

## FA1 Attachment S-1: Plan Information

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

**Instructions:** Complete each cell with the requested information. Items in the response column with the words "**Choose an Item**" contain a drop down list of options. Select a response from those options as applicable.

### I. GENERAL PLAN INFORMATION

	Response
1. Offeror's Legal Name	Click here to enter text.
2. Plan Name	Click here to enter text.
3. Proposed Plan Type	<b>PPO-SF</b>
4. Address	Click here to enter text.
5. City	Click here to enter text.
6. State	Click here to enter text.
7. Zip	Click here to enter text.
8. Web Address	Click here to enter text.
9. Operational Date	Click here to enter a date.
10. Corporate Tax Status	Choose an item.
11. Federal Employer Identification Number	Click here to enter text.
12. Ownership/Controlling Interest	Click here to enter text.
13. NCQA Accreditation Status	Choose an item.
14. JCAHO Accreditation	Choose an item.
15. URAC Accreditation	
Health Plan	Choose an item.
Health Network	Choose an item.
Health Utilization Management	Choose an item.
16. Commercial Group Membership	Click here to enter text.

### II. PLAN DESIGN

Offerors must adhere to the proposed plan designs shown in "**FA1 Attachment S-3: PPO Plan Design**" in preparing the quote.

	Select Response
1. Confirm that the proposal is issued in accordance with the specifications, assumptions and information included in this Request for Proposal, the accompanying worksheets and standard services addressed in the Information Questionnaire. If "No," indicate deviations in " <b>FA1 Attachment S-2: Explanations and Deviations</b> " worksheet.	Choose an item.
2. Review and detail deviations from the proposed plan design shown in the worksheet, " <b>FA1 Attachment S-3: PPO Plan Design.</b> "	Choose an item.
3. Include a concise description of how Offeror covers transitional conditions, such as pregnancy, chemotherapy, etc., if a new Participant is receiving treatment from a non-participating provider. Label as " <b>Response FA1 Attachment S-1: Transitional Care Information.</b> "	Choose an item.

**III. MEDICAL DELIVERY SYSTEM**

1.	Describe the proposed geographical service area.	Click here to enter text.
2.	Provide a map of the proposed geographical service area. Label as " <b>Response FA1 Attachment S-1: Service Area Map.</b> "	Choose an item.
3.	Provide the website address (URL) for your provider directory and its password, if necessary.	Click here to enter text.

**Participants' Access to Providers**

The SLEOLA Plan would like to determine the availability of key PPO healthcare providers to its employee population. Prepare GeoAccess® GeoNetworks® report(s) for each network and/or plan type that you are proposing, using census data provided by the State and the parameters in the table below. Provide the reports using two separate formats: 1. using current PPO enrollment, and 2. using entire census population. Note that it is important that you follow the exact parameters. The report should show hospital and provider availability by physician specialty for each zip code (or community). Report output is required for those with access and those without access, based upon the stipulated parameters. The report output should show the average distance to each provider group. See the sections entitled "**FA1 Attachment S-5: Access to Adult PCPS,**" "**FA1 Attachment S-6: Access to Pediatricians,**" "**FA1 Attachment S-7: Access to OB/GYN,**" and "**FA1 Attachment S-8: Access to Hospitals**" for the required format of the output. In addition to the hard copy report, the data must be supplied in electronic format that has read/write capabilities. **Do not send the data in a read-only file.**

Use only physicians accepting new patients in your GeoAccess® GeoNetworks® provider file. The census data needed to perform this mapping is available for download upon execution of the Non-Disclosure Agreement (see RFP Section 1.37). Label the completed GeoAccess® GeoNetworks® report as **Response FA1 Attachment S-1: GeoAccess® GeoNetworks® Report.**

<b>Practice Specialty</b>	<b>Number of Providers Available</b>	<b>Miles from Employees Residence</b>
Adult Physicians (Family Practice, General Practice, General Internal Medicine)	2	8
General Pediatricians	2	8
Obstetricians/Gynecologists	2	8
Acute Care Hospitals	1	10

		<b>Select Response</b>
1.	Has the GeoAccess® GeoNetworks® reporting been completed using the requested parameters?	Choose an item.
2.	Note the geo-mapping method used:	Choose an item.
3.	Was GeoAccess® GeoNetworks® Release 3.0, 2012 used to create the Accessibility Analysis?	Choose an item.

**IV. ADMINISTRATIVE AND OPERATIONAL ISSUES**

1. List the location(s) of your service centers (separately identify claims processing centers and customer service centers if in different locations) that would be servicing the SLEOLA members and the corresponding geographic areas/regions covered by the respective location. Use the **"FA1 Attachment S-2: Explanations and Deviations"** worksheet if you need more space.

Service Center Location(s)	Geographic Region(s) Covered
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

	Select Response
2. Attach a copy of your standard report suite, including a plan experience report, a summary report of Wellness activities and performance metrics that would be provided to the State at the end of each quarter and the end of each fiscal year at no additional cost. At a minimum, your package should include those outlined in the Reporting section of the Compliance Checklist. Label as <b>"Response FA1 Attachment S-1: Management Reporting Package."</b>	Choose an item.
3. Offeror agrees to provide at least one fully insured conversion plan option.	Choose an item.

**V. REFERENCES**

Complete the following tables with the requested reference information.

1. Provide three of your employer client references of similar size offering PPO services in the area that will be serving most of the SLEOLA employees.

Information	Reference #1	Reference #2	Reference #3
Company Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
Contact Person	Click here to enter text.	Click here to enter text.	Click here to enter text.
Title	Click here to enter text.	Click here to enter text.	Click here to enter text.
Telephone #	Click here to enter text.	Click here to enter text.	Click here to enter text.
E-mail Address	Click here to enter text.	Click here to enter text.	Click here to enter text.
Network Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
# PPO Members Enrolled	Click here to enter text.	Click here to enter text.	Click here to enter text.
Effective Date of Contract	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Description of Services provided	Click here to enter text.	Click here to enter text.	Click here to enter text.

2. Provide three of your terminated employer clients of similar size that offered PPO services in the area that will be serving most of the SLEOLA employees.

Information	Reference #1	Reference #2	Reference #3
Company Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
Contact Person	Click here to enter text.	Click here to enter text.	Click here to enter text.
Title	Click here to enter text.	Click here to enter text.	Click here to enter text.
Telephone #	Click here to enter text.	Click here to enter text.	Click here to enter text.
E-mail Address	Click here to enter text.	Click here to enter text.	Click here to enter text.
Network Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
# PPO Members	Click here to enter text.	Click here to enter text.	Click here to enter text.

2. Provide three of your terminated employer clients of similar size that offered PPO services in the area that will be serving most of the SLEOLA employees.

Information	Reference #1	Reference #2	Reference #3
Enrolled at Date of Termination			
Effective Date of Contract	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Termination Date of Contract	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Reason for Termination	Click here to enter text.	Click here to enter text.	Click here to enter text.

**VI. CONTACT INFORMATION**

Primary contact of person authorized to execute this proposal	
Name	Click here to enter text.
Title	Click here to enter text.
Address	Click here to enter text.
City	Click here to enter text.
State	Click here to enter text.
Zip Code	Click here to enter text.
Telephone #	Click here to enter text.
Cell Phone #	Click here to enter text.
E-mail Address	Click here to enter text.



**FA1 Attachment S-3: PPO-SF Plan Design AMENDMENT 1**

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

**Instructions:** Any deviations between the SLEOLA proposed plan design and the proposed plan design of the Offeror must be noted in the space provided below. If there are no deviations in the Offeror's proposed plan design, enter the phrase "No Deviations" in the space provided.

TYPE OF SERVICE	IN-NETWORK	OUT-OF-NETWORK	Proposed Plan Design	
			IN-NETWORK	OUT-OF-NETWORK
<b>MAJOR MEDICAL</b>				
<b>Annual Deductible</b>				
Individual	None	\$250	Click here	Click here
Family	None	\$500	Click here	Click here
<b>Yearly Maximum Out-of-Pocket Costs</b>				
<b>Coinsurance OOP</b>				
Individual	\$1,000	\$3,000	Click here	Click here
Family	\$2,000	\$6,000	Click here	Click here
<b>Copayment OOP</b>				
Individual	\$1,000	None	Click here	Click here
Family	\$2,000	None	Click here	Click here
<b>Total Medical OOP</b>				
Individual	\$2,000	\$3,000	Click here	Click here
Family	\$4,000	\$6,000	Click here	Click here
<b>Lifetime Benefit Maximum</b>	Unlimited		Click here	Click here
<b>Dependent Coverage</b>	Dependents are eligible for coverage according to COMAR 17.04.13.01.		No deviations will be considered.	
<b>Medicare COB</b>	If an employee or covered dependent's Medicare eligibility is due to ESRD, they must sign up for both Medicare Parts A & B as soon as they are eligible. If the Medicare eligible SLEOLA employee and their dependent(s) fail to enroll in Medicare, the Medicare eligible SLEOLA employee and their dependent(s) will be responsible for any claim expenses that would have been paid under Medicare Parts A or B, had they enrolled in Medicare.		No deviations will be considered.	
<b>Non-Medicare COB</b>	When the SLEOLA plan is the secondary payor, payments will be limited to only that balance of claim expenses that will reach the published limits of the SLEOLA plan.		No deviations will be considered.	
<b>Are Referrals Required?</b>	No referrals in this plan		No deviations will be considered.	
<b>Mandated Benefits</b>	All mandated benefits, unless otherwise directed by the State.		No deviations will be considered.	

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

<b>HOSPITAL INPATIENT SERVICES (Preauthorization Required) *</b>				
Inpatient Care	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Hospitalization	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Acute Inpatient Rehab for Stroke and Traumatic Brain Injury Patients when Medically Necessary	100% of allowed benefit	Not covered	<a href="#">Click here</a>	<a href="#">Click here</a>
Anesthesia	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Surgery	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Organ Transplant	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>HOSPITAL OUTPATIENT SERVICES (Preauthorization Required) *</b>				
Chemotherapy/Radiation	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Diagnostic Lab Work and X-rays	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Outpatient surgery	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Anesthesia	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>

\* Silent Pay-Up Inpatient/Outpatient Surgery: If a participant uses an in-network hospital and an in-network physician/surgeon for in- or out-patient surgery, then the Plan must pay out-of-network anesthesiologists, secondary surgeons and radiologists at 100% of the billed amount (not 100% of the allowed amount). No deviations permitted.

<b>THERAPIES (Preauthorization required)</b>				
Benefit Therapies	\$25 copay	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Physical Therapy (PT) and Occupational Therapy (OT)	PO/OT services must be pre-certified after the 6th visit, based on medical necessity; 50 visits maximum per plan year combined for PT/OT/Speech Therapy		<a href="#">Click here</a>	
Speech Therapy	Must be pre-certified from the first visit with exceptions and close monitoring for special situations (e.g., trauma, brain injury) for additional visits.		<a href="#">Click here</a>	

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

<b>COMMON AND PREVENTIVE SERVICES</b>				
Physician Office Visits - Primary Care	100% after \$15 copay	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Physician Office Visits – Specialist	100% after \$25 copay	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Preventive Health Office Visit and Associated Lab (Adult and Child)	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Routine annual GYN Exam (including PAP test)	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Hearing Examinations and Hearing Aids	100% after \$15 copay – PCP or \$25 copay – Specialist	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
	100% of allowed benefit for Basic Model Hearing Aid	80% of allowed benefit after deductible for Basic Model Hearing Aid	<a href="#">Click here</a>	<a href="#">Click here</a>
	<p>A basic model hearing aid is a hearing aid worn on the exterior of the ear and is used primarily for hearing amplification. It does not include implant devices. The basic model hearing aid will not require prior authorization. Limited to once every three years per ear.</p> <p>Includes Maryland mandated benefit for hearing aids for minor children (ages 0-18), including hearing aids per each impaired ear for minor children.</p>		No deviations will be considered.	
Immunizations	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
	Immunizations are only covered as recommended by the U.S. Preventive Services Task Force. The immunization benefit covers immunizations required for participation in school athletics and Lyme Disease immunizations when medically necessary.		No deviations will be considered.	
Flu Shots	100% of Allowed Benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Mammography Preventive	100% of allowed benefit	80% of allowed benefit after deductible	Click here	Click here
	Screening: One each year 35+.		No deviations will be considered.	
Mammography Diagnostic	100% of allowed benefit	80% of allowed benefit after deductible	Click here	Click here
	No age/frequency limitation on diagnostic mammogram.		No deviations will be considered.	
Physical Exams	100% of allowed benefit	80% of allowed benefit after deductible	Click here	Click here
	One exam per plan year for all members and their dependents age three (3) and older.		No deviations will be considered.	
Well Baby Care	100% of allowed benefit	80% of allowed benefit after deductible	Click here	Click here
	Birth – <del>30</del> 36 months: 13 visits total		No deviations will be considered.	
STI Screening and Counseling (Including HPV DNA and HIV)	100% of allowed benefit	80% of allowed benefit after deductible	Click here	Click here
	Counseling and screening for sexually active women as mandated by PPACA.		No deviations will be considered.	
Allergy Testing	100% after \$15 copay – PCP; \$25 copay – Specialist	80% of allowed benefit after deductible	Click here	Click here
<b>EMERGENCY TREATMENT</b>				
Urgent Care Office Visit	\$20 copay	80% of allowed benefit after deductible	Click here	Click here
Emergency Room (ER) Services –In and Out of Network	100% of allowed benefit after \$50 facility copay and \$50 physician copay	100% of allowed benefit after \$50 facility copay and \$50 physician copay	Click here	Click here
	Copays are waived if admitted.		No deviations will be considered.	
	If criteria are not met for a medical emergency, plan coverage is 50% of allowed amount, plus the two \$50 copays.		Click here	Click here
Observation – up to 23 hours and 59 minutes - presented via Emergency Department	100% of allowed benefit after \$50 facility copay and \$50 physician copay	80% of allowed benefit after deductible	Click here	Click here
Observation – 24 hours or more - presented via Emergency Department	100% of allowed benefit	80% of allowed benefit after deductible	Click here	Click here

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Ambulance Services – Emergency Transport	100% of allowed benefit	100% of allowed benefit	<a href="#">Click here</a>	<a href="#">Click here</a>
Ambulance Services – Non-Emergency Transport	100% of allowed benefit	80% of allowed benefit	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>MATERNITY BENEFITS</b>				
Maternity Benefits	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Prenatal Care	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Newborn Care	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Breastfeeding Support and Counseling	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Breastfeeding Supplies (per birth)	100% of allowed benefit	Not Covered	<a href="#">Click here</a>	<a href="#">Click here</a>
	Covers the cost of rental/purchase of certain breast <u>feeding equipment pumps</u> through Carrier’s DME partner(s).		No deviations will be considered.	
<b>OTHER SERVICES AND SUPPLIES</b>				
Acupuncture Services for Chronic Pain Management	100% after \$20 copay	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Chiropractic Services	100% after \$20 copay	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Cardiac Rehabilitation	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Dental Services	Not covered except as a result of accident or injury or as mandated by Maryland or federal law.		No deviations will be considered.	
Nutritional Counseling	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Durable Medical Equipment	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
	Must be medically necessary as determined by the attending physician		No deviations will be considered.	

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Extended Care Facilities	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
	Skilled nursing care and extended care facility benefits are limited to 180 days per calendar year as long as skilled nursing care is medically necessary. Inpatient care primarily for or solely for rehabilitation is not covered.		No deviations will be considered.	
Family Planning and Fertility Testing	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Contraception and Contraceptive Counseling	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
In-Vitro Fertilization (IVF) and Artificial Insemination	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
	Covered per Maryland state mandate, Insurance article § 15-810.		No deviations will be considered.	
Hospice Care	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Home Healthcare	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
	Home Healthcare benefits are limited to 120 days per plan year.		No deviations will be considered.	
Medical Supplies	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
	Includes, but is not limited to: surgical dressings; casts; splints; syringes; dressings for cancer, burns or diabetic ulcers; catheters; colostomy bags; oxygen; supplies for renal dialysis equipment and machines; and all diabetic supplies as mandated by Maryland law.		No deviations will be considered.	
Private Duty Nursing	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Whole Blood Charges	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

<b>MENTAL HEALTH AND SUBSTANCE USE DISORDERS</b>						
Inpatient Hospital Care	100% of allowed benefit	80% of allowed benefit after deductible	No deviations will be considered.			
Partial Hospitalization Services	100% of allowed benefit	80% of allowed benefit after deductible				
Outpatient Services (Including Intensive Outpatient Services)	100% of allowed benefit	80% of allowed benefit after deductible				
Residential Crisis Services	100% of allowed benefit	80% of allowed benefit after deductible	Click here	Click here		
<b>VISION SERVICES - ADULT</b>						
Vision - Medical (services related to the medical health of the eye)	100% after \$15 copay (PCP) or \$25 copay (specialist)	80% of allowed benefit after deductible	Click here	Click here		
Vision - Routine Exam (per year)	100% after \$15 copay (PCP) or \$25 copay (specialist)	80% of allowed benefit after deductible	Click here	Click here		
Prescription Lenses, frames and/or contacts. One pair per plan year. Frames/lenses or contacts, not both. Plan pays up to noted allowed amounts, remainder is participant responsibility.	Prescription Lenses	Single Vision	\$29.00	Click here	Click here	
		Bifocal, single	\$49.00			
		Bifocal, double	\$89.00			
		Trifocal	\$71.00			
		Aphakic, glass	\$54.00			
		Aphakic, plastic	\$126.00			
		Aphakic, aspheric	\$162.00			
		Frames	\$45.00			
		Contacts	Medically Necessary			\$202.00
			Cosmetic			\$51.00
Obtain vision services from provider of your choice. Pay entire cost up front, then submit claim to carrier for reimbursement up to the above allowed amounts.						

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

<b>VISION SERVICES - PEDIATRIC</b>				
Vision – Medical “sick” visit	100% of allowed benefit after \$15 copay	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
Vision – Routine exam	100% of allowed benefit	100% of allowed benefit (member may still be balance billed)	<a href="#">Click here</a>	<a href="#">Click here</a>
Vision Supplies – Frames/Lenses or Contacts.	100% of allowed benefit	80% of allowed benefit after deductible	<a href="#">Click here</a>	<a href="#">Click here</a>
	Limited to dependent children age 18 and under. Medically necessary Frames/Lenses or Contacts. Contacts in lieu of Frames/Lenses.		No deviations will be considered	

### FA1 Attachment S-4: Participating Physicians

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

**Instructions:**

A. Provide the total number of participating physicians by specialty:

County/ Metro Area	Family Practice, General Practice	General Internal Medicine	General Pediatrics	Obstetrics/ Gynecology	All Other Specialists	Total Physicians
<b>Central Maryland</b>						
Anne Arundel County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Baltimore City	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Baltimore County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Carroll County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Harford County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Howard County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Eastern Shore</b>						
Caroline County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Cecil County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Dorchester County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Kent County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Queen Anne's County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Somerset County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Talbot County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Wicomico County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Worcester County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Southern Maryland</b>						
Calvert County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Charles County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
St. Mary's County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Washington Metro</b>						
District of Columbia	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Montgomery County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Prince George's County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Western Maryland</b>						
Allegany County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Frederick County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Garrett County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Washington County	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

**Instructions:** For the states and locations shown below, list the total number of participating providers by specialty.

State	Participating Physicians including Family Practice, General Internal Medicine	Pediatricians	OB/GYN	Hospitals
Alabama	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Alaska	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Arizona	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Arkansas	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
California	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Colorado	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Connecticut	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Delaware	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
District of Columbia	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Florida	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Georgia	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Hawaii	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Idaho	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Illinois	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Indiana	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Iowa	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Kansas	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Kentucky	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Louisiana	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Maine	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Massachusetts	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Michigan	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Minnesota	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Mississippi	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Missouri	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Montana	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Nebraska	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Nevada	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
New Hampshire	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
New Jersey	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
New Mexico	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
New York	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
North Carolina	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
North Dakota	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Ohio	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Oklahoma	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Oregon	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Pennsylvania	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Rhode Island	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
South Carolina	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
South Dakota	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Tennessee	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Texas	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Utah	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Vermont	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Virginia	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Washington	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
West Virginia	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Wisconsin	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Wyoming	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Total</b>	<b><a href="#">Click here</a></b>	<b><a href="#">Click here</a></b>	<b><a href="#">Click here</a></b>	<b><a href="#">Click here</a></b>

**FA1 Attachment S-5: Access to Adult PCPs**

**Instructions:** Provide access two ways: 1) all employees currently in PPO and 2) all employees. Matches must be determined based on criteria outlined in Section III Participants Access to Providers in **"Attachment S-1: Plan Information."**

A. For Response Attachment S-1: GeoAccess® GeoNetworks® Report, provide the following report format for Access to Adult Primary Care Physicians:

Zip Code	Average Distance to Adult PCPs	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
<b>SAMPLE FORMAT</b>						

B. Provide subtotals for all employees currently in PPO by County of residence and by region of residence as shown in the table below:

Metropolitan/ Geographic Area	Average Distance to Adult PCPs	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Anne Arundel County	Click here		Click here	Click here	Click here	Click here
Baltimore City	Click here		Click here	Click here	Click here	Click here
Baltimore County	Click here		Click here	Click here	Click here	Click here
Carroll County	Click here		Click here	Click here	Click here	Click here
Harford County	Click here		Click here	Click here	Click here	Click here
Howard County	Click here		Click here	Click here	Click here	Click here
<b>Central Maryland</b>	Click here		Click here	Click here	Click here	Click here
Caroline County	Click here		Click here	Click here	Click here	Click here
Cecil County	Click here		Click here	Click here	Click here	Click here
Dorchester County	Click here		Click here	Click here	Click here	Click here
Kent County	Click here		Click here	Click here	Click here	Click here
Queen Anne's County	Click here		Click here	Click here	Click here	Click here
Somerset County	Click here		Click here	Click here	Click here	Click here
Talbot County	Click here		Click here	Click here	Click here	Click here
Wicomico County	Click here		Click here	Click here	Click here	Click here
Worcester County	Click here		Click here	Click here	Click here	Click here
<b>Eastern Shore</b>	Click here		Click here	Click here	Click here	Click here
Calvert County	Click here		Click here	Click here	Click here	Click here
Charles County	Click here		Click here	Click here	Click here	Click here
St. Mary's County	Click here		Click here	Click here	Click here	Click here
<b>Southern Maryland</b>	Click here		Click here	Click here	Click here	Click here
District of Columbia	Click here		Click here	Click here	Click here	Click here
Montgomery County	Click here		Click here	Click here	Click here	Click here
Prince George's County	Click here		Click here	Click here	Click here	Click here
<b>Washington Metro</b>	Click here		Click here	Click here	Click here	Click here
Allegany County	Click here		Click here	Click here	Click here	Click here
Frederick County	Click here		Click here	Click here	Click here	Click here
Garrett County	Click here		Click here	Click here	Click here	Click here
Washington County	Click here		Click here	Click here	Click here	Click here
<b>Western Maryland</b>	Click here		Click here	Click here	Click here	Click here

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

C. Provide subtotals for all employees by County of residence and by region of residence as shown in the table below:

Metropolitan/ Geographic Area	Average Distance to Adult PCPs	Total Number of Employees / Retirees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Anne Arundel County	Click here		Click here	Click here	Click here	Click here
Baltimore City	Click here		Click here	Click here	Click here	Click here
Baltimore County	Click here		Click here	Click here	Click here	Click here
Carroll County	Click here		Click here	Click here	Click here	Click here
Harford County	Click here		Click here	Click here	Click here	Click here
Howard County	Click here		Click here	Click here	Click here	Click here
<b>Central Maryland</b>	Click here		Click here	Click here	Click here	Click here
Caroline County	Click here		Click here	Click here	Click here	Click here
Cecil County	Click here		Click here	Click here	Click here	Click here
Dorchester County	Click here		Click here	Click here	Click here	Click here
Kent County	Click here		Click here	Click here	Click here	Click here
Queen Anne's County	Click here		Click here	Click here	Click here	Click here
Somerset County	Click here		Click here	Click here	Click here	Click here
Talbot County	Click here		Click here	Click here	Click here	Click here
Wicomico County	Click here		Click here	Click here	Click here	Click here
Worcester County	Click here		Click here	Click here	Click here	Click here
<b>Eastern Shore</b>	Click here		Click here	Click here	Click here	Click here
Calvert County	Click here		Click here	Click here	Click here	Click here
Charles County	Click here		Click here	Click here	Click here	Click here
St. Mary's County	Click here		Click here	Click here	Click here	Click here
<b>Southern Maryland</b>	Click here		Click here	Click here	Click here	Click here
District of Columbia	Click here		Click here	Click here	Click here	Click here
Montgomery County	Click here		Click here	Click here	Click here	Click here
Prince George's County	Click here		Click here	Click here	Click here	Click here
<b>Washington Metro</b>	Click here		Click here	Click here	Click here	Click here
Allegany County	Click here		Click here	Click here	Click here	Click here
Frederick County	Click here		Click here	Click here	Click here	Click here
Garrett County	Click here		Click here	Click here	Click here	Click here
Washington County	Click here		Click here	Click here	Click here	Click here
<b>Western Maryland</b>	Click here		Click here	Click here	Click here	Click here

**FA1 Attachment S-6: Access to Pediatricians**

**Instructions:** Provide access two ways: (1) all employees currently in PPO and (2) all employees. Matches must be determined based on criteria outlined in Section III Participants Access to Providers in "Attachment S-1: Plan Information."

A. For Response Attachment S-1: GeoAccess® GeoNetworks® Report, provide the following report format for Access to Pediatricians:

Zip Code	Average Distance to Adult PCPs	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent

SAMPLE FORMAT

B. Provide subtotals for all employees currently in PPO by County of residence and by region of residence as shown in the table below:

Metropolitan/ Geographic Area	Average Distance to Adult PCPs	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Anne Arundel County	Click here		Click here	Click here	Click here	Click here
Baltimore City	Click here		Click here	Click here	Click here	Click here
Baltimore County	Click here		Click here	Click here	Click here	Click here
Carroll County	Click here		Click here	Click here	Click here	Click here
Harford County	Click here		Click here	Click here	Click here	Click here
Howard County	Click here		Click here	Click here	Click here	Click here
<b>Central Maryland</b>	Click here		Click here	Click here	Click here	Click here
Caroline County	Click here		Click here	Click here	Click here	Click here
Cecil County	Click here		Click here	Click here	Click here	Click here
Dorchester County	Click here		Click here	Click here	Click here	Click here
Kent County	Click here		Click here	Click here	Click here	Click here
Queen Anne's County	Click here		Click here	Click here	Click here	Click here
Somerset County	Click here		Click here	Click here	Click here	Click here
Talbot County	Click here		Click here	Click here	Click here	Click here
Wicomico County	Click here		Click here	Click here	Click here	Click here
Worcester County	Click here		Click here	Click here	Click here	Click here
<b>Eastern Shore</b>	Click here		Click here	Click here	Click here	Click here
Calvert County	Click here		Click here	Click here	Click here	Click here
Charles County	Click here		Click here	Click here	Click here	Click here
St. Mary's County	Click here		Click here	Click here	Click here	Click here
<b>Southern Maryland</b>	Click here		Click here	Click here	Click here	Click here
District of Columbia	Click here		Click here	Click here	Click here	Click here
Montgomery County	Click here		Click here	Click here	Click here	Click here
Prince George's County	Click here		Click here	Click here	Click here	Click here
<b>Washington Metro</b>	Click here		Click here	Click here	Click here	Click here
Allegany County	Click here		Click here	Click here	Click here	Click here
Frederick County	Click here		Click here	Click here	Click here	Click here
Garrett County	Click here		Click here	Click here	Click here	Click here
Washington County	Click here		Click here	Click here	Click here	Click here
<b>Western Maryland</b>	Click here		Click here	Click here	Click here	Click here

C. Provide subtotals for all employees by County of residence and by region of residence as shown in the table below:

Metropolitan/ Geographic Area	Average Distance to Adult PCPs	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Anne Arundel County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Baltimore City	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Baltimore County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Carroll County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Harford County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Howard County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Central Maryland</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Caroline County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Cecil County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Dorchester County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Kent County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Queen Anne's County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Somerset County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Talbot County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Wicomico County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Worcester County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Eastern Shore</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Calvert County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Charles County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
St. Mary's County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Southern Maryland</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
District of Columbia	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Montgomery County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Prince George's County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Washington Metro</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Allegany County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Frederick County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Garrett County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Washington County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Western Maryland</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>

**FA1 Attachment S-7: Access to OB/GYN**

**Instructions:** Provide access two ways: (1) all employees currently in PPO and (2) all employees. Matches must be determined based on criteria outlined in Section III Participants Access to Providers in "Attachment S-1: Plan Information."

A. For Response Attachment S-1: GeoAccess® GeoNetworks® Report, provide the following report format for Access to OB/GYN Physicians:

Zip Code	Average Distance to Adult PCPs	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
<b>SAMPLE FORMAT</b>						

B. Provide subtotals for all employees currently in PPO by County of residence and by region of residence as shown in the table below:

Metropolitan/ Geographic Area	Average Distance to Adult PCPs	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Anne Arundel County	Click here		Click here	Click here	Click here	Click here
Baltimore City	Click here		Click here	Click here	Click here	Click here
Baltimore County	Click here		Click here	Click here	Click here	Click here
Carroll County	Click here		Click here	Click here	Click here	Click here
Harford County	Click here		Click here	Click here	Click here	Click here
Howard County	Click here		Click here	Click here	Click here	Click here
<b>Central Maryland</b>	Click here		Click here	Click here	Click here	Click here
Caroline County	Click here		Click here	Click here	Click here	Click here
Cecil County	Click here		Click here	Click here	Click here	Click here
Dorchester County	Click here		Click here	Click here	Click here	Click here
Kent County	Click here		Click here	Click here	Click here	Click here
Queen Anne's County	Click here		Click here	Click here	Click here	Click here
Somerset County	Click here		Click here	Click here	Click here	Click here
Talbot County	Click here		Click here	Click here	Click here	Click here
Wicomico County	Click here		Click here	Click here	Click here	Click here
Worcester County	Click here		Click here	Click here	Click here	Click here
<b>Eastern Shore</b>	Click here		Click here	Click here	Click here	Click here
Calvert County	Click here		Click here	Click here	Click here	Click here
Charles County	Click here		Click here	Click here	Click here	Click here
St. Mary's County	Click here		Click here	Click here	Click here	Click here
<b>Southern Maryland</b>	Click here		Click here	Click here	Click here	Click here
District of Columbia	Click here		Click here	Click here	Click here	Click here
Montgomery County	Click here		Click here	Click here	Click here	Click here
Prince George's County	Click here		Click here	Click here	Click here	Click here
<b>Washington Metro</b>	Click here		Click here	Click here	Click here	Click here
Allegany County	Click here		Click here	Click here	Click here	Click here
Frederick County	Click here		Click here	Click here	Click here	Click here
Garrett County	Click here		Click here	Click here	Click here	Click here
Washington County	Click here		Click here	Click here	Click here	Click here
<b>Western Maryland</b>	Click here		Click here	Click here	Click here	Click here

C. Provide subtotals for all employees by County of residence and by region of residence as shown in the table below:

Metropolitan/ Geographic Area	Average Distance to Adult PCPs	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Anne Arundel County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Baltimore City	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Baltimore County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Carroll County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Harford County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Howard County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Central Maryland</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Caroline County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Cecil County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Dorchester County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Kent County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Queen Anne's County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Somerset County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Talbot County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Wicomico County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Worcester County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Eastern Shore</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Calvert County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Charles County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
St. Mary's County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
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<b>Western Maryland</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>

**FA1 Attachment S-8: Access to Hospitals**

**Instructions:** Provide access two ways: (1) all employees currently in PPO and (2) all employees. Matches must be determined based on criteria outlined in Section III Participants Access to Providers in "Attachment S-1: Plan Information."

A. For Response Attachment S-1: GeoAccess® GeoNetworks® Report, provide the following report format for Access to Hospitals:

Zip Code	Average Distance to Adult PCPs	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
<b>SAMPLE FORMAT</b>						

B. Provide subtotals for all employees currently in PPO by County of residence and by region of residence as shown in the table below:

Metropolitan/ Geographic Area	Average Distance to Adult PCPs	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Anne Arundel County	Click here		Click here	Click here	Click here	Click here
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Baltimore County	Click here		Click here	Click here	Click here	Click here
Carroll County	Click here		Click here	Click here	Click here	Click here
Harford County	Click here		Click here	Click here	Click here	Click here
Howard County	Click here		Click here	Click here	Click here	Click here
<b>Central Maryland</b>	Click here		Click here	Click here	Click here	Click here
Caroline County	Click here		Click here	Click here	Click here	Click here
Cecil County	Click here		Click here	Click here	Click here	Click here
Dorchester County	Click here		Click here	Click here	Click here	Click here
Kent County	Click here		Click here	Click here	Click here	Click here
Queen Anne's County	Click here		Click here	Click here	Click here	Click here
Somerset County	Click here		Click here	Click here	Click here	Click here
Talbot County	Click here		Click here	Click here	Click here	Click here
Wicomico County	Click here		Click here	Click here	Click here	Click here
Worcester County	Click here		Click here	Click here	Click here	Click here
<b>Eastern Shore</b>	Click here		Click here	Click here	Click here	Click here
Calvert County	Click here		Click here	Click here	Click here	Click here
Charles County	Click here		Click here	Click here	Click here	Click here
St. Mary's County	Click here		Click here	Click here	Click here	Click here
<b>Southern Maryland</b>	Click here		Click here	Click here	Click here	Click here
District of Columbia	Click here		Click here	Click here	Click here	Click here
Montgomery County	Click here		Click here	Click here	Click here	Click here
Prince George's County	Click here		Click here	Click here	Click here	Click here
<b>Washington Metro</b>	Click here		Click here	Click here	Click here	Click here
Allegany County	Click here		Click here	Click here	Click here	Click here
Frederick County	Click here		Click here	Click here	Click here	Click here
Garrett County	Click here		Click here	Click here	Click here	Click here
Washington County	Click here		Click here	Click here	Click here	Click here
<b>Western Maryland</b>	Click here		Click here	Click here	Click here	Click here

C. Provide subtotals for all employees by County of residence and by region of residence as shown in the table below:

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			Number	Percent	Number	Percent
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<b>Southern Maryland</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
District of Columbia	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
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<b>Washington Metro</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Allegany County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
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Washington County	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Western Maryland</b>	<a href="#">Click here</a>		<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>

### FA1 Attachment S-9: Compliance Checklist

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

**Instructions:** Complete each item with the requested information. Items in the response column with the words "Choose" contain a drop down list of options. Select a response from those options as applicable.

**NOTE: If a Response/Explanation/Deviation is being provided, a "No" response must be selected and addressed in "FA1 Attachment S-2: Explanations and Deviations."**

Compliance Checklist		Contractor's Response
<b>CUSTOMER SERVICE</b>		
CC-1	Contractor agrees to permit all eligible SLEOLA Members, as determined by the State, to obtain health insurance benefits for themselves and their eligible Dependents.	Choose
CC-2	Contractor agrees that no administrative functions required under this contract may be performed offshore.	Choose
CC-3	Contractor agrees to establish and provide a state-of-the-art customer service operation (including a toll-free phone number) available to plan Participants (both in-state and out-of state) 24/7, staffed by live customer service representatives during the core hours, 7 am – 11 pm Eastern Time, seven days a week at no additional charge. This may be the same operation as that provided for State employees, retirees and dependents under another active contract, if applicable.	Choose
CC-4	This toll-free customer service line will be supported during the hours stated above by an automated voice-response system 24 hours a day, seven days a week. Participants (both in-state and out-of state) can access this system directly to request and receive service authorizations or other pertinent data. This operation should comply with Performance Standards #1 and #2, in " <b>FA1 Attachment S-12: Performance Guarantees.</b> " May be the same operation as that provided for State employees, retirees and dependents under another active contract.	Choose
CC-5	During call center hours, as indicated above, the customer service phone intake system should be an automatic answering system that picks up within 10 seconds and directs Participants into a queue to be serviced, with an available opt-out to a live representative at any time during the call.	Choose
CC-6	Automated call answer system will provide estimated wait time until live operator pick-up to Participant.	Choose
CC-7	Contractor agrees to resolve a minimum of 85% of member calls on the first call to the customer service line.	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

CC-8	The member services operation must include:	
	a.) Knowledgeable staff available to answer questions on plan eligibility, plan guidelines, benefit levels, and claims procedures.	Choose
	b.) The ability to maintain an eligibility file that identifies eligible Participants as well as certain other pertinent information regarding Participants.	Choose
	c.) A system for providing Explanations Of Benefits to eligible Participants detailing payments to facilities and providers for services rendered and the amounts applicable to each service.	Choose
	d.) A procedure for handling emergency requests and non-office hour admissions.	Choose
	e.) An integrated claims and customer service system enabling both claims and service team members to view all screens.	Choose
	f.) Adequate access to the customer service system for individuals with disabilities. (TTY and online access for deaf, full-service phone access for blind)	Choose
CC-9	Contractor agrees to accurately convert enrollment data files, including the master enrollment file and any other relevant files to the Contractor's data system.	Choose
CC-10	Contractor agrees to offer support services for the 2014 Open Enrollment period (for the plan year beginning January 1, 2015) and all subsequent open enrollments during the contract term. Contractor will provide services in accordance with Performance Standard #5, in " <b>FA1 Attachment S-12: Performance Guarantees.</b> "	Choose
CC-11	Contractor will provide representatives to attend Benefit Fairs, who will be trained on the SLEOLA-specific benefit plans, in accordance with Performance Standard #5, in " <b>FA1 Attachment S-12: Performance Guarantees.</b> "	Choose
CC-12	Contractor agrees to maintain and verify documentation of disabled status for dependents of eligible SLEOLA participants. Contractor must verify disabled status every two years, or in the event of a total and permanent disability, once per contract period. If no documentation is received within the required timeframe, Contractor must notify the State of Maryland within 10 calendar days.	Choose
CC-13	Contractor agrees to share the expenses for producing and distributing all SLEOLA Open Enrollment materials, including but not limited to the Benefits Guide, universal enrollment forms, and other notices or information included in the enrollment kits. The total cost will be shared equally among all benefit plans. The Contractor's share will vary based on the number of vendors. If there are fewer vendors in future years, the pro-rated amounts will increase.	Choose
CC-14	Contractor agrees to assume a share of the cost of an annual State-conducted Participant satisfaction survey on its health plan. The Contractor's share will vary based on the number of vendors. If there are fewer vendors in future years, the pro-rated amounts will increase.	Choose
CC-15	Contractor shall prepare and provide identification cards and a detailed plan description document to Members. ID cards are to be mailed to members at least ten business days before the program is operational. ID cards must be mailed to new members within three business days of notification by the State or receipt of the add/change/delete enrollment file that reflects the new enrollment, whichever is earlier. The detailed plan description/Evidence of Coverage will be provided electronically (and via paper upon request).	Choose
CC-16	Contractor shall provide an electronic version of the detailed plan description/summary of coverage/evidence of coverage to the employee benefits Compliance Manager no later than 45 days in advance of the first day of the plan year.	Choose
CC-17	Contractor will use a unique identification number (not the Social Security number) on all Participant communications, including, but not limited to, membership cards, EOBs, etc.	Choose
CC-18	Upon request, Contractor will submit forms for the State's approval, and print forms with the State's logo for claims submission.	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

CC-19	The State of Maryland reserves the right to accept or decline the Contractor’s designated account manager for any reason at any time.	Choose
CC-20	Contractors Plan representatives will return all messages received from the State’s Department of Budget and Management/Employee Benefits Division (whether voice mail, e-mail or other communication method) promptly. Messages received before noon will be replied to the same day. Messages received after noon will be replied to by noon of the following business day.	Choose
CC-21	The State of Maryland reserves the right to accept or decline the Contractor’s designated Claim Supervisor, Claim Processor and claim facility for any reason at any time.	Choose
CC-22	Contractor will attend quarterly meetings to discuss plan administration and any other concerns the State may have. Meetings will be set with the State in advance on a designated day each quarter. Contractor will attend meetings in accordance with Performance Standard #6, in " <b>FA1 Attachment S-12: Performance Guarantees.</b> " The content of the meeting will include, but not be limited to, unusual claims utilization trends, disease state prevalence, operational performance, disease management progress, wellness tracking and customer service issues.	Choose
CC-23	Contractor agrees to review drafts of the plan description contained in SLEOLA’s annual Benefits Guide, as requested by the State, at no extra cost.	Choose
CC-24	Contractor agrees to meet or exceed established performance standards as described in " <b>FA1 Attachment S-12: Performance Guarantees.</b> "	Choose
<b>NETWORK COMPLIANCE/REIMBURSEMENT</b>		
CC-25	Contractor agrees to provide Participant support services live and online for selecting and/or locating network physicians and for answering provider credentialing questions that Participants may have.	Choose
CC-26	Contractor agrees to provide online access to up-to-date network provider listings and locations to assist Participants with provider selection, including quality performance and outcome ratings, and other services with regard to provider selection.	Choose
CC-27	Contractor agrees to notify plan Participants, in writing, with at least 60 days advance notice, in the event the contract for a Participant's network physician terminates for any reason. The State will review and approve the communications before release to SLEOLA Participants.	Choose
CC-28	Contractor agrees to notify the State, in writing, with at least 75 days advance notice, in the event the contract for a practice group or physician terminates for any reason.	Choose
CC-29	Contractor has a procedure in place to allow the State and/or plan Participants to nominate providers to be considered for inclusion in the network.	Choose
CC-30	Contractor's physician and hospital contracts have a "continuation of care" clause which states if a physician or hospital cancels or fails to renew their contract, care which began with a network provider will continue to be provided and reimbursed as a network provider until 90 days after discharge.	Choose
CC-31	Contractor has, and will maintain, a process for Participants to contact customer service to determine the maximum allowance for a specific procedure in advance of having the procedure performed.	Choose
CC-32	Contractor confirms procedures are in place for ensuring a network provider does not bill participants and/or the plan sponsor any amount in excess of the network allowance.	Choose
CC-33	Contractor's contracts with network providers prohibit providers from balance billing patients above the network allowance.	Choose
CC-34	Contractor will guarantee a participant will not be liable for any amounts over and above the scheduled plan of benefits in the event a healthcare provider is not paid accurately for services rendered.	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

CC-35	Contractor guarantees the network allowance will always be the basis for determining the member's liability (coinsurance, etc.), if applicable, for in-network services rendered.	Choose
CC-36	Contractor shall provide and maintain a broad-based national network.	Choose
CC-37	Contractor agrees the State reserves the right to explore Contractor’s tiered network and, if decided, implement this structure in future plan years.	Choose
<b>AUDITS</b>		
CC-38	Contractor agrees to perform regular hospital record (including clinical and billing issues) audits on all hospital admissions exceeding \$25,000 in paid claims, subject to a minimum of 2% of all hospital claims, and report audit results and recoveries to the State. Such audits will be performed in accordance with Performance Standard #12, in <b>"FA1 Attachment S-12: Performance Guarantees."</b>	Choose
CC-39	Contractor agrees to have an annual audit performed by an independent audit firm of its handling of the Department’s critical functions and/or sensitive information, which is identified as Insurance Claims Processing Services (collectively referred to as the “Information Functions and/or Processes”). Such audits shall be performed in accordance with audit guidance: <i>Reporting on Controls at a Service Organization Relevant to Security, Availability, Processing Integrity, Confidentiality, or Privacy (SOC 2)</i> as published by the American Institute of Certified Public Accountants (AICPA), as updated from time to time, or according to the most current audit guidance promulgated by the AICPA or similarly-recognized professional organization, as agreed to by the Department, to assess the security of outsourced client functions or data (collectively, the “Guidance”). Copies of such audits will be provided to the State annually.	Choose
CC-40	Contractor agrees to provide the State or its designated representative the right to audit the performance of the plan and services provided (including HIPAA compliance). Contractor will make available all services, records and access to the auditors at no extra charge. Contractor will be given two months written advance notice of an impending audit. The State or its designated representative will audit operations at least once annually.	Choose
CC-41	Contractor agrees to provide the State the right to audit self-insured claims against the State’s eligibility system. Contractor will designate a supervisor-level contact from both its enrollment and claims units who will be responsible and accountable for ensuring timely response to the Department’s Audit Unit to support its efforts to collect ineligible payments from either Contractor or Member. Such audits will occur within the plan year with a final reconciliation to occur no later than 90 days following the plan year end.	Choose
CC-42	Contractor agrees to maintain eligibility reconciliations between Contractor files and SLEOLA eligibility files.	Choose
<b>HIPAA (Business Associate Agreement)</b> (Terms herein shall have meaning provided in 45 CFR, Parts 160, 162 and 164.)		
CC-43	Contractor agrees to comply with HIPAA security regulations, 45 CFR Part 164, subpart C, including the following:	
	a.) Contractor agrees to develop and implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic protected health information Contractor creates, receives, maintains or transmits in Contractor's administration of the plan, as required by HIPAA security standards.	Choose
	b.) Contractor agrees to comply with HIPAA security standards.	Choose
	c.) Contractor agrees to maintain documentation of the policies, procedures and safeguards implemented to comply with HIPAA security standards.	Choose
	d.) In compliance with 45 CFR 164.308(b), Contractor agrees to ensure, through	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	written contract, that any agent, including a subcontractor to whom Contractor provides electronic PHI, agrees to implement reasonable and appropriate safeguards.	
	e.) Contractor agrees to report to the State within ten days any security incident of which Contractor becomes aware during the term of the Contract and any mitigation or remedial plans to address such security incidents.	Choose
	f.) Contractor agrees to make Contractor's policies and procedures, and its documentation required by the HIPAA security standards, available to the State and DHHS for purposes of determining if the plan complies with HIPAA security standards.	Choose
CC-44	Contractor agrees to comply with HIPAA privacy standards, 45 CFR Parts 160 and 164, including the following:	
	a.) Contractor shall not use or disclose PHI except to fulfill the requirements of this RFP and the contract, or as required by law. In doing so, Contractor shall use, disclose or request the minimum amount of PHI necessary and act in compliance with §164.502(b) as if a covered entity. Further, Contractor shall use limited data sets when possible and comply with DHHS guidance in determining minimum necessary standards to accomplish intended use, purpose or disclosure as if a covered entity.	Choose
	b.) Contractor shall implement and use appropriate and reasonable administrative, physical and technical safeguards to prevent Use or Disclosure of PHI other than (1) as provided in this RFP and the contract, (2) permitted by the HIPAA Privacy Regulation for a Covered Entity, and (3) permitted by the Medical Records Act. In the event the HIPAA Privacy Regulation and the Medical Records Act conflict regarding the degree of protection provided for PHI, Contractor shall comply with the more restrictive protection requirements.	Choose
	c.) Contractor shall report to the State any Use or Disclosure of PHI not permitted within 10 days of when Contractor becomes aware of such Use and Disclosure.	Choose
	d.) Contractor shall use reasonable efforts to mitigate the effect of any Use or Disclosure of PHI known to Contractor that is not permitted.	Choose
	e.) Contractor shall comply with the administrative requirements of 45 CFR § 164.530 as if Contractor were the Covered Entity in relation to the plan.	Choose
	f.) In compliance with 45 CFR § 164.504(e)(5), Contractor shall ensure, through written contract, that any agent, including a subcontractor to whom it provides PHI received from, created by, or received by Contractor, agrees to the same restrictions and conditions that apply to the Contractor with respect to such information. This obligation shall apply in connection with PHI created, retained, used, disclosed, or transmitted in connection with the plan(s) administered by Contractor.	Choose
	g.) Contractor shall provide a Notice of Privacy Practices to all individuals enrolled in the plan in compliance with 45 CFR §164.520 as if Contractor were the Covered Entity with regard to the plan. (1) This Notice of Privacy Practices shall comply with the requirements of 45 CFR §164.520 as if the Contractor were the Covered Entity with regard to the plan. (2) A copy of this Notice of Privacy Practices shall be provided to the State with certification that the notice has been provided to the Members.	Choose
	h.) Contractor shall permit an individual enrolled in the plan to request restricted Uses and Disclosures of PHI related to that individual in accordance with 45 CFR §164.522(a)(1)(i). Contractor shall comply with 45 CFR §164.522(a)(1)(iii)-(iv) and HITECH §13.405(a) in the event a request for restricted Uses and Disclosures is granted as if the Contractor were the Covered Entity with regard to the plan. Contractor may refuse such request to restrict Uses and Disclosures or terminate a restriction on Uses and Disclosures provided Contractor complies with the provisions of 45 CFR §164.122(a)(1)(ii), §164.522(a)(2)-(3) and HITECH §13.405(a) as if Contractor were the Covered Entity with regard to the plan.	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

<p>i.) Contractor shall accommodate reasonable requests by individuals enrolled in the plan or by the State on behalf of such individuals to receive confidential communications in compliance with 45 CFR §164.522(b)(ii) as if Contractor were the Covered Entity with regard to the plan. Contractor may condition providing confidential communications as permitted by 45 CFR §164.522(b)(2).</p>	<p>Choose</p>
<p>j.) Contractor shall maintain PHI in a Designated Record Set and make available to an individual the PHI relating to the individual in compliance with 45 CFR §164.524 and the HITECH Act as if Contractor were the Covered Entity with regard to the plan.</p>	<p>Choose</p>
<p>k.) Contractor shall make available for amendment and amend PHI at the request of the State or the individual to whom the PHI relates in compliance with 45 CFR §164.526 as if Contractor were the Covered Entity with regard to the plan.</p>	<p>Choose</p>
<p>l.) Contractor shall document and track Disclosures and provide an accounting of Disclosures of PHI to the individual to whom it relates in compliance with 45 CFR §165.528 and the HITECH Act as if Contractor were the Covered Entity with regard to the plan.</p>	<p>Choose</p>
<p>m.) Contractor shall make Contractor’s internal practices, books and records, including privacy and confidentiality policies and procedures and PHI, available to the State and the Federal Department of Health and Human Services, for purposes of determining whether the State is compliant with HIPAA Privacy Regulations in the administration of the plan.</p>	<p>Choose</p>
<p>n.) Upon termination of the Contract, for any reason, Contractor shall maintain all records created under the Contract as required by the Contract and shall extend the protections of HIPAA privacy standards to the PHI contained in those records for so long as Contractor maintains the PHI. All such records containing PHI shall be destroyed at the expiration of the record retention period required by the Contract or, if retained by Contractor, protected, used and disclosed only in accordance with this RFP and the Contract.</p>	<p>Choose</p>
<p>o.) Contractor shall provide a certification to the State that Contractor’s HIPAA Privacy Standards obligations have been met, to occur no more frequently than quarterly, upon the State’s request for certification.</p>	<p>Choose</p>
<p>p.) Contractor shall disclose PHI to the State and to the State’s agents for the State’s use in treatment, payment and healthcare operations related to the plan, and the State’s other related plans.</p>	<p>Choose</p>
<p>q.) Contractor may Disclose PHI as required by law in compliance with 45 CFR §164.512.</p>	<p>Choose</p>
<p>r.) Contractor may Use and Disclose PHI to conduct data aggregation services as permitted by 45 CFR §164.501 and §164.504(e)(2)(i)(B).</p>	<p>Choose</p>
<p>s.) Contractor may Use and Disclose PHI for the proper management and administration of the Contract or to carry out its legal responsibilities as permitted by 45 CFR §164.504(e)(4), provided that: (a) such Uses and Disclosures would be permitted by the HIPAA Privacy Regulation if Contractor were a Covered Entity regulated by the HIPAA Privacy Regulation and (b) Contractor obtains reasonable written assurances from the person, agency, or entity to which such Disclosures are made that all PHI will remain confidential and be Used or Disclosed further only as required by law, for the purposes of Disclosure by Contractor, and the person, agent or entity notifies Contractor of any instances in which the confidentiality of the PHI has been breached.</p>	<p>Choose</p>
<p>t.) Contractor may Use or Disclose PHI to report violations of the law to appropriate State and Federal authorities consistent with 45 CFR §164.502(j).</p>	<p>Choose</p>
<p>u.) Contractor may Disclose PHI in response to an authorization executed by the individual who is the subject of the PHI or the individual’s personal representative in accordance with 45 CFR §502(g) and 45 CFR §164.508.</p>	<p>Choose</p>

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

CC-45	Contractor shall comply with the limitations on the sale of PHI provided in 45 CFR §164.508(a)(4) and §164.502(a)(5)(ii). Contractor shall prohibit its business associates, agents and subcontractors who receive, use, disclose, create, retain, maintain, or transmit PHI from receiving remuneration in exchange for PHI on the same terms.	Choose
CC-46	Contractor shall comply with limitations on marketing and fundraising communications provided in 45 CFR 164.508(a)(3) as if it were a covered entity in connection with the benefits plan.	Choose
CC-47	<b>Breaches of Unsecured PHI</b>	
	a.) A breach shall be treated as discovered in the terms described in 45 CFR §164.410.	Choose
	b.) Notice to the Department	Choose
	(1) Contractor shall promptly notify the Department of a breach of unsecured PHI in its possession following the first day on which Contractor (or Contractor's employee, officer, agent or subcontractor) knows of such breach or following the first day on which Contractor (or Contractor's employee, officer, agent or subcontractor) should have known of such breach. Such notice shall occur without unreasonable delay and in no event more than 30 days following discovery of the breach. Such notice shall occur even if the breach is not of a Member of the SLEOLA Plan.	Choose
	(2) In the event Contractor determines that there is a low probability the unauthorized access, acquisition, use, or disclosure has compromised the security or privacy of the protected health information based on a risk assessment conducted pursuant 45 CFR §164.402(2), Contractor shall promptly notify the Department of the event and the basis for that determination. Such notice shall occur as soon as is reasonable but in no event more than 30 days following discovery of the unauthorized access, acquisition, use or disclosure of PHI of a Participant. Such determination shall be in writing and signed by an appropriate officer or employee of Contractor.	Choose
	(3) Contractor's notice to the Department pursuant to this section concerning breaches shall include, at a minimum:	
	(i) the total number of individuals affected by the breach and the number of Participants in the SLEOLA Plan affected by the breach;	Choose
	(ii) if applicable, the identification of each SLEOLA Plan Participant whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used, disclosed, or otherwise the subject of the breach;	Choose
	(iii) a description of what happened, the date of the breach, if known, and the date of the discovery of the breach;	Choose
	(iv) a brief description of the types of unsecured PHI that were involved in the breach (such as name, social security number, date of birth, claims or healthcare services information, etc.);	Choose
	(v) identification of an individual who can provide additional information concerning the breach; and	Choose
	(vi) a brief description of the steps Contractor is taking to mitigate the breach, investigate the breach, and to protect against further breaches.	Choose
	(4) Contractor's notice to the Department pursuant to this section may be provided on a rolling basis, with information provided to the Department as it becomes available.	Choose
	c.) Notice to Participants.	
	(1) Contractor shall provide notice to affected members and to the media in the form, content, manner, method, and timing required to meet the requirements of 45 CFR §§164.404 and 164.406, applied as if Contractor were a covered entity in connection with the group plan(s) administered by Contractor pursuant to the Underlying Agreement.	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	(2) The notice(s) required by this section may not be issued until the State has reviewed and approved the notice(s). Such approval may not be unreasonably delayed or withheld.	Choose
	d.) Contractor may delay the notice(s) required pursuant to sections 164.404(b) and 164.406(b) only if permitted pursuant to 45 CFR §164.412.	Choose
	e.) In the event of an unauthorized use or disclosure of PHI or a breach of Unsecured PHI, Contractor shall use reasonable efforts to mitigate any harmful effects of said disclosure that are known to it.	Choose
	f.) Notices to DHHS.	
	(1) In the event of a breach described in 45 CFR §164.408(b), Contractor shall provide to Department all information required by that subsection to be submitted to the Secretary of DHHS. The information shall be provided without unreasonable delay and in no event more than 30 days following discovery of the breach. Upon request, Contractor shall submit the required breach notice to the Secretary of DHHS on behalf of the Department, the State, the group plan(s), and the Program.	Choose
	(2) Contractor shall maintain a log of breaches described in 45 CFR §164.408(c) and that affect members and the group plan(s) administered by Contractor pursuant to the Underlying Agreement.	Choose
	g.) In fulfilling its obligations pursuant under this Contract in connection with 45 CFR §164.530, Contractor shall address the provisions of 45 CFR Part 164, subpart D in the manner provided in 45 CFR §164.414, as if Contractor were a covered entity in connection with the benefits plan administered by Contractor pursuant to this Contract and RFP.	Choose
	h.) Contractor agrees to review any guidance from DHHS specifying the technologies and methodologies that render PHI unusable, unreadable, or indecipherable to unauthorized individuals. Contractor further agrees, to the extent practical, appropriate and reasonable, to incorporate such guidance into its administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of PHI.	Choose
	i.) Contractor agrees to ensure any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the Contractor, agrees to provide notice of a breach and the information necessary for Contractor to comply with its notice requirements in sections (a) through (h) above.	Choose
CC-48	<b>Electronic Health Records</b>	
	a.) Contractor shall notify the Department if and when Contractor uses or maintains electronic health record(s) with respect to PHI.	Choose
	b.) Contractor shall comply with the obligations to respond to requests for an accounting under 45 CFR §164.528 as if Contractor were a covered entity in connection with the benefits plan administered by Contractor pursuant to this Contract and RFP. Contractor further agrees to make available the information required for the State to provide an accounting of disclosures of PHI in accordance with 45 CFR §164.528.	Choose
	c.) Contractor shall comply with the obligation to provide an individual access to PHI pursuant to 45 CFR §§ 164.502(a)(4)(ii) and 164.524.	Choose
CC-49	Contractor confirms its proposal, and plan design offered, is in compliance with all federal and state laws and regulations pertaining to employee benefit plans.	Choose
CC-50	Contractor understands, has the necessary systems capability and complies with HIPAA's administrative simplification standards related to electronic data interchange (EDI), including the code set/transactions requests of 45 CFR Part 162.	Choose
CC-51	Contractor requires any agents/subcontractors it brings onto the project(s) covered by this RFP to comply with HIPAA standards for EDI.	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

<b>SPECIAL PROVISIONS</b>		
CC-52	Contractor will provide at least six months' advance notice of any planned systems upgrades or changes (to include claims, customer service, eligibility, corporate operating system).	Choose
CC-53	Contractor agrees to retain records in excess of the period required by the Contract, if required by State and Federal regulations for health plans.	Choose
CC-54	Contractor must unconditionally agree to provide coverage to all Participants enrolled on the Program effective date.	Choose
CC-55	Contractor agrees to provide necessary legal defense in the event of litigation resulting from Contractor error, omission, etc.	Choose
CC-56	Contractor agrees to cover all costs associated with legal defense in the event of litigation.	Choose
CC-57	In the event of a change in vendors or expiration of this contract, at the termination or expiration of this contract, the vendor selected will be responsible for incurred claims up to the termination or expiration date for up to 12 months following the end of the contract term.	Choose
CC-58	All claim records and eligibility data used by the Contractor in its role as claim administrator shall remain the property of the State as plan sponsor and plan administrator.	Choose
CC-59	Contractor agrees to prepare and file all legal documents necessary to implement and maintain the plan, including policies, amendments, contracts, required state filings, and development of booklet/certificate formats.	Choose
CC-60	Contractor agrees to monitor federal and state legislation affecting the delivery of medical benefits under the plan and to report to the State on those issues in a timely fashion prior to the effective date of any mandated plan changes.	Choose
CC-61	Contractor will absorb the cost of programming to meet any benefit design changes.	Choose
CC-62	Member service operations must include an information system capable of electronically transmitting, receiving, and updating Participant profile information regarding demographics, coverage, and other information (e.g. eligibility, change of address, etc.) on a daily basis.	Choose
CC-63	Contractor agrees to accept prescription claims data from State's PBM at a frequency necessary to properly and fully manage wellness and disease management obligations.	Choose
CC-64	All electronic file transfers shall be exchanged using a point to point VPN connection approved by the State of Maryland, Department of Budget and Management, Office of Information Technology.	Choose
CC-65	Contractor will use a unique identification number (not a Social Security number) on all Participant communications, including, but not limited to, membership cards, EOBs, etc.	Choose
CC-66	Contractor agrees to maintain a claims fraud detection and prevention program and will notify the State within 10 business days of any suspected fraud and the steps Contractor has taken to remedy and investigate. Contractor will provide the State with its current procedures and any updates as they occur, but no less frequently than annually.	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

<b>HEALTHCARE REFORM</b>		
CC-67	Contractor agrees it will use an effective internal claims appeals process pursuant to PPACA (§ 2719 of the Public Health Service Act) and the regulations promulgated thereto, including:	
	a.) Incorporating the procedures of the Department of Labor claims procedure regulation;	Choose
	b.) Providing appropriate and timely notice to members regarding benefit determinations;	Choose
	c.) Providing appropriate and timely notice to members regarding available internal and external appeals processes;	Choose
	d.) Allowing members to review their file, present evidence and testimony as part of the appeals process; and	Choose
	e.) Updating its claims and procedures in accordance with any standards established by the Secretary of Labor.	Choose
CC-68	Medical Loss Ratio Requirement Contractor agrees to comply with PPACA (§ 2719 of the Public Health Service Act) and the regulations promulgated thereto, including:	
	a.) Contractor agrees to spend at least 85% of premiums charged under this Contract on healthcare benefits and quality improvement activities rather than on administrative costs or as retained profits in accordance with PPACA.	Choose
	b.) Contractor agrees to provide DBM and each enrollee a notice (in the form prescribed by HHS) at the time a rebate is provided to DBM, that includes the following information: (i) a general description of the MLR concept, (ii) the purpose of setting the MLR standard, (iii) the applicable MLR standard, (iv) Contractor’s MLR, (v) Contractor’s aggregate premium revenue minus applicable taxes and fees, (vi) the rebate percentage and amount owed to enrollees, and (vii) verification that the total aggregated rebate is being provided to DBM.	Choose
	c.) Contractor agrees to pay 100% of any such rebate to DBM.	Choose
	d.) DBM will use the amount of the rebate proportionate to the total amount of premium paid by all enrollees under the policy, for the benefit of enrollees in one of the ways described in 45 CFR §158.242(b)(1), at the option of DBM.	Choose
CC-69	Contractor has disclosed their claims appeals (claims decision or coverage) protocols as well as actual response time statistics for the most recent year. Label as <b>"Response FA1 Attachment S-1: Claims Appeal Protocol."</b>	Choose
<b>CLAIM PROCESSING</b>		
CC-70	Contractor agrees all claims will be paid in accordance with the benefit program described in <b>"FA1 Attachment S-3: PPO Plan Design"</b> in this Request for Proposal.	Choose
CC-71	Contractor has procedures in place for recovery of claims processing errors identified by, but not limited to, Contractor audits, EBD claims eligibility, and its external Contractor audits.	Choose
CC-72	Contractor agrees to promptly refund to the State any claim overpayments identified in the audits, regardless of timing.	Choose
CC-73	Contractor agrees to have a process for resolving complaints in place and operable on the date of contract commencement. The State expects that an expeditious, written resolution will be mailed within 10 workdays of receipt of any complaint other than claims appeals.	Choose
CC-74	Contractor agrees to use the current NAIC 120-1 Model COB Contract Provisions for determining when to pay as primary coverage.	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

CC-75	Notwithstanding anything in the attachments to the contrary, Contractor agrees to administer the plan to provide Coordination of Benefits (COB) under a pay and pursue basis with other employee and dependent medical coverage, including Medicare and Medicaid, in accordance with current NAIC 120-1 Model COB Provisions.	Choose
CC-76	Contractor will verify and update Participant records with information on other coverage at least annually, and more frequently if notified by the State or Participant.	Choose
CC-77	As a secondary payer, your non-Medicare COB will be based on the coinsurance in effect on the secondary payer plan and adjudicated based on the allowed amount of the secondary payer plan.	Choose
CC-78	As a secondary payer, your Medicare COB will be based on the coinsurance in effect on the secondary payer plan, adjudicated based on Medicare's allowed amount and the assumption that the Participant has enrolled in Parts A and B.	Choose
CC-79	Contractor agrees to comply with all applicable rules and requirements of The Medicare, Medicaid, and SCHIP Extension Act of 2012, S. 2499 (Public Law No: 110-173 and submit data on behalf of the plan as required.	Choose
CC-80	Contractor agrees to use its UCR profiles, reduced network fees, or those of the primary carrier in determining its level of reimbursement when it is the secondary payer in a COB situation.	Choose
CC-81	To the extent permitted under state law, no fault auto insurance, governmental plans (Medicare, Medicaid) coordination and negligent third party subrogation will be included in the contract.	Choose
CC-82	Contractor agrees to process claims either by a paper process or electronic process in accordance with Performance Standards #9 through #11, in " <b>FA1 Attachment S-12: Performance Guarantees.</b> "	Choose
CC-83	Contractor will obtain the advice and consultation of qualified experts (internal or external, as needed) to review unusual charges or claims at no additional cost to the State.	Choose
CC-84	Contractor will have the following policies and procedures in its Care Management processes for the SLEOLA plan:	
	a.) Pre-certification / Prior authorization	Choose
	b.) Concurrent and Review and discharge planning for inpatient admissions.	Choose
	c.) Retrospective Clinical Review	Choose
	d.) Second Surgical Opinions, as directed by the State.	Choose
	e.) Large Case Management provided, on a voluntary basis, to all members with the potential to benefit from the program. This includes not only members with select diagnoses, but also those who meet certain situational criteria. Potential candidates for case management include, but are not limited to: (1) Catastrophic conditions such as High risk obstetrics/neonatal, HIV/AIDS, Amputation, Asthma/COPD, Cardiovascular disease, Severe burns, Cerebrovascular accident with deficits, Infectious disease, Oncology including all metastatic cancer, complications of diabetes, traumatic injuries, neuromuscular disease, low back pain, end stage renal disease; (2) Members with complex care coordination needs; (3) High dollar cases (>\$100,000 incurred / year); (4) Three or more ER visits within 6-month period for same or related condition; (5) Two unscheduled admissions within 6-month period; (6) Inpatient length of stay > 10 days; (7) Inpatient rehabilitation or skilled nursing facility admission; (8) Home healthcare services beyond 50% of benefit level; (9) Home healthcare services beyond 30 days for one episode of care; (10) Members with three or more providers; (11) Prescriptions for controlled substances from more than three providers.	Choose
	f.) System with ability to provide utilization statistics and savings reports, including utilization trends, care management interventions, and clinical and financial outcomes of not just individual claims but also episodes of care.	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	g.) Use of an automated system for identification, tracking and management of care management activities. System is fully integrated with claims processing and benefits system, if separately maintained. Medical necessity and length of stay criteria is integrated within the system and Contractor's UR staff has access to online diagnostic and procedure codes.	Choose
	h.) DRG validation.	Choose
	j.) Responses on all UR prior authorization/pre-certification requests are made to the attending physician, hospital, patient, and claim administrator within 24 hours of initial request.	Choose
	k.) A written appeals process, with a multi-level process for adverse UR decisions. First-level appeals shall be available on an expedited basis (within 24 hours of request); second-level appeals shall be specialty-matched, with a decision rendered within 72 hours of receipt of all pertinent clinical information.	Choose
	l.) Medical director/physician advisor participates in day-to-day operations and is easily available to care management staff for consultation.	Choose
	m.) Licensed care management staff have an average five years of clinical experience and a licensed clinician provides oversight to all non-clinical support staff participating in care management activities.	Choose
	n.) Documented comprehensive training program for all new care management hires, including non-clinical support staff.	Choose
	o.) Contractor agrees to provide telephonic outreach services for the following designated chronic conditions – asthma, COPD, CAD, CHF, diabetes, hypertension, hyperlipidemia, musculoskeletal/low back pain, and others designated by the State.	Choose
	p.) Contractor agrees to provide telephonic counseling services to participants with designated chronic conditions in the high and medium acuity/severity level.	Choose
CC-85	Contractor agrees not to make payment for hospital facility, professional and other related services, when the delivery of those services results in a preventable medical error.	Choose
<b>REPORTING</b>		
	<b>General Reporting Requirements</b>	
CC-86	Contractor agrees to provide the State online access to all standard reports	Choose
CC-87	Contractor agrees to provide the State ad hoc reporting including but not limited to reporting required for Wellness and Disease Management Tracking including outcomes and quality of care, as requested by the State, for no additional charge.	Choose
CC-88	Contractor agrees to provide reporting and data to the State and its Contractors, as required, to support plan management and the development of wellness and disease management, and additional strategic initiatives.	Choose
CC-89	Contractor agrees to deliver the required management information reporting in format specified by the State that provides utilization, claims reporting, and administrative services data by subgroup and total to the SLEOLA Plan. The required subgroups are: SLEOLA actives and Direct Pay. Contractor also agrees to provide monthly claims and enrollment in these specified subgroups and in total.	Choose
CC-90	The State requires a number of regular monthly, quarterly and annual claim reports. The Contractor will provide these reports electronically to both the State and the State's benefit consultant by 6:00 p.m. on the 10th business day of the month following the end of the calendar month/quarter/year.	Choose
CC-91	Contractor will provide Ad Hoc reporting flexibility at no additional charge.	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

<b>Disease Management Reports</b>		
<b>Quarterly</b>		
CC-92	Disease Management activity reports showing:	
	a.) Total number of participants identified as eligible for telephonic outreach by chronic condition and by severity level e.g. moderate or high severity.	Choose
	b.) Total number of eligible participants who were “reached” telephonically by chronic condition and severity level.	Choose
	c.) Total number of those eligible who were “reached” telephonically who “consented” to engage in telephonic counseling.	Choose
	d.) Total number of those eligible who were “reached” telephonically who “declined” to engage in telephonic counseling.	Choose
	e.) Total number of those eligible who were “not reached” telephonically.	Choose
	f.) Total number of those who “consented” who completed at least 1 counseling call.	Choose
	g.) Total number of those who “consented” who completed 2-3 calls, 4+ calls.	Choose
	h.) Total number of those who completed or graduated from the program.	Choose
	i.) Total number who dropped out before completing program requirements.	Choose
	j.) Total number of cases that were closed without making any live contact.	Choose
<b>Annually</b>		
CC-93	Disease Management clinical reports showing:	
	a.) Treatment compliance rates for all participants (show percentage and actual counts) by condition (i.e. asthma, COPD, diabetes, hypertension, hyperlipidemia, CAD) for all condition related tests and exams based on evidenced based medical recommendations.	Choose
	b.) For all participants with a chronic condition show the progress in closing gaps in care i.e. medical adherence, physician visits, treatment compliance.	Choose
	c.) For those with chronic conditions, report the number of ER visits related to the condition.	Choose
	d.) For those with chronic conditions, report number of hospital admissions and those hospitalizations that were readmissions related to a prior related episode of care.	Choose
<b>Program Reports</b>		
<b>Monthly</b>		
CC-94	A monthly paid claim report showing paid claims, number of enrolled employees, number of enrolled participants (including employees and their dependents) for the following groups: SLEOLA actives and SLEOLA Direct Pay.	Choose
CC-95	Monthly claim files will include all fields captured on the UB-04/ CMS-1450 and CMS-1500 (formerly HCFA-1500) Forms. Claim lines should include line-item details, and not be bundled. Data will include “Allowed Amount” or “Contracted amount” (Equal to Eligible Billed Charge less Negotiated Savings resulting from fee schedules or contractual reimbursement provisions) prior to member cost sharing.	Choose
CC-96	Contractor shall supply on a monthly basis a full file of all claim activity to the State's data warehouse vendor. This file shall include member SSNs. This file shall be transmitted electronically to a designated VPN connection.	Choose
<b>Quarterly</b>		
CC-97	Contractor must self-report on each of the Performance Guarantee measurements as defined in Quarterly Plan Performance Measurement Report Card to the State on a calendar quarter basis, in the format requested. See Performance Standard #5, in <b>"FA1 Attachment S-12: Performance Guarantees."</b>	Choose

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

CC-98	A quarterly paid claim report showing paid claims, number of enrolled employees, number of enrolled participants (including employees and their dependents) for the following groups: SLEOLA actives and SLEOLA Direct Pay.	Choose
<b>Annually</b>		
CC-99	A rate renewal report, as required by Performance Standard #8 in " <b>Attachment S 12: Performance Guarantees,</b> " including, but not limited to:	
	a.) Projection of incurred claim costs for renewal year;	Choose
	b.) Estimate of IBNR reserves at end of current year, including the most recent 36 months of incurred/paid triangular reports;	Choose
	c.) Complete documentation of the methodology and assumptions used to develop the projected costs;	Choose
	d.) Disclosure of supporting data used in calculations, including monthly paid claims and enrollment, large claims analysis, trend analysis, demographic analysis, etc.	Choose
CC-100	Annually in- and out-of-network utilization showing information noted above by in- and out-of-network.	Choose
CC-101	Explanations for any unusual trend results (high/low relative to the market).	Choose
<b>IMPLEMENTATION SCHEDULE</b>		
CC-102	Contractor agrees to comply with the implementation schedule as outlined in the RFP.	Choose
<b>PAYMENT SPECIFICATIONS</b>		
CC-103	Contractor will conform to the State's payment procedures outlined in Section 3.5, Payment and Invoice Specifications, of the RFP.	Choose
<b>Claims</b>		
CC-104	Contractor will submit, for each claim invoiced, a 100-character record with claims detail. The file containing these records must equal the amount invoiced and be submitted within 48 hours of invoice submission. An example is in Attachment E.	Choose
CC-105	Contractor agrees to accept adjustments based on the reconciliation of SLEOLA's invoice amount and 100-character file (Attachment E). Applicable adjustments will be made to a subsequent invoice.	Choose
<b>Non-Claims (Administrative)</b>		
CC-106	Contractor agrees to accept monthly payments of administration fees based on SLEOLA's enrollment provided by the State on a self-administered basis.	Choose
CC-107	Contractor agrees the only compensation to be received by or on behalf of its organization in connection with this Plan shall be that which is paid directly by the State and limited to premium, administrative fees and claims.	Choose
CC-108	Contractor agrees to provide "run-out" claims processing services at the level of service and price comparable to pre-termination services, for no less than 12 months upon termination of the Contract.	Choose
CC-109	Contractor agrees, upon Contract termination or expiration, the cost of any work required by a new administrator to bring records in unsatisfactory condition up to date shall be the obligation of Contractor and such expenses shall be reimbursed by Contractor within three (3) months of the end of the Contract term.	Choose
CC-110	Contractor agrees to transfer enrollment data, claim information and other administrative records to any carrier/TPA who replaces it, at no charge.	Choose
CC-111	Contractor agrees to receive enrollment data, claim information and other administrative records from the carrier/TPA they are replacing, at no charge.	Choose
CC-112	Contractor agrees to confirm bank transfers as they occur.	Choose

**FA1 Attachment S-10: Questionnaire**

**NOTE: Answers that are not concise and directly relevant may receive a lower score.**

Question		Offeror's Response
<b>GENERAL</b>		
Q-1	Describe your company's experience in providing group medical benefits through a PPO.	Click here to enter text.
Q-2	How long have you offered PPO plans to Maryland based clients?	Click here to enter text.
Q-3	Is your organization compliant with all applicable HIPAA administrative simplification rules?	Choose an item.
Q-4	a.) Will your organization be involved in any acquisitions or mergers within the next 12 months?	Choose an item.
	If yes, describe.	Click here to enter text.
	b) Has your organization been involved in any previous acquisitions or mergers:	
	Within the last year?	Choose an item.
	1-2 years ago?	Choose an item.
	2-5 years ago?	Choose an item.
	If yes, describe.	Click here to enter text.
Q-5	Confirm that your organization has Errors and Omissions Insurance and Commercial General Liability Insurance.	Submit a copy of your certificate(s) of insurance indicating coverage limits and label as <b>“Response Attachment: Certificates of Insurance.”</b>
	E & O	Choose an item.
	Commercial General Liability	Choose an item.
Q-6	Provide a copy of your most recent <i>financial</i> ratings and complete the following table.	
	<b>1. A.M. Best</b>	
	Current Financial Rating	Click here to enter text.
	Date of Rating	Click here to enter text.
	Prior Financial Rating	Click here to enter text.
	Date of rating	Click here to enter text.
	<b>2. Standard &amp; Poor's</b>	
	Current Financial Rating	Click here to enter text.
	Date of Rating	Click here to enter text.
	Prior Financial Rating	Click here to enter text.
	Date of rating	Click here to enter text.
	<b>3. Fitch</b>	
	Current Financial Rating	Click here to enter text.
	Date of Rating	Click here to enter text.
	Prior Financial Rating	Click here to enter text.
Date of rating	Click here to enter text.	

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-7	Provide a sample of a new member communications package.	Submit a sample of a new member communications package and label as <b>“Response Attachment: Member Communications Package.”</b>
Q-8	Provide the following aggregate claims information for 2012 and 2013:	
	<b>Calendar Year 2012</b>	
	Total claim dollars paid under all health plans administered or insured	Click here to enter text.
	Total members covered under all health plans administered or insured	Click here to enter text.
	Total claim dollars paid under all PPO plans administered or insured	Click here to enter text.
	Total members covered under all PPO plans administered or insured	Click here to enter text.
	Total claim dollars paid under all health plans administered or insured in the State of Maryland	Click here to enter text.
	Total members covered under all health plans administered or insured in the State of Maryland	Click here to enter text.
	Total claim dollars paid under all PPO plans administered or insured in the State of Maryland	Click here to enter text.
	Total members covered under all PPO plans administered or insured in the State of Maryland	Click here to enter text.
	<b>Calendar Year 2013</b>	
	Total claim dollars paid under all health plans administered or insured	Click here to enter text.
	Total members covered under all health plans administered or insured	Click here to enter text.
	Total claim dollars paid under all PPO plans administered or insured	Click here to enter text.
	Total members covered under all PPO plans administered or insured	Click here to enter text.
	Total claim dollars paid under all health plans administered or insured in the State of Maryland	Click here to enter text.
	Total members covered under all health plans administered or insured in the State of Maryland	Click here to enter text.
	Total claim dollars paid under all PPO plans administered or insured in the State of Maryland	Click here to enter text.
	Total members covered under all PPO plans administered or insured in the State of Maryland	Click here to enter text.

Q-9	Provide a profile of your PPO business for each of the most recent three calendar years.	
	<b>Calendar Year 2012</b>	
	Total premium volume	Click here to enter text.
	Total number of clients	Click here to enter text.
	Total number of participants covered	Click here to enter text.
	Number of public sector clients	Click here to enter text.
	Average size of public sector clients	Click here to enter text.
	Number of public sector participants	Click here to enter text.
	Number of claims handled	Click here to enter text.
	Number of plans terminated	Click here to enter text.
	Average size of terminated plans	Click here to enter text.
	<b>Calendar Year 2013</b>	
	Total premium volume	Click here to enter text.
	Total number of clients	Click here to enter text.
	Total number of participants covered	Click here to enter text.
	Number of public sector clients	Click here to enter text.
	Average size of public sector clients	Click here to enter text.
	Number of public sector participants	Click here to enter text.
	Number of claims handled	Click here to enter text.
	Number of plans terminated	Click here to enter text.
	Average size of terminated plans	Click here to enter text.
	<b>Calendar Year 2014 YTD</b>	
	Total premium volume	Click here to enter text.
	Total number of clients	Click here to enter text.
	Total number of participants covered	Click here to enter text.
	Number of public sector clients	Click here to enter text.
	Average size of public sector clients	Click here to enter text.
	Number of public sector participants	Click here to enter text.
	Number of claims handled	Click here to enter text.
	Number of plans terminated	Click here to enter text.
Average size of terminated plans	Click here to enter text.	
<b>PROVIDER/NETWORK ACCESS</b>		
Q-10	Can a plan sponsor or plan participant nominate providers to be considered for inclusion in the network?	Choose an item.
	If yes, what steps would be required to be taken by the plan sponsor and/or participant?	Click here to enter text.
Q-11	Does your provider directory list whether each provider's office is accessible to the handicapped?	Choose an item.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-12	Are you anticipating any material changes (+/- 5%) in network size (for either hospitals or providers) in the network area serving SLEOLA employees during the next 12 months?	Choose an item.
	If yes, describe.	Click here to enter text.
Q-13	Identify the annual percentage increase in payments (on a per-unit of service basis) made to contracted providers for 2013, 2014 and 2015.	
<b>Calendar Year 2013</b>		
	Family Practice	Click here to enter text.
	Specialists	Click here to enter text.
	Hospital Inpatient	Click here to enter text.
	Hospital Outpatient	Click here to enter text.
	Lab	Click here to enter text.
	X-ray	Click here to enter text.
	Chiropractic	Click here to enter text.
	PT, OT, ST	Click here to enter text.
	Other	Click here to enter text.
	Overall % Increase (all services)	Click here to enter text.
<b>Calendar Year 2014 (estimated)</b>		
	Family Practice	Click here to enter text.
	Specialists	Click here to enter text.
	Hospital Inpatient	Click here to enter text.
	Hospital Outpatient	Click here to enter text.
	Lab	Click here to enter text.
	X-ray	Click here to enter text.
	chiropractic	Click here to enter text.
	PT, OT, ST	Click here to enter text.
	Other	Click here to enter text.
	Overall % Increase (all services)	Click here to enter text.
<b>Calendar Year 2015 (anticipated)</b>		
	Family Practice	Click here to enter text.
	Specialists	Click here to enter text.
	Hospital Inpatient	Click here to enter text.
	Hospital Outpatient	Click here to enter text.
	Lab	Click here to enter text.
	X-ray	Click here to enter text.
	chiropractic	Click here to enter text.
	PT, OT, ST	Click here to enter text.
	Other	Click here to enter text.
	Overall % Increase (all services)	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

QUALITY		
Q-14	Describe the Offeror's plan for the following Quality Management Programs:	
	a.) Monitoring adherence to treatment guidelines and protocols.	Click here to enter text.
	b.) Ongoing maintenance and evaluation of the quality and appropriateness of care.	Click here to enter text.
	c.) Utilization management.	Click here to enter text.
	d.) Reviewing and approving credentials of patient care professionals.	Click here to enter text.
	e.) Clinical aspects of risk management.	Click here to enter text.
	f.) Infection control.	Click here to enter text.
	g.) Facility quality (i.e., location, cleanliness, parking, etc.).	Click here to enter text.
Q-15	Describe quality improvement initiatives, including results, undertaken in the last 12 months.	Click here to enter text.
Q-16	Describe specific examples of how your quality assurance program has led to improved care.	Click here to enter text.
Q-17	Describe your approach to identifying medical services with high value outcomes (e.g. medication adherence for a chronic condition) and the process in place to track outcomes. How frequently are these services reviewed and additional high-value services identified?	Click here to enter text.
Q-18	Describe your approach to assessing the effectiveness of your Quality Management programs for both clinical services within the network and administrative operations and the health plan.	Click here to enter text.
Q-19	Describe your mechanisms to monitor hospital quality at the general level and based on specific procedures.	Click here to enter text.

<b>NETWORK MANAGEMENT</b>		
Q-20	Do you monitor waiting times for patients seeking appointments? If yes, provide the average number of working days between the date an appointment is made and the date of the actual visit for the following:	Choose an item.
	Non-emergency care	Click here to enter text.
	Urgent care	Click here to enter text.
Q-21	Do you require members to select a Primary Care Physician?	Choose an item.
Q-22	Do primary care physicians assist in arranging for services such as: home healthcare, hospice, skilled nursing, convalescent facilities, durable medical equipment and mental health/chemical dependency? Please explain.	Click here to enter text.
Q-23	Confirm that OBGYNs, pediatricians, or others can be selected as primary care physicians (PCPs).	Choose an item.
Q-24	Are there any financial incentives or disincentives to network providers that are tied to utilization goals, specialty referrals, quality of care outcomes or other performance results? If so, explain.	Click here to enter text.
Q-25	Describe the nature of your network structure and provide an organization chart of your organization. Are any key personnel, including officers, medical directors and board members affiliated with any hospital, physician medical association, or other provider interest? Submit an organization chart in Microsoft Word format and label as " <b>Response Attachment: Network Organization Chart.</b> "	Click here to enter text.
Q-26	Who conducts the provider credentialing process? Indicate the qualifications of the person(s) or organization(s) responsible for conducting this review.	Click here to enter text.
Q-27	Are onsite visits conducted during the credentialing process?	Choose an item.

Q-28	During the physician selection/credentialing process, indicate which of the following are verified or reviewed:	
	<b>During credentialing</b>	
	Current valid license to practice	Choose an item.
	Admitting privileges at a contracting hospital	Choose an item.
	Valid DEA license	Choose an item.
	Board certification	Choose an item.
	Malpractice insurance	Choose an item.
	Restrictions on license or admitting privileges	Choose an item.
	Disciplinary actions by state or federal agencies	Choose an item.
	Felony convictions	Choose an item.
	<b>During Re-credentialing</b>	
	Current valid license to practice	Choose an item.
	Admitting privileges at a contracting hospital	Choose an item.
	Valid DEA license	Choose an item.
	Board certification	Choose an item.
	Malpractice insurance	Choose an item.
	Restrictions on license or admitting privileges	Choose an item.
Disciplinary actions by state or federal agencies	Choose an item.	
Felony convictions	Choose an item.	
Q-29	Do you conduct onsite visits during a hospital credentialing process?	Choose an item.
Q-30	How often are network hospitals re-credentialed?	Click here to enter text.
Q-31	What formats are provider directories available in (e.g. print, phone, mobile device (app), Internet)?	Click here to enter text.
Q-32	What assistance do you provide plan members if a network physician terminates his or her contract during the plan year?	Click here to enter text.
Q-33	How and when are members notified that a provider they have used is terminating from the network?	Click here to enter text.
Q-34	What happens to patients that are receiving ongoing treatment from that network physician?	Click here to enter text.

Q-35	Provide responses to the following items which apply when an individual provider or group practice notifies your plan of intent to terminate participation in your network:	
	What actions are taken by your plan to retain the individual provider or group practice in the network?	Click here to enter text.
	What actions are taken to recruit individual providers or another group practice for the network in place of the terminated providers?	Click here to enter text.
	What notices are sent to members concerning termination of their provider?	Click here to enter text.
	What happens to the coverage of members if they fail to notify the plan of another PCP selection? Does the plan auto-assign another PCP? Is the member unable to obtain services?	Click here to enter text.
Q-36	Do you conduct provider satisfaction surveys?	Choose an item.
	If yes, provide a copy of the results of your most recent survey.	Submit a response and label as <b>“Response Attachment: Provider Satisfaction Survey.”</b>
Q-37	What percentage of providers are satisfied with your plan?	Click here to enter text.
Q-38	List the top five most common complaints by your network providers:	
	#1 Complaint	Click here to enter text.
	#2 Complaint	Click here to enter text.
	#3 Complaint	Click here to enter text.
	#4 Complaint	Click here to enter text.
Q-39	What is your annual physician turnover (on a gross basis, not net of additions) for the following:	
	Family practice, general medicine and internal medicine combined.	Click here to enter text.
	Other specialists.	Click here to enter text.
Q-40	If you utilize a fee schedule, is it based on Medicare RBRVS?	Choose an item.
	If yes, indicate the percentage of RBRVS it represents for primary codes and for secondary codes.	Click here to enter text.
	If no, what is the basis for your fee schedule?	Click here to enter text.

Q-41	How are acute care hospital providers in the network compensated for the medical services they provide? Provide the percentage of each.	
	Discount off charges	Click here to enter text.
	DRG	Click here to enter text.
	Per diem	Click here to enter text.
	Other	Click here to enter text.
Q-42	How are network outpatient facilities such as surgical centers and laboratories reimbursed? Provide the percentage of each.	
	Discounted fee	Click here to enter text.
	Bulk billing arrangement	Click here to enter text.
	Capitated arrangement	Click here to enter text.
	Other	Click here to enter text.
	If the basis is on a scheduled fee arrangement, describe how the scheduled fees are derived.	Click here to enter text.
Q-43	Describe any other contractual relationships with any other providers such as physical therapists, orthotic suppliers, prosthetic suppliers, eye care and home healthcare providers.	Click here to enter text.
Q-44	Explain any contractual relationships with outpatient facilities such as imaging centers, surgical centers and laboratories. Are referrals restricted to contractual facilities only? What utilization controls are in place with these facilities to reduce the number of unnecessary services being performed?	Click here to enter text.
Q-45	Do participating hospital agreements include hospital-based physicians (radiologists, pathologists, secondary surgeons, anesthesiologists, emergency room physicians, neonatal physicians, etc.)? How would you identify non-participating providers? What is your process for informing participants about non-participating physicians when a participant is hospitalized? Please explain.	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-46	Describe the procedure in place for covering emergency care services performed by non-network facilities.	Click here to enter text.
Q-47	Using HEDIS' technical specifications, identify the percentage of contracted physicians who were board certified in 2013.	
	PCPs	Click here to enter text.
	Specialists	Click here to enter text.
Q-48	Does your organization perform provider profiling or other quality measures to identify providers with patterns of over/under treatment to members?	Choose an item.
	If yes, give examples.	Click here to enter text.
Q-49	Have you successfully negotiated discounts on the costs of drugs dispensed in an inpatient setting?	Choose an item.
	If yes, describe your approach to pursuing these cost reductions on behalf of the Plan.	Click here to enter text.
Q-50	Do you prohibit network physicians from being direct owners, or having any financial involvement in outpatient facilities such as labs, surgical centers or imaging centers?	Choose an item.
	If not, is there any monitoring of self-referrals to physician owned outpatient facilities?	Click here to enter text.
Q-51	Do you have any ownership interest in or are you involved in the operations of any network outpatient facilities?	Choose an item.
<b>CASE MANAGEMENT</b>		
Q-52	Provide (as attachments) biographies of the medical management staff assigned to the SLEOLA account.	Submit response and label as <b>“Response Attachment: Medical Management Staff Biographies.”</b>
Q-53	What credentials are required when hiring case management review staff? (Indicate all that apply.)	
	RN license	Choose an item.
	Managed care background	Choose an item.
	Years clinical experience (please explain)	Click here to enter text.
	Other (please explain)	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-54	Describe the training programs and monitoring for your Case Management staff.	Click here to enter text.
Q-55	What is the average number of years of clinical expertise of the current case management staff?	Click here to enter text.
Q-56	Describe your organization's philosophy of case management and the model under which it currently operates. Describe how the case management program integrates with other care management programs such as utilization review and quality management.	Click here to enter text.
Q-57	Do members have access to a nurse-line for counseling/support?	Choose an item.
	If yes, what are its hours of availability to members?	Click here to enter text.
Q-58	Describe any accreditations your Case Management program currently holds, or is in the process of pursuing.	Click here to enter text.
<b>DISEASE MANAGEMENT</b>		
Q-59	If you offer a DM program, indicate the number of patients enrolled and the date the program started for the following clinical conditions:	
	Asthma	Click here to enter text.
	Cancer	Click here to enter text.
	Cardiovascular disease	Click here to enter text.
	Congestive heart failure	Click here to enter text.
	COPD	Click here to enter text.
	Depression	Click here to enter text.
	Diabetes	Click here to enter text.
	Eating disorders	Click here to enter text.
	Hypertension	Click here to enter text.
	HIV/AIDS	Click here to enter text.
	Other (please specify)	Click here to enter text.
Q-60	Indicate whether each of the following items is used as a source of identifying program candidates (select all that apply):	
	Medical claims data	Choose an item.
	Prescription drug claims	Choose an item.
	Physician referrals	Choose an item.
	Case Management	Choose an item.
	Other	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-61	Which of the following types of disease management interventions are utilized? Select all that apply.	
	Patient education (mailings)	Choose an item.
	Telephone based health coaching	Choose an item.
	Online coaching/counseling	Choose an item.
	Physician education	Choose an item.
	Other	Click here to enter text.
Q-62	Confirm that DM participants have access to nurse-line support services on a 24/7 basis using a toll-free number.	Choose an item.
Q-63	Are automated reminders sent on a routine basis to patients and/or physicians to encourage appropriate health actions?	Choose an item.
	If yes, through what medium (e.g., mail, e-mail, telephonic, text).	Click here to enter text.
Q-64	Which of the following reporting types can be provided to the State on a quarterly basis with respect to the DM program? Select all that apply.	
	Utilization (admission rate, days/1000, average length of stay, etc.)	Choose an item.
	Cost per patient per month	Choose an item.
	Treatment Compliance by chronic condition	Choose an item.
	Provider treatment profile	Choose an item.
	Quality of life/functional status	Choose an item.
	Return on investment	Choose an item.
	Risk stratification and progression	Choose an item.
	Clinical outcome improvements	Choose an item.
<b>CENTERS OF EXCELLENCE</b>		
Q-65	Do you have a network of Centers of Excellence? (If no, skip the remainder of this subsection.)	Choose an item.
Q-66	Indicate high-risk and high-technology services coordinated with the Centers of Excellence.	
	Bone Marrow transplants	Choose an item.
	Heart transplants	Choose an item.
	Lung transplants	Choose an item.
	Kidney transplants	Choose an item.
	Other transplants (please specify)	Click here to enter text.
	Burns	Choose an item.
	Cancer	Choose an item.
	HIV	Choose an item.
	Joint Replacement	Choose an item.
	Cardiac Surgery and Interventional Cardiac procedures	Choose an item.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	Other non-transplant procedures (please specify)	Click here to enter text.
	Disease Management	Choose an item.
	Wellness	Choose an item.
Q-67	Complete the following for your top five (5) Centers of Excellence by volume.	
	1. Center Type	Click here to enter text.
	Location	Click here to enter text.
	Date of Participation	Click here to enter text.
	2. Center Type	Click here to enter text.
	Location	Click here to enter text.
	Date of Participation	Click here to enter text.
	3. Center Type	Click here to enter text.
	Location	Click here to enter text.
	Date of Participation	Click here to enter text.
	4. Center Type	Click here to enter text.
	Location	Click here to enter text.
	Date of Participation	Click here to enter text.
	5. Center Type	Click here to enter text.
	Location	Click here to enter text.
	Date of Participation	Click here to enter text.
Q-68	How are these members' cases managed? (i.e. Are they handled in a unit separate from other catastrophic cases?)	Click here to enter text.
Q-69	What are the financial arrangements for the Centers of Excellence?	Choose an item.
	If other, explain.	Click here to enter text.
Q-70	Will travel or companion costs be covered?	Choose an item.
	If yes, specify any limits.	Click here to enter text.
Q-71	Will there be any changes in the coming year to your current Centers of Excellence arrangements?	Choose an item.
	If yes, specify expected changes.	Click here to enter text.
Q-72	What capabilities does the Offeror provide to participants to measure improvements in their health risk profile in each of the programs that you are proposing?	Click here to enter text.
Q-73	What support are you providing patients to alert them to possible hospital safety issues while they are in the process of making medical decisions?	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-74	How would you collaborate with the State to develop an approach to identify and differentiate hospitals by quality, patient safety, and use that information to support a referral process that assures plan participants are referred to the highest quality hospitals based on the procedure needed?	Click here to enter text.
Q-75	Describe the types of programs you have to incent desired provider practices:	
	Describe any outreach programs directly to the provider community, relationships with TPAs/provider networks and medical management vendors.	Click here to enter text.
	Describe the Offeror's experience in developing such programs and relationships to support specific customer strategic initiatives.	Click here to enter text.
Q-76	Explain in detail how you identify and reward high performing physicians.	Click here to enter text.
Q-77	Do you currently rank providers based on quality and/or cost?	Choose an item.
	If yes, describe how you determine the specific quality ranking of each provider and facility, including all criteria and specifics regarding the formula you utilize.	Click here to enter text.
Q-78	How often is each provider's quality ranking revisited?	Click here to enter text.
Q-79	Provide a brief overview of your high quality or high performance network capabilities.	
	Provide a listing of the markets where the network is currently available, including plans for future expansion.	Click here to enter text.
	What types of medical providers/facilities are in your high performance network?	Click here to enter text.
	Provide a detailed list of physician subspecialties that are included in your high performance network.	Click here to enter text.
	How do you engage and drive consumers to use high quality, high performing physicians and facilities in your high performance network?	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	How is quality and performance information shared with physicians?	Click here to enter text.
	Describe any additional programs (excluding a tiered network plan design) you utilize to provide incentives to members to select high performing providers (providers with the best combination of quality and cost).	Click here to enter text.
<b>MEMBER SERVICES</b>		
Q-80	Describe the structure, number of representatives, qualifications and average years of experience of the member service unit that will be assigned to the SLEOLA Plan.	
	Structure	Click here to enter text.
	Number of representatives	Click here to enter text.
	Qualifications	Click here to enter text.
	Average years of experience	Click here to enter text.
Q-81	What is the most recent annual turnover rate of the member services unit that will be assigned to the SLEOLA Plan?	Click here to enter text.
Q-82	Describe the training of a member service representative.	Click here to enter text.
Q-83	Can your member services unit support non-English speaking members?	Choose an item.
	If yes, specify languages.	Click here to enter text.
Q-84	What is the average speed to answer in seconds?	Click here to enter text.
Q-85	What is the percent call abandonment rate?	Click here to enter text.
Q-86	What percentage of employee calls are recorded?	Click here to enter text.
Q-87	Identify which of the following functions are automatically tracked and reported by the system. Select all that apply.	
	Call abandonment rate	Choose an item.
	Length of call	Choose an item.
	Number of calls taken	Choose an item.
	Online call recording	Choose an item.
	Speed of call response	Choose an item.
	Type of call/complaint	Choose an item.
Q-88	Does your system utilize an Interactive Voice Response (IVR) system?	Choose an item.
	If yes, specify the type of information accessible through the IVR.	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-89	Do you have a correspondence tracking system to log in, assign and track correspondence?	Choose an item.
Q-90	What is the average ID card turnaround (number of days between employer reporting a new member and plan mailing ID card)?	Click here to enter text.
Q-91	What processes do you use to identify potential subrogation claims?	Click here to enter text.
Q-92	Do you subcontract for mental health/substance abuse care?	Choose an item.
	If yes, identify the organization and provide a detailed description of their program and the organization's relationship to the subcontractor (e.g. subsidiary).	Click here to enter text.
Q-93	Provide a detailed description of the mental health/substance abuse access and triage process.	Click here to enter text.
Q-94	Describe your mental health/substance abuse utilization review and management functions.	Click here to enter text.
Q-95	Describe your mental health/substance abuse case management service from structural and functional perspectives and how these lend to long-term stability of a member.	Click here to enter text.
<b>PLAN ADMINISTRATION - ELIGIBILITY</b>		
Q-96	The State of Maryland would like direct access to the Offeror's eligibility systems for review and input purposes. Describe your ability to provide the State with direct access to the eligibility system only.	Click here to enter text.
Q-97	Describe your eligibility system used to keep track of SLEOLA's eligibility files, including:	Click here to enter text.
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date system was put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
Q-98	Is eligibility processing real-time with the claim system?	Choose an item.
	If no, what is the delay time?	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-99	Briefly describe your process for correcting data in the event of a data tape which contains "bad data."	Click here to enter text.
<b>REPORTING</b>		
Q-100	What limitations do you have with customizing standard reports? Please explain.	Click here to enter text.
Q-101	The State requires online access to standard reports; describe how you will make your reports available online.	Click here to enter text.
Q-102	Describe your organization's ability to provide the following items at a minimum in your reports, including your ability to report member detail to the State.	
	Billed amount	Click here to enter text.
	Paid amount	Click here to enter text.
	Network savings	Click here to enter text.
	Non-Medicare COB savings	Click here to enter text.
	Medicare COB savings	Click here to enter text.
Q-102	Negotiated savings	Click here to enter text.
Q-103	What clinical or financial reports, would be provided to the State in order to help manage benefit costs?	Click here to enter text.
Q-104	Provide sample financial reports.	Include sample reports and label as <b>"Response Attachment: Sample Financial Reports."</b>
Q-105	What type of reporting will you provide to the State regarding your high quality, high performance medical providers?	Click here to enter text.
Q-106	Which of the following reporting types can be provided to the State on a quarterly basis with respect to the DM program? Select all that apply.	
	Utilization (admission rate, days/1000, average length of stay, etc.)	Choose an item.
	Risk stratification by condition	Choose an item.
	Engagement rates (including numbers & percentages) by condition	Choose an item.
	Telephonic reach rates by condition	Choose an item.
	Program completion rates by condition	Choose an item.
	Program dropout rates by condition	Choose an item.
	Cost per patient per month	Choose an item.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	Treatment compliance	Choose an item.
	Provider treatment profile	Choose an item.
	Return on Investment	Choose an item.
	Clinical outcome improvements	Choose an item.
<b>CLAIMS ADMINISTRATION</b>		
Q-107	How many claims processors will be assigned to handle the SLEOLA account?	Click here to enter text.
Q-108	Do customer service representatives (CSRs) have authority to approve claims?	Choose an item.
Q-109	What access do CSRs have to the medical director?	Click here to enter text.
Q-110	What is the most recent annual turnover rate for your claims processing staff in your proposed location?	Click here to enter text.
Q-111	Describe the initial and ongoing training programs for the claim administration team (e.g. claim processors, supervisors and other management staff).	Click here to enter text.
Q-112	What is the average amount of time claims staff spend in annual ongoing training?	Choose an item.
Q-113	What is the procedure to handle emergencies or non-office hour admission requests?	Click here to enter text.
Q-114	Describe the claims payment process from date of receipt to full adjudication of checks to providers or patients.	Click here to enter text.
Q-115	How does your system automatically identify and edit claims for bundling and unbundling?	Click here to enter text.
Q-116	Confirm that you will provide advance notice to the State prior to implementing any changes in covered services.	Choose an item.
Q-117	What is your preferred process for handling exceptions and payment of claims outside the stated plan provisions?	Click here to enter text.
Q-118	When and under what circumstances are claims pended?	Click here to enter text.
	Does a pending notice go into the system?	Choose an item.
	Is there an automatic follow-up?	Choose an item.
	What is the frequency of the follow-up?	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	How many follow-ups are performed?	Click here to enter text.
Q-119	Describe your administrative requirements with respect to claims filed directly by members.	Click here to enter text.
Q-120	How do you adjust for overpayments or duplicate payments?	Click here to enter text.
Q-121	How often and in what manner is COB information verified?	Click here to enter text.
Q-122	What is your percentage of claims dollars recovered or avoided through effective coordination of benefits for last year? (Total COB savings/Total claim dollars paid)	Click here to enter text.
Q-123	If you receive information that confirms other coverage, would you review and adjust prior claims in which services incurred are within the period when other COB coverage was available?	Choose an item.
	If yes, describe your process.	Click here to enter text.
Q-124	Provide your claims processing standards for claim adjudication financial accuracy versus actual for 2013.	Click here to enter text.
Q-125	Provide your claims timeliness standards for claim adjudication versus actual for 2013.	Click here to enter text.
Q-126	What percent of claims are automatically adjudicated?	Click here to enter text.
Q-127	What percent of hospital claims are currently received by electronic submission?	Click here to enter text.
Q-128	What percent of professional claims are currently received by electronic submission?	Click here to enter text.
Q-129	Describe the steps performed to coordinate the processing of claims that use both network and non-network providers. How are network and out-of-network claims integrated for data accumulation purposes?	Click here to enter text.
Q-130	Describe the procedure for submitting and processing out-of-country medical claims.	Click here to enter text.
Q-131	Describe in detail your standard claims appeal process.	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-132	Describe your policy and procedures for auditing hospital bills/claims.	Click here to enter text.
Q-133	How frequently are internal audits performed?	Choose an item.
	If other, describe.	Click here to enter text.
Q-134	Overall, what percent of claims are subject to internal audit?	Click here to enter text.
Q-135	What is the typical audit size?	Click here to enter text.
Q-136	Describe your system protocols for detecting fraudulent claims both inside and outside of the U.S.	Click here to enter text.
<b>IMPLEMENTATION PROGRAM / TRANSITION</b>		
Q-137	Discuss your procedures and processes for handling the following during the transition period:	
	Transition of care	Click here to enter text.
	Employee communications regarding change in administrators	Click here to enter text.
Q-138	<b>Implementation Plan</b>	
	Name of the person with overall responsibility for planning, supervising and implementing the program for SLEOLA.	Click here to enter text.
	Title	Click here to enter text.
	What other duties, if any, will this person have during implementation? Include the number and size of other accounts for which this person will be responsible during the same time period.	Click here to enter text.
	What percentage of this person's time will be devoted to SLEOLA during the implementation process?	Click here to enter text.
	Provide an organizational chart identifying the names, area of expertise, functions, and reporting relationships of key people directly responsible for implementing the SLEOLA account. In addition, resumes of these individuals should be included.	Include Organizational Chart and Resumes of Implementation Team and label as <b>"Response Attachment: Implementation Team."</b>
Q-139	Provide a detailed implementation plan that clearly demonstrates the Offeror's ability	Include Implementation Plan and label as <b>"Response Attachment: Implementation Plan."</b>

	<p>to meet the State's requirements to have a fully functioning program in place and operable on January 1, 2015. This implementation plan should include a list of specific implementation tasks/transition protocols and a time-table for initiation and completion of such tasks, beginning with the contract award and continuing through the effective date of operation (January 1, 2015). The implementation plan should be specific about requirements for information transfer as well as any services or assistance required from the State during implementation. The implementation plan should also specifically identify those individuals, by area of expertise, responsible for key implementation activities and clearly identify their roles.</p>	
Q-140	<p>Do you anticipate any transition issues during implementation? If yes, describe.</p>	<p>Choose an item. Click here to enter text.</p>
Q-141	<p><b>Account Management Team</b></p>	
	<p>Name of the person with overall responsibility for planning, supervising and performing account services for the SLEOLA Plan.</p>	<p>Click here to enter text.</p>
	<p>Title</p>	<p>Click here to enter text.</p>
	<p>What other duties, if any, does this person have? Include the number and size of other accounts for which this person is responsible.</p>	<p>Click here to enter text.</p>
	<p>What percentage of this person's time will be devoted to the SLEOLA plan?</p>	<p>Click here to enter text.</p>

Q-142	Provide an organizational chart identifying the names, functions and reporting relationships of key people directly responsible for account support services to the SLEOLA Plan. It should also document how many account executives and group service representatives will work full-time on the SLEOLA account and how many will work part-time on the SLEOLA account. Provide resumes for key personnel.	Include Organizational Chart and Resumes of Account Management Team and label as <b>“Response Attachment: Account Management Team Organizational Chart and Resumes.”</b>
Q-143	Describe account management support, including the mechanisms and processes in place to allow Employee Benefits Division personnel to communicate with account service representatives, hours of operation, types of inquiries that can be handled by account service representatives, and a brief explanation of information available online. The Employee Benefits Division requires identification of an account services manager to respond to inquiries and problems, and a description of how the Offeror's customer service and other support staff will respond to subscriber or client inquiries and problems. The management plan should include the names, resumes and description of functions and responsibilities for all supervisors and managers who will provide services to the SLEOLA Plan with respect to this contract.	Include the Offeror's description of account management support in a Microsoft Word document and label as <b>“Response Attachment: Account Management Plan.”</b>
<b>IT SYSTEMS</b>		
Q-144	Describe the systems that will be used to process SLEOLA's billing, enrollment and claims data.	
<b>Claims Administration</b>		
System "trade name"		Click here to enter text.
System organization		Click here to enter text.
Date system put in place		Click here to enter text.
Number of system upgrades since inception		Click here to enter text.
<b>Billing System</b>		
System "trade name"		Click here to enter text.

	System organization	Click here to enter text.
	Date system put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
	<b>Member Services</b>	
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date system put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
	<b>Eligibility/Enrollment System</b>	
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date system put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
Q-145	Are there any electronic system changes planned for the contract term?	Choose an item.
	If Yes, describe.	Click here to enter text.
Q-146	What are your online interface capabilities between your organization's membership services department and each of the following units?	
	Care Management unit	Click here to enter text.
	Claims processing unit	Click here to enter text.
	Eligibility administration	Click here to enter text.
	Fraud unit	Click here to enter text.
	Provider relations	Click here to enter text.
	Quality improvement	Click here to enter text.
Q-147	Describe how your claim system interfaces with your utilization review program.	Click here to enter text.
Q-148	Indicate whether each of the following functions below is an automated process or manual process with respect to the claims system.	
	Application of contract provider reimbursements	Click here to enter text.
	Application of plan provisions (e.g., deductible, out-of-pocket maximums, benefit maximums, etc.)	Click here to enter text.
	Effective dates of coverage	Click here to enter text.
	Dependent coverage	Click here to enter text.
	Third party liability calculations/monitoring, including automobile injuries and subrogation	Click here to enter text.
	Automatic diary/follow-up	Click here to enter text.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	COB recovery amounts	Click here to enter text.
	Identification of network providers	Click here to enter text.
	Identification of potential duplicate submissions	Click here to enter text.
	Identification of unbundling and up-coding/coding fragmentation	Click here to enter text.
	Identification of potential case management opportunities	Click here to enter text.
	Medicare coordination	Click here to enter text.
	Online eligibility maintenance and verification process	Click here to enter text.
	Payment authority limits	Click here to enter text.
	Pre-certification/concurrent review verification	Click here to enter text.
	Reasonable and customary allowances	Click here to enter text.
	Retroactive adjustments	Click here to enter text.
	System tracking of pending/suspended claims	Click here to enter text.
Q-149	Indicate which of the following internal audits, logic, and controls currently exist within your organization.	
	Patient's gender or age is inconsistent with the procedure code	Choose an item.
	Diagnosis code and procedure code are inconsistent	Choose an item.
	Patient's gender or age is inconsistent with the diagnosis code	Choose an item.
	Valid date of service	Choose an item.
	Valid procedure code	Choose an item.
	Valid diagnosis code	Choose an item.
	Pre-certification is necessary for claim payment	Choose an item.
	Appropriateness review is necessary for procedure	Choose an item.
	Service is not usually considered medically necessary	Choose an item.
	Claim is a possible candidate for audit	Choose an item.
	Claimant is a candidate for case management	Choose an item.
	Client-specific ICD10 and CPT "flags"	Choose an item.
Q-150	Does your claim system maintain the Social Security numbers, DOB, and names of covered dependents, as well as members?	Choose an item.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-151	Describe how your system handles eligibility changes for members and dependents (including COB information).	Click here to enter text.
Q-152	Is there a contingency plan(s), procedure and system in place to provide backup service in the event of strike, natural disaster or backlog?	Choose an item.
	If yes, describe.	Click here to enter text.
Q-153	How often are the systems backup and disaster recovery systems tested?	Click here to enter text.
Q-154	When were the systems last tested and what were the results?	Click here to enter text.
Q-155	What system down time have you experienced during the most recent 12 months?	Click here to enter text.
Q-156	How long are records maintained?	Click here to enter text.
Q-157	How quickly can SLEOLA’s services be replaced in the event of permanent disaster to both the hardware and software?	Click here to enter text.
<b>ELECTRONIC COMMERCE</b>		
Q-158	Provide a list of all services that are available through your website at both the plan level and the member level.	Click here to enter text.
Q-159	Elaborate on the tools and ways members can communicate with the carrier, including use of technology and social media.	Click here to enter text.
Q-160	What percentage of your network providers utilize telemedicine? Describe.	Click here to enter text.
Q-161	How will you use health information technology to help people live healthier lives?	Click here to enter text.
Q-162	Have you implemented, or do you plan to implement within the next 12 months, an Internet or other electronic connection available to providers for the following?	
	Medical records	Choose an item.
	Remote consultation on cases	Choose an item.
	A physician chat line	Choose an item.
	Other applications	Choose an item.
	If Other, explain.	Click here to enter text.
Q-163	Do you have mapping capabilities that allows members to identify providers close to their location?	Choose an item.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

Q-164	Briefly describe your web based wellness capabilities and functionality.	Click here to enter text.
Q-165	Describe the following tools and services available to members via the web portal, including your ability to customize for SLEOLA. Mark "n/a" if not available.	
	Wellness tools and trackers - provide a list of tools and trackers available to SLEOLA	Click here to enter text.
	Health promotion and health education tools - provide a list and sample materials	Click here to enter text.
	Any other web tools to support Wellness activities.	Click here to enter text.
	Is a paper-based alternative available for members without internet access?	Choose an item.
Q-166	Describe your plan for handling periods of expected high rates of utilization of the website such as open enrollments or media campaigns.	Click here to enter text.
Q-167	Describe how your organization will develop content for member learning as well as specialized newsletters for the State website.	Click here to enter text.
Q-168	Describe your organization's experience in managing web based educational media for clients, including the technology used and content developed. Describe your ability to support emerging technologies in particular mobile applications.	Click here to enter text.
<b>SUBCONTRACTORS</b>		
Q-169	Provide a complete listing of all services which are subcontracted and the subcontractor used.	(Complete "FA1 PPO-SF Attachment S-13: Subcontractor Questionnaire" for each of the subcontractors used.)

**FA1 Attachment S-11a: Subcontractors Questionnaire AMENDMENT 1**

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

**Instructions:** Complete one "FA1 Attachment S-13: Subcontractors Questionnaire" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name** Click here to enter text.  
**Subcontractor's MDOT Number** Click here to enter text.

Question		Offeror's Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

**FA1 Attachment S-11b: Subcontractors Questionnaire AMENDMENT 1**

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

**Instructions:** Complete one "FA1 Attachment S-13: Subcontractors Questionnaire" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name**

**Subcontractor's MDOT Number**

Question		Offeror's Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

**FA1 Attachment S-11c: Subcontractors Questionnaire AMENDMENT 1**

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

**Instructions:** Complete one "FA1 Attachment S-13: Subcontractors Questionnaire" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name**

**Subcontractor's MDOT Number**

Question		Offeror's Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

**FA1 Attachment S-11d: Subcontractors Questionnaire AMENDMENT 1**

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

**Instructions:** Complete one "FA1 Attachment S-13: Subcontractors Questionnaire" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name** Click here to enter text.  
**Subcontractor's MDOT Number** Click here to enter text.

Question		Offeror's Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

**FA1 Attachment S-11e: Subcontractors Questionnaire AMENDMENT 1**

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

**Instructions:** Complete one "FA1 Attachment S-13: Subcontractors Questionnaire" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name**

**Subcontractor's MDOT Number**

Question		Offeror's Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

**FA1 Attachment S-11f: Subcontractors Questionnaire AMENDMENT 1**

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

**Instructions:** Complete one "FA1 Attachment S-13: Subcontractors Questionnaire" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

**Subcontractor's Name** Click here to enter text.  
**Subcontractor's MDOT Number** Click here to enter text.

Question		Offeror's Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

**FA1 Attachment S-12: Performance Guarantees**

**Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.**

Offeror will report results on all performance measurements quarterly per the requirements of the Report Card and separately for each plan type. Performance results will also be audited annually by the State's contract auditor.

**NOTE:** It is critical to the success of the State's programs that services be maintained in accordance with the schedules agreed upon by the State. It is also critical to the success of the State's programs that the Contractor operates in an extremely reliable manner. It would be impracticable and extremely difficult to fix the actual damage sustained by the State in the event of delays or failures in claims administration, service, reporting, and attendance of Contractor personnel on scheduled work and provision of services to the citizens of the State. The State and the Contractor, therefore, presume in the event of certain delay(s) or failure(s), the amount of damage which will be sustained from the delay or failure will be the amount set forth below, and the Contractor agrees in the event of any such failure of performance, the Contractor shall pay such amount as liquidated damages and not as a penalty. The State, at its option for amount due the State as liquidated damages, may deduct such from any money payable to the Contractor or may bill the Contractor as a separate item.

**NOTE:** Items in the response column with the words **"Willing to Comply"** contain a drop down list of options including Yes or No. Select a response from those options as applicable. All "No" responses must be addressed in **"FA1 Attachment S-2: Explanations and Deviations."**

	<b>Performance Indicator</b>	<b>Standard/Goal</b>	<b>Reporting Measurement</b> (subject to audit by State and/or contract auditors)	<b>Liquidated Damages*</b>	<b>Willing to Comply</b>
PG-1	Telephone Call Availability  Measurements must be SLEOLA-specific or for only the service center handling the SLEOLA account.	98% of telephone calls are answered by a live service representative within 30 seconds. The representative must have knowledge of the SLEOLA account and be able to address the member's issue/question.  Time over which standard is measured: Quarter	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror).  Frequency of report: Quarterly	0.10% of fees for each percentage point, or fraction thereof, below 98%.	Choose an item.
PG-2	Telephone Call Abandonment Rate  Measurements must be SLEOLA-specific or for only the service center	Abandonment rate of less than 3%.  Time over which standard is measured: Quarter.	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror).	0.10% of fees for each percentage point, or fraction thereof, over 3%.	Choose an item.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	<b>Performance Indicator</b>	<b>Standard/Goal</b>	<b>Reporting Measurement</b> (subject to audit by State and/or contract auditors)	<b>Liquidated Damages*</b>	<b>Willing to Comply</b>
	handling the SLEOLA account.		Frequency of report: Quarterly		
PG-3	Processing of Enrollment Eligibility Update Information	Plan will process electronic interchange of SLEOLA enrollment information by 5:00PM of the second business day after receipt. If information is received after 12:00PM, record as having been received as of the next business day.  Time over which standard is measured: Quarter	Report Card - Vendor to maintain log for review by the State's contract auditor.  Frequency of report: Quarterly	0.20% of fees for each calendar day, or portion thereof, of delay.	Choose an item.
PG-4	Accuracy of Processing Enrollment Eligibility Information	Plan will process electronic interchange of SLEOLA enrollment with at least 98% accuracy.  Time over which standard is measured: Quarter	Report Card - Vendor to maintain log and system generated reports for review by the State's contract auditor.  Frequency of report: Quarterly	0.20% of fees for each percentage point, or fraction thereof, under 98%.	Choose an item.
PG-5	Contractor attendance at State-sponsored Open Enrollment meetings	Attendance by plan representatives trained on SLEOLA plan benefits at 100% of meetings scheduled by the State, for 100% of the meeting's duration.  Representative must arrive early enough to have their table set-up prior to meeting start time. Display must be organized and include appropriate covering of table. Representative must have detailed plan knowledge, interact with members, and exhibit professional appearance and	Sign-in sheets at meetings or minutes of State meetings.  Frequency of report: Annually	0.05% of fees for each scheduled meeting date vendor fails to attend.	Choose an item.

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
		behavior. Time over which standard is measured: Annual			
PG-6	Delivery of Quarterly Utilization, Case Management, and Disease Management Data Reports to State's Consultant	Delivery to the State by 6:00PM on the following dates**: First Quarter (Jan – Mar) <b>Due: May 1<sup>st</sup></b> Second Quarter (Apr – Jun) <b>Due: August 1<sup>st</sup></b> Third Quarter (Jul – Sep) <b>Due: November 1<sup>st</sup></b> Fourth Quarter (Oct – Dec) <b>Due: February 1<sup>st</sup></b>	Documentation of receipt by State's Benefit Consultant, i.e., date-stamp of mailing package for data information and verification of completeness. (All required fields must be filled in correctly.)  Frequency of report: Quarterly	0.20% of fees for each week, or fraction thereof, the data report is not received or is incomplete.	Choose an item.
PG-7	Delivery of Rate Renewal Reports	Delivery to the State and to the State's actuarial consultant of reports required for annual rate renewal process by 6:00PM March 1 of each contract year. At a minimum, the renewal reports must include (but not be limited to) the following: Projection of incurred claim costs for renewal year. Estimate of IBNR reserves at end of current year; including the most recent 36 months of incurred/paid triangular reports. Complete documentation of the methodology and assumptions utilized to develop the projected	Date-stamp of receipt by the State and verification of completeness of required documentation.  Frequency of report: Annually	0.20% of fees for each week, or fraction thereof, the rate renewal reports are not received or are incomplete.	Choose an item.  Choose an item.  Choose an item.  Choose an item.

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by State and/or contract auditors)	Liquidated Damages*	Willing to Comply
		costs. Disclosure of supporting data used in the calculations, including monthly paid claims and enrollment, large claims analysis, trend analysis, demographic analysis, etc.			Choose an item.
		Substantiation of any proposed increase in fixed costs via a thorough analysis of activities and costs covered by those fees.			Choose an item.
		Explanations for any unusual trend results (high relative to the market, low relative to the market).			Choose an item.
PG-8	Claims Standards  Financial Accuracy Measures the gross dollars paid incorrectly (overpayments plus underpayments) subtracted from total paid claim dollars, divided by total paid claim dollars within the audit sample	99% of claim dollars processed accurately.	Measured by the State's independent auditor as part of the annual claims audit. Criteria as defined by the State's independent auditor. Measured to two (2) decimal places.	2.00% of fees if below 99% but at least 97%. 4.00% of fees if less than 97%.	Choose an item.
PG-9	Claims Standards  Payment Accuracy Measures the number of incorrect drafts of payments made on behalf of the State, subtracted from the total draft or payment transactions,	97% of claims with benefit payments are processed accurately.	Measured by the State's independent auditor as part of the annual claims audit. Criteria as defined by the State's independent auditor. Measured to two (2) decimal places.	2.00% of fees if below 97% but at least 95%. 4.00% of fees if less than 95%.	Choose an item.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	<b>Performance Indicator</b>	<b>Standard/Goal</b>	<b>Reporting Measurement</b> (subject to audit by State and/or contract auditors)	<b>Liquidated Damages*</b>	<b>Willing to Comply</b>
	divided by the total draft or payment transactions.				
PG-10	Claims Standards  Processing Time	95% of all claims are adjudicated within 10 business days; and 98% of all claims are adjudicated within 20 business days.	Measured by the State's independent auditor as part of the annual claims audit. Criteria as defined by the State's independent auditor. Measured to two (2) decimal places.	3.00% of fees if performance is less than standard.	Choose an item.
PG-11	Provision of claims and eligibility data to third party vendors.	Delivery of agreed-upon claims and eligibility data to third party vendors in the format and frequency required by the applicable vendor(s).	Date-stamp of receipt by the third-party vendor and verification of completeness of required documentation.	0.05% for each calendar day the data is not received or is incomplete.	Choose an item.
PG-12	Annual Hospital Records Claims Audit	Conduct hospital records (including clinical and billing issues) audits for every admission with paid claims in excess of \$25,000, subject to a minimum of 2% of all hospital claims. Audits are to be conducted on-site to ensure accuracy of billed charges in relation to the clinical services delivered.	Provide quarterly reporting of the number of audits conducted, the amount of recoveries to the SLEOLA Plan.	3.00% of fees if performance is less than standards.	Choose an item.
PG-13	SLEOLA Member Satisfaction	Satisfactory or better results from an annual State-conducted Participant satisfaction survey. 90% of members indicate satisfied or very satisfied.  Measured annually.	Survey results.	1.00% of fees if less than 90% of members indicate satisfied or very satisfied.	Choose an item.

**SLEOLA HEALTH PLAN ADMINISTRATION AND SERVICES: FUNCTIONAL AREA 1 – PPO-SF**

	<b>Performance Indicator</b>	<b>Standard/Goal</b>	<b>Reporting Measurement</b> (subject to audit by State and/or contract auditors)	<b>Liquidated Damages*</b>	<b>Willing to Comply</b>
PG-14	Provision of Draft Plan Documents  Certificate/ Evidence of Coverage Document	Draft Plan Document including all required updates provided to the State at least three months prior to the first day of the plan year.	Receipt date as documented by vendor and confirmed by State.	\$500 per calendar day for the first three days the document is not received.  \$1,000 per calendar day for each day the document is not received for the fourth day and beyond.	Choose an item.
PG-15	Provision of Final Plan Documents	Final Plan Document including all required edits and in a format ready for posting to State intranet is returned to the State no later than 45 days prior to the start of the plan year.	Receipt date as documented by vendor and confirmed by State.	\$500 per calendar day for the first three days the document is not received.  \$1,000 per calendar day for each day the document is not received for the fourth day and beyond.	Choose an item.
PG-16	DBM Claims Eligibility Audits	Plan will provide response files to Department's Audit Unit within 14 business days of receipt of error report from Department.	Receipt date as documented by vendor and confirmed by State.	\$500 per calendar day for the first three days the document is not received.  \$1,000 per calendar day for each day the document is not received for the fourth day and beyond.	Choose an item.

\*Determination of results and any applicable damages will be conducted by the State's contract auditor.  
 Note: If due date for any PG falls on a state / vendor holiday or a weekend, document is due on the next business day.