process including, all costs associated with provision of data, audit finding response reports, or systems access, provided to the City or its designee by the Proposer during the life of the contract. Note: This includes any data required to transfer the business to another vendor and money collected from lawsuits and internal audits.	No Answer (Yes / No)	No Answer (Text)
gg. The Proposer agrees to provide educational newsletters and printed materials that are customizable to the City.	No Answer (Yes / No)	No Answer (Text)
hh. The City reserves the right to review, edit, or customize any communication from the Proposer to its membership.	No Answer (Yes / No)	No Answer (Text)
ii. All applicable fees include the cost to adjudicate claims incurred/filled during the effective dates of this contract regardless of when they are actually processed and paid (run-out).	No Answer (Yes / No)	No Answer (Text)
jj. All customer service call recordings and notes between the Proposer and the City's members will be the property of the City.	No Answer (Yes / No)	No Answer (Text)
kk. The Proposer agrees to a call center based in the continental United States.	No Answer (Yes / No)	No Answer (Text)
ll. The Proposer agrees to document 100% of the City's customer service calls through call recordings and call notes. The Proposer will forward written transcripts of calls at the City's request within two business days of the request being made.	No Answer (Yes / No)	No Answer (Text)
mm. The City reserves the right to access all call recordings or call notes from customer service calls with its members. The Proposer agrees to allow the City the right to request call recordings and/or notes at any time.	No Answer (Yes / No)	No Answer (Text)
nn. All Proposers awarded a contract shall conduct an annual member satisfaction survey. The terms, rewards, and penalties will be mutually agreed to by the selected proposers and the City	No Answer	No Answer

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	(Yes / No)	(Text)
oo. The Proposer agrees to allow the City to have access to its member website with a dummy login prior to the go-live date.	No Answer	No Answer
	(Yes / No)	(Text)
pp. The Proposer will provide the City with an on-site tour of its Customer Service Representative's (CSR) system and any custom messaging system.	No Answer	No Answer
	(Yes / No)	(Text)
qq. The Proposer agrees to, at minimum, daily calls to review customer service issues. The Proposer agrees to allow the City to review customer service quality issues to the resolution endpoint.	No Answer	No Answer
	(Yes / No)	(Text)
rr. There are NO additional fees (beyond those outlined in the Financial Section) required to administer the services outlined in this RFP. Any mandatory fees must be clearly outlined in the Financial Section.	No Answer	No Answer
	(Yes / No)	(Text)
ss. It is the City's policy to encourage participation of certified local minority and women business enterprises (MWBEs) in City contracts. Proposers will be required to make a good-faith effort to meet annual MWBE goals. There are specific MWBE goals for the medical and pharmacy described in this RFP. The specific goals are defined in Special Terms and Conditions 1.1 and 1.2.	No Answer	No Answer
	(Yes / No)	(Text)
tt. The Proposer will respond to and incorporate future Health Care Reform changes in full compliance with the law and at no additional cost to the City.	No Answer	No Answer
	(Yes / No)	(Text)
uu. All Proposers must satisfy the requirements of the tax delinquency rule before they can be considered a finalist.	No Answer	No Answer
	(Yes / No)	(Text)

Details:

3.2 Data and Reporting Requirements

0 Answers / 1 Questions

3.2.1 Proposers must contractually agree to provide (at no additional cost) the reports listed in Section 10 and 13.6 within 30 days of the end of each plan quarter, as well as an annual summary within 60 days of

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the end of the plan year. Other reporting requests and reporting conditions will be discussed at a later date prior to finalizing the contract. The City receives an extensive reporting package and will require the new vendor to provide the same reports, at a minimum, as described in Section 10 and 13.6 . The City also requires real time data access.

Proposers must certify that this proposal can meet the conditions outlined above. If any exceptions apply, they are listed below in detail. Please include a copy of this page with your proposal submission.

	Response	Comments
a. The Proposer agrees to provide online, real time, claim system access to the City or its designee, including access to historical claims data for up to three years following termination of the agreement.	No Answer (Yes / No)	No Answer (Text)
b. Ability to administer copays and other member cost sharing in a customized, flexible, customizable web portal, including member tools in support of CDHP focused strategy.	No Answer (Yes / No)	No Answer (Text)
c. Administer HRA (including accepting and loading data from existing administrator(s) for existing member balances) and interface with PBM on real-time basis.	No Answer (Yes / No)	No Answer (Text)
d. Interim plan accounting shall be provided monthly.	No Answer (Yes / No)	No Answer (Text)
e. All Proposers awarded a contract shall, upon request, process “run-out” claims from the prior vendor for an agreed upon fee.	No Answer (Yes / No)	No Answer (Text)
f. A knowledgeable IT service representative must be available to work with the City’s IT department to prepare eligibility data for initial and continuing transmission. A knowledgeable IT service representative must be available to work with the City and its consultant during the proposal process.	No Answer (Yes / No)	No Answer (Text)
g. Ability to monitor, track, and report member claims and member service data for each Plan Option on a real-time basis.	No Answer (Yes / No)	No Answer (Text)
h. Ability to interface with the City and third party vendors for data and file sharing as needed.	No Answer	No Answer

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	(Yes / No)	(Text)
i. Provide City staff with remote and 100% access to claims and member eligibility system(s).	No Answer	No Answer
	(Yes / No)	(Text)
j. Record 100% of member and provider calls and provide Houston staff with remote and 100% access to review recorded calls.	No Answer	No Answer
	(Yes / No)	(Text)
k. The Proposer agrees that all future edits required because of plan design changes implemented by the City shall be completed, after testing, by the Proposer within 15 days of request/advisory by the City.	No Answer	No Answer
	(Yes / No)	(Text)
l. Provide an appeals process to independently review member appeals, including voluntary independent reviews, compliant with PPACA.	No Answer	No Answer
	(Yes / No)	(Text)
m. Process, store, manage and transmit all personal health information (PHI) in compliance with HIPAA.	No Answer	No Answer
	(Yes / No)	(Text)
n. Provide effective overpayment recovery and subrogation services.	No Answer	No Answer
	(Yes / No)	(Text)
o. All reports must be reconciled to self-billing.	No Answer	No Answer
	(Yes / No)	(Text)
p. Provide coordination with Medicare as a secondary payer.	No Answer	No Answer
	(Yes / No)	(Text)
q. Operational and system redundancy and disaster recovery procedures to ensure disruption-free service.	No Answer	No Answer
	(Yes / No)	(Text)

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	No)	
r. Claims administrators must be able to maintain eligibility files and receive updates from the City as required.	No Answer (Yes / No)	No Answer (Text)
s. Managed care vendors must track PCP and group number electronically. The City will not provide PCP updates within its eligibility file transfer.	No Answer (Yes / No)	No Answer (Text)
t. The Proposer agrees to provide weekly and/or monthly data transmissions (may include feeds to data warehouses) to chosen vendors at no charge and two full, annual electronic claims files at no charge to the City. The Proposer will also interact/exchange data with all vendors as needed at no additional charge.	No Answer (Yes / No)	No Answer (Text)
u. The Proposer will provide electronic access to daily claims information, with a monthly roll up and reconciliation procedures in place to the City or its designee(s).	No Answer (Yes / No)	No Answer (Text)
v. The Proposer agrees to provide a quarterly and annual report within 60 days of the end of the Plan Year of performance guarantee results, the methodology of those measurements and a proposed corrective action plan to improve any deficiencies.	No Answer (Yes / No)	No Answer (Text)
w. All Proposers that are awarded a contract must maintain City files for seven (7) years from the date of service and allow the City the option to take over the records in electronic format.	No Answer (Yes / No)	No Answer (Text)
x. All Proposers that are awarded a contract must agree to transmit test data to a new vendor no less than 30 days prior to the termination of a contract and to provide a final verified transition data file to the new vendor within 30 days after the termination date.	No Answer (Yes / No)	No Answer (Text)
y. All Proposers that are awarded a contract must provide the City with City-specific comprehensive experience reports quarterly and summary reports annually, including loss ratios and stop-loss data.	No Answer (Yes / No)	No Answer (Text)
z. The City eligibility and claim data - All eligibility and claims records are the sole property of the City, and must be made available upon request by the City and its representatives. Selling or providing of the City's data to ANY outside entities must be approved in advance, reported on a monthly basis and all income derived must be disclosed and shared per agreement	No Answer (Yes / No)	No Answer (Text)

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with the City. Even if Proposer has not "sold" the data, it is NOT free to use the data for analyses that they publish or provide to outside industries.		
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Details:

4 General Information and Experience

0 Answers / 75 Questions

4.1 Company Overview and Experience

0 Answers / 4 Questions

4.1.1 Complete the following tables as per the Proposal Instructions:

Organization Name:	
Date Founded	No Answer (Text)
Contact Person's Name	No Answer (Text)
Title	No Answer (Text)
Address	No Answer (Text)
City/State	No Answer (Text)
Phone Number	No Answer (Text)
E-mail Address	No Answer (Text)
Fax Number	No Answer

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	(Text)
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Details:

4.1.2 Indicate in what capacity your organization is responding to this RFP (Check all that apply):

	Response
Third Party Administrator / Provider Network for Medical Plan / Pharmacy Benefits Manager (Complete Sections 3,4,5,6,7,8,9,10 & 11)	No Answer (Yes / No)
Pharmacy Benefits Manager for the Integrated PBM (Complete Sections 3,4,12, 13 & 14)	No Answer (Yes / No)

Details:

4.1.3 Provide the location of the general service office(s) that would be responsible for managing the City’s contract. If there are different locations, please indicate where each office is located. What are the standard office hours for the sales and service office?

4.1.4 Provide a brief description of your firm’s background and history, particularly with respect to providing the services your organization is responding to and which the City is requesting.

4.2 Organizational Stability & Experience

0 Answers / 9 Questions

4.2.1 Provide your organization’s most current financial report, most recent audited annual report, financial statement, SSAE 16, ISAE 3402, and other financial reports that indicate the financial position of your organization. Including:

- a. Current ratio
 - b. Days cash on hand
 - c. Debt to equity ratio
 - d. Financial ratings by Dunn & Bradstreet or equivalent financial ratings agencies
-

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4.2.2 Complete the following table:

	Response
a. Parent Company	No Answer (Text)
b. Year Established	No Answer (Text)
c. Number of employees involved in direct client support activities (account management)	
Current (2013)	No Answer (Text)
1 year prior (2012)	No Answer (Text)
2 years prior (2011)	No Answer (Text)
d. Membership count (total covered lives)	
Current (2013)	No Answer (Text)
1 year prior (2012)	No Answer (Text)
2 years prior (2011)	No Answer (Text)
e. Number of Group Plans In Force (current)	
Total	No Answer (Text)
Under 10 000 lives	No

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	Answer (Text)
Over 100,000 lives	No Answer (Text)
Number of Health Plans	No Answer (Text)
g. Number of Group Plans Added:	
Past 12 months	No Answer (Text)
Past 24 months	No Answer (Text)
h. Number of Group Plans Terminated:	
Past 12 months	No Answer (Text)
Past 24 months	No Answer (Text)

Details:

4.2.3 Provide the total national membership that receives the following services from your organization and indicate how many of these are in TX.

- a. TPA/Medical Benefits Administration
- b. PBM
- c. Wellness
- d. Disease Management

	National	Texas
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a. TPA/Medical Benefits Administration	No Answer (Number)	No Answer (Number)
b. PBM	No Answer (Number)	No Answer (Number)
c. Wellness	No Answer (Number)	No Answer (Number)
d. Disease Management	No Answer (Number)	No Answer (Number)

Details:

4.2.4 List the five (5) largest accounts serviced by your organization and provide the number of members for each of these accounts with respect to the services your organization is responding.

4.2.5 Have you acquired or sold any organizations in the last 24 months? If so, explain.

No Answer

(Single, Radio group

Options:

1: Yes, explain [Text],

2: No)

Details:

4.2.6 Have you relocated staff, changed computer or telephone systems in the last 12 months? Do you anticipate any major changes to your organization or structure in the next 12-24 months? If so, elaborate.

4.2.7 Indicate the number of any outstanding legal actions pending against your organization and/or owners. Explain the nature and status of the action(s). Can you assure the City these actions will not disrupt business operations?

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4.2.8 What general and professional liability coverage do you have in place for the entity that is proposing to protect the City from losses or negligence? Describe the type and amount of the fidelity bond insuring your employees that would protect the City in the event of a loss.

4.2.9 Provide a disclosure of all potential conflicts of interest (e.g. brand manufacturer payments, programs that shift prescriptions to drugs that are more expensive, etc.)

4.3 Staffing

0 Answers / 10 Questions

4.3.1 Identify the key account management team you propose to work on the City's account and provide an organizational chart, including names and titles, of management and key personnel that will be responsible for account management. Please indicate which are "dedicated" and which are "designated". "Dedicated" is defined as staff members that are wholly committed to servicing the City, and "Designated" is defined as staff members that are officially assigned to servicing the City.

4.3.2 Provide resumes and length of time with your organization. At a minimum, the positions below should be included.

- a. Account Director – Responsible for overall account relationship including strategic planning in relation to plan performance, consultative services, recommendations for benefit design and cost containment opportunities, overseeing contractual services under the contract with the City, and managing all other Proposer staff working on this account. Has overall responsibility for waste, fraud and abuse oversight and control. The Account Director will have a minimum five (5) years of experience as an Account Director for your firm.
- b. Customer Service Manager – Responsible for all customer service functions and reporting. The Customer Services Manager shall have at least three (3) years of experience as a Customer Service Manager for your firm.
- c. Operations Director – Responsible for all claims operations and reporting, including overseeing the file transfer process of eligibility data, interfaces between vendors, reporting, and data sharing. Monitors provider coding and claims submission patterns for potential waste, fraud and abuse. The Operations Director shall have three (3) years of experience as an Operations Director for your firm.
- d. Network Manager – Responsible for monitoring and assisting in resolving provider contract disputes and monitors and reports to the City on network access. Monitors the City's utilization and is proactive in expanding networks as needed to adjust to changes in member demand, access needs and/or gaps in care. Monitors provider coding and claims submission patterns for potential waste, fraud and abuse. The Network Manager shall have at least three (3) years of experience as a Network Manager for your firm.
- e. Financial Services Manager - Responsible for invoice resolution, processing, claims verification, claims validation, bank reconciliation. The Financial Services Manager shall have at least three (3) years of

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experience as a Financial Services Manager.

f. Reporting Manager – Responsible for the oversight of report generation and ad hoc report generation. The Reporting Manager shall have at least three (3) years of experience as a Reporting Manager.

g. Wellness Consultant – Responsible for advising and, collaborating on the City’s Wellness Programs including, but not limited to, educating members regarding online Personal Health Assessments (PHAs), wellness programs and web tools. Also must assist the City’s Wellness Staff with formalizing a communications strategy and coordinating wellness events as requested by the City. The Wellness Consultant shall have at least 3 years of experience as a Wellness Director in similar engagements.

h. Implementation Manager – Responsible for development and execution of implementation plan. Coordinates with the City, internal and other external resources. The Implementation Manager shall have three (3) years of experience as an Implementation Manager for your firm.

4.3.3 The City reserves the right to accept or decline the above account management personnel as well as other key staff designated for its program both initially and in future Contract years. Confirm your acceptance of this requirement.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not confirmed)

4.3.4 The Account Director and other account management personnel, as needed, must be available during regular business hours and during emergencies including being available for frequent telephone and on-site consultation with the City in Houston, TX.

4.3.5 Proposer shall respond to all inquiries from the City’s staff within one (1) business day. Proposer must effectively advance the interest of the City’s staff through the corporate structure to facilitate resolution of issues. Describe your organization’s process to escalate problems or concerns through the corporate structure to facilitate resolution of issues. Discuss how your organization will track this requirement and report your findings to the City’s staff.

4.3.6 Proposer shall have staff available to the City during the hours of 8:00 a.m. through 8:00 p.m. CT, Monday through Friday excluding holidays specified by the City. Confirm your ability to meet this requirement.

No Answer

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(Single, Pull-down list
Options:
1: Confirmed,
2: Not confirmed)

4.3.7 Proposer shall have a 24x7 Health Information Line with a toll-free number. Confirm your ability to meet this requirement.

No Answer

(Single, Pull-down list
Options:
1: Confirmed,
2: Not Confirmed)

4.3.8 All member service representatives, clinical staff and other applicable team members must be appropriately licensed or certified in the state in which they are employed. Confirm your ability to meet this requirement. Describe the licensing requirements for your staff.

No Answer

(Single, Pull-down list
Options:
1: Confirmed,
2: Not Confirmed)

4.3.9 The Proposer will be expected to participate in benefit and wellness fairs. Identify the staff that will attend as your representatives and describe how you will use these fairs as an opportunity to support the City's strategic objectives.

4.3.10 Describe the implementation process for the services required in this RFP. Provide a detailed timetable assuming a *Notice of Contract Award* by **Mid-January, 2014 for a May 1, 2015 implementation and an enrollment period of mid-March to Mid-April**. The final implementation plan must be submitted to the City within 15 calendar days of contract award. The implementation information should provide details on the key roles of each member of the implementation team. At a minimum, the implementation plan must provide specific details on the following:

- a. Identification and timing of significant responsibilities and tasks
- b. Names, titles, and implementation experience of key implementation staff and time dedicated to the City during implementation

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- c. Identification and timing of the City’s responsibilities
- d. Data Interfaces – The Proposer will be required to transmit and receive data to and from the City and its vendors as determined necessary by the City.
- e. Transition requirements with the incumbent vendor(s), including data needs and timing for transition of care (PA, current maternity cases, transplant patients, etc)
- f. Staff assigned to attend and present (if required) at open enrollment/educational sessions
- g. Member communication plan
- h. Data and timing requirements from incumbent TPA to ensure transition of care and prior-authorization data is appropriately transferred
- i. Acquisition and build-out of additional resources (physical, systems, staff, etc.) required to properly service the City – including timing, volume/quantity and other relevant details
- j. Issuance of I.D. Cards

4.4 Administrative, Member & Claim Paying Services

0 Answers / 17 Questions

4.4.1 Will you agree to quarterly meetings with the City to discuss plan performance, present financial results, etc.? What information would be shared at these meetings?

No Answer

(Single, Radio group
Options:
1: Yes,
2: No)

4.4.2 Will dedicated customer service representatives (CSRs) be assigned to this account?

No Answer

(Single, Radio group
Options:
1: Yes,
2: No)

4.4.3 Do CSRs have online access to real time claim processing information?

No Answer

(Single, Radio group
Options:

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- 1: Yes,
- 2: No)

4.4.4 For the customer service center proposed for the City provide the following for 2012:

	Response
Percent of calls abandoned	No Answer (Number; Percent)
Percent of calls handled by live representative	No Answer (Number; Percent)
Number of seconds to reach a live customer service representative	No Answer (Number)
Inquiries Made	No Answer (Number)

Details:

4.4.5 Confirm each of the following:

	Response
a. At a minimum, Proposer will operate a dedicated member services unit with a toll-free dedicated member services telephone line to answer questions from the City's members between the hours of 8:00 am and 8:00 pm CT, Monday through Friday, excluding holidays specified by the City.	No Answer (Single, Pull-down list Options: 1: Confirmed, 2: Not confirmed)
b. Separate dedicated phone numbers for member and provider service	No Answer (Single, Pull-down list Options: 1: Confirmed, 2: Not confirmed)

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<p>c. Proposer will have special telephone features for the hearing impaired.</p>	<p>No Answer</p> <p>(Single, Pull-down list Options: 1: Confirmed, 2: Not confirmed)</p>
<p>d. Resources will be available to assist non-English speaking callers through a translation service.</p>	<p>No Answer</p> <p>(Single, Pull-down list Options: 1: Confirmed, 2: Not confirmed)</p>
<p>e. All member and provider calls will be recorded and kept for 24 months and made available for City review upon request.</p>	<p>No Answer</p> <p>(Single, Pull-down list Options: 1: Confirmed, 2: Not confirmed)</p>
<p>f. CSR will warm or soft transfer Members to other service areas or Proposers or to the City, if necessary.</p>	<p>No Answer</p> <p>(Single, Pull-down list Options: 1: Confirmed, 2: Not confirmed)</p>
<p>g. Members will be able to opt out of the Interactive Voice Response (IVR) to speak with a live CSR.</p>	<p>No Answer</p> <p>(Single, Pull-down list Options: 1: Confirmed, 2: Not confirmed)</p>
<p>h. All automated outreach telephone service messages utilized to support the programs outlined in this section of the RFP can be customized, as requested by the City.</p>	<p>No Answer</p> <p>(Single, Pull-down list)</p>

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	Options: 1: Confirmed, 2: Not confirmed)
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Details:

4.4.6 Confirm each of the following:

	Response
a. Letters can be customized with the City's logo and specific language as requested by the City.	No Answer (Single, Pull-down list Options: 1: Confirmed, 2: Not confirmed)
b. Upon request, specific letters can be suppressed.	No Answer (Single, Pull-down list Options: 1: Confirmed, 2: Not confirmed)
c. The City must review and approve all communications materials (including letters, brochures, electronic, website, etc) prior to their being sent to members.	No Answer (Single, Pull-down list Options: 1: Confirmed, 2: Not confirmed)

Details:

4.4.7 Describe the IVR prompt paths to reach your different member service teams.

4.4.8 What are the average years of experience for your organization's CSRs? Describe the level of experience for the CSR staff that will serve the City's members. What was your average CSR turnover rate for 2011 and 2012? Describe any initiatives your organization has implemented to reduce CSR turnover.

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4.4.9 Describe the information screens that are available on-line to the CSRs (e.g., claims data, provider information, etc.). Confirm that you have a tracking system that tracks Member inquiries and written correspondence. Does your process require CSRs to log calls? Explain or describe the process that your system uses to track calls/correspondence.

4.4.10 Discuss the type of “tickler file” that is in place for the CSR to follow-up on a member’s/provider’s inquiry?

4.4.11 What practices (such as silent monitoring) do you utilize to monitor and control the quality of the services provided by your CSRs?

4.4.12 Describe investments that your firm has made in call center technology over the past three (3) years that have enhanced customer service and member satisfaction.

4.4.13 Describe your firm’s process for providing training to CSRs in all areas, including, but not limited to, covered services, provider network, and any prior approval or pre-certification requirement related to the City. Confirm that you will allow the City to review your training program/materials, etc. and attend/monitor training classes on an on-going basis.

4.4.14 Please describe if your organization’s system is capable of allowing the City’s staff to hear a specific call made to your call center if the City’s staff person can provide the date, and CSR involved.

4.4.15 Complete the table below indicating access that City staff, members, and providers will have to your firm or subcontractor that will be serving the City.

	Geographic Location(s)	Hours of Operation	Is this function outsourced?	If outsourced, provide name of the outsourcer(s)

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Customer Service Center	No Answer (Text)	No Answer (Text)	No Answer (Yes / No)	No Answer (Text)
Claims Administration Office(s)	No Answer (Text)	No Answer (Text)	No Answer (Yes / No)	No Answer (Text)
Account Management Office(s)	No Answer (Text)	No Answer (Text)	No Answer (Yes / No)	No Answer (Text)
Provider Relations	No Answer (Text)	No Answer (Text)	No Answer (Yes / No)	No Answer (Text)
Behavioral Health Claims	No Answer (Text)	No Answer (Text)	No Answer (Yes / No)	No Answer (Text)
Non-PBM Drugs (i.e., J-code drugs)	No Answer (Text)	No Answer (Text)	No Answer (Yes / No)	No Answer (Text)
Medical and Clinical Services	No Answer (Text)	No Answer (Text)	No Answer (Yes / No)	No Answer (Text)

Details:

4.4.16 Describe the escalation process for member's calls related to claims and other service issues.

4.4.17 Does your company conduct satisfaction surveys? If so provide the results of the most recent plan participant satisfaction survey.

- a. Who conducts these surveys on your behalf?
- b. Are surveys conducted telephonically or via mail?
- c. What is your response rate?
- d. What steps has your company taken to improve response rates?
- e. What actions have you taken to address the results of your surveys?

4.5 Security and Confidentiality

0 Answers / 3 Questions

4.5.1 Explain how you deal with member confidentiality/privacy barriers and compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the Health Information

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Technology for Economic and Clinical Health Act (HITECH). Detail your plan(s) to ensure privacy and security of member's information while delivering services in a worksite environment.

4.5.2 Please detail your website security protocols as they relate to members accessing website content and/or tools.

4.5.3 Affirm your compliance with the HIPAA Privacy and Security rules. Describe your process for safeguarding members' information when a CSR answers the call. Confirm that CSRs' access will be limited to the minimum level of detail required to serve the membership. Confirm that CSRs' access is limited to the City's data. Confirm and describe your audit trail and log processes and procedures.

4.6 Member Claim Appeals

0 Answers / 7 Questions

4.6.1 The City is a non-Grandfathered plan under PPACA. Describe your process for handling both internal and external member claim appeals. Include the different levels of appeals, timeframes for filing and response time to the member. Confirm you will handle all initial internal and external appeals and that both your internal and external appeal process are in compliance with PPACA.

4.6.2 Are the Independent Review Organizations (IRO) that you will use for this plan URAC accredited specifically as an IRO?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

4.6.3 Confirm that you will offer a voluntary external independent review in the event a member has exhausted all levels of appeals for denied claims.

No Answer

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(Single, Pull-down list

Options:

- 1: Confirmed,
 - 2: Not Confirmed)
-

4.6.4 Do you perform membership satisfaction surveys? What percent of members indicated that they were “satisfied or very satisfied” with the overall program?

4.6.5 How do you track member complaints?

4.6.6 What is your process for handling grievances? Provide the response time to a member if a grievance is filed.

4.6.7 Proposer must provide quarterly and annual appeals reports to the City. Describe your capability to track the number of appeals and grievances received, overturned and upheld? In addition, describe your ability or capability to track the types of appeals, (e.g., types of plan exclusion, balance billing issues)?

Reports must include at a minimum:

- a. Date appeal/grievance was received
- b. Date acknowledgement letter was sent
- c. Date appeal/grievance was closed

4.7 Web Tools

0 Answers / 6 Questions

4.7.1 Briefly describe your member website capabilities including whether your member website includes the following:

- a. Accurate provider directory and provider search (physician, hospital, pharmacy, and ancillary providers)
- b. Directions to provider’s office provided by Map Quest or other mapping/direction applications
- c. Ability to make a doctor’s appointment online
- d. Ability to review claims payment status online
- e. Ability to review a history of claims payments (medical and pharmacy), including deductible status, out-of-pocket maximum status and HRA status
- f. Ability to review or print out a Health Statement with a history of claims payments
- g. Ability to see a summary of the City’s plan design and review the City’s EOC

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- h. Ability to print ID cards and request replacement cards
- i. Ability to contact member services online
- j. Ability to review the City's appeals process and file an appeal online
- k. Ability to review the waste, fraud and abuse notification process
- l. Physician and hospital quality and/or outcomes data
- m. Physician and hospital ranking or premium designation
- n. Physician and hospital pricing data by procedure by provider
- o. Information about diseases and conditions
- p. Treatment cost estimator
- q. Contact information for the City, its other vendors, and links to their websites
- r. List of covered dependents
- s. On-line access to forms

4.7.2 Confirm that you will include the City's logo throughout your portal and that online tools can be customized, as requested by the City.

No Answer

(Single, Pull-down
list

Options:

- 1: Confirmed,
- 2: Not confirmed)

4.7.3 Confirm your ability to submit monthly Member web site activity reports to the City. Reports should include at a minimum the following categories:

- a. Health information
- b. Claims inquiry
- c. Request for EOB
- d. Provider search
- e. Provider price look-up
- f. Provider quality look-up
- g. Other

4.7.4 Do you have an online plan selector tool to help eligible members determine their plan election during the open enrollment period and for new hires? Can claims information (medical and pharmacy) be downloaded into the tool if the PBM is a separate vendor?

No Answer

(Single, Radio
group

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Options:
1: Yes,
2: No)

4.7.5 Are you able to message members on more cost effective treatment options? For example, if a member has a non-emergent emergency room visit that does not result in a hospital admission, will you message them to suggest alternatives?

- a. Is member messaging available electronically, telephonically, and/or through the mail?
 - b. What types of messages do you send members?
-

4.7.6 Do you utilize applications for mobile devices for messaging, provider lookup, general health information or other services? Please describe.

4.8 Member Identification (ID) Card

0 Answers / 9 Questions

4.8.1 Confirm that you will mail, via surface mail, a member ID card to all members at least ten (10) calendar days after the beginning of each plan year based on the information provided by the City as a result of open enrollment.

No Answer

(Single, Pull-down list

Options:
1: Confirmed,
2: Not Confirmed)

4.8.2 Confirm that you will mail ID cards to newly enrolled members within five (5) business days of receiving notice of enrollment from the City.

No Answer

(Single, Pull-down list

Options:
1: Confirmed,
2: Not Confirmed)

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4.8.3 If the member enrolls his/her spouse, confirm that you will send a minimum of two (2) ID cards to the member and any additional cards as requested by the member.

4.8.4 Confirm that you will re-issue the member ID card within five (5) business days of notice if a member or spouse reports a lost card or for any reason that results in a change to the information disclosed on the member ID card.

No Answer

(Single, Pull-down
list

Options:

- 1: Confirmed,
 - 2: Not Confirmed)
-

4.8.5 Confirm your ability to provide a member ID card that, at a minimum, includes the following information:

- a. The member's name;
 - b. The names of all dependents covered;
 - c. The member's unique identification number;
 - d. Proposer's twenty-four (24) hour, seven (7) day/ week toll-free eligibility and pre-certification services telephone number;
 - e. Applicable co-payments and deductibles for services.
-

4.8.6 List any elements not listed above that may be included.

4.8.7 Confirm that the card will include, as necessary and determined by the City, phone numbers and contact information for other City vendors that administer prior-authorizations and other similar services.

No Answer

(Single, Pull-down
list

Options:

- 1: Confirmed,
 - 2: Not Confirmed)
-

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4.8.8 How soon after eligibility data is successfully loaded will a member be able to print a temporary ID card from your web portal?

4.8.9 Confirm you will submit a front and back sample member ID card to the City for review and approval within fifteen (15) to twenty (20) calendar days of Contract Award. Include in your RFP response a front and back sample of a member ID card for an existing customer.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

4.9 Evidence of Coverage (EOC) / Summary of Benefit Coverages (SBC) Requirements

0 Answers / 2 Questions

4.9.1 Confirm that you will provide the Evidence of Coverage (EOC) as needed for Open Enrollment and to newly hired employees and mail, and make EOC available via electronic means to the City's membership.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

4.9.2 Confirm that you will provide the Summary of Benefit Coverages (SBCs) as required by PPACA.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

4.10 Meetings

0 Answers / 1 Questions

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4.10.1 Confirm your willingness to meet on site on a quarterly basis to discuss all contracted services activities, review financial and clinical outcome data, and ideas and recommendations for program improvements. The City may require more frequent meetings as needed.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

4.11 Pre Implementation

0 Answers / 1 Questions

4.11.1 During the 4th calendar quarter of 2014, the City will have a readiness review of the pending awardees, including an on-site review of the Proposer's facilities. Proposer shall participate in all readiness review activities conducted by the City staff to ensure the Proposer's operational readiness. Readiness review will include verification (by the City or its agent) that the Proposer has the system infrastructure and human capital to support the City's account. The City will provide the Proposer with a summary of findings as well as areas requiring corrective action. Describe in detail how your organization will comply with this requirement.

4.12 Post Implementation

0 Answers / 1 Questions

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

4.13 References

0 Answers / 2 Questions

4.13.1 Provide three (3) existing customer references for which you provide services similar to those sought by the City. At least one of these references must be a public sector plan and for at least one reference, the Proposer must cover at least 15,000 members. The same customer can satisfy both of these requirements. The City is interested in working with Partners that have experience with, and a history of, providing these services and incentive strategies to large public employers and plans. Provide the following for each reference:

Name	Contact Name	Phone Number and Client Location	Number of Members	Contract Start Date
------	--------------	----------------------------------	-------------------	---------------------

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1	No Answer (Text)				
2	No Answer (Text)				
3	No Answer (Text)				
4	No Answer (Text)				

Details:

4.13.2 Provide this same information for two (2) recently terminated customers. Include the reason the engagement was terminated.

	Name	Contact Name	Phone Number	Termination Reason	Termination Date
1	No Answer (Text)				
2	No Answer (Text)				

Details:

4.14 Performance Guarantees

0 Answers / 3 Questions

4.14.1 The City is considering negotiating performance standards on financial performance results with the selected vendor to encourage the vendor to provide superior performance. Proposer's failure to meet the performance guarantee(s) would result in financial penalties. Please review Section 4.4 TPA / Medical Claims Performance Guarantees and confirm your agreement with the proposed service level targets and associated guarantees.

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4.14.2 The City is interested in a risk sharing arrangement based on the accuracy of the financial projections of the program within 2% +/- . Please review Section 4.4 TPA / Medical Claims Performance Guarantees and confirm your agreement with the proposed service level targets and associated guarantees.

4.14.3 Proposer will also collaborate with the City to develop health improvement metrics to measure wellness and disease management program success and benchmark against nationally recognized industry metrics as mutually agreed upon by the City. The Proposer will need to compare their performance against recognized standards. However, the City expects performance to exceed recognized standards. Please review Section 8.2 Health Improvement Performance Guarantees and confirm your agreement with the proposed service level targets and associated guarantees.

5 TPA / Medical Claims Financial Section

0 Answers / 14 Questions

5.1 Administrative Fees

0 Answers / 10 Questions

5.1.1 Complete the following Administrative Fee Tables for each plan type by plan year. The total should include all costs except actual claim payments to covered members:

ADMINISTRATIVE FEES:	Limited Network	OAP	CDHP w/ HRA
5/1/2014 - 4/30/2015			
Total administrative fee per member per month	No Answer (Number)	No Answer (Number)	No Answer (Number)
Claim Administration	No Answer (Number)	No Answer (Number)	No Answer (Number)
Network Access Fees	No Answer (Number)	No Answer (Number)	No Answer (Number)
HRA Administration	No Answer (Number)	No Answer	No Answer (Number)

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		(Number)	
Underwriting	No Answer (Number)	No Answer (Number)	No Answer (Number)
MHSA Claims Administration	No Answer (Number)	No Answer (Number)	No Answer (Number)
Utilization Management	No Answer (Number)	No Answer (Number)	No Answer (Number)
Case Management	No Answer (Number)	No Answer (Number)	No Answer (Number)
Standard Reports	No Answer (Number)	No Answer (Number)	No Answer (Number)
Specific/Custom Reports	No Answer (Number)	No Answer (Number)	No Answer (Number)
Claims Data Extracts	No Answer (Number)	No Answer (Number)	No Answer (Number)
Telecom (other program resource links, reporting, special usage or access requirements)	No Answer (Number)	No Answer (Number)	No Answer (Number)
Member Communication Material	No Answer (Number)	No Answer (Number)	No Answer (Number)
Assume Claims Fiduciary Liability	No Answer (Number)	No Answer (Number)	No Answer (Number)
Routine ID Cards	No Answer (Number)	No Answer (Number)	No Answer (Number)

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Non-Routine ID Cards (cost per card)	No Answer (Number)	No Answer (Number)	No Answer (Number)
Other Administrative Costs	No Answer (Number)	No Answer (Number)	No Answer (Number)
Services not included in fees above (i.e., services marked “N” above) (show fees separately):	No Answer (Text)	No Answer (Text)	No Answer (Text)
ADMINISTRATIVE FEES: 5/1/2015 - 4/30/2016	Limited Network	OAP	CDHP w/ HRA
Total administrative fee per member per month	No Answer (Number)	No Answer (Number)	No Answer (Number)
Claim Administration	No Answer (Number)	No Answer (Number)	No Answer (Number)
Network Access Fees	No Answer (Number)	No Answer (Number)	No Answer (Number)
HRA Administration	No Answer (Number)	No Answer (Number)	No Answer (Number)
Underwriting	No Answer (Number)	No Answer (Number)	No Answer (Number)
MHSA Claims Administration	No Answer (Number)	No Answer (Number)	No Answer (Number)

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Utilization Management	No Answer (Number)	No Answer (Number)	No Answer (Number)
Case Management	No Answer (Number)	No Answer (Number)	No Answer (Number)
Standard Reports	No Answer (Number)	No Answer (Number)	No Answer (Number)
Specific/Custom Reports	No Answer (Number)	No Answer (Number)	No Answer (Number)
Claims Data Extracts	No Answer (Number)	No Answer (Number)	No Answer (Number)
Telecom (other program resource links, reporting, special usage or access requirements)	No Answer (Number)	No Answer (Number)	No Answer (Number)
Member Communication Material	No Answer (Number)	No Answer (Number)	No Answer (Number)
Assume Claims Fiduciary Liability	No Answer (Number)	No Answer (Number)	No Answer (Number)
Routine ID Cards	No Answer (Number)	No Answer (Number)	No Answer (Number)
Non-Routine ID Cards (cost per card)	No Answer (Number)	No Answer (Number)	No Answer (Number)
Other Administrative Costs	No Answer (Number)	No Answer (Number)	No Answer (Number)

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Services not included in fees above (i.e., services marked “N” above) (show fees separately):	No Answer (Text)	No Answer (Text)	No Answer (Text)
ADMINISTRATIVE FEES: 5/1/2016 - 4/30/2017	Limited Network	OAP	CDH w/ HRA
Total administrative fee per member per month	No Answer (Number)	No Answer (Number)	No Answer (Number)
Claim Administration	No Answer (Number)	No Answer (Number)	No Answer (Number)
Network Access Fees	No Answer (Number)	No Answer (Number)	No Answer (Number)
HRA Administration	No Answer (Number)	No Answer (Number)	No Answer (Number)
Underwriting	No Answer (Number)	No Answer (Number)	No Answer (Number)
MHSA Claims Administration	No Answer (Number)	No Answer (Number)	No Answer (Number)
Utilization Management	No Answer (Number)	No Answer (Number)	No Answer (Number)
Case Management	No Answer (Number)	No Answer (Number)	No Answer (Number)

City of Houston TPA Services RFP

Standard Reports	No Answer (Number)	No Answer (Number)	No Answer (Number)
Specific/Custom Reports	No Answer (Number)	No Answer (Number)	No Answer (Number)
Claims Data Extracts	No Answer (Number)	No Answer (Number)	No Answer (Number)
Telecom (other program resource links, reporting, special usage or access requirements)	No Answer (Number)	No Answer (Number)	No Answer (Number)
Member Communication Material	No Answer (Number)	No Answer (Number)	No Answer (Number)
Assume Claims Fiduciary Liability	No Answer (Number)	No Answer (Number)	No Answer (Number)
Routine ID Cards	No Answer (Number)	No Answer (Number)	No Answer (Number)
Non-Routine ID Cards (cost per card)	No Answer (Number)	No Answer (Number)	No Answer (Number)
Other Administrative Costs	No Answer (Number)	No Answer (Number)	No Answer (Number)
Services not included in fees above (i.e., services marked "N" above) (show fees separately):	No Answer (Text)	No Answer (Text)	No Answer (Text)

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Details:

5.1.2 Detail all services and supplies to be provided under your basic fees that are not included in your response to question 1 above.

5.1.3 Provide ASO fees using the tables below for each plan type by plan year. This should include all costs except actual claim payments to covered persons. Use the stated enrollment for your enrollment assumptions.

5.1.4 Provide ASO fees using the tables below for each plan type by plan year. This should include all costs except actual claim payments to covered persons. Use the stated enrollment for your enrollment assumptions.

ASO FEES: 5/1/2014 - 4/30/2015	Limited Network	OAP	CDHP w/ HRA
Total ASO fee per member per month	No Answer (Number)	No Answer (Number)	No Answer (Number)
Number of contracts in all plans:			
5,000 and under	No Answer (Number)	No Answer (Number)	No Answer (Number)
5,001 – 10,000	No Answer (Number)	No Answer (Number)	No Answer (Number)
10,001 – 15,000	No Answer (Number)	No Answer (Number)	No Answer (Number)
15,001 – 20,000	No Answer (Number)	No Answer (Number)	No Answer (Number)

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20,001 and over	No Answer (Number)	No Answer (Number)	No Answer (Number)
Other Programs and Services			
Proposed Pricing for subrogation services	No Answer (Number)	No Answer (Number)	No Answer (Number)
Recoveries	No Answer (Number)	No Answer (Number)	No Answer (Number)
Other Services	No Answer (Number)	No Answer (Number)	No Answer (Number)
Services not included in fees above (i.e., services marked "N" above) (show fees separately):			
	No Answer (Text)	No Answer (Text)	No Answer (Text)
ASO FEES:			
5/1/2015 - 4/30/2016	Limited Network	OAP	CDHP w/ HRA
Total ASO fee per member per month	No Answer (Number)	No Answer (Number)	No Answer (Number)
Number of contracts in all plans:			
5,000 and under	No Answer (Number)	No Answer (Number)	No Answer (Number)
5,001 – 10,000	No Answer (Number)	No Answer (Number)	No Answer (Number)
10,001 – 15,000	No Answer	No Answer	No Answer

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	(Number)	(Number)	(Number)
15,001 – 20,000	No Answer (Number)	No Answer (Number)	No Answer (Number)
20,001 and over	No Answer (Number)	No Answer (Number)	No Answer (Number)
Other Programs and Services			
Proposed Pricing for subrogation services	No Answer (Number)	No Answer (Number)	No Answer (Number)
Recoveries	No Answer (Number)	No Answer (Number)	No Answer (Number)
Other Services	No Answer (Number)	No Answer (Number)	No Answer (Number)
Services not included in fees above (i.e., services marked “N” above) (show fees separately):			
	No Answer (Text)	No Answer (Text)	No Answer (Text)
ASO FEES:			
5/1/2016 - 4/30/2017	Limited Network	OAP	CDHP w/ HRA
Total ASO fee per member per month	No Answer (Number)	No Answer (Number)	No Answer (Number)
Number of contracts in all plans:			
5,000 and under	No Answer	No Answer	No Answer

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	(Number)	(Number)	(Number)
5,001 – 10,000	No Answer (Number)	No Answer (Number)	No Answer (Number)
10,001 – 15,000	No Answer (Number)	No Answer (Number)	No Answer (Number)
15,001 – 20,000	No Answer (Number)	No Answer (Number)	No Answer (Number)
20,001 and over	No Answer (Number)	No Answer (Number)	No Answer (Number)
Other Programs and Services			
Proposed Pricing for subrogation services	No Answer (Number)	No Answer (Number)	No Answer (Number)
Recoveries	No Answer (Number)	No Answer (Number)	No Answer (Number)
Other Services	No Answer (Number)	No Answer (Number)	No Answer (Number)
Services not included in fees above (i.e., services marked “N” above) (show fees separately):			
	No Answer (Text)	No Answer (Text)	No Answer (Text)

Details:

5.1.5 Detail all services and supplies to be provided under your basic fees that are not included in your response to question 3 above.

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5.1.6 Will there be any additional charges if plans/benefits are restructured or new classes of eligible members are added? If so, how are these charges determined and state amount of charges?

No Answer

(Single, Radio
group

Options:

1: Yes,

2: No)

5.1.7 Confirm that postage is included in any communication mailings.

5.1.8 Detail all data related services included under the base administrative fees including ad hoc reporting, electronic claims files, plan design options, custom mailings, etc. In addition, detail any data-related service fees not included in the base administrative fees.

5.1.9 Confirm that multi-language communication phone line support is included in the base administrative fee. List the languages available to the City members speaking to your customer service representatives.

5.1.10 The City requires a "repriced claim" file as part of your submission. Please return the detailed medical claim files with the following additional fields appended to the original file:

- Allowed Charge
- Discount
- Scheduled Payment Amount (if applicable)
- Included in capitated payments (if applicable)
- Any other reimbursement methodologies - provide sufficient detail to evaluate
- Network Provider Indicator

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NOTE: If capitation exists in your network, provide enough detail to sufficiently evaluate the effect on the City's costs, including services, payments and provider types included. Include description as separate attachment with your response.

No Answer

(Single, Pull-down list

Options:

1: Attached,

2: Not provided)

0 Answers / 2 Questions

5.2 Guarantee of Provider Discounts

The City seeks the most favorable discounts from providers in the proposed provider network. It is also the desire of the City, upon completion of each plan year, to have the selected network provide an analysis of actual discounted savings, which were realized over the course of the plan year, and use this analysis to compare the results to the expected discounts. Proposers that put a portion of their administrative fees at risk will have those guarantees factored into the overall cost proposal evaluation.

5.2.1 Using the table below, for the networks you are proposing, indicate the level of discounts that will be guaranteed from year to year over the contract term. For example, if inpatient facility discounts are 40% for 2014 and it is guaranteed they will increase to 41% in 2015, enter "40%" in the cell in the inpatient facility row under the 2014 column and "41%" in 2015.

* paid during the respective calendar year

Service Category	2014	2015	2016
Guaranteed Overall Inpatient Facility Discounts	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Guaranteed Overall Outpatient Facility Discounts	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Guaranteed Overall Professional Discounts	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)

Details:

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5.2.2 Using the table below, for the networks you are proposing, indicate the portion of Administrative fees (as a percentage) to be paid back to the City if the discount guarantees listed above are not achieved. The schedule can either be of a "pass/fail" nature or be a sliding scale, with higher penalties for greater deviations of actual discounts relative to guaranteed levels.

* paid during the respective calendar year

Service Category	2014	2015	2016
Percentage of Administrative Fees at Risk for Inpatient Facility Discount Guarantees*	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Percentage of Administrative Fees at Risk for Outpatient Facility Discount Guarantees*	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Percentage of Administrative Fees at Risk for Professional Discount Guarantees*	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)

Details:

5.3 Prospective Contracting Improvements

0 Answers / 1 Questions

5.3.1 Using the table below, for the networks you are proposing, indicate the products by zip code where you expect to make the greatest improvement on provider reimbursement arrangements since the experience period requested for this submission. Express this improvement as the estimated increase in the effective discount from the experience period to January 1, 2014. Express estimated improvements as the absolute increase in percent discount off of vendor eligible charges, i.e., an improvement from 40% to 45% is a 5% absolute improvement in effective provider discounts.

	Zip Code	Product	Inpatient Facility	Outpatient Facility	Professional	Total	Explanation
1	No Answer (Text)						
2	No Answer (Text)						
3	No Answer						

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(Text)						
--------	--------	--------	--------	--------	--------	--------

Details:

5.4 TPA / Medical Claims Performance Guarantees

0 Answers / 1 Questions

5.4.1 The Prime Contractor warrants that it will pay the “Amount at Risk” on an Agreement Quarterly basis and an Agreement Yearly basis, as provided in the table below if it does not at least match the Performance Standards for each such time period and for other Performance Standards upon which the Contractor and the City agree.

Performance Standards	Amount At Risk
Participant Satisfaction	
Achieve at least a 90% Excellent or Very Good satisfaction rating level during the first year after Implementation. Rating based upon responses to the Participant Satisfaction Survey. The percent satisfied will be measured based on all City respondents who rate the overall performance of Prime Contractor as Excellent or Very Good . An initial survey shall be conducted six months after the plan becomes effective.	\$75,000/year
Achieve at least a 95% Excellent or Very Good satisfaction rating level for all subsequent years. Rating based upon responses to the Participant Satisfaction Survey. The percent satisfied will be measured based on all City respondents who rate the overall performance of Prime Contractor as Excellent or Very Good. All subsequent surveys are conducted at one-year intervals following the initial survey.	\$75,000/year
Claims Processing*	
* Claim accuracy will be determined from a randomly selected claims sample audited by Prime Contractor. The audit will be validated by Prime Contractor or may be performed by Prime Contractor. The City may verify Prime Contractor results through an independent auditor contracted and paid for by whatever party requested the Audit.	
Payment and Financial Accuracy: Correctly pay at least 99% of claims. Both defined as the percent of claims paid accurately and the percent of dollars paid accurately.	5% of annual TPA Fee
Claim Turnaround Time (TAT): Correctly process at least 98% of claims. TAT is defined as the number of days it takes to process City claims, beginning with the date claims are received to the finalization date. The standard is measured as a percent of process-ready claims finalized within 14 calendar days. Process-ready claims are defined as claims that contain all the information required to process the claim.	\$75,000/year
On-line availability of Prime Contractor’s claims adjudication and related system platforms: System available at least 99.5% of the time, excluding scheduled maintenance downtime. Downtime is any time Prime Contractor’s system (adjudication or related system for eligibility, etc.) is unavailable for	\$50,000/year

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any reason other than scheduled maintenance; downtime for which the City has received prior notice in accordance with the terms of this contract. Prime Contractor will provide quarterly reports to the City for review.	
Customer Service	
Average Speed to Answer: Answer member telephone calls within 30 seconds. Defined as the time a caller spends on hold until a live service representative becomes available. The standard is measured by determining the average number of seconds the caller spends waiting for calls placed to the City's call service line. Performance will be measured by Prime Contractor on all the City calls during normal business hours (8:00 a.m. to 8:00p.m. CST), as stipulated in the RFP. Interactive Voice Response (IVR) calls should be excluded from Prime Contractor standard.	\$50,000/year
Abandoned Calls: Answer 97% of member telephone calls before the caller hangs up. Defined as calls, calculated over the normal business hours (8:00 a.m. to 8:00 p.m. CST), as stipulated in the RFP, that reach the facility and are placed in a queue to the City's call service line but are not answered because the caller hangs up before a service representative becomes available. Any calls abandoned or terminated by the caller prior to the Average Speed of Answer standard will not be counted as "Abandoned Calls." Performance will be measure by Prime Contractor based on all the City calls during normal business hours.	\$50,000/year
First Call Resolution: Resolve 90% of telephone calls on the first call with a service representative. There will be a 45-day look back/forward period. Results will be measured at the account level.	\$50,000/year
Implementation	
Initial Implementation: 100% of TPA services will take effect and be fully operational on the go live date(s) as specified in the Contract. All medical claims administrative services, wellness services and disease management services shall take effect/ go live and be fully operational on the initial go live date(s) as specified in the Contract (excluding ID cards). Measured and reported no later than one month after the go live date.	\$250,000 one time penalty
Annual Go Live Implementation: 100% of TPA services will take effect and be fully operational on the go live date(s) as specified in the Contract. All medical claims administrative services, wellness services and disease management services shall take effect/ go live and be fully operational on the annual go live date for each plan year (excluding ID cards). Measured and reported no later than one month after the go live date.	\$250,000/year
ID Cards: Mail initial standard medical ID cards within 10 calendar days of receipt date of the electronic eligibility file. Measurement is based on the Prime Contractor ID Card Reports.	\$75,000/year
Implementation Call Readiness: Verify that Service Center is ready to respond to inquiries at the beginning of Annual Enrollment. Results will be measured at the account level.	\$75,000/year
Implementation Satisfaction: Achieve a score of no less than 3 on the Prime Contractor's Implementation Survey. Results will be measured at the account level.	\$75,000/year

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Account Management	
Standard is measured using a mutually agreed upon Account Management Report Card based on 4 quarterly scorecards. Results will be measured at the account level.	\$75,000/year
Eligibility	
Eligibility Loads (Initial and Open Enrollment): Loaded accurately, in use, and notification transmitted to the City within 3 business days of receipt. Initial and Open Enrollment eligibility files will be loaded within 3 business days of receipt. Files must be received by 12:00 midnight CST; otherwise, written notification of the file delivery (off schedule) must be provided and receipt confirmed by Prime Contractor. If the file is received after 12:00 midnight, CST the guarantee period commences upon file receipt.	\$75,000/year
Eligibility updates (bi-weekly): Loaded accurately, in use, and notification transmitted to the City within 24 hours of receipt. Bi-weekly update eligibility files will be loaded within 24 hours of receipt. Files must be received by 12:00 midnight CST; otherwise, written notification of the file delivery (off schedule) must be provided and receipt confirmed by Prime Contractor. If the file is received after 12:00 midnight, CST the guarantee period commences upon file receipt.	\$100,000/year
Off-Cycle Eligibility updates (daily): Loaded accurately, in use, and notification transmitted to the City within 12 hours of receipt. Measured daily and assessed monthly. Daily update eligibility will be loaded within 12 hours of receipt. Files must be received by 12:00 midnight CST; otherwise, written notification of the file delivery schedule must be provided and receipt confirmed by Prime Contractor. If the file is received after 12:00 midnight, CST the guarantee period commences upon file receipt.	\$50,000/year
ID Cards	
ID Card Maintenance: Mail 98.5% of ID cards within 5 business days after the receipt of clean and curate eligibility to the ID card vendor. Results will be measured at the account level.	\$75,000/year
Network	
Access to Network Providers: A minimum of 90% of plan members will have access to network providers as defined in the Geographic Match and Disruption section of the RFP. Prime Contractor shall submit quarterly Geo Access reports demonstrating compliance with Provider access standards as defined in the Geographic Match and Disruption section of the RFP.	\$25,000/year
Significant Changes to the Network: Notification of significant network changes must be communicated at least 60 calendar days in advance or within three calendar days of notification by the provider to the Prime Contractor, whichever is less. A significant change is a reduction in network providers that would have impacted 2% of the City's professional claims within the affected provider specialty or 2% of facility claims for hospitals/facilities from the prior year within the affected 3 digit zip code or state (if outside the City of Houston).	\$10,000/occurrence
OR	

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the loss of any provider in a specific specialty where another network provider of equal services is not available within 5 miles. The standard is within 10 miles for hospitals. This standard applies both within and outside of the City of Houston and is based on the compliance access standards as defined in the Geographic Match and Disruption section of the RFP.	
Communication	
Approval of Communications: Prime Contractor will submit correspondence and information to the City for review and approval prior to dissemination. Correspondence and information (whether written, electronic, telephonic, or in any other medium or form) developed by the Prime Contractor and intended for Members, (e.g., open enrollment materials, network changes) must be reviewed and approved by the City prior to dissemination. This standard will be measured quarterly if any communications materials were developed during the previous quarter.	\$2,500/occurrence
Health Improvement	
Vendor will improve the health of 60% of employees who are identified with health-risk factors.	To be negotiated
Provider Access to Care	
Urgent Care: 90% of providers will see members for serious but non-life threatening medical conditions within 24 hours.	\$50,000/year
Routine Care: 90% of providers will see members for routine medical conditions within 30 business days.	\$75,000/year
Non-Urgent Care: Providers will schedule appointments for Members with non-urgent symptomatic care within 7 to 14 business days.	\$50,000/year
Reporting	
Data Reporting Services: Reporting as described in Section 10 will be available for City access within 30 business days after the close of the month or quarter, and within 60 days after the plan year.	\$50,000/year
Financial Projections	
Projections will be expected to result within +/- 2% of actual claims as mutually agreed upon by Prime Contractor and the City. Measured within 60 days after the plan year.	3% 5% of deficit 4% 10% of deficit +5% 15% of deficit

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

6 TPA/Medical Claims Administration Questionnaire

0 Answers / 3 Questions

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6.1 General and Background

0 Answers / 1 Questions

6.1.1 TPA/Medical claims administration can be provided as part of an integrated program with the PBM, or as a stand-alone service. A number of factors will be considered in the selection process including: financial competitiveness, member service, account service, network access, provider disruption, wellness and disease management programs, contractual compliance, performance guarantees, operational flexibility, organizational stability, and references. All Proposers are required, at a minimum, to duplicate the plan features and levels of coverage presently offered to the covered member population by the City.

Prospective vendors are to offer comprehensive services including but not limited to the following:

- Continue offering valuable benefits to employees,
- Offer competitive networks with reasonable access and cost saving choices to participants,
- Access to tiered networks,
- Maximize financial predictability and affordability,
- Offer effective wellness and disease management programs with measurable ROI results,
- Ensure all City plans are compliant with federal and State of Texas regulations,
- Flat cost trends and fees and/or rate caps for future years' costs,
- Partner with a vendor(s) that has appropriate systems technology/data warehousing and administrative controls in place to monitor the million annual expenditure and claims,
- Quantify and minimize financial risk,
- Maximize measurement and accountability for health-care expenditures,
- Identify medical cost-drivers and design measurable programs to manage them,
- Continue to improve the health of participants with proven wellness programs that have an evidence-based measures and a verifiable return on investment,
- Proactive management of high risk individuals through predictive modeling, case/disease management programs,
- Complete availability of IT services, including Online/Real Time Availability to the City and/or its designee(s),
- Guidance and timely compliance with the Patient Protection and Affordability Care Act,
- Timely implementation of all mandated plan changes in accordance with the Patient Protection and Affordability Act (PPACA).

6.2 TPA/Medical Claims Administration Minimum Business and Contractual Requirements

0 Answers / 1 Questions

6.2.1 The following are the City's core requirements for the TPA/Medical Claims Administration. Proposers' responses to this section will be heavily weighted in the selection process. Please include your responses within this form. Indicate "yes" or "no" as to your organization's ability to comply.

	Response
a. All Proposers that are awarded a contract must have in place a plan for continuation of current treatment during transition. Please provide samples of the plans you have	No Answer

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used for other large employers in your response.	(Text)
b. The City shall have access to a comprehensive list of all members who have not selected a PCP in the Limited Network Plan at any time upon written request.	No Answer (Text)
c. The City reserves the right to, at any time, request that the Proposer changes the manner in which they direct assignment of members who fail to designate a primary care physician.	No Answer (Text)
d. The properly staffed and supervised customer/member services unit must be available to plan participants. In addition, the City will require an on-site service team with access to the Proposer's computer system and the capability of providing services equal to that of the main customer service unit.	No Answer (Text)
e. Proposer shall provide and maintain networks of qualified providers that provide quality services on a cost-effective basis for the medical plans during the term of the contract. Proposer must ensure that the providers continue to meet licensing, selection, and screening criteria and that required liability insurance is maintained. Proposer must confirm in its response that its proposed network will remain under agreement throughout this proposal process. Subsequent to submission, any material changes must be brought to the City's attention immediately. Failure to do so may eliminate the proposal from consideration.	No Answer (Text)
f. All Proposers of a health benefits delivery system that has a network of providers must have in place a system that admits providers on a nondiscriminatory basis. For providers who are not accepted or are terminated, the selected Proposer will be encouraged to provide appropriate notice of the grounds for non-acceptance or termination and a hearing.	No Answer (Text)

Details:

6.3 Outside Service Organizations Providing Medical Claims Administration Functions

0 Answers / 1 Questions

6.3.1 Provide the names of all subcontractors along with type of services they will provide, the number of years your firm has utilized the subcontractor, and the contractual relationship between subcontractor and your company. Use the following table to provide your response.

Outside Service Organizations Providing Functions	Name And Address Of The Service Provider (Complete With "N/A" If Internal Function)	Years Utilizing This Contractor	Contractual Relationship
Development and Maintenance of Provider Networks	No Answer (Text)	No Answer (Text)	No Answer (Text)

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Centers of Excellence	No Answer (Text)	No Answer (Text)	No Answer (Text)
Banking	No Answer (Text)	No Answer (Text)	No Answer (Text)
HRA Administration	No Answer (Text)	No Answer (Text)	No Answer (Text)
Provider Service Functions	No Answer (Text)	No Answer (Text)	No Answer (Text)
Specialty Networks (i.e., Chiropractic)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Subrogation	No Answer (Text)	No Answer (Text)	No Answer (Text)
Customer Service functions (800 lines, internet, etc.)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Non-PBM Drugs (i.e., J-Code drugs)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Electronic Claim Payment System	No Answer (Text)	No Answer (Text)	No Answer (Text)
Paper Claims Payment System	No Answer (Text)	No Answer (Text)	No Answer (Text)
Behavioral Health Claims	No Answer (Text)	No Answer (Text)	No Answer (Text)
Medical / Disease Management	No Answer (Text)	No Answer (Text)	No Answer (Text)
Wellness Programs and Services	No Answer (Text)	No Answer (Text)	No Answer (Text)
Prescription Drug Administration	No Answer (Text)	No Answer (Text)	No Answer (Text)
Specialty Drug	No Answer	No Answer	No Answer

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Administration	(Text)	(Text)	(Text)
Other (Describe)	No Answer (Text)	No Answer (Text)	No Answer (Text)

Details:

7 Claims Processing

0 Answers / 57 Questions

If you are proposing as a Medical Claims Administrator / TPA, please complete this section.

7.1 General and Background

0 Answers / 33 Questions

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

- Location
- Average Claims per processor per day
- Annual Claim Volume
- Percentage of claims that are auto-adjudicated
- Staffing: Complete the following table

Position	Number of Staff	Average Years of Claims Administration Experience With Your Firm	Annual Turnover (%)	Work Remotely or from Home (%)
Claims Processors	No Answer (Text)	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)
Claims Supervisors	No Answer (Text)	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)
Claims Managers	No Answer (Text)	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)
Auditors	No Answer (Text)	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)
Quality Control Managers	No Answer (Text)	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)

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Clinical Review Staff	No Answer (Text)	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)
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Details:

7.1.2 What types of training are provided for the claim processors? Provide a narrative and flowchart detailing the training you provide. Include content, timing, and performance requirements. Confirm if your training includes any of the following:

- a. Formal classroom training - If yes, how many weeks of formal classroom?
- b. Trainings for new claims processors
- c. Training on customer service system
- d. Monitoring of learning (e.g., tests, homework, etc.)
- e. Conflict resolution training
- f. Initial auditing of work (If yes, also specify the number of weeks that auditing of work continues)

7.1.3 What is your policy regarding staff working from home or remotely? What safeguards are in place to monitor quality (including retrospective claims reviews) and HIPAA compliance?

7.1.4 Provide the following information regarding internal claims audit(s):

- a. What are your standards for internal claim audits?
- b. How often are claim processors audited?
- c. When errors are found, what is the time frame for correction of the claim?
- d. Is there a collective report indicating the audit results of all claim processors?
- e. Are reports quarterly, semi-annual, etc.?
- f. What claims do you consider for high dollar audits?
- g. Are high dollar audit claims handled internally?
- h. How are criteria determined for internal audit? What triggers do you utilize?
- i. Are standards equivalent to claim industry?
- j. What percent of claims are audited internally?
- k. What is the ratio of quality reviewers to claim processors?

7.1.5 Provide a flow chart of your electronic and non-electronic claims processing, include your validation of patient eligibility.

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7.1.6 Describe your claims payment process from date of receipt to full adjudication of checks to providers or patients. If the process is different for network and non-network claims please discuss separately. For example, do you batch process checks to network providers? If so, explain.

7.1.7 Describe your program and procedures to train your claims processing staff to detect member and provider fraud, waste and abuse.

7.1.8 Confirm that you will assume all costs associated with claims processing including the interest charges assessed, the cost of reprocessing and resubmission due to processing errors caused by the Proposer or to the design of systems within the Proposer's span of control.

No Answer

(Single, Pull-down
list

Options:

- 1: Confirmed,
 - 2: Not Confirmed)
-

7.1.9 Confirm the Proposer shall pay all provider claims that are clean and payable. A clean claim is defined as a claim that is not missing any information necessary to process said claim, is not under appeal or does not involve COB, third party liability or subrogation.

No Answer

(Single, Pull-down
list

Options:

- 1: Confirmed,
 - 2: Not Confirmed)
-

7.1.10 Proposer must generate EOB and Remittance Advices for formatting, content and timeliness. Describe content of EOB and provide a sample copy. Do you enable members the option to receive EOBs electronically instead of receiving paper EOBs?

7.1.11 Explain how checks/drafts, EOBs, and letters are produced from your system. Where are these they produced and mailed from and what is the production frequency?

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7.1.12 For the claim office(s) proposed, please provide the following data (provide a separate table for each office proposed):

	2011 Standard	2011 Actual	2012 Standard	2012 Actual
Financial accuracy as a percent of total claims dollars paid (include over/underpayments)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Payment accuracy (claims without error) as a percent of total claims submitted	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Average number of times an incomplete / incorrect claim has to be reprocessed before it's considered correct	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Average Claim Processing Turnaround Time (% in # days)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
% Procedural Accuracy	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)

Details:

7.1.13 What are your procedures and policies for recovery of the overpayments or duplicate payments?

- How do you recover overpayments from providers?
- Can your company set up an auto-deduct feature from future claims for the requested overpayments/refunds? If yes, describe the process.
- Do you agree to promptly return all recovered monies from overpayments or duplicate payments to the City?
- Describe in detail any subcontracted arrangements utilized for these services.

7.1.14 In your capitated arrangements, describe your process that ensures your capitated services are not paid as fee-for-service claims.

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7.1.15 Describe your process to correlate procedure code to services patient age/gender/facilities, etc.

7.1.16 Describe your procedures for lost, returned or uncashed checks. Explain your process for investigating provider refunds that were not requested. What reporting is available to the City?

7.1.17 Describe your procedures to identify and apply medical procedure adjustment codes and how do you report the adjustment to the City?

7.1.18 How do you reconcile the capitation fees that are being paid to an IPA?

7.1.19 Describe your process (i.e., system edits and triggers) to identify and deny payment of work related claims.

7.1.20 How often are records updated for new information on other coverage? Describe how you sweep claims for previous payments.

7.1.21 Describe your process for tracking pended and/or suspended claims.

- a. Are they maintained in the system?
- b. Are follow-up requests made to the member? How frequently?
- c. Are periodic status reports generated?
- d. How often is the pended/suspended claim report reviewed for possible action?
- e. When is a claim considered "closed"?
- f. How do you define a "pended claim" versus a "suspended claim"?
- g. Provide sample reports.
- h. Provide sample letters to providers and members.

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7.1.22 For members that are terminated retroactively how do you identify and sweep claims and recoup payments? Describe your ability to monitor, report, and track.

7.1.23 Confirm that the City would be permitted to have an independent audit performed of your claim operation without additional charges.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

7.1.24 Explain your coordination of benefits (COB) procedures. What capabilities do staff have to manually over-ride system controls?

7.1.25 Do you pursue COB prospectively and retrospectively to payments? Describe your processes and your ability to auto-deduct.

7.1.26 Explain how your system:

- a. Identifies existence of other insurance (e.g., from another employer, workers compensation or motor vehicle insurance)
 - b. Questions/tracks COB
 - c. Handles COB conflicts
 - d. Communicates with members and providers
 - e. Interfaces with other group carriers/Medicare regarding COB.
-

7.1.27 Describe your system's capability regarding the following:

- a. Electronic claim payments
- b. Multiple fee schedules
- c. Interface with member service system

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- d.Rebundling software
- e. Flexible system edits (such as the City determining covered/non-covered codes)
- f. Ability to pend and bundle claims from the same EOB
- g. In and out-of-network claims paid on same system
- h.Prevention of payment of duplicate claims
- i. Prevention of paying non-covered providers
- j. Interface with Medical Management vendor for PAs, denied inpatient claims, etc. (cite experience with medical management carve-out arrangements)
- k.Interfacing with PBM to coordinate on J-code drugs, HRA balances, and other items as necessary to properly administer City benefits

7.1.28 Based on providers and facilities included in the attached claims file, what percentage of these claims are submitted electronically? What percentage is auto-adjudicated? Describe the process for non-auto adjudicated claims.

7.1.29 Does your claim system have the following capabilities?

	Response
a. Capture dollar amount (e.g., total charges, covered charges, discount adjustments)	No Answer (Yes / No)
b. Identify providers by Tax ID#	No Answer (Yes / No)
c. Track deductibles, co-payments and out-of-pocket maximums	No Answer (Yes / No)
d. Adjudicate claims based on per diems or DRGs	No Answer (Yes / No)
e. Produce reports by DRGs or other acuity measure	No Answer (Yes / No)
f. Track annual and lifetime limitations for services such as chiropractic, psychotherapy, wies. Temporomandibular Joint Svdrome (TMI) etc	No Answer

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	(Yes / No)
g. Apply penalties such as failure to pre-certify, non-participating physician, etc.	No Answer (Yes / No)
h. Identify providers by National Provider Identifier (NPI), including area of service, licensure type, etc.	No Answer (Yes / No)

Details:

7.1.30 Describe how claims incurred outside the United States are reviewed and adjudicated.

7.1.31 Federal law requires health plans to reimburse Medicare for claims that Medicare paid, in error, as primary (called Medicare Secondary Payer Program, or MSP). Does your organization have a data-match file in accordance with the Medicare Voluntary Data-Match Agreement? If not, does your organization have any plans to obtain one? If yes, describe the process and if not explain why.

7.1.32 Describe your process for handling Medicare Secondary Payer Claims.

7.1.33 Describe your process to properly load, test and verify benefit changes. This includes:

- a. Member cost sharing (deductibles, coinsurance, etc)
- b. Addition or deletion of benefit options (i.e., add a POS option)
- c. Changes in covered services (i.e., additional covered services)
- d. Ensure compliance with EOC

7.2 Claim Administration System(s)

0 Answers / 8 Questions

7.2.1 Will your organization be adjudicating all plans on the same claim administration system? If not explain which products are paid on which claim system and fill out the following table for each system.

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Also, explain if there are separate claims administration systems for different components of a plan, e.g., HRA, Limited Network, OAP, etc. Complete the following table for each separate system.

	Response
Name of System(s)	No Answer (Text)
Date of last upgrade	No Answer (Text)
Date of next upgrade	No Answer (Text)
Is the system maintained internally or externally?	No Answer (Text)
How often is the system backed up?	No Answer (Text)
Are there back-up systems in place?	No Answer (Text)
How long has your organization been using this system?	No Answer (Text)
How frequently is routine regular maintenance performed and when is it done?	No Answer (Text)
System availability to teleworkers?	No Answer (Text)
Percentage of 2012 system downtime	No Answer (Text)

Details:

-
- 7.2.2 Describe your claims administration system as it relates to the following HRA capabilities:
- The pro-ration of the HRA for mid-year hires
 - The ability to handle different family tier structures (e.g., two tier, three tier, four tier)
 - The ability to administer a cap on rollovers
 - The ability to administer health promotion incentive credits to the HRA, including credits that may vary throughout the year based on member wellness participation and compliance
 - The ability to handle individual deductibles when there is family coverage (e.g., does entire family

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deductible have to be satisfied before benefits are paid or can individual deductible be satisfied when family coverage exists?)

- f. The end of the year rollover amounts, including if a member decides to change options
- g. Accepting and loading existing member balances maintained by the incumbent administrators
- h. The ability to administer HRAs with any plan option

7.2.3 Describe how your organization will maintain a claims management system that can identify date of receipt (the date the Proposer receives the claim as indicated by the date-stamp), real-time-accurate history of actions taken on each provider claim (e.g., paid, denied, suspended, appealed, etc.), and date of payment (the date of the check or other form of payment).

7.2.4 Confirm you will provide all requirements for electronic transfers of data to and from the City and make provisions for other City contractors to test and use electronic transfers of data for interfaces as required, such as an external PBM.

No Answer

(Single, Pull-down list

Options:

- 1: Confirmed,
- 2: Not Confirmed)

7.2.5 Describe your firm's ability to process paper claims "on-line" or process claims "real time" for manually keyed initial claims and adjustments. Your claim process must include imaging, scanning, or other EDI media, an appropriate balance of on-line and batch processing applications is required.

7.2.6 Describe how your claims system integrates with member service systems and can integrate with the utilization management systems of a different City vendor and a possible carved-out PBM vendor.

7.2.7 Confirm you will absorb all costs related to the change in systems or due to changes in state or federal law, rules, and/or regulations.

No Answer

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(Single, Pull-down list
Options:
1: Confirmed,
2: Not Confirmed)

7.2.8 Describe your organization's disaster backup and recovery plan, including off-site location for backup information in the event of a disaster. The description should include the procedure for notifying the City when the disaster plan is invoked.

7.3 Subrogation

0 Answers / 3 Questions

7.3.1 Describe your subrogation procedures. Include staffing, office location, timing and reporting. Confirm you will field and conduct all member, attorney and provider phone calls.

7.3.2 What triggers a recovery action? What are your average rates of return for 2011 and 2012?

7.3.3 Confirm you will provide a monthly subrogation report specific to the City. Provide a sample of the monthly reporting that will be provided to the City.

No Answer

(Single, Pull-down list
Options:
1: Confirmed,
2: Not Confirmed)

7.4 Fraud and Abuse

0 Answers / 7 Questions

7.4.1 Proposer shall have a written Program Integrity process, including a mandatory compliance plan designed to guard against improper payments, waste, fraud and abuse. Program Integrity Policies and Procedures must include policies, procedures, and standards of conduct for the prevention, detection, reporting, overpayment recovery and corrective action for suspected cases of improper payments, waste, fraud and abuse in the administration and delivery of services under the Contract. Provide a copy of your Program Integrity policy and procedures.

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7.4.2 What provisions do you have for internal monitoring and auditing of reported improper payments, waste, fraud and abuse violations, including specific methodologies for such monitoring and auditing?

7.4.3 Describe your policies and procedures to ensure that all officers, directors, managers and employees know and understand the provisions of your improper payments, waste, fraud and abuse compliance plan.

7.4.4 Describe for any suspected improper payments, waste, fraud and abuse reports provisions to identify the investigation of the report, any corrective action, and follow-up including overpayment recovery.

7.4.5 Does your firm have an improper payments, waste, fraud and abuse audit process for high dollar claims? Describe in detail.

7.4.6 Proposer shall submit an improper payments, waste, fraud and abuse report on a monthly, quarterly and annual basis of suspected, reported, and investigated fraud and abuse cases. Confirm you will meet this requirement.

7.4.7 Confirm that you will provide a well-publicized telephone hotline and user-friendly email arrangement for anyone to report improper payments, waste, fraud and abuse.

No Answer

(Single, Pull-down
list

Options:

1: Confirmed,

2: Not Confirmed)

7.5 Eligibility

0 Answers / 6 Questions

Bi-weekly, the City sends a full eligibility file of enrollment for active employees to the incumbent

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contractor electronically via encrypted FTP. Monthly, the City sends an eligibility file for retirees.

7.5.1 The Proposer (or if using subcontractor) must agree to accept and process the eligibility updates from the City for member eligibility. Your system must be capable of automatically verifying eligibility. Confirm your ability to meet this requirement and describe any limitations.

7.5.2 Describe your organization's process for acceptance of full file eligibility feeds. Include the steps taken to validate the file upload/update and the notification, if any, to the City that the file was successfully updated.

7.5.3 Explain your process of working error reports generated from the file loads.

7.5.4 The City expects you to stop an eligibility upload in the event that established error thresholds are exceeded. Please confirm you can comply with this requirement. Describe how you propose to notify the City in the event an eligibility upload is aborted. Will the previous file be reinstated? Please confirm that you will provide direct same day confirmation that the eligibility file was properly loaded, processed and received. This confirmation will include the date of receipt.

7.5.5 The City requires view only on-line access to the City's eligibility data contained in your system(s). Confirm your willingness and ability to accommodate this request with training for the on-line tool and on-going support for the City's staff. Describe your ability to provide this access. How will you inform the City of eligibility loading errors? What access will the City have to view error reports?

7.5.6 Explain the process for mail that is returned to your office as a result of a wrong address or marked as 'no forwarding' address.

8 Network Management

0 Answers / 42 Questions

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8.1 GeoAccess Results

0 Answers / 1 Questions

8.1.1 Utilizing GeoAccess, provide a summary of members with and without adequate provider access by zip code for each proposed network. Utilize the members included in the eligibility file. Designate between direct contract and subcontracted providers and provide results separately. Name your report (***Your Organization's Name***: Attachment 1: Zip Code Geo Mapping). Please also provide the backup reports that you used to complete this table.

Standard for Definition of Access to Network Provider

* General/Family Practitioners include Internal Medicine, Family Medicine and General Medicine

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

- Proposer must utilize the most recent version of GeoNetworks and GeoCoder to provide the required reports.
- The GeoAccess reports must be produced on all City members as indicated in the census file, including all out-of-state members.
- The GeoAccess report must indicate those members with access and those without access according to network access standards above. In addition, each GeoAccess report must indicate the average distance from the member's resident zip code to the contracted provider.
- Provide separate reporting for each network proposed and indicate which plan options will be served by which network.
- The GeoAccess reports will only include providers under contract as-of January 1, 2013 and shall not include providers under a Letter of Intent or Letter of Agreement with the Proposer. In addition, indicate whether the reports include physician practices that are closed to new patients.
- Separate reports are to be provided for:
 - All zip codes in Houston
 - All zip codes outside Houston (designations based on GeoCoder designations)

Provider Type	Access Radius	Network 1	Network 2	Network 3
<i>General/Family Practitioner*</i>	<i>2 within 5-mile radius</i>	No Answer (Text)	No Answer (Text)	No Answer (Text)
<i>OB/GYN</i>	<i>2 within 5-mile radius</i>	No Answer	No Answer	No Answer

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		(Text)	(Text)	(Text)
<i>Pediatrician</i>	<i>2 within 5-mile radius</i>	No Answer	No Answer	No Answer
		(Text)	(Text)	(Text)
<i>Specialists</i>	<i>2 within 5-mile radius</i>	No Answer	No Answer	No Answer
		(Text)	(Text)	(Text)
<i>Hospitals</i>	<i>1 within 10-mile radius</i>	No Answer	No Answer	No Answer
		(Text)	(Text)	(Text)
<i>Urgent Care Centers</i>	<i>1 within 10-mile radius</i>	No Answer	No Answer	No Answer
		(Text)	(Text)	(Text)

Details:

8.2 Provider Disruption

0 Answers / 1 Questions

8.2.1 Based upon the provided files "Exhibit 15D.i: OAP Provider Listing" and "Exhibit 15D.ii.: Limited Network Provider Listing", provide a disruption report, indicating the number of members, the number of claims and the claim dollars that will be disrupted by each proposed network. Provide this information separately for Inpatient Facility, Outpatient Facility and Professional by zip code. Also, utilizing the provided claims file(s), indicate whether the provider will be in-network ("Y") or out-of-network ("N") as of January 1, 2014 for each of the networks being proposed. Also, please indicate if a doctor's practice is closed and does not accept new patients.

8.3 Provider Directories

0 Answers / 5 Questions

8.3.1 Confirm that you will provide paper directories to the City.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

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8.3.2 Confirm that you will maintain an accurate online directory to which the City members may refer. Please describe your process for keeping the online directory up to date including how often the directory is updated.

No Answer

(Single, Pull-down
list

Options:

- 1: Confirmed,
 - 2: Not Confirmed)
-

8.3.3 Is your provider directory available to the general public on your website or does a member have to log in with the member's log-on and password to access?

No Answer

(Single, Radio
group

Options:

- 1: Yes,
 - 2: No)
-

8.3.4 Can the member find a provider by calling the Customer Service line?

No Answer

(Single, Radio
group

Options:

- 1: Yes,
 - 2: No)
-

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

- a. Provider or Facility Name
- b. Provider Address and telephone number
- c. Web address
- d. Medical Group
- e. Practicing Specialty(ies)
- f. Specialist Board Certified
- g. Providers that are not accepting new patients
- h. Age/gender limitations
- i. Languages Spoken

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8.4 Provider Networks

0 Answers / 5 Questions

8.4.1 Provide one (1) electronic copy listing your providers for each network proposed. Please submit the physician name, provider ID, TIN/NPI, address, provider type and contract type.

8.4.2 Are all of the Proposer's provider networks represented in Question 1 managed by your organization or do you subcontract any portion of your network(s) from another organization? If you subcontract, please provide information about the subcontracted network(s). Also, provide copy(ies) of these agreements.

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

8.4.3 How do you ensure that network physicians refer to the most cost effective network facility such as imaging centers, surgical centers, and laboratories?

8.4.4 Describe your efforts to develop tiered provider networks. What are the metrics utilized to qualify physicians and facilities for the narrower network of Premium providers? In particular, what combination of cost and quality is utilized? How do you propose incenting member utilization of these Premium providers?

8.4.5 Do you have the capability to administer a customized narrow network of physicians, ancillary providers, and/or facilities determined by the City? Include a description of your ability to administer a customized reimbursement schedule. How will these provider lists be communicated to members?

8.5 Accreditation

0 Answers / 1 Questions

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8.5.1 Complete the following grid with respect to your organization’s accreditation status. Be sure to answer Columns A, B and C regarding the current levels, duration, and type of accreditation or certification (e.g., claims processing, health network, health plan, etc.). Repeat this chart if you have more than one type of accreditation or certification for the vendors who are included in your networks.

Type of Accreditation	A - Current Level of Accreditation	B - Duration of Continuous Accreditation (# of years)	C- Specific Title of Accreditation for Each Product Bidding in this Proposal
URAC	<ul style="list-style-type: none"> • Full accreditation, • Denied/non-accredited, • Pending (initial certification requested but not yet finalized), • Not yet requested 	<p>No Answer (Number; Integer)</p>	<p>No Answer (Text)</p>
JCAHO	<ul style="list-style-type: none"> • Accreditation with commendation, • Accreditation, • Accreditation with recommendation for improvement, • Conditional accreditation, • Provisional accreditation, • Preliminary non-accreditation, • Denied/non-accredited, • Pending (initial visit requested but not yet visited) 	<p>No Answer (Number; Integer)</p>	<p>No Answer (Text)</p>
NCQA	<ul style="list-style-type: none"> • Excellent (full 3 years), • Commendable (full 3 years), • Accredited (1 year), • Provisional, • Denied/non-accredited, • Pending (initial visit requested but not yet visited), • Not yet requested 	<p>No Answer (Number; Integer)</p>	<p>No Answer (Text)</p>

Details:

8.6 Provider Credentials

0 Answers / 11 Questions

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8.6.1 Describe your credentialing (and re-credentialing) process(es) for hospitals, physicians, psychiatrists, and other facilities (Skilled Nursing, Long-term Acute Care, etc). Include the factors you examine and consider in the process, such as board status, malpractice insurance, CLIA, CAP, JCAHO Accreditation, site visits, mortality and morbidity rates, readmission rates, malpractice events or litigation, etc. Include any variations by specialty, such as for behavioral health providers and facilities.

8.6.2 Does your selection and credentialing process allow you to decline an individual physician or provider group or organization? What is the average time to credential and add an individual physician? What is the average time to credential and add a medical group?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

8.6.3 How often is each physician, psychiatrist and hospital re-credentialed?

8.6.4 What is the term and duration of physician contracts? Hospital contracts?

8.6.5 If a network gap or deficiency is identified by the Proposer or by the City, how do you address the need for additional providers? When a qualified network provider is not available, what is your process for approving use of non-network providers and describe your ability to negotiate favorable reimbursements on behalf of the City and the members. Confirm that the City can require a prior approval in such instances.

8.6.6 Proposer shall provide a corrective action plan for any major deficiencies in the network, including geographic areas where the Proposer does not meet the access standard defined by the City. Describe how your firm will meet this requirement.

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8.6.7 Describe your transplant network services and specify any facilities.

8.6.8 Describe your experience in coordinating with carved out/external medical management vendors with high cost complex cases.

8.6.9 Describe your Centers of Excellence.

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

- a. Bariatric surgery.
 - b. Cancer.
 - c. Cardiovascular.
 - d. Transplants.
 - e. End Stage Renal Disease
 - f. Any other Centers of Excellence.
-

8.6.11 Confirm that you will notify the City and affected members thirty (30) days in advance of a known upcoming network provider termination.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

0 Answers / 5 Questions

8.7 Provider Outcomes

8.7.1 Describe your strategy to educate members on the use of urgent care facilities. What programs or initiatives do you have to encourage utilization at these facilities and what recruitment efforts are underway to increase the number of these types of facilities in your network? How have these efforts impacted non-emergent emergency room utilization?

City of Houston TPA Services RFP

8.7.2 How do you educate members to use providers and facilities with better outcomes?

8.7.3 How do you track readmission rates and provider quality outcomes to prevent readmissions?

8.7.4 Describe how your programs will support improving inpatient readmission metrics for the City's members and how you will measure, track, and report success and progress.

8.7.5 Other than provider directories and access to providers via your website, what quality or practice pattern data about your contracted providers do you make available to plan participants?

8.8 Provider Audits

0 Answers / 3 Questions

8.8.1 Please provide the latest statistics regarding on-site clinical quality audits of your contracted providers. Provide detail on the scope of work for these audits.

- a. Percent of hospitals audited annually
 - b. Percent of physicians audited annually
 - c. Percent of ancillary providers audited annually
-

8.8.2 Describe your process for electronically auditing the following:

- a. Claims payment accuracy
 - b. Claims coding accuracy
 - c. Provider credentials
 - d. Abusive provider practice patterns
 - e. Provider sanctions
 - f. Fee-for-service v capitation services
 - g. Other
-

City of Houston TPA Services RFP

8.8.3 Confirm “right to audit” is at no cost to the plan and included in your standard provider contracts.

No Answer

(Single, Pull-down list

Options:

- 1: Confirmed,
- 2: Not Confirmed)

0 Answers / 2 Questions

8.9 Provider Profiling

8.9.1 Describe your mechanism for routinely investigating if a contracted provider has any disciplinary actions imposed by their State licensure medical board.

8.9.2 Describe how you compare individual network provider practice patterns against best practices or averages on any of the following:

- a. Referral rates to specialists
- b. Frequency and quality of prescription drug prescribing
- c. Rates of diagnostic procedures ordered (lab/imaging)
- d. Rates of high cost procedures relative to peers
- e. Repeat procedures within given timeframes
- f. Hospital readmission rates
- g. Referral practices to non-network providers

0 Answers / 7 Questions

8.10 Provider Contracts

8.10.1 If requested, will you provide copies of your generic hospital and physician contracts and physician office manuals?

8.10.2 In addition to the Network Access Fee, discuss the compensation that you get from the providers for providing our business.

8.10.3 Describe any current or planned strategies to contract with more ancillary providers.

City of Houston TPA Services RFP

8.10.4 What processes and procedures do you have in place to ensure that the net price that the City is paying is fair and equitable to the services being provided?

8.10.5 Describe any report cards that you have in place and can provide to the City for providers and facilities?

8.10.6 Indicate what percentage of provider reimbursement is through the following types of payments for each network provided in Question 1:

	<u>Primary Care Physicians (%)</u>	<u>Specialist Physicians (%)</u>	<u>Other Professionals (%)</u>
Fee-for-Service/Billed Charges	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Discount from Charges	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Fee-for-service with Discount	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Fee-for-service with Withhold	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
RBRVS	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Capitation	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Other (specify in additional rows)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Total	100%	100%	100%

Details:

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8.10.7 Indicate what percentage of inpatient and outpatient reimbursement is through the following types of payments for each network provided in Question 1.

	Inpatient Hospital (%)	Outpatient Hospital (%)	Other Outpatient Facilities (%)
Discount from Charges	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Case Rate	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Per diem rate (by bed type)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Per diem rate (global)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
DRG per case	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
APG per case	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Other (specify in additional rows)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Total	100%	100%	100%

Details:

8.11 Non-Network Providers

0 Answers / 1 Questions

8.11.1 How do you monitor non-network utilization and what steps do you take to contract with these providers?

9 Health and Improvement Financial Section

0 Answers / 2 Questions

9.1 Fees

0 Answers / 1 Questions

City of Houston TPA Services RFP

9.1.1 For the Wellness Services being quoted in this RFP, please indicate the basic fees using the table below.

Notes

1 This general fee is a per subscriber per month (PSPM) fee for all residual services and deliverables required under the terms of this Contract and which are not specifically and separately identified elsewhere in the table. Such residual services include but are not limited to tracking and reporting member completion of the City's Wellness Program requirements, telephonic wellness coaching, online personal health assessment, wellness scoring/risk assessment algorithm, online wellness coaching programs, upload of biometric data from third party vendor, mobile devices, online interactive education modules, website, customizable incentive tracking tool, customer service, general member services, general member education and outreach, quality assurance, coordination and collaboration, administrative services, communications, reporting, and information systems.

2 This Basic Fee is a per subscriber per month fee for all Disease Management Program Services, which will include at a minimum: asthma for adults and pediatrics, diabetes for adult and pediatrics, COPD, congestive heart failure, coronary artery disease, depression, oncology, and co-morbid conditions. The Basic Fee will also include all deliverables required under the terms of this Contract and which are not specifically and separately identified elsewhere in the table.

3 'Subscriber' is defined as a non-Medicare eligible subscriber.

4 The City is under no obligation to implement all of the programs listed above during the term of this Contract.

5 Actively engaged participant means completion of a minimum of one (1) introductory assessment call and one (1) follow up coaching call.

Services	2014 - 2015	2015 - 2016	2016 - 2017	Unit
Basic Wellness Fee(1)	No Answer (Number)	No Answer (Number)	No Answer (Number)	Per subscriber per month(3)
Disease Management Program Fees(2)	No Answer (Number)	No Answer (Number)	No Answer (Number)	Per subscriber per month
Telephonic coaching to include at a minimum tobacco cessation, weight management, high cholesterol, hypertension, metabolic syndrome, stress management, nutrition and exercise**				
Telephonic Wellness Coaching – interactive	No Answer (Number)	No Answer (Number)	No Answer (Number)	Per actively engaged participant per month ⁵
List all programs included in your fee that are in	No	No	No	No Answer

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addition to the minimum programs listed in the footnotes. Use as many rows as needed.	Answer (Text)	Answer (Text)	Answer (Text)	(Text)
Health Assessment				
Electronic Personal Health Assessment	No Answer (Number)	No Answer (Number)	No Answer (Number)	Per individual paper-based Personal Health Assessment
Optional Services(4) - While these services are optional for the City to implement - Proposers must still complete this section of the Cost Proposal including proposed rates for the services listed, should the City chooses to implement any of the services listed below - the corresponding rates listed will be paid, the City will not negotiate new rates for these services at the time of implementation.				
Wellness Challenges				
Optional Programs - use as many additional rows as needed to list all programs you are proposing	No Answer (Number)	No Answer (Number)	No Answer (Number)	Per actively engaged employee(5)
Alternative Health Assessment Options				
Telephone - IVR	No Answer (Number)	No Answer (Number)	No Answer (Number)	Per completed Personal Health Assessment

Details:

0 Answers / 1 Questions

9.2 Health Improvement Performance Guarantees

9.2.1

Performance Standards	Amount at Risk
Clinical Metrics	
Health Risk Assessment Completion: 90% of eligible City members will complete the Health Risk Assessment in 2014. Measured and assessed annually with weekly routine reports during the campaign period.	\$10,000 for each percentage target not met annually

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Telephonic Wellness Coaching: 40% of eligible City members will actively participate in 2014 in at least one interactive telephonic coaching, participation in 2015 will be at a minimum 50%, participation in 2016 will be at a minimum 60%. Measured and assessed quarterly.	\$10,000 for each percentage the target is not met.
Disease Management Clinical Metrics: 85% of targeted Members will be active participants in any chronic disease management program. Measured monthly and assessed quarterly.	\$1,000 for each percentage below the threshold. \$150,000 maximum.
Health Improvement Programs Cost Savings/Return on Investment (ROI)	
ROI will be based on year over year claims costs as per mutually agreed upon ROI methodology. Measured and assessed quarterly.	\$2,500 for each tenth of a point the standard is not met. (For example, if the ROI standard is 1.5 and the actual ROI is 1.3, then the Contractor will be assessed \$5,000).

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

0 Answers / 73 Questions

10 Health Improvement Programs

Background of the City’s Wellness Program is provided as Attachment 15 K: 2013 Description of Wellness Incentive Program.

0 Answers / 17 Questions

10.1 General and Background

10.1.1 Discuss or demonstrate how you have helped to improve the health of employees for a client similar in size and scope as the City.

10.1.2 Confirm the availability of and describe how your organization ensures employees have:

- a. Lifestyle coaching.
- b. 24-hour nurse line.
- c. Other Wellness services, including medication adherence education.
- d. Disease Management

City of Houston TPA Services RFP

10.1.3 Describe the process for population risk analysis, population stratification, including predictive modeling with respect to Member outreach.

10.1.4 Discuss your predictive modeling capabilities and the ability to benchmark the wellness program and it's financial impact.

10.1.5 Describe the process by which you share recommendations for improvement based on risk factors.

10.1.6 Describe monitoring activities to identify gaps in care and opportunities for improvement.

10.1.7 Discuss affirmative steps that you have employed to promote compliance among members/employees.

10.1.8 Provide the following outcomes results, for each of the last two (2) years, for each Wellness service:

a. Overall and program specific engagement rates (defined as the percentage of Members who are contacted, consent to participate in the program, complete an assessment and schedule a follow-up) and realized ROI for each program offered including:

- i. 24 hour nurse line
- ii. Lifestyle coaching
- iii. Other Wellness services
- iv. Disease Management

b. Member participation and ROI for incentive programs.

c. Provider satisfaction survey results.

d. Member satisfaction survey results.

e. Clinical measures for each Wellness service listed in number 8 above.

f. Gaps in care closures.

g. Changes in Member-reported physical and mental health status through a tool such as the SF 12 (<http://www.sf-36.org/tools/sf12.shtml>) or other similar measurement tool.

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10.1.9 Discuss affirmative steps that you have employed to promote compliance among members.

10.1.10 10. Confirm and describe your ability to provide dedicated or designated health coaches, lifestyle coaches, exercise physiologists, nutritionists, behavioral health specialists, maternity specialists or other clinical staff to carry out Wellness activities such as health risk assessment, telephonic coaching interventions including lifestyle coaching, a 24-hour nurse line and education about treatment options and health education to empower Members to manage their health.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

10.1.11 Describe outreach strategies including those for reaching Members with incomplete contact information. If outreach strategies vary by risk level or program, describe each of the different strategies and when each is used.

10.1.12 Describe the strategies to reach Members with the following situations:

- a. Low income.
 - b. Low health literacy.
 - c. Shift work.
 - d. More than one job.
 - e. Non-English speaking or English as a second language.
 - f. Little or no access to phones or computers.
 - g. Without a traditional office or who work “in the field” (i.e. Police Department, Fire Department, Solid Waste, Parks and Recreation, etc.).
-

10.1.13 What is your health risk assessment completion rate?

10.1.14 Who administers data collection and evaluation?

City of Houston TPA Services RFP

10.1.15 Describe your ability and limitations surrounding uploading biometric screening results from an external third-party vendor.

10.1.16 Confirm availability and describe each of the following programs and/or services:

- a. Health Risk Assessment (both web-based and telephonic) with individual action steps.
 - b. Online biometric tracking tools.
 - c. Blood pressure, blood sugar, BMI/weight and other online trackers.
 - d. Self-management education and goal-setting.
 - e. Nutrition.
 - f. Physical activity and related online trackers.
 - g. Prenatal care.
 - h. Tobacco cessation.
 - i. Stress management.
 - j. Weight management.
 - k. Injury prevention.
 - l. Preventive service reminders, sent by mail, phone or electronically.
 - m. Gaps in care reminders, sent by mail, phone or electronically.
 - n. Type of smart innovative health programming, i.e., smart phone tracking, Fit Bit, etc.
-

10.1.17 Please provide the names of three (3) clients of similar size and scope for which you provide services similar to those sought by the City. Include a narrative that discusses challenges and successes in providing these services and indicates how long you have been providing these services.

10.2 Program Enrollment and Participation

0 Answers / 5 Questions

10.2.1 Describe how your organization will coordinate the requirements of worksite health screening, scheduling, reporting, and administering the incentive program. See Exhibit 15 K: 2013 Description of Wellness Incentive Program.

10.2.2 Describe your ability and limitations on providing simultaneous wellness programs at multiple locations on the same dates and/or times.

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10.2.3 Will you use staff or subcontract with local agencies?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

10.2.4 Please provide your staffing formula for health screen events.

10.2.5 Describe the registration process for wellness programs in detail, including the average time it takes a participant from start to finish to complete the process(es).

10.3 Incentive Program Administration

0 Answers / 1 Questions

10.3.1 Describe the types of incentive programs your organization has offered or suggested to clients to drive member participation and program outcomes. Include program design, implementation strategies, ROI and other expected outcomes.

10.4 Member Eligibility

0 Answers / 2 Questions

10.4.1 Describe your ability to administer, track and report member participation in the City's Wellness Program. How will you assist the City in communicating and promoting the program? Detail how you will track each member's completion of individual Health Activities

- i. How are members notified they have completed individual Health Activities?
- ii. How are members able to track and review their progress?
- iii. How are completion and progress communicated to the City?
- iv. What is the expected time from activity completion to your reporting completion to the member and to the City?
- v. How are at risk individuals targeted for coaching?

City of Houston TPA Services RFP

- vi. What triggers member outreach?
 - vii. Please describe any activities that take place.
 - viii. How do you identify gaps in care?
-

10.4.2 What is your strategy to ensure your outreach efforts are successful?

10.5 Member Engagement

0 Answers / 7 Questions

10.5.1 Describe your definition of Participation versus Engagement.

10.5.2 Describe your employee “engagement-building methodology” or how you intend to build engagement year over year.

10.5.3 Describe your strategy and process for engaging the provider community to offer and promote the City’s specific programs.

10.5.4 Describe any “worksite” or “on-site” coaching strategies you have employed for a client the size of the City.

10.5.5 Approximately how many employees were eligible for your onsite coaching services in 2012? What percentage of employees eligible in 2012 actually “engaged” in your onsite coaching service?

%

10.5.6 Describe your educational resources to promote consumer learning and personal responsibility related to health behaviors and navigation of health services.

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10.5.7 Are your current Disease Management/Lifestyle Management programs offered through different modalities (i.e. On-line, on-site, self-study)? Are there specific programs for those that are at-risk and those who are chronic?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

0 Answers / 4 Questions

10.6 Wellness Counseling

10.6.1 What are the qualifications of your health promotion coaches?

10.6.2 What on-going training and/or re-certification process are your coaches required to complete?

10.6.3 Do you have the ability to offer wellness counseling face-to-face, telephonically and virtual?

10.6.4 Describe the resources available to support the City as a thought leader around Wellness with ideas and recommendations to further the City's objectives through innovative program design, implementation and evaluation and any recommendations.

10.7 Software and Web-based Tools

0 Answers / 6 Questions

10.7.1 Confirm and describe the following tools and services available to Members via the Member portal:

- a. Health Risk Assessment.
- b. Wellness tools and trackers.
- c. Health promotion and health education tools.

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- d. Any other web tools to support Wellness activities.
- e. Health services related to member cost

10.7.2 Briefly describe your web based wellness capabilities and functionality.

10.7.3 Provide examples for each of the following:

- a. Screen shots or marketing materials for web based Health Risk Assessment.
- b. Screen shots or marketing materials to demonstrate web wellness tools.
- c. Any other screen shots or marketing materials to illustrate Wellness web tools.
- d. Screen shots or marketing materials to demonstrate member medical consumerism.

10.7.4 Please explain what type of coaching software you have developed to track your onsite coaching interactions.

10.7.5 How does your software help coaches manage employees through the behavior improvement process?

10.7.6 Who is the provider of your web-based health information and how frequently will you update and/or review the online content?

10.8 Strategic Programs

0 Answers / 4 Questions

10.8.1 Describe your program that manages gaps in clinical care, beginning with the identification process and concluding with outcomes.

City of Houston TPA Services RFP

10.8.2 Provide examples of communication sent to Plan participants and physicians as a result of identified gaps in care.

10.8.3 Describe any programs and initiatives you have to incent, reimburse or engage providers in promoting healthier lifestyle choices (i.e., incentives for improving health risk scores or reducing BMI, writing prescriptions for exercise, etc).

10.8.4 Please provide a case study of an actual customer (please keep name confidential). Include customer employee demographics (including locations and number of lives at each), business classification, the services you provide, and other wellness/health management services provided to employees by the customer, other vendors, or the customer's health care providers/consultants. Also, be sure to include your staffing configuration, programmatic focus, incentives used, if any, participation and engagement statistics (as related to total eligible employee population), and outcomes (especially as related to employee population health risk factors).

10.9 Disease Management (DM)

0 Answers / 22 Questions

10.9.1 Describe your obesity, cardiac, asthma and diabetes DM programs.

10.9.2 What was the total number of employees eligible for DM programs within your book of business in 2012?

10.9.3 How long have the programs for each diagnosis you are managing been operational? List each diagnosis separately.

10.9.4 What percentage of participants identified as candidates for DM and enrolled in the programs are actively participating, with a minimum of quarterly engagements, i.e., phone calls, face-to-face, and virtually?

City of Houston TPA Services RFP

%

10.9.5 What percentage of participants identified and enrolled for DM receive only written communication, e.g. general health newsletters, disease specific educational materials?

%

10.9.6 Identify the total number of participants managed within the DM programs by diagnosis for calendar year 2012.

10.9.7 Provide a description of how you measure the results of the DM program. Give examples of results achieved. What challenges were overcome and how?

10.9.8 Describe your predictive modeling capabilities.

10.9.9 Provide a description of your stratification methodology.

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

10.9.11 Describe the interaction you have with participant's attending physician. Indicate any standards related to frequency and content of contacts.

10.9.12 What are the qualifications for the staff that manage the DM cases?

City of Houston TPA Services RFP

10.9.13 Discuss your methodology for strategy to incent the opt outs to engage in DM programs.

10.9.14 For the diagnoses that are managed in DM, indicate if your organization has seen a resulting decrease in the admissions / ER visits for these diagnoses from the year prior to the program being implemented. If so, provide the percentage decrease.

%

10.9.15 If your organization has not seen a decrease in the hospitalizations for the diagnoses managed through DM, please provide your assessment as to why this may not have occurred including what corrective actions were taken.

10.9.16 If a participant has more than one DM diagnosis, describe how your programs manage their care.

10.9.17 For each diagnosis managed in your DM program, please indicate the opt-out rate.

10.9.18 Describe your process of managing participants in the DM programs.

10.9.19 Is depression screening routinely performed on participants enrolled in the DM program? How is depression screened?

No Answer

(Single, Radio
group

Options:

1: Yes,

2: No)

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10.9.20 Discuss your ability to administer copay waivers or customized member cost sharing based on individual member eligibility within the same plan options. For example, diabetics participating in a diabetic DM program may receive copay waivers for routine office visits.

10.9.21 Provide a case study that highlights your success in providing customized programs and solutions to a customer with similar characteristics as the City. Describe the goals, initiatives developed to achieve the goals, and successes and challenges in implementing the initiatives. Include specific metrics and outcomes measured to determine success.

10.9.22 Confirm that prior Wellness and DM program history from the City’s existing services can be utilized to transition Wellness and DM services.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

0 Answers / 5 Questions

10.10 Program Performance

10.10.1 How do you define wellness-coaching success?

10.10.2 How does your concept of success relate to improvement in employee population health risks?

10.10.3 How risk stratification conducted?

10.10.4 Provide the ROI calculation methodology for the overall Wellness and DM program.

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10.10.5 How do you define and measure wellness outcomes related to your programming structure?

0 Answers / 43 Questions

11 System Management and Data Reporting

11.1 Standard Reporting

0 Answers / 8 Questions

11.1.1 Using the below format, provide a list of the standard reports you will provide to the City on a real time basis:

Report Name	Description	Frequency	Normative Comparison	Customizable
Example: Utilization	Provides daily activity of claims utilization	Daily	N	Y
Example: Expense Trend	Provides monthly trend of net payment and HRA amounts by plan	Monthly	N	Y
Example: Screenings Reports	Provides screening rates for all the City members based on conditions identified in strategic plan	Quarterly	Y	Y

No Answer

(Single, Pull-down list

Options:

1: Attached,

2: Not provided)

11.1.2 Explain any limitations you have with customizing standard reports.

11.1.3 The City requires online access to reporting; describe how you will make your system available to the City.

11.1.4 Discuss the City's capacity to create/modify/extract/validate data.

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11.1.5 Confirm the ability of the City to customize the reporting package/system (i.e City's plan year rather than a calendar year).

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

11.1.6 Describe any reports either financial or clinical in nature that would be provided to the City in order to help manage benefit costs. Provide examples of these reports.

11.1.7 Provide samples of five standard reports.

11.1.8 Confirm the following reports can be provided:

a. Monthly:

i. Report of claims incurred by retirees

ii. Claims incurred by employees

iii. Claims incurred by spouses

iv. Claims incurred by dependent children

v. Customer service metrics.

vi. Complaints received, including status and results

vii. Update on PG metrics

11.2 Financial Reporting

0 Answers / 4 Questions

11.2.1 Confirm the City's ability to pull data on both an incurred and paid basis. Confirm the City's ability to pull data by capitated providers.

No Answer

(Single, Pull-down list

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Options:

- 1: Confirmed,
 - 2: Not Confirmed)
-

11.2.2 Describe your organization's ability to provide the following items at a minimum in your reports. Describe your ability to report member detail to the City.

- a. Billed amount
 - b. Paid amount
 - c. Network savings
 - d. Non-Medicare COB savings
 - e. Medicare COB savings
 - f. Negotiated savings
-

11.2.3 Confirm your ability to provide financial and claims reporting at an ICD9 level by department and group segment.

No Answer

(Single, Pull-down list

Options:

- 1: Confirmed,
 - 2: Not Confirmed)
-

11.2.4 Confirm the following reports can be provided:

- a. Daily:
 - i. Check disbursement
 - ii. Banking information
 - iii. Cleared /voided /outstanding checks
 - iv. Identification or explanation on provider refunds
 - v. Ability to search and extract data on-line
 - vi. Summary of adjustments correlated to adjustment codes
- b. Monthly:
 - i. Claims lag reports
 - ii. Claims over \$25,000

11.3 Health Improvement Reporting

0 Answers / 2 Questions

11.3.1 Provide sample Wellness and DM reporting package.

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11.3.2 Confirm the following reports can be provided:

a. Daily:

- i. Member utilization
- ii. Provider/facility utilization
- iii. ICD-9 Codes
- iv. Ability to search and extract data on-line

b. Weekly:

- i. Health Risk Assessment during annual campaign period

c. Bi-Weekly:

- i. Wellness coaching participation (telephonic, face-to-face, virtual)

d. Monthly:

- i. Engagement rates by program and reported overall, for active Employees and their Dependents
- ii. Engagement rates by Member diagnostic category, health status to include definitions of health status categories including risk level ranges
- iii. Customer service metrics.
- iv. Complaints received, including status and results
- v. Fulfillment of requests for materials, letters and other mailings or correspondence with Members.
- vi. 24/7 Nurseline participation

e. Quarterly:

- i. Progress on clinical measures.
- ii. Progress on gap closures.
- iii. Program specific engagement rates by Member health status including definitions of health status categories including risk level ranges.
- iv. Engagement rates by program and reported overall, for active Employees and their Dependents
- v. Average SF-12 outcomes for physical and mental health measures.
- vi. Provider network transition metrics.
- vii. Quarterly High Claimant Report;
- viii. High Claims Report;
- ix. Quarterly High Utilizers of Ambulance Services Report;
- x. Quarterly High Utilizers of ER Services Report;
- xi. Update on PG metrics
- xii. Disease Management by disease category, participation rate, plan and status type
- xiii. Case Management
- xiv. Member Utilization of Vendor website
- xv. Medication Use/Adherence
- xvi. Preventive Screenings
- xvii. Disease Prevalence
- xviii. Place of Service

f. Annually:

- i. ROI overall and by specific Wellness and/or Disease Management Program describing program components, improvements, and specific clinical and financial outcomes for each component of the program and the overall program
- ii. Clinical outcomes.
- iii. Gap closures.

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- iv. SF-12 outcomes.
- v. Program specific engagement rates by Member health status and population.
- vi. Member satisfaction.
- vii. Provider network transition outcomes.
- viii. Recommendations regarding how to enhance the Member experience and Member engagement, how to close clinical gaps in care and otherwise engage the provider community, incentive and other programs to consider, ideas to improve Wellness service program outcomes, etc.
- ix. Performance Guarantee Metrics.

11.4 Data Warehouse

0 Answers / 17 Questions

11.4.1 Reporting to External Decision Support System Vendor

0 Answers / 5 Questions

11.4.1.1 Confirm that you will provide data to a Data Warehouse of the City's choice at no extra charge.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

11.4.1.2 Confirm your ability to send monthly claims and provider extracts to the City's Decision Support System (DSS) vendor of choice within 10 calendar days following the end of the month.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

11.4.1.3 Are you able to send extracts more frequently? If so, at what frequency (daily, weekly, bi-monthly)?

No Answer

(Single, Radio group

Options:

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- 1: Yes,
- 2: No)

11.4.1.4 What ability do you have to customize layouts to the DSS vendor?

11.4.1.5 Confirm you will participate in monthly data quality meetings with the City and the DSS vendor.

No Answer

(Single, Pull-down list

Options:

- 1: Confirmed,
- 2: Not Confirmed)

11.4.2 Data Warehouse

0 Answers / 12 Questions

11.4.2.1 What technological platform does your data warehouse use? Include hardware, operating and database management systems.

11.4.2.2 What data analysis tools are used with your data warehouse to provide ad hoc reporting and extracts? Include proprietary and commercial-off-the-shelf (COTS) packages and identify them accordingly.

11.4.2.3 Using no more than 10 sentences for each bullet, describe how your data warehouse creates:

- a. Executive level reports
- b. Ad hoc reports
- c. Extracts
- d. Standard reports

11.4.2.4 At a minimum, the City requires your data warehouse have the ability to stratify data by common variables used in the plan. Using the below chart, confirm your ability to create reports on the below:

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Variable	Ability to Provide
Health Plan Type/Option (OAP, CDHP/HRA, Limited Network, RTOP)	No Answer (Yes / No)
Member Status (Active, Early Retiree, Retiree, Survivor)	No Answer (Yes / No)
Relationship (Employee, Spouse, Dependent)	No Answer (Yes / No)
Network Indicator	No Answer (Yes / No)
Place of Service (Inpatient, Outpatient, Emergency Room, Physician's office, etc.)	No Answer (Yes / No)
Major Diagnostic Category	No Answer (Yes / No)
Diagnosis Related Group	No Answer (Yes / No)
Member ID	No Answer (Yes / No)
Provider ID	No Answer (Yes / No)
Date of Service	No Answer (Yes / No)
Date of Payment	No Answer (Yes / No)

Details:

11.4.2.5 At a minimum, the City requires your data warehouse have the ability to calculate measures commonly used in the plan. Using the below chart, confirm your ability to create reports on the below:

Measure	Ability to Provide
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City of Houston TPA Services RFP

Admissions	No Answer (Yes / No)
Readmissions (7, 15, 30 days)	No Answer (Yes / No)
Urgent Care Visits	No Answer (Yes / No)
Other Facilities	No Answer (Yes / No)
Avoidable Admissions	No Answer (Yes / No)
Inpatient Days	No Answer (Yes / No)
Emergency Room Visits	No Answer (Yes / No)
Office Visits	No Answer (Yes / No)
Preventive Screens	No Answer (Yes / No)
Total number of claims	No Answer (Yes / No)
Net Payment	No Answer (Yes / No)
Healthcare Reimbursement Amount	No Answer (Yes / No)
Copayment Amount	No Answer (Yes / No)
Coinsurance Amount	No Answer (Yes / No)
Deductible Amount	No Answer

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	(Yes / No)
--	------------

Details:

11.4.2.6 Does the Proposer have the ability to report claims based on volume, cost, location?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

11.4.2.7 How does the Proposer track and report on members episode of care?

11.4.2.8 The City requires access to your data warehouse to produce executive level and ad hoc reports as well as extracts. Describe how you will provide the City staff access to your data warehouse.

11.4.2.9 The City requires training on all tools made available to staff for reporting purposes. What training will you provide the City on these tools?

11.4.2.10 Describe how your data warehouse meets the requirements for ICD10.

11.4.2.11 The City requires the Proposer to monthly transfer claims and capitated data to a data warehouse of it's choice. Discuss your willingness to comply with this requirement.

11.4.2.12 Confirm your agreement that the City reserves the right to obtain an auditor of their choice to claims for contingency fee recoveries to the extent caused by provider error.

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No Answer

(Single, Pull-down
list

Options:

1: Confirmed,

2: Not Confirmed)

11.5 Reporting Staff

0 Answers / 5 Questions

11.5.1 Do you have an in-house reporting unit? What type of staff does it consist of? (analysts, clinicians, coders)

No Answer

(Single, Radio
group

Options:

1: Yes,

2: No)

11.5.2 What is your unit's availability to provide ad hoc reporting to the City staff? What is the standard turnaround time for ad hoc reports.

11.5.3 Confirm there will be no extra charges for ad hoc reporting.

No Answer

(Single, Pull-down
list

Options:

1: Confirmed,

2: Not Confirmed)

11.5.4 Confirm that customized reporting is included in your Basic Fee.

No Answer

(Single, Pull-down
list

Options:

1: Confirmed,

2: Not Confirmed)

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11.5.5 What is your unit's availability to provide reporting support and assistance to the City staff?

11.6 Security

0 Answers / 7 Questions

11.6.1 Does your data warehouse include levels of security based on the user?

No Answer

(Single, Radio
group

Options:

1: Yes,

2: No)

11.6.2 Describe your process to transmit data securely to the City.

11.6.3 Describe your process to transmit data securely to other vendors.

11.6.4 Describe the level of security required to make your data warehouse available to the City staff.

11.6.5 Confirm that you will report member services call statistics on a weekly, monthly and quarterly basis.

No Answer

(Single, Pull-down
list

Options:

1: Confirmed,

2: Not Confirmed)

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11.6.6 What steps are necessary for you to share PHI with the City or its eligibility administrator?

11.6.7 The City will require customized routine and ad-hoc reporting. Confirm this is included in your base fee.

12 Pharmacy Benefit Management

0 Answers / 6 Questions

12.1 General and Background

0 Answers / 1 Questions

12.1.1 A number of factors will be considered in the selection process including: financial competitiveness, member service, account service, pharmacy network access, formulary management and formulary disruption, clinical programs, contractual compliance, performance guarantees, operational flexibility, organizational stability, and references.

All Proposers are required, at a minimum, to duplicate the plan features and levels of coverage presently offered to the covered member population by the City.

Prospective vendors are to offer comprehensive PBM services including but not limited to the following:

- Claims Adjudication
- Ability to Integrate PBM services with other vendors (Pharmacy, Disease Management, Medical), if applicable
- Eligibility Maintenance
- Patient and Provider Education
- Systematic Prospective, Concurrent, and Retrospective Drug Utilization Review
- Network Pharmacy Management
- Formulary Management and Rebate Sharing
- Data Reporting
- Distribution of ID Cards and Pharmacy Directories
- Mail Service Pharmacy
- Specialty Pharmacy Program
- Complete Availability of IT services, including Online/Real Time Availability to the City and/or its designee(s)
- Pricing Administration
- Customer Services
- Ad Hoc Reporting
- Website with Membership Portal
- Clinical Programs

12.2 PBM Minimum Business and Contractual

0 Answers / 5 Questions

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Requirements

12.2.1 The following are the City’s core requirements. Proposers’ responses to this section will be heavily weighted in the selection process. Please include your responses within this form. Indicate “yes” or “no” as to your organization’s ability to comply.

Definitions (Proposer agrees to the following contract definitions):

	Response
a. “Transparent”- The PBM agrees to pay participating pharmacies at the PBM’s contracted rate with the City. The PBM agrees to pass through 100% of ALL rebate revenue earned.	No Answer (Yes / No)
b. Rebates - Compensation or remuneration of any kind received or recovered from a pharmaceutical manufacturer attributable to the purchase or utilization of covered drugs by eligible persons, including, but not limited to: rebates, regardless of how categorized; market share incentives; credits; promotional allowances; commissions; educational grants; market share of utilization; drug pull-through programs; implementation allowances; clinical detailing; rebate submission fees; and administrative or management fees. Rebates also include any fees that PBM receives from a pharmaceutical manufacturer for administrative costs, formulary placement, and/or access.	No Answer (Yes / No)

Details:

12.2.2 The following are the City’s core requirements for the PBM. Proposers’ responses to this section will be heavily weighted in the selection process. Please include your responses within this form. Indicate “yes” or “no” as to your organization’s ability to comply.

	Response
a. All pricing submitted will NOT be contingent on participation in any proposed clinical management programs, group medical or behavioral health programs proposed by you or any other vendor other than programs that are requested by the City. Further, the pricing guaranteed in the Financial Section of this RFP reflects a) the PBM’s broadest national network and b) the PBM’s broadest formulary or preferred drug listing, without any drug coverage exclusions unless otherwise authorized or requested by the City.	No Answer (Yes / No)
b. All rebate revenue earned by the City will be paid to the City regardless of termination status as a client.	No Answer (Yes / No)
c. The PBM agrees to load all current prior authorizations, open mail order refills, specialty transfer files and accumulator files that exist for current members from the	No Answer

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existing PBM at NO charge to the City (with no charges being deducted from the implementation allowance for file loading or IT).	(Yes / No)
d. The PBM agrees to base all guarantees on the actual package size from which the prescriptions are dispensed.	No Answer (Yes / No)
e. The City will be notified of any switch to the source of the aggregate AWP with at least a 180-day notice. In the event that a switch is made that is not price neutral, the City will have the right to terminate the contract with no penalty.	No Answer (Yes / No)
f. Each distinct pricing guarantee will be measured and reconciled on a component (e.g. retail brand, retail generic, mail order brand, mail order generic, and specialty) basis only and guaranteed on a dollar for dollar basis with 100% of any shortfalls recouped by the City. Surpluses in one component may not be utilized to offset deficits in another component.	No Answer (Yes / No)
g. Do you guarantee that 100% of all rebates collected be passed through to the City?	No Answer (Yes / No)
h. Rebates are guaranteed on a minimum (i.e., not fixed) basis.	No Answer (Yes / No)
i. Rebates are guaranteed for the life of the contract as well as any extension of the underlying agreement. Rebates will continue to be paid if earned during the contract period 18 months past contract termination.	No Answer (Yes / No)
j. Rebates will not be withheld for execution of annual contract amendments. The City is entering in to a multi-year agreement and needs no annual renewals/amendments signatures for payments of rebates.	No Answer (Yes / No)
k. Rebate reports listing detailed rebate utilization and calculations will be provided to the City.	No Answer (Yes / No)
l. The PBM agrees to obtain the City's approval for all member communication materials before distribution to members. The PBM will not automatically enroll the City in any programs that involve any type of communications with members or alterations of	No Answer

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members' medications, without express written consent from the City.	(Yes / No)
m. The PBM will agree to be claims fiduciary for clinical based determinations.	No Answer (Yes / No)
n. PBM agrees to a mid-contract-term market check to ensure the City is receiving appropriate current pricing terms based on its volume and membership, and will improve pricing in the event that the City's contract terms are less than current. The City will have the right to terminate without penalty if the pricing terms are not industry competitive.	No Answer (Yes / No)
o. The PBM will be responsible for collecting any outstanding member cost shares for prescriptions dispensed through the mail order facility. The PBM will not invoice the City for any uncollected member cost shares.	No Answer (Yes / No)
p. The PBM will not withhold any financial recoveries from audits performed on the contracted pharmacy network including mail order and specialty pharmacies. Any recoveries will be disclosed and credited to the City.	No Answer (Yes / No)
q. The PBM agrees to provide an annual Developmental/Clinical Allowance to the City to be applied to projects in support of plan/program changes implemented by the City as described in the Financial Section.	No Answer (Yes / No)
r. The PBM agrees not to remove any drug products, brand or generic, from the City's formulary or preferred drug listing without notification and prior approval from the City.	No Answer (Yes / No)
s. At the end of the contract term, The PBM agrees to provide to the new PBM all current prior authorizations, open mail order refills, specialty transfer files, and accumulator files that exist at NO charge to the City.	No Answer (Yes / No)

Details:

12.2.3 Brand and Minimum Generic Discount Guarantees for both mail and retail shall be defined as follows: (Aggregate Ingredient Cost/Aggregate AWP):

	Response
--	----------

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a. Aggregate Ingredient Cost prior to application of plan specific co-payments will be the basis of the calculation.	No Answer (Yes / No)
b. Aggregate AWP will be from a single, nationally recognized price source for all claims. Please indicate source.	No Answer (Yes / No)
c. Dispensing Fees are not included in the Aggregate Ingredient Cost.	No Answer (Yes / No)
d. Both the Aggregate Ingredient Cost and Aggregate AWP from the actual date of claim adjudication will be used.	No Answer (Yes / No)
e. Aggregate AWP will be the date sensitive, 11-digit NDC of the actual product dispensed.	No Answer (Yes / No)
f. Both non-MAC, MAC, single-source and multiple source generic products are to be included in the generic guarantee measurement.	No Answer (Yes / No)
g. Compounds, Specialty Pharmacy Program claims, OTC claims, and claims with ancillary charges will be excluded from the guarantee measurements for retail and mail order components.	No Answer (Yes / No)
h. The guarantee measurement must exclude the savings impact from Drug Utilization Review (DUR) programs, formulary programs, utilization management programs, and/or other therapeutic interventions.	No Answer (Yes / No)
i. Any shortfall between the actual result and the guarantee will be paid, dollar-for-dollar, to the City within 60 days of the end of the measurement period.	No Answer (Yes / No)
i Measurement will be performed annually via independent audit utilizing date-	No

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sensitive AWP derived from a single, nationally recognized price source for all claims.	Answer (Yes / No)
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Details:

12.2.4 The following are the City's expectations of how the topics below will be addressed in the final, executed contracts with the City. Please complete this form and include it within your response. Indicate "yes" or "no" as to your organization's ability to comply. Explanation of your "yes" or "no" response may be requested during the proposal evaluation process.

	Response
a. The PBM will NOT implement, administer or allow any program that results in the conversion from lower discounted ingredient cost drug products to higher ingredient cost drug products or increases member's cost share without the prior written consent of the City or its designee.	No Answer (Yes / No)
b. The PBM mail order service must notify the City or its designee prior to substituting products that will result in a higher member co-pay.	No Answer (Yes / No)
c. PBM agrees to notify the City and its members at least 60 days prior to the addition of a drug to specialty drug list and at least 90 days prior to a deletion of a drug from the specialty drug list. The City reserves the right to approve any addition to the specialty drug list.	No Answer (Yes / No)
d. All pricing will be effective and guaranteed for the term of the contract and will not include adjustments for claims volume shifts amongst the various provider channels (e.g., mail utilization rates decline or 90-day retail utilization increases).	No Answer (Yes / No)
e. All applicable administrative fees will be on a per paid claim basis as defined in 2.d. definitions. <i>Note: This fee is expected to be zero (\$0.00) dollars.</i>	No Answer (Yes / No)
f. The PBM agrees to grandfather the City's existing formulary for up to 90 days following the contract effective date for each individual	No Answer (Yes / No)
g. The PRM agrees to notify the City or its designee in advance of 90 days when a	No

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formulary drug is targeted to be moved to or from the preferred drug list. The PBM must provide a detailed disruption and financial impact analysis at the same time.	Answer (Yes / No)
h. With the exception of FDA recalls or other safety issues, the PBM agrees it will not remove brand or generic drug products from its formulary or preferred drug list unless there is a substantive reason that will be discussed with the City prior to its removal and subject to the City's approval.	No Answer (Yes / No)
i. The PBM agrees to offer MAC pricing on claims for OTC products (e.g., Proton Pump Inhibitors (PPIs, smoking cessation agents, allergy/decongestion agents, and ophthalmic agents).	No Answer (Yes / No)
j. The PBM agrees to adjudicate prescription claims for compound medications with the same dispensing fees and logic associated with traditional claims.	No Answer (Yes / No)

Details:

12.2.5 The following are additional requirements for the PBM. Please review the following requirements and confirm that your pharmacy management program is in agreement. Please succinctly explain any "no" answers. Please include your responses within this form. Indicate "yes" or "no" as to your organization's ability to comply.

	Response
a. Proposer must agree to quarterly face-to-face meetings to discuss utilization, medication compliance, and cost-containment ideas that maintain a high quality of care and are not related to plan design coverage reductions.	No Answer (Yes / No)
b. Proposer must agree to provide claims data on a monthly basis to the City and their other medical vendors and the City's data warehouse at no cost to the City.	No Answer (Yes / No)
c. Proposer agrees that pricing, guarantees and reconciliations for all terms (discounts, dispensing fees, rebates, etc.) do not differ for the Consumer Driven Health Plan w/the Health Reimbursement Account, or any other plan that the City may implement during the term of the contract.	No Answer (Yes / No)
d. Proposer must agree to not require exclusivity for any contracted services being	No

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proposed (including specialty, mail order).	Answer (Yes / No)
e. The City must be allowed to modify the vendor's standard formulary by positioning selected drug classes at tier levels with higher or lower copays.	No Answer (Yes / No)
f. Proposer agrees to fund a post-implementation audit (up to \$50,000) performed by the City's choice of an auditor.	No Answer (Yes / No)
g. Proposer agrees to provide an implementation allowance of at least \$50,000 to cover any potential transition expenses incurred by the City.	No Answer (Yes / No)
h. Proposer agrees not to assess fees to the City in order to facilitate claims audits performed by the City's choice of auditor.	No Answer (Yes / No)
i. Proposer agrees that the City may desire multiple claims audits per plan year performed by the City's choice of auditor.	No Answer (Yes / No)
j. Proposer agrees to work with the flexible spending account vendor for seamless adjudication of mail order claims.	No Answer (Yes / No)
k. Proposer agrees to provide a knowledgeable resource (e.g., account manager or customer service representative) to be available to answer questions regarding the City's benefit and vendor's programs in person at City offices. The City anticipates that this resource would be needed daily for up to two months, as dictated by employee demand.	No Answer (Yes / No)
l. Proposer agrees that pricing would not change in the event of a change in enrollment, overall health and welfare of pharmacy benefits strategy, plan design, on-site pharmacy strategy, or implementation of clinical and utilization management programs.	No Answer (Yes / No)
m. Proposer must agree to quarterly meetings to discuss programs related to utilization and cost containment ideas that are related to high cost of care and not	No Answer

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related to plan design and management and will be prepared to recommend program efficiencies, cost reduction programs and mail order promotion and/or anything that will further promote medication adherence.	(Yes / No)
--	------------

Details:

13 PBM Financial Section

0 Answers / 24 Questions

Proposers are required to complete all financial forms as instructed. Proposers should provide proposed fees and guarantees separately for each year of the three-year contract, so that the City’s pricing terms keep pace with expected market trends. We ask all Proposers to provide a Transparent pricing proposal as described in this RFP.

Please note this is a transparent arrangement and there should be no administrative fee. The services provided should include, but should not be limited to, the services referred to in the “PBM Services to be Provided” section.

13.1 Administrative Fees

0 Answers / 8 Questions

13.1.1 Complete the following Administrative Fee Table:

TRANSPARENT PROPOSAL ADMINISTRATIVE FEES	5/1/2014-4/30/2015	5/1/2015-4/30/2016	5/1/2016-4/30/2017
Administrative fee per member per month	No Answer (Number)	No Answer (Number)	No Answer (Number)
Services to be included in fees above:			
<i>Toll Free Phone Lines</i>	No Answer (Yes / No)	No Answer (Yes / No)	No Answer (Yes / No)
<i>Monthly Data Feeds to the City or Designee(s)</i>	No Answer (Yes / No)	No Answer (Yes / No)	No Answer (Yes / No)
<i>Prospective /Concurrent/Retro DUR</i>	No Answer (Yes / No)	No Answer (Yes / No)	No Answer (Yes / No)
<i>Standard Reports</i>	No Answer (Yes / No)	No Answer (Yes / No)	No Answer (Yes / No)
<i>Ad Hoc Reports</i>	No Answer (Yes / No)	No Answer (Yes / No)	No Answer (Yes / No)
<i>COB Program</i>	No Answer	No Answer	No Answer

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	(Yes / No)	(Yes / No)	(Yes / No)
<i>Mandatory Mail Program</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Dose Optimization Program</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Prior Authorization Program</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Step Therapy Program</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Quantity Limitations</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Custom System Overrides</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Annual EOB Statements</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Retro Termination Letters</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Group Coding</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Drug Notification Letters</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Formulary Administration/Management</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>ID Cards</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Pharmacy Directories and other enrollee materials</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)
<i>Initial 1st level appeals processing</i>	No Answer	No Answer	No Answer
	(Yes / No)	(Yes / No)	(Yes / No)

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<i>Subsequent 2nd level appeals processing</i>	No Answer (Yes / No)	No Answer (Yes / No)	No Answer (Yes / No)
<i>Urgent Appeals Processing</i>	No Answer (Yes / No)	No Answer (Yes / No)	No Answer (Yes / No)
<i>Overrides</i>	No Answer (Yes / No)	No Answer (Yes / No)	No Answer (Yes / No)
<i>Audit Recovery Fees</i>	No Answer (Yes / No)	No Answer (Yes / No)	No Answer (Yes / No)
Services not included in fees above (i.e., services marked “N” above) (show fees separately):	No Answer (Text)	No Answer (Text)	No Answer (Text)
Retiree Drug Subsidy Services	No Answer (Text)	No Answer (Text)	No Answer (Text)
Medicare Part D Employer Group Waiver Plan	No Answer (Text)	No Answer (Text)	No Answer (Text)
Other	No Answer (Text)	No Answer (Text)	No Answer (Text)

Details:

13.1.2 Detail all services and supplies to be provided under your basic fees that are not included in your response to question 7.1.1.

13.1.3 Will there be any additional charges if plans/benefits are restructured or new classes of eligible members are added? If so, how are these charges determined and state amount of charges?

No Answer

(Single, Radio

group

Options:

1: Yes,

2: No)

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13.1.4 Confirm that postage is included in all mail order prescriptions and any mailings.

No Answer

(Single, Pull-down
list

Options:

1: Confirmed,

2: Not Confirmed)

13.1.5 Confirm that quoted fees include postage paid mail order envelopes for enrollee prescription submission.

No Answer

(Single, Pull-down
list

Options:

1: Confirmed,

2: Not Confirmed)

13.1.6 Confirm that mail order and specialty drug dispensing fees will remain constant throughout the contract term and will not be increased for any increases in postage charges.

No Answer

(Single, Pull-down
list

Options:

1: Confirmed,

2: Not Confirmed)

13.1.7 Detail all data related services included under the base administrative fees including ad hoc reporting, electronic claims files, plan design options, custom mailings, etc. In addition, detail any data-related service fees not included in the base administrative fees.

13.1.8 Confirm that multi-language communication phone line support is included in the base administrative fee. List the languages available to the City members speaking to your customer service representatives.

No Answer

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(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

0 Answers / 6 Questions

13.2 Prescription Drug Pricing

AWP Reimbursement Basis - Complete the following tables using the drug reimbursement that your organization is willing to guarantee on a dollar-for-dollar basis for each year of the contract. Columns marked "AWP Discount" are to be completed using a discount from 100% AWP and dispensing fee logic. All guarantees must be based on the AWP unit cost dispensed at the point of sale, and post September 26, 2009 AWP rollback.

TRANSPARENT PROPOSAL

13.2.1 Year 1 (5/1/2014-4/30/2015)

1. Including both single source and multi-source brands
2. Post September 26, 2009 AWP rollback
3. Including single-source generics

Broadest Retail Network (List any Major Retail Chains Excluded)	AWP Discount Retail Supply Up to 30 days	AWP Discount Retail Supply 31-90 days	AWP Discount Mail Supply 1-90 days
Brand Drugs[1]			
Discount from AWP[2] for all brands	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Dispensing Fee Per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Generic Drugs[3]			
Discount from AWP[2] for all generics (composite discount of MAC and Non-MAC prices, discounted AWP, or usual and customary retail price)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Dispensing Fee Per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Rebates			
Per Brand Rx	No Answer	No Answer	No Answer

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	(Number; Dollars)	(Number; Dollars)	(Number; Dollars)
--	----------------------	----------------------	----------------------

Details:

13.2.2 Year 2 (5/1/2015-4/30/2016)

1. Including both single source and multi-source brands
2. Post September 26, 2009 AWP rollback
3. Including single-source generics

Broadest Retail Network (List any Major Retail Chains Excluded)	AWP Discount Retail Supply Up to 30 days	AWP Discount Retail Supply 31-90 days	AWP Discount Mail Supply 1-90 days
Brand Drugs[1]			
Discount from AWP[2] for all brands	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Dispensing Fee Per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Generic Drugs[3]			
Discount from AWP[2] for all generics (composite discount of MAC and Non-MAC prices, discounted AWP, or usual and customary retail price)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Dispensing Fee Per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Rebates			
Per Brand Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)

Details:

13.2.3 Year 3 (5/1/2016-4/30/2017)

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1. Including both single source and multi-source brands
2. Post September 26, 2009 AWP rollback
3. Including single-source generics

Broadest Retail Network (List any Major Retail Chains Excluded)	AWP Discount Retail Supply Up to 30 days	AWP Discount Retail Supply 31-90 days	AWP Discount Mail Supply 1-90 days
Brand Drugs[1]			
Discount from AWP[2] for all brands	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Dispensing Fee Per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Generic Drugs[3]			
Discount from AWP[2] for all generics (composite discount of MAC and Non-MAC prices, discounted AWP, or usual and customary retail price)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Dispensing Fee Per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Rebates			
Per Brand Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)

Details:

13.2.4 Are any prescriptions excluded from the guaranteed prescription drug and specialty pharmacy program pricing as described in your responses in the Financial Sections above? If so, attach a document in the format provided below, and provide a minimum guaranteed AWP discount for these prescriptions at both retail and mail, and indicate, based on the City's attached prescription drug claims information for 5/2011 through 6/2013, the percent retail and mail AWP excluded for these prescriptions from your guarantees. Otherwise, your above responses will be assumed applicable to all prescriptions.

Prescription Type: _____	Retail	Mail
Minimum Guaranteed AWP Discount	No Answer	No Answer

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	(Text)	(Text)
Rx Type's AWP as a Percent of all AWP	No Answer	No Answer
	(Text)	(Text)
Prescription Type: _____	Retail	Mail
Minimum Guaranteed AWP Discount	No Answer	No Answer
	(Text)	(Text)
Rx Type's AWP as a Percent of all AWP	No Answer	No Answer
	(Text)	(Text)
Prescription Type: _____	Retail	Mail
Minimum Guaranteed AWP Discount	No Answer	No Answer
	(Text)	(Text)
Rx Type's AWP as a Percent of all AWP	No Answer	No Answer
	(Text)	(Text)

Details:

13.2.5 Please confirm your proposed drug type designation or classification (e.g. brand, generic) source (i.e. Medi-Span, Other). If other, please specify.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

13.2.6 Additionally, the City requires a "repriced claim" file as part of your submission. Please return the detailed Rx claim file with the following additional fields appended to the original file:

- Allowed Charge

- Discount

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- MAC amount (if applicable)
- U&C amount (if applicable)
- Preferred Drug List Indicator
- Specialty Rx Indicator
- Network Pharmacy Indicator

No Answer

(Single, Pull-down list

Options:

1: Attached,

2: Not provided)

0 Answers / 9 Questions

13.3 Specialty Pharmacy Program Pricing

13.3.1 Please provide your organization's definition and qualification criteria of a “specialty drug product.”

13.3.2 Provide an AWP-based pricing list of all specialty pharmaceuticals that your company dispenses and distributes to providers and patients. Your pricing must include adequate supplies of ancillaries such as needles, swabs, syringes, and containers. The following items must be included in your list: a. Product Name b. Therapeutic Group/Therapeutic Category c. Guaranteed Minimum AWP Discount for all specialty pharmacy program prescriptions for both Open and Exclusive specialty arrangements

13.3.3 Complete the following table:

Open Specialty Pharmacy Program	5/1/2014-4/30/2015	5/1/2015-4/30/2016	5/1/2016-4/30/2017
Dispensing Fee - Per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Aggregate Guaranteed Discount from AWP	No Answer (Number;	No Answer (Number;	No Answer (Number;

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	Percent)	Percent)	Percent)
Administrative Fee - Per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Minimum Rebate Guaranteed Rebate - per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)

Details:

13.3.4 Complete the following table:

Exclusive Specialty Pharmacy Program	5/1/2014-4/30/2015	5/1/2015-4/30/2016	5/1/2016-4/30/2017
Dispensing Fee - Per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Aggregate Guaranteed Discount from AWP	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Administrative Fee - Per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Minimum Rebate Guaranteed Rebate - per Rx	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)

Details:

13.3.5 Please provide the open and exclusive guaranteed default specialty discount guarantees.

13.3.6 Please provide the open and exclusive mode specialty discount guarantees.

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13.3.7 Please provide the open and exclusive average specialty discount guarantees.

13.3.8 Are your proposed guarantees for your retail/mail program contingent upon the City's purchase of your specialty drug program?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

13.3.9 Based on the City's attached prescription drug claims information, indicate the percent retail and mail specialty prescriptions and specialty AWP on the following table:

	Response
Specialty Rx's at Retail as a Percent of all Retail Rx's	No Answer (Number; Percent)
Specialty AWP at Retail as a Percent of all Retail AWP	No Answer (Number; Percent)
Specialty Rx's at Mail as a Percent of all Mail Rx's	No Answer (Number; Percent)
Specialty AWP at Mail as a Percent of all Mail AWP	No Answer (Number; Percent)

Details:

13.4 Performance Guarantees

0 Answers / 1 Questions

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13.4.1 The City will require specific performance guarantees. All guarantees shall be set and measured quarterly. Measurement of performance guarantees may be based on internal self-reporting, subject to independent audit.

The City is looking for flat dollar (\$) performance guarantee amounts. Indicate the amount you are willing to place at risk for each item listed in the table below. In addition, you may provide other guarantees designed to differentiate your program. The City may also propose and negotiate other performance standards. The proposed Performance Guarantees will be reported on quarterly.

	Standard	Measurement Criteria (BOB or the City-specific)	Penalty Dollars at Risk	Timing of Payments
Implementation				
Clean Implementation	No systems errors, ID card delays, and the City online access to all tools prior to effective date	No Answer (Text)	No Answer (Text)	No Answer (Text)
Implementation Timeline	Implementation team will be assigned and introduced to the City upon contract award	No Answer (Text)	No Answer (Text)	No Answer (Text)
Implementation Team	Implementation team members will not change and will be responsible for the accurate installation of all administrative, clinical and financial parameters for the City's program	No Answer (Text)	No Answer (Text)	No Answer (Text)
Implementation Satisfaction Scorecard	Achieve at least a 95% Excellent or Very Good satisfaction rating level on a satisfaction scorecard to be issued to the City after effective date for completion	No Answer (Text)	No Answer (Text)	No Answer (Text)
Payment Accuracy & System Performance				
Protected Health Information	PBM guarantees no incidents in violation of HIPAA Security Rules which results in a transmission of electronic PHI for the City's covered members	No Answer (Text)	No Answer (Text)	No Answer (Text)
Plan Administration Accuracy	Implementation of all plan design changes will be 100% accurate	No Answer (Text)	No Answer (Text)	No Answer (Text)

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Pricing Change Accuracy	Implementation of all pricing changes will be 100% accurate	No Answer (Text)	No Answer (Text)	No Answer (Text)
Financial accuracy (electronic and paper claims)	No Answer (Number; Percent)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Mail Service Non-Financial Accuracy	The mail service pharmacy shall guarantee dispensing accuracy of at least 99.995% (correct participant name, correct participant address, correct drug, correct dosage form, and correct strength)	No Answer (Text)	No Answer (Text)	No Answer (Text)
System Downtime	At least 99.5% access to its systems by all the retail pharmacies in PBM's network 24 hours a day, 7 days a week, 365 days a year	No Answer (Text)	No Answer (Text)	No Answer (Text)
Invoicing Errors	All invoicing errors will be credits back to the City by next billing cycle or PBM will pay interest	No Answer (Text)	No Answer (Text)	No Answer (Text)
Claims Eligibility Data	Eligibility loads not to exceed 24-hours after receipt	No Answer (Text)	No Answer (Text)	No Answer (Text)
Eligibility Data Error Reporting	Eligibility file error reporting on all eligibility file updates will be provided to the City within 2 business days	No Answer (Text)	No Answer (Text)	No Answer (Text)
Eligibility Error Rate Audits	Error rate identified through quarterly audits shall not exceed, on an average basis, 2%	No Answer (Text)	No Answer (Text)	No Answer (Text)
Retail Pharmacy Audit	PBM will perform an on-site audit of 3% or more of their retail pharmacies which dispense greater than 500 claims a year	No Answer (Text)	No Answer (Text)	No Answer (Text)
Retail Pharmacy Turnover	Less than 5% of retail pharmacies will leave the retail network	No Answer (Text)	No Answer (Text)	No Answer (Text)
Claims Detail File	All claims detail files sent to external vendors will be provided within 8 days of request or scheduled delivery	No Answer (Text)	No Answer (Text)	No Answer (Text)

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	date		(Text)	(Text)
Account Management				
The City Approval of Member Communications	100% of all member communications will be approved by the City - exceptions for drug recalls and urgent patient safety communications	No Answer (Text)	No Answer (Text)	No Answer (Text)
Delivery of Standard Reports	Within 30 days of end of reporting quarter	No Answer (Text)	No Answer (Text)	No Answer (Text)
Accuracy of Standard Reports	All standard reports provided will be 100% accurate	No Answer (Text)	No Answer (Text)	No Answer (Text)
Pharmacy Audit Resolution	48 hours after receipt of clean Rx claim	No Answer (Text)	No Answer (Text)	No Answer (Text)
PBM Account Team's Performance	The City may assess a penalty per Contract Year if, after the first Contract Year and each successive Contract Year, the City's benefits staff do not rate PBM account team's performance for such Contract Year at least at a 95% Excellent or Very Good satisfaction rating level	No Answer (Text)	No Answer (Text)	No Answer (Text)
Account Management Turnover	Account team members will remain constant for at least the first 18 months of the contract period, unless a change in account management staff is requested by the City	No Answer (Text)	No Answer (Text)	No Answer (Text)
Customer Service				
Mail Turnaround – Prescriptions not requiring intervention	95% of prescriptions dispensed within average of 2 business days and 100% within average of 3 business days	No Answer (Text)	No Answer (Text)	No Answer (Text)
Mail Turnaround – Prescriptions requiring intervention	95% of prescriptions dispensed within average of 4 business days and 100% within average of 5 business days	No Answer (Text)	No Answer (Text)	No Answer (Text)
Paper Claims Turnaround	95% of prescriptions reimbursed within average of 10 business days	No Answer	No Answer	No Answer

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	and 100% within average of 14 business days	(Text)	(Text)	(Text)
ID Cards Mailing	98% of all ID cards are sent within 5 business days of receipt of eligibility. 100% mailed within 10 business days.	No Answer (Text)	No Answer (Text)	No Answer (Text)
Mailing Member Materials	All applicable member materials (for example, mail order forms) will be mailed at least 10 days after the effective date and will be 100% accurate (provided that eligibility file was received by the agreed upon date).	No Answer (Text)	No Answer (Text)	No Answer (Text)
Phone Average Speed of Answer	100% of calls to the City-specific toll free line shall be answered within 20 seconds (excluding IVR)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Phone Abandonment Rate	100% of calls to the City-specific toll free line shall be answered with an abandonment rate of 3% or less	No Answer (Text)	No Answer (Text)	No Answer (Text)
Written Inquiry Answer Time	95% of inquiries responded to in 5 business days - 100% in 20 business days	No Answer (Text)	No Answer (Text)	No Answer (Text)
Member Satisfaction Survey	The PBM agrees to conduct a Member Satisfaction Survey for each contract year and that the Satisfaction Rate will be 90% Excellent or Very Good satisfaction rating level. A penalty per Contract Year may be assessed against the PBM for failure to meet this standard. "Member Satisfaction Rate" means (i) the number of Eligible Persons responding to PBM annual standard Patient Satisfaction Survey as being satisfied with the overall performance under the Integrated Program divided by (ii) the number of Eligible Persons responding to such annual Patient Satisfaction Survey; the City must provide timely approvals and responses, and a minimum of 20% of surveys must be returned for the Performance standard to be applicable with a rate of at least Excellent or Very Good.	No Answer (Text)	No Answer (Text)	No Answer (Text)
Issue Resolution	PBM will resolve 99% of all	No Answer	No	No

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Verbal Inquiries	telephone issues at the first point of contact (the number of telephone inquiries completely resolved at the time of initial contact divided by the total number of calls)	(Text)	Answer (Text)	Answer (Text)
Issue Resolution: Written Inquiries	PBM will resolve 98% of all written inquiries within 10 business days of receipt of inquiry	No Answer (Text)	No Answer (Text)	No Answer (Text)
Issue Resolution: the City Staff Involvement / Escalation	PBM will resolve member issues within 2 business days for any case that required the involvement of the City's staff due to incorrect or incomplete information being provided by the PBM. If not resolved within 48 hours, a penalty will be applied per case, up to an annual maximum.	No Answer (Text)	No Answer (Text)	No Answer (Text)

Details:

14 PBM Questionnaire

0 Answers / 173 Questions

14.1 General and Background Existing References

0 Answers / 2 Questions

14.1.1 Please complete the following table.

	Name	Contact Name	Phone Number and Client Location	Number of Members	Contract Start Date
1	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
2	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
3	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)

Details:

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14.1.2 Please complete the following table.

	Name	Contact Name	Phone Number	Termination Reason	Termination Date
1	No Answer (Text)				
2	No Answer (Text)				
3	No Answer (Text)				

Details:

14.2 Organizational Stability & Experience Provide the latest annual report, financial statement, SSAE 16, and other financial reports that indicate the financial position of your organization. Including:

0 Answers /
1 Questions

- 14.2.1 a. Current ratio
b. Days cash on hand
c. Debt to equity ratio Complete the following table:

	Response
a. Parent Company	No Answer (Text)
b. Year PBM Established	No Answer (Text)
c. Number of PBM employees involved in direct client support activities (account management)	
Current (2012)	No Answer (Text)

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1 year prior (2011)	No Answer (Text)
2 years prior (2010)	No Answer (Text)
d. Membership count (total covered lives)	
Current (2012)	No Answer (Text)
1 year prior (2011)	No Answer (Text)
2 years prior (2010)	No Answer (Text)
e. Number of Group Plans In Force (current)	
Total	No Answer (Text)
Under 10,000 lives	No Answer (Text)
Over 100,000 lives	No Answer (Text)
Number of Health Plans	No Answer (Text)
g. Number of Group Plans Added:	
Past 12 months	No Answer (Text)
Past 24 months	No

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	Answer (Text)
h. Number of Group Plans Terminated:	No Answer (Text)
Past 12 months	No Answer (Text)
Past 24 months	No Answer (Text)

Details:

14.3 Outside Service Organizations Providing PBM Functions

Complete the following indicating the provider of each PBM service.

0 Answers / 2 Questions

14.3.1 Complete the following indicating the provider of each PBM service.

	Yes/No	NAME AND ADDRESS OF THE SERVICE PROVIDER
a. Formulary Management (appeals, utilization management)	No Answer (Yes / No)	No Answer (Text)
b. Any outsourced clinical programs (prior-authorizations, etc.)	No Answer (Yes / No)	No Answer (Text)
c. Any outsourced administrative functions (including but not limited to all administrative functions listed in the fees section above)	No Answer (Yes / No)	No Answer (Text)
d. Formulary Pharmacy and Therapeutics Committee	No Answer	No Answer

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	(Yes / No)	(Text)
e. Drug Manufacturer rebate contracting	No Answer (Yes / No)	No Answer (Text)
f. Retail Pharmacy Network contracting	No Answer (Yes / No)	No Answer (Text)
g. Customer Service functions	No Answer (Yes / No)	No Answer (Text)
h. Customer Service functions (800 lines, internet, etc)	No Answer (Yes / No)	No Answer (Text)
i. Mail Order drug purchasing and dispensing	No Answer (Yes / No)	No Answer (Text)
j. Electronic Claim Payment System	No Answer (Yes / No)	No Answer (Text)
k. The City management reporting tools and standard report production	No Answer (Yes / No)	No Answer (Text)
l. Specialty Pharmacy	No Answer (Yes / No)	No Answer (Text)
m. The City invoicing / accounting	No Answer	No Answer (Text)

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	(Yes / No)	
n. Other (Describe)	No Answer (Yes / No)	No Answer (Text)

Details:

14.3.2 Describe what portion of the City's business with your organization will be serviced by a subcontractor or through leased services / networks.

14.4 Drug Utilization Review

0 Answers / 14 Questions

14.4.1 It is expected that all pharmacies will have real-time online edits. If this is not the case indicate the deviation. For the following section, please indicate in your response if there are discrepancies between the retail pharmacy network and mail order capabilities.

DRUG UTILIZATION REVIEW	Real Time Edit Criterion	% of Pharmacies that Satisfy Criterion	% of Pharmacies with real time, Online edits	Percent of Total Rx's Denied (Last Calendar Year)
Eligible Enrollee/Dependent	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Eligible Drug	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Contract Price of Drug	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Drug Interactions	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Duplicate Prescription	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)

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		Percent)		
Refill too Soon	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Proper Dosage	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Proper Days Supply	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Generic Availability	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Patient Copayments	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)
Other (List)	No Answer (Text)	No Answer (Number; Percent)	No Answer (Number; Percent)	No Answer (Number; Percent)

Details:

14.4.2 What edits occur prospectively at point of sale (POS)? Concurrently? Retroactively?

14.4.3 What Drug Utilization Review features, capabilities, and/or processes differentiate your organization from your competitors?

14.4.4 Provide the most recent quarterly book of business savings for the following programs:

	No Answer (Number;
--	------------------------------

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	Percent)
Concurrent DUR _____% of Total Ingredient Costs	No Answer (Number; Percent)
Retrospective DUR _____% of Total Ingredient Costs	No Answer (Number; Percent)
Prior Authorization _____% of Total Ingredient Costs	No Answer (Number; Percent)

Details:

14.4.5 Are reported savings based on a the City specific claim-by-claim analysis? If no, describe the savings calculation process in detail for each of the claim edit services you offer.

No Answer

(Single, Radio
group

Options:

1: Yes,

2: No, describe: [Text])

Details:

14.4.6 Do you have edits or programs in place designed to detect and address potential drug fraud and/or abuse? If yes, explain and include a listing of the specific drugs targeted by this program. If yes, please describe the enrollee outreach after fraud or abuse is identified. If yes, please detail the controls put into place after fraud or abuse is identified.

14.4.7 Are there charges associated with your organization's fraud and/or abuse programs or edits?

No Answer

(Single, Radio
group

Options:

1: Yes,

2: No)

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14.4.8 What criteria and methodologies are used to identify and monitor high cost claimants?

14.4.9 Describe your pre-authorization protocols available to the City. Include information on step therapies and other clinical management programs along with any additional costs for such services and credentials of the staff performing pre-authorization. What drugs or class of drugs do you recommend be pre-authorized?

14.4.10 How will you communicate innovative programs such as genetic testing or therapy-specific management centers to the City?

14.4.11 How do you guard against the filling of separate prescriptions for the same or similar drugs at different pharmacies on the same day?

14.4.12 What clinical programs do you offer that incentivize adherence? Do you have the system capabilities to offer lower cost shares for more adherent members? (e.g., if prescription is consistently filled when 75% to 100% of the prescription has been depleted, the copay is cut in half or a lower co-insurance is applied.)

14.4.13 Do you have the system capabilities for a “starter dose” program where the first few weeks of therapy do not incur a member cost share?

No Answer

(Single, Radio
group

Options:

1: Yes,

2: No)

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14.4.14 Identify which of the following edits are performed at the point-of-sale:

	Performed at the Point of Sale (Yes or No)
Ineligible participant	No Answer (Yes / No)
COB	No Answer (Yes / No)
Benefit maximums for certain drug types	No Answer (Yes / No)
Drug is inappropriate for the patient due to age	No Answer (Yes / No)
Drug is inappropriate for the patient due to gender	No Answer (Yes / No)
Quantity versus Time	No Answer (Yes / No)
Allergy	No Answer (Yes / No)
Incorrect AWP or formula price	No Answer (Yes / No)
UCR input	No Answer (Yes / No)
Duplicate Rx	No Answer (Yes / No)
Refill too soon	No Answer (Yes / No)
Incorrect dosage	No Answer (Yes / No)
Rx splitting	No Answer (Yes / No)

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Drug interactions	No Answer (Yes / No)
Over utilization	No Answer (Yes / No)
Under utilization	No Answer (Yes / No)
Aggregate Benefit Maximums	No Answer (Yes / No)
Possible Narcotic Abuse	No Answer (Yes / No)
Other POS Edits (provide list)	No Answer (Text)

Details:

14.5 Administrative, Member & Claim Paying Services 0 Answers / 24 Questions

14.5.1 Do you offer the City online access to information and services via the Internet or through CRT interface? Are there quantity access limits? If yes, what information is accessible and at what additional cost, if any.

14.5.2 Can your organization send recovery letters to members who continue to use their drug card after their termination? If yes, at what cost?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.5.3 Will one toll-free number provide coverage for the retail, mail order, and specialty program?

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No Answer

(Single, Radio
group

Options:

1: Yes,

2: No)

14.5.4 How do you service members travelling internationally? What if international stay is for an extended period (visiting semester, etc.)?

14.5.5 Can you provide early refills for traveling members? Describe your protocols for providing early refills for family members.

No Answer

(Single, Radio
group

Options:

1: Yes,

2: No)

14.5.6 Describe service available to the Deaf, Hard of Hearing, and Blind?

14.5.7 Do you provide member support services for selecting and/or locating network pharmacies and formulary look-ups?

No Answer

(Single, Radio
group

Options:

1: Yes,

2: No)

14.5.8 How do you remind members regarding refills and adherence? Indicate methods and frequency of interventions.

a. At mail

b. At retail

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14.5.9 How often are network pharmacy directories updated and distributed to members?

- a. Monthly
 - b. Quarterly
 - c. Semi-annually
 - d. Annually
 - e. Other
-

14.5.10 What services are available to members via the Internet? Do you have a website for members? Provide details regarding capabilities (e.g., clinical resources, drug cost estimators, etc.).

14.5.11 Does your member website include network pharmacies' usual and customary (U&C) and/or contracted discounted pricing information? If so, please indicate if the pricing is real-time or how often it is updated?

No Answer

(Single, Radio

group

Options:

1: Yes,

2: No)

14.5.12 Describe security systems and protocols in place to protect confidential patient records in storage and in transit. Is the site VIPPS certified and licensed in every state?

14.5.13 Do you have programs specifically designed for members, which will increase formulary compliance? Explain and include any sample member materials.

No Answer

(Single, Radio

group

Options:

1: Yes,

2: No)

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14.5.14 Can your organization produce “EOB” type statements for the members? (should include YTD payments, deductible balances, total paid by plan costs, total paid by enrollee, etc.)

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.5.15 Describe what reporting you will provide to the City regarding formulary use and member satisfaction.

14.5.16 How many sub-group levels can be captured in your claims and billing systems?

14.5.17 Do you administer medical necessity appeals? Please describe the process in detail.

14.5.18 How are out-of-network claims processed?

14.5.19 Does your system have the ability to identify claims for which a manufacturer copay coupon was used? If so, can your system restrict these coupons from being used?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

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14.5.20 Describe any reports either clinical or financial in nature that would be provided to the City in order to help manage benefit costs.

14.5.21 The City will pay it's invoice within 30 days. What discount arrangements do you have for early payment? What methods of payment are available (e.g., ACH, Direct Deposit, Checks)? What exceptions are there to the standard payment terms?

14.5.22 Please confirm and describe your organization's ability to implement and report outcomes for its core clinical programs and non-core (buy-up) programs. Please confirm and describe this reporting availability for the City's account hierarchy structure.

14.5.23 Please confirm your organization can provide comprehensive plan sponsor benefit description set-up documents upon request or on an ongoing basis to the City. Please provide the guaranteed turn-around time for providing such requested documents.

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

14.5.24 Can you capture and report use of low cost generic drugs not purchased through the plan?

No Answer

(Single, Radio group

Options:

1: Yes,

2: No)

14.6 PBM Reporting Capabilities Please indicate for each report noted below whether you can provide such a report. If you can provide the requested report, please indicate the price or if the cost is included in the basic fee.

0 Answers /
1 Questions

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14.6.1 Please complete the following table.

Report Type	Yes/No	Cost	Frequency	Available by City-level, Sub-Group, and Plan-level	Available in total
Eligibility Report which shows accuracy of updates and changes	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Report active costs separate from retiree costs					
Report dependent costs separate from employee costs					
Paid Claims Summary (Ingredient cost, day supply, dispensing fees, taxes, copay totals by month)	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Detail Claim Listing (Utilization and ingredient cost by individual claimant, listing the drug name and dosage, quantity, day supply, submitted charge, allowable charge, paid)	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Cost Sharing Report (Amounts determined to be ineligible, amounts applied to copays and coinsurance, and amounts adjusted for COB)	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Detailed Utilization Report (# of prescriptions submitted by single source brand, multi-source brand and generic drugs, including average AWP, Ingredient cost per Rx, Dispensing fee, and average days supply)	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Top Drug Report (detail of cost and utilization by top drug products)	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
High Amount Claimant report	No Answer	No Answer	No Answer	No Answer	No Answer

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	(Yes / No)	(Text)	(Text)	(Text)	(Text)
Therapeutic Interchange Report detailing success rates and cost impacts of PBM initiated interchanges % if % or drug utilization review	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Drug Utilization Review activity and Savings Report by type of edit)	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Formulary Savings and Rebate report	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Paid Claims Summary showing total number of claims, eligible charges and claim payments for each category	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Prior Authorization and other clinical program reporting	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Pharmacy cost and utilization reporting (includes number of patients, scripts, dollar volume)	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Transcripts of customer service call recordings and detailed call notes upon request (please indicate how soon the report will be available after the call has occurred)	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)
Other Reports	No Answer (Yes / No)	No Answer (Text)	No Answer (Text)	No Answer (Text)	No Answer (Text)

Details:

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14.7 Standard Reporting

0 Answers / 8 Questions

14.7.1 Using the below format, provide a list of the standard reports you will provide to the City on a real time basis:

Report Name	Description	Frequency	Normative Comparison	Customizable
Example: Utilization	Provides daily activity of claims utilization	Daily	N	Y
Example: Expense Trend	Provides monthly trend of net payment and HRA amounts by plan	Monthly	N	Y
Example: Screenings Reports	Provides screening rates for all the City members based on conditions identified in strategic plan	Quarterly	Y	Y

No Answer

(Single, Pull-down list

Options:

1: Confirmed,

2: Not Confirmed)

14.7.2 Explain any limitations you have with customizing standard reports.

14.7.3 The City requires online access to reporting; describe how you will make your system available to the City.

14.7.4 Discuss the City's capacity to create/modify/extract/validate data.

14.7.5 Confirm the ability of the City to customize the reporting package/system (i.e City's plan year rather than a calendar year).

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14.7.6 Describe any reports either financial or clinical in nature that would be provided to the City in order to help manage benefit costs. Provide examples of these reports.

14.7.7 Provide samples of five standard reports.

14.7.8 Confirm the following reports can be provided:

b. Monthly:

- viii. Report of claims incurred by retirees
- ix. Claims incurred by employees
- x. Claims incurred by spouses
- xi. Claims incurred by dependent children
- xii. Customer service metrics.
- xiii. Complaints received, including status and results
- xiv. Update on PG metrics

14.8 Financial Reporting

0 Answers / 5 Questions

14.8.1 Confirm the City's ability to pull data on both an incurred and paid basis. Confirm the City's ability to pull data by capitated providers.

14.8.2 Describe your organization's ability to provide the following items at a minimum in your reports. Describe your ability to report member detail to the City.

- g. Billed amount
 - h. Paid amount
 - i. Network savings
 - j. Non-Medicare COB savings
 - k. Medicare COB savings
 - l. Negotiated savings
-

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14.8.3 Confirm your ability to provide financial and claims reporting at an ICD9 level by department and group segment.

14.8.4 Confirm the following reports can be provided:

b. Daily:

- i. Check disbursement
- ii. Banking information
- iii. Cleared /voided /outstanding checks
- iv. Identification or explanation on provider refunds
- v. Ability to search and extract data on-line
- vi. Summary of adjustments correlated to adjustment codes

c. Monthly:

- i. Claims lag reports
 - ii. Claims over \$25,000
-

14.8.5 Please describe your organization's on-line reporting and query tool capabilities provided to clients.

14.9 Decision Support System (DSS) Vendor

0 Answers / 4 Questions

14.9.1 Confirm you will transmit files to a DSS vendor of the City's choice at no additional cost to the City.

14.9.2 What frequency are you able to send extracts to a DSS vendor of the City's choice (daily, weekly, bi-monthly)?

14.9.3 What ability do you have to customize layouts to the DSS vendor?

14.9.4 Confirm you will participate in monthly data quality meetings with the City and the DSS vendor.

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14.10 Data Warehouse

0 Answers / 6 Questions

14.10.1 What technological platform does your data warehouse use? Include hardware, operating and database management systems.

14.10.2 What data analysis tools are used with your data warehouse to provide ad hoc reporting and extracts? Include proprietary and commercial-off-the-shelf (COTS) packages and identify them accordingly.

14.10.3 Describe how your data warehouse creates:

- a. Executive level reports
- b. Ad hoc reports
- c. Extracts
- d. Standard reports

14.10.4 At a minimum, the City requires your data warehouse have the ability to stratify data by common variables used in the plan. Using the below chart, confirm your ability to create reports on the below:

Variable	Ability to Provide
Health Plan Type/Option (HMO, HDHP, HRA)	No Answer (Yes / No)
Member Status (Active, Early Retiree, Retiree)	No Answer (Yes / No)
Relationship (Employee, Spouse, Dependent)	No Answer (Yes / No)
Generic/Brand (PDL and nonPDL)	No Answer (Yes / No)
Mail Order/Retail POS	No Answer

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	(Yes / No)
Therapeutic Class	No Answer (Yes / No)
Compound Rx	No Answer (Yes / No)
Specialty Rx	No Answer (Yes / No)
Member ID	No Answer (Yes / No)
Provider ID	No Answer (Yes / No)
Date of Service	No Answer (Yes / No)
Date of Payment	No Answer (Yes / No)

Details:

14.10.5 The City requires access to your data warehouse to produce executive level and ad hoc reports as well as extracts. Describe how you will provide City staff access to your data warehouse.

14.10.6 The City requires training on all tools made available to staff for reporting purposes. What training will you provide City staff on these tools?

14.11 Reporting Staff

0 Answers / 2 Questions

14.11.1 Do you have an in-house reporting unit? What type of staff does it consist of? (analysts, clinicians, coders)

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14.11.2 What is your unit's availability to provide reporting support and assistance to City staff?

14.12 Security

0 Answers / 4 Questions

14.12.1 Does your data warehouse include levels of security based on the user?

14.12.2 Describe your process to transmit data securely to the City.

14.12.3 Describe your process to transmit data securely to other vendors.

14.12.4 Describe the level of security required to make your data warehouse available to City staff.

14.13 Executive Reports Using the below format, provide a list of the standard reports you propose to provide to the the City:

0 Answers / 1 Questions

14.13.1 Using the below format, provide a list of the standard reports you propose to provide to the the City:

Report Name	Description	Frequency	Normative Comparison	Customizable
Example: Expense Trend	Provides Average Cost Paid/Rx trended on a quarterly basis	Quarterly	N	Y
Example: Brand/Generic Mix	Provides Rx count by percentage; Amount paid as a percentage;	Quarterly	Y	Y

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	Average rates for generic percentage; cost per Brand; Cost per Generic; Cost per MS Brand; cost per Compound compared to previous quarter and same period prior year.			
--	---	--	--	--

No Answer

(Single, Pull-down list

Options:

- 1: Attached,
- 2: Not provided)

14.13.2 The following minimum required reports must be included in the above:

- a. Payment Statistics by plan type, trended over time
- b. Utilization Reports by amount paid and Rx Count
- c. GMAC Analysis
- d. PUPM Statistics
- e. PMPM Statistics
- f. Call Center Statistics: call answered, average speed of answer, abandonment rate
- g. Paper Claim statistics
- h. Specialty Statistics: utilizers, amount paid
- i. Mail Order Statistics: utilizers, turnaround time, amount paid
- j. Brand/Generic Mix Statistics by plan
- k. Compliance/Adherence Reporting
- l. Top Volume Drugs by amount paid
- m. Top Volume Drugs by Rx count
- n. Member vs. Plan cost
- o. Ingredient Cost vs. Dispensing Fee
- p. DUR Savings
- q. COB Savings
- r. Fraud and Abuse Reports: desk audits, on-site audits, findings, status of settlements
- s. RetroDur Interventions and results

14.14 Prescription Reimbursement Issues

0 Answers / 16 Questions

14.14.1 How often are AWP prices updated in your adjudication system?

- a. Monthly
- b. Quarterly
- c. Semi-annually

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- d. Annually
- e. Other

14.14.2 How do you guarantee that members always receive this lowest price? What procedures are established to ensure that the pharmacy is in compliance with this provision? The lowest price will be the lowest contracted price, U&C price (including the pharmacies sale price) or the plan copayment/coinsurance amount.

14.14.3 Will you guarantee on a dollar-for-dollar basis that the aggregate, realized AWP discounts for brand drugs and the aggregate, realized AWP discounts for generic drugs will be no less than those quoted for Retail and Mail Order for each contract year for the life of the contract?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.14.4 Explain in detail how network pharmacies' U&C prices are captured and reported.

14.14.5 Describe the retail network pharmacy reimbursement process in detail.

14.14.6 Are there financial incentives to network pharmacies, physicians and other providers that are tied to utilization rates, compliance goals, quality of care outcomes, or other performance results? If so, explain and include any incentive-based dispensing fees, bonuses, withholds, retroactive capitations, etc.

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

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14.14.7 Do you maintain multiple contracts with individual pharmacies at varying reimbursement rates? If yes, explain.

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.14.8 Explain in detail the process you propose regarding the City verification of drug manufacturer revenue transparency.

14.14.9 Define your electronic process for determining a product's brand or generic status for both retail and mail order claims using Medi-Span definitions.

14.14.10 How often are your retail network provider contracts renegotiated? Define contract elements that are renegotiated.

No Answer

(Single, Pull-down
list
Options:
1: Annually,
2: Every two years,
3: Every 3 to 5 years,
4: Other)

14.14.11 Is it possible for a retail pharmacy to submit Define - NDC numbers for adjudication that contain AWP prices designed to maximize their discounted ingredient costs?

No Answer

(Single, Radio
group
Options:
1: Yes,

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2: No)

14.14.12 How do you ensure that submitted NDCs at retail are indicative of pharmacy drug purchasing patterns?

14.14.13 Does your organization share in any financial remuneration that retail pharmacies receive from drug manufacturers or other sources?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.14.14 Specify if you are able to readily provide a detailed listing of all of the various ingredients that are included in multi-ingredient compound claims and confirm multi-ingredient compounds can take a specified cost-share.

14.14.15 Do you have capabilities to capture and support cost share tiers based on diagnosis codes (ICDs) as well as associated claims reporting.

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.14.16 Complete the following table indicating the amount that would be collected from the participant for each prescription claim scenario (copays are illustrative).

Rx Cost	Scenario 1 (Retail)	Scenario 2 (Retail)	Scenario 3 (Mail Order)	Scenario 4 (Mail Order)
Inp Cost plus Disp Fee plus	<i>\$9.00</i>	<i>\$9.00</i>	<i>\$22.00</i>	<i>\$22.00</i>

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Sales Tax				
Copay/Coinsurance	\$10.00	\$5.00	\$35.00	\$5.00
U&C	\$25.00	\$25.00	\$55.00	\$55.00
Amount Collected from Participant	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)
Amount Charged to the City	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)	No Answer (Number; Dollars)

Details:

14.15 Network Management & Quality Assessment

0 Answers / 19 Questions

14.15.1 Complete the following table. Check off those elements that are included in your pharmacy selection process and provide the percentage of pharmacies that satisfy the following selection criteria elements.

	Standard Selection Criterion	Percent of Pharmacies that Satisfy Criteria	Comments
a. Require unrestricted licensure	No Answer (Text)	No Answer (Text)	No Answer (Text)
b. Review malpractice coverage and history	No Answer (Text)	No Answer (Text)	No Answer (Text)
c. Require full disclosure of current litigation and other disciplinary activity	No Answer (Text)	No Answer (Text)	No Answer (Text)
d. Require signed application/agreement	No Answer (Text)	No Answer (Text)	No Answer (Text)
e. Require current DEA registration	No Answer (Text)	No Answer (Text)	No Answer (Text)

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f. On-site review of pharmacy location and appearance	No Answer (Text)	No Answer (Text)	No Answer (Text)
g. Review hours of operation and capacity of network pharmacies to handle the added volume the City would generate	No Answer (Text)	No Answer (Text)	No Answer (Text)
h. On-site electronic access to patient data	No Answer (Text)	No Answer (Text)	No Answer (Text)

Details:

14.15.2 Describe the general credentialing and recredentialing process and minimum criteria for selecting a network pharmacy. Include the minimum required malpractice coverage per individual practitioner, or group. If the process differs by type of pharmacy (i.e., independent vs. chains), indicate and describe separately. Provide the number of years that a pharmacy contract is in effect.

14.15.3 Describe any incentives or programs in place with providers designed to increase generic dispensing and formulary compliance. Explain in detail.

14.15.4 Describe the process in place to ensure that the City is credited for prescriptions filled but not obtained (Return to Stock situations).

14.15.5 What procedures are established to ensure that network pharmacies are in compliance with negotiated MAC provisions and prices?

14.15.6 List any pharmacy chains excluded from your proposed retail pharmacy network.

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14.15.7 Provide the total number of pharmacies included in your proposed pharmacy network.

14.15.8 Summarize the quality assurance programs your organization presently has in place and list the most important actions these programs have taken in the past year to improve performance.

14.15.9 Do you monitor individual physician prescribing patterns? If so, what action is taken with prescribers who have a high degree of non-compliance or outlier prescribing?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.15.10 Explain audit procedures in place If you provide mail order benefits through a third party, explain any audit procedures in place to ensure proper dispensing and pricing practice adherence.

14.15.11 What safeguards exist for preventing breaches in patient confidentiality with regard to pharmacy/medical claims information?

14.15.12 Will you guarantee that the City will be charged the generic price and the enrollee is charged the generic copay if a generic is out of stock?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

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14.15.13 How do you capture pharmacy errors? List the top 5 reasons for errors (e.g., wrong dosage).

14.15.14 Does your organization comply with all HIPAA regulations?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.15.15 Are the retail and mail order network contracts solely owned and operated by your organization?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.15.16 Does your organization own any network pharmacies, including mail and/or specialty?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.15.17 Will the City have the ability to pend payments to pharmacies identified by the City and reported to PBM as engaging in suspicious dispensing practices?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

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14.15.18 Will the City receive an 180 day notice, when possible, of any event or negotiation that may cause a disruption in the retail pharmacy network access?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.15.19 Please provide a network disruption analysis and indicate number of pharmacies and prescriptions disrupted, based on the claims file provided.

14.16 Formulary Management & Rebates

0 Answers / 18 Questions

14.16.1 Do you receive formulary rebates from manufacturers of generic drugs? If yes, how will these be shared with the City?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.16.2 If you require a formulary management fee, indicate amount or percentage proposed. Other than these fees, do you guarantee that 100% of all rebates collected be passed through to the City?

%

14.16.3 Describe how your preferred drug list is established. Include how specific drugs are selected and how often your P&T (Pharmacy & Therapeutics) committee meets

14.16.4 Are any P&T committee enrollees employed by or under contract with any drug manufacturers? Are any P&T enrollees directly employed by your organization?

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No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.16.5 Can you support custom changes to the preferred drug list at the request of the City?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.16.6 Will you guarantee that any preferred drug lists switches which are not economically advantageous to the City on an ingredient cost basis will be reported and reimbursed to the City on a dollar-for-dollar basis using the least expensive, therapeutically equivalent alternative drug as the basis for reimbursement?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.16.7 Describe your process for handling non formulary requests. Can the City be given the ability to authorize non-formulary overrides directly?

14.16.8 What percent of all available brand drugs are excluded from your formulary and/or preferred drug listing (based on total number of Rx dispensed for plans with an open formulary)?

%

14.16.9 Are any generic drugs considered “non-preferred” on your proposed formulary (i.e., subject to the “non-preferred” copay)? If yes, please describe in detail and provide examples.

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14.16.10 Please provide the percentage of non-formulary brand drugs that have a generic equivalent.

%

14.16.11 What percent of all available brand drugs are non-preferred (not on your preferred drug list)?

%

14.16.12 Do you have a Formulary Grievance Process in place to address member concerns regarding preferred drug list alternatives? If yes, explain this process in detail.

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.16.13 Do you have the capabilities to have a specified cost-share for Multi-Source Brand drugs regardless of formulary status? (e.g., 75% co-insurance for all multi-source brands). Specify if there are system limitations where formulary coding supersedes any specific cost share coding specified for multi-source brands.

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.16.14 Do you have the capabilities to support a turn-key value-based benefit design or evidence-based benefit design. Specify the therapeutic classes that would be targeted.

No Answer

(Single, Radio
group
Options:

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- 1: Yes,
- 2: No)

14.16.15 How do you adjudicate vaccine claims with or without the associated administration charges from the pharmacy. Specify if there are any limitations. (e.g., specific vaccines, need for supplemental pharmacy network, etc.)

14.16.16 For the City’s top 100 retail brand prescriptions by cost during 5/2011 through 6/2013, please indicate whether each brand drug will be considered “preferred” or “non-preferred.” Please make sure that you answer "Yes" for only those situations where the exact drug listed is considered “preferred.” For example, if Flonase is listed and is not considered “preferred” on your proposed formulary, then you should answer "No", even though the generic equivalent may be considered “preferred” (i.e., you should only answer "Yes" if the brand Flonase is considered “preferred”).

14.16.17 For the City’s top 100 mail brand prescriptions by cost during 5/2011 through 6/2013, please indicate whether each brand drug will be considered “preferred” or “non-preferred.” Please make sure that you answer "Yes" for only those situations where the exact drug listed is considered “preferred.” For example, if Flonase is listed and is not considered “preferred” on your proposed formulary, then you should answer "No", even though the generic equivalent may be considered “preferred” (i.e., you should only answer "Yes" if the brand Flonase is considered “preferred”).

14.16.18 Based on the City's attached detailed claim-by-claim prescription drug data, please indicate what percent of retail and mail generic and brand prescriptions are considered “preferred” on your proposed formulary:

	Retail	Mail
Preferred Generics as a Percent of all Generics:	No Answer (Number; Percent)	No Answer (Number; Percent)
Preferred Brands as a Percent of all Brands:	No Answer (Number; Percent)	No Answer (Number; Percent)

Details:

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14.17 Mail Order Program

0 Answers / 26 Questions

14.17.1 Complete the following for your proposed mail order facility:

	Response
a. Where will the mail-order facility location for the City be?	No Answer (Text)
b. What are the days and hours of operation for this facility?	No Answer (Text)
c. What was the total number of prescriptions filled in calendar year 2012	No Answer (Text)
e. How many total Rxs could be accurately filled on a daily basis?	No Answer (Text)
f. Number of full-time Clinicians/ Pharmacists on staff at facility?	No Answer (Text)
g. Number of Registered Pharmacists?	No Answer (Text)
h. Number of Pharmacy Technicians?	No Answer (Text)
i. Number of Other Clinical Staff? (specify)	No Answer (Text)
j. Which organizations are used for delivery services?	No Answer (Text)

Details:

14.17.2 Does your organization own the mail service facility? If this is a subcontractor, whom do you contract with?

No Answer

(Single, Radio)

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group

Options:

1: Yes,

2: No)

14.17.3 Describe the process for ordering prescriptions by mail and include a sample envelope.

14.17.4 Describe your process for ordering refills by mail, phone, fax, and the Internet. What percentages of refills are currently received by mail, phone, fax, and Internet?

	Response
Mail	No Answer (Text)
Phone	No Answer (Text)
Fax	No Answer (Text)
Internet	No Answer (Text)

Details:

14.17.5 How far in advance may participants order a refill on a 90-day supply prescription? 1: 90 days in advance, 2: 60-89 days in advance, 3: 30-59 days in advance, 4: less than 30 days in advance, 5: Other

14.17.6 Describe your process of filling/ordering prescriptions, refills, and split-prescriptions. Do you have an automatic refill process with a standard refill-too-soon threshold? Are you able to send email reminders for refills?

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14.17.7 Does your organization, or your associated facilities, repackage drug products for use in filling mail order prescriptions? If yes, does the AWP for repackaged drugs match the AWP of the same package size of the source labeler? If not, describe how you establish the AWP for your repackaged NDCs.

14.17.8 Will you agree that all mail order discount guarantees will be based on lowest listed NDC level AWP cost? If not, state your suggested pricing basis.

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.17.9 Will mail order pricing apply to all Rx's dispensed through mail order facilities?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.17.10 Explain the proration of copayments at mail service. (e.g., if a member gets a 60 day supply instead of 90, then would they only pay 2/3rds of the mail service copay?)

14.17.11 What is the average time in calendar days between receipt of claim and delivery to patient (include delivery time)?

14.17.12 Can you provide a system edit to facilitate physician outreach in order to avoid partial fills? Explain.

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No Answer

(Single, Radio group

Options:

1: Yes,

2: No)

14.17.13 Using the table below, provide the mail order performance statistics, over the past three years, for the facility being proposed:

	2010	2011	2012
a. Mail Facility Name	No Answer (Text)	No Answer (Text)	No Answer (Text)
b. Total number of prescriptions dispensed	No Answer (Text)	No Answer (Text)	No Answer (Text)
c. Utilization as a percent (%) of capacity	No Answer (Text)	No Answer (Text)	No Answer (Text)
d. Average turn-around time (no intervention required)	No Answer (Text)	No Answer (Text)	No Answer (Text)
e. Average turn-around time (intervention required)	No Answer (Text)	No Answer (Text)	No Answer (Text)

Details:

14.17.14 Explain the process for providing members with a short-term retail prescription supply in the case of delayed delivery of their mail order prescription.

14.17.15 How are members notified when a mail order prescription is delayed due to the following circumstances?

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	Response
A prescription requiring clarification from the physician or physician's agent (e.g., missing quantity, illegible drug name).	No Answer (Text)
A clean prescription where the delay is due to operational, capacity, or drug supply issues.	No Answer (Text)
A clean prescription where the delay is a result of a therapeutic switch intervention.	No Answer (Text)
Other	No Answer (Text)

Details:

14.17.16 Describe your quality assurance controls to ensure accurate dispensing of prescriptions. How many levels of review take place and who conducts the reviews?

14.17.17 Describe online integration, if any, with retail pharmacies to ensure non-duplication and to identify potential adverse interaction.

14.17.18 What are your contingency plans and procedures for providing backup service in the event of strike, natural disaster, or backlog?

14.17.19 How often do you switch generic manufacturers for particular products? How are participants notified of the switch?

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14.17.20 How often are therapeutic interchanges performed at mail order, if at all? If so, please explain applicable drug products and rationale.

14.17.21 Are on-site audits performed at your mail service pharmacies? Describe the frequency and types of audits performed and by whom.

14.17.22 When do you bill the patient?

14.17.23 How do you provide notification of a product recall (such as Vioxx) to the City?

14.17.24 How do you handle the following situations?

	Response
a. No co-pay included in envelope	No Answer (Text)
b. Bounced check from patient	No Answer (Text)
c. Terminated/not authorized credit card	No Answer (Text)

Details:

14.17.25 Does mail order have a retail site facility that will offer mail order discount

No Answer

City of Houston TPA Services RFP

(Single, Radio
group
Options:
1: Yes,
2: No)

14.17.26 Please indicate what payment method options exist for members at your mail order facility.
(Please specify: Visa, MasterCard, Check, American Express, Debit Cards, Cash, etc.)

14.18 Specialty Pharmacy Program

0 Answers / 20 Questions

14.18.1 Explain any programs offered by your organization designed to encourage appropriate utilization of specialty drug products.

14.18.2 What are your cost saving guarantees on your specialty drug programs?

14.18.3 Detail any disease and therapy management programs you offer (include steps and costs).

14.18.4 Identify how many members you currently manage as well as the total number of Rxs dispensed for the same disease states noted in 3 above.

14.18.5 Explain the formulary decision and drug selection process as it pertains to specialty drugs.

14.18.6 Do you administer a Specialty Rx Formulary? If yes, include the formulary in electronic format. If yes, Please confirm your organization can support a specialty cost share tier for select plan designs.

No Answer

City of Houston TPA Services RFP

(Single, Radio
group
Options:
1: Yes,
2: No)

14.18.7 Will a member incur any additional costs for the delivery of specialty drugs? If so, outline all billing/payment methods and all associated costs.

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.18.8 Describe your quality assurance program, including the method used to confirm the specialty drug is delivered to the correct patient and at what frequency this is monitored. Provide your specialty drug accuracy rate for the your proposed facility(ies) for the specialty pharmacy program.

14.18.9 Confirm that members will continue to be able to receive specialty Rx's dispensed at retail pharmacies, and that these prescriptions are included under the retail guarantees.

14.18.10 Please describe your organization's ability to limit specialty medication utilization to 30 days' supply per month.

14.18.11 What differentiates your company and capabilities from other specialty drug vendors in a very competitive industry?

14.18.12 Explain your side-effect counseling process. To which drugs and conditions does this process apply?

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14.18.13 Does your organization engage in outcomes reporting? Explain.

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.18.14 Do you have a specialty/biotech drug P&T committee? If yes, explain the role, function, and structure and how it differs from your traditional P&T Committee.

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.18.15 Do you agree to renegotiate specialty product pricing terms on an annual basis with the City?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

14.18.16 Do you agree to include a contract provision enabling the City to “carve-out” specialty drug services annually without impact to non-specialty contractual provisions, terms, and pricing?

No Answer

(Single, Radio
group
Options:
1: Yes,
2: No)

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14.18.17 Explain in detail each point at which you make patient contact in the specialty drug dispensing and management process.

14.18.18 Provide the customer and enrollee service operation hours of your specialty pharmacy program.

14.18.19 Please describe any additional service or value benefits provided by your specialty drug pharmacies (e.g. sharps disposal units at no cost upon request for injectable drug users, research of financial assistance options that may be available for members who request it, etc.)

14.18.20 Please indicate what payment method options exist for members at your specialty facility. (Please specify: Visa, MasterCard, Check, American Express, Debit Cards, Cash, etc.)