

**Fully-Insured In-Network Only Plan with an Integrated HRA and MA Plan Performance Guarantees**

The Performance Guarantee Amounts set forth below identify the amounts Contractor may be required to pay to DCH when Contractor does not achieve the Performance Standards. Contractor will self-report results and DCH will utilize their decision support vendor and other partners and internal staff to validate reported baseline and results for these outcomes. Contractor agrees to DCH's right to independently audit and confirm all results. All measurements and standards are specific to SHBP services, and shall not be based on Contractor's performance for its book of business, or any other group that includes individuals other than SHBP Members. For each Performance Standard, Contractor must submit documentation supporting the reported results, and must report results in accordance with the times set forth under "Frequency of Measurement and Assessment."

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The performance guarantee assessments shown in this table will be adjusted to reflect the total membership for active employees, non-Medicare retirees, and MA-PDP retirees. The membership adjustments apply as follows:	Number of Contracts (Employees and Retirees)	Base Performance Guarantee amounts are multiplied by the factor shown below		
	<15,000	0.10		
	15,000 - 25,000	0.15		
	25,001 - 50,000	0.25		
	50,001 - 100,000	0.50		
	100,001 - 150,000	0.75		
Service Level	Measurement	Performance Standard	Base Performance Guarantee Amount	Frequency of Measurement and Assessment
Implementation and Go Live Dates				
All contracted services shall take effect/ go live and be fully operational on the initial go live date(s) as specified in the Contract. (excluding ID cards)	Measured and reported no later than one month after the go live date.	100% of all contacted services will take effect and be fully operational on the go live date(s) as specified in the Contract.	\$500,000 for the first day and \$50,000 for each subsequent Calendar day the deadline that medical claims administrative services are not fully operational.	One-time
All contracted services shall take effect/ go live and be fully operational on the annual go live date for each plan year. (excluding ID cards)	Measured and reported no later than one month after the go live date.	100% of all contracted services will take effect and be fully operational on the go live date(s) as specified in the Contract.	\$500,000 for the first day and \$50,000 for each subsequent Calendar day the deadline that medical claims administrative services are not fully operational.	Annually
Medical Claims Processing				
Claims Processing: Turnaround Time (TAT)	Turnaround time will be calculated using all claims received each month, including any that need review, and results will be based on aggregate statistics for the applicable period. Contractor will submit Claims Time to Process and Claims Inventory reports monthly. A clean claim is defined as original submission with all requested information.	95% of all clean claims will be paid or denied within 14 Business days. 99% of all claims shall be paid or denied within 90 days of receipt (excluding claims subject to appeal or medical review).	\$10,000 for each percentage below the standard for clean claims and \$10,000 for each half percentage below the standard for all claims. \$50,000 maximum.	Measured Monthly and Assessed Quarterly
Financial accuracy of claims processed	To determine the financial accuracy rate, the total payment amount reviewed minus the absolute value of overpayments and underpayments is divided by the total amount reviewed.	99.5% or greater	\$10,000 for each tenth of a percentage below the standard. \$50,000 maximum.	Quarterly

Service Level	Measurement	Performance Standard	Base Performance Guarantee Amount	Frequency of Measurement and Assessment
Claims Processing: Accurately implement Benefits or Program Changes	Contractor will accurately and correctly implement and administer any benefit or program changes.	100%	Contractor will reimburse SHBP (including SHBP members) 100% of the value of the error(s).  Additionally, \$10,000 per Calendar day will be assessed, measured from the date the Contractor was notified, or self-identified, the error until the date the error is accurately corrected in the Contractor(s) system(s).	Ongoing/ per occurrence
<b>Systems</b>				
On-line availability of Contractor's claims adjudication and related system platforms.	Downtime is any time a Contractor's system (adjudication or related system such as eligibility, etc.) is unavailable for any reason other than scheduled maintenance downtime for which SHBP has received prior notice in accordance with the terms of this contract. Contractor will provide quarterly reports to SHBP for review.	System available at least 99.5% of the time, excluding scheduled maintenance downtime.	\$25,000 for each tenth of a percentage below the standard. \$100,000 maximum.	Quarterly
Overall system downtime (for SHBP view only access)	Downtime is any time a Contractor's system (adjudication or related system such as eligibility, etc.) is unavailable for any reason other than scheduled maintenance downtime for which SHBP has received prior notice in accordance with the terms of this contract. Contractor will provide quarterly reports to SHBP for review.	SHBP will have access to Contractor's system (view only access to claims processing, eligibility, call-center archives, etc.) at least 99.5% of the time, except for scheduled maintenance.	\$25,000 for each tenth of a percentage below the standard. \$100,000 maximum.	Quarterly
<b>Eligibility</b>				
Eligibility Loads (Initial and Open Enrollment)	Initial and Open Enrollment eligibility files will be loaded within 5 Business days of receipt. Files must be received by 12:00 midnight ET.; otherwise, written notification of the file delivery (off schedule) must be provided and receipt confirmed by Contractor. If the file is received after 12:00 midnight ET the guarantee period commences upon file receipt.	Loaded accurately, in use, and notification transmitted to SHBP within 5 Business days of receipt.	\$250,000 for each Business day that the standard is not met. \$750,000 maximum.	Annually
Eligibility updates (monthly)	Monthly update eligibility files will be loaded within 24 hours of receipt. Files must be received by 12:00 midnight ET.; otherwise, written notification of the file delivery (off schedule) must be provided and receipt confirmed by Contractor. If the file is received after 12:00 midnight ET the guarantee period commences upon file receipt.	Loaded accurately, in use, and notification transmitted to SHBP within 24 hours of receipt.	\$5,000 per Calendar day the standard is not met. \$500,000 maximum annually	Measured Monthly and Assessed Quarterly
Eligibility updates (daily)	Daily update eligibility files will be loaded within 12 hours of receipt. Files must be received by 12:00 midnight ET.; otherwise, written notification of the file delivery (off schedule) must be provided and receipt confirmed by Contractor. If the file is received after 12:00 midnight ET the guarantee period commences upon file receipt.	Loaded accurately, in use, and notification transmitted to SHBP within 12 hours of receipt. Measured daily and assessed monthly.	\$5,000 for each hour that the standard is not met. \$500,000 maximum annually.	Measured Daily and Assessed Quarterly
ID Cards	99.9% of Members will have received accurate ID cards that are postmarked within 10 Business days of Contractor's receipt of the eligibility extract from each year's open enrollment.	99.9% of Members will have received accurate ID cards that are postmarked within 10 Business days of Contractor's receipt of the eligibility extract from each year's open enrollment.	\$50,000 for each Business day the 10 day open enrollment standard is not met;	Annually
<b>Network</b>				

Service Level	Measurement	Performance Standard	Base Performance Guarantee Amount	Frequency of Measurement and Assessment
Significant changes to the Network must be communicated to SHBP	A significant change is a reduction in network providers that would have impacted 2% of SHBP professional claims within the affected provider specialty or 2% of facility claims for hospitals/facilities from the prior year within the affected 3 digit zip code or state (if outside of Georgia).	Notification of significant network changes must be communicated at least 60 Business days in advance or within 3 Business days of notification by the provider to the Contractor, whichever is less.	\$25,000 per Calendar day that any significant network change is reported to SHBP after the standard.	Ongoing/ per occurrence

Service Level	Measurement	Performance Standard	Base Performance Guarantee Amount	Frequency of Measurement and Assessment
<b>Customer Service</b>				
Average Speed of Answer (ASA)	The response level must be maintained each month. The average speed of answer will be measured by Contractor's standard internal call reports produced by Contractor's automated phone system for all SHBP Member calls. These reports shall be submitted to SHBP weekly for monitoring purposes and standard will be measured monthly and summarized in quarterly reports.	95% of all inbound Member calls selecting the IVR will be answered within 10 seconds or less on average, and 30 seconds for member calls selecting a live Customer Service Representative (CSR). This excludes calls abandoned before answering.	\$10,000 for each percentage below the threshold for a month, measured separately for IVR and live CSR inbound calls. \$150,000 maximum.	Measured monthly and Assessed Quarterly
Telephone Abandonment Rate	The abandonment rate will be measured by Contractor's standard internal call reports produced by Contractor's automated phone system for all member calls. These reports shall be submitted to the SHBP monthly for monitoring purposes and summarized in quarterly reports..	Average call abandonment rate will be equal to or less than 3%	\$5,000 for each percent above the threshold, measured on a monthly basis. \$150,000 maximum.	Measured Monthly and Assessed Quarterly
<b>Data Transmittal</b>				
Contractor must provide transmittal of claims and other relevant data to any third parties including the Decision Support System (DSS) vendor(s) or others as identified by SHBP.	This standard shall be reported to SHBP monthly and measured in concurrence with the data feed frequencies.	Contractor will provide accurate data feeds within mutually agreed to time frame(s) to be determined after assessing the needs of SHBP and its vendors.	\$10,000 per Calendar day for every day that the files are received past the Calendar day standard.	Measured per file transfer/data exchange and Assessed Quarterly
Contractor will accurately process claims with the HRA and any relevant benefit components that require coordination between medical and pharmacy benefits (i.e. common deductibles, max out-of-pockets and other benefit accumulators). HRA balances will be accurately and timely administered on a real-time basis.	This standard shall be reported to SHBP monthly and measured daily, subject to an annual review/audit by SHBP, or an agent selected by SHBP	Contractor will coordinate on a real-time basis.	\$25,000 per Calendar day for every day that the standard is not met \$500,000 annual maximum	Measured Daily and Assessed Quarterly
<b>Website</b>				
The Contractor's website for SHBP members will offer online, real-time access, except for scheduled maintenance.	This standard shall be reported to SHBP monthly and measured monthly.	Contractor website for SHBP members available and fully operational 100% of the time, except for scheduled maintenance.	\$20,000 for each percentage below the standard.	Monthly
<b>Medicare Secondary Payer (MSP)</b>				
All MSP claims processing reports for any demand letters received including any ad hoc reports must be submitted by the deadline. Ad hoc reports shall be submitted within the timeframes reasonably requested by SHBP.	Failure to submit MSP claims processing reports as outlined herein will result in a financial assessment. Standard will be reported and measured monthly.	MSP claims processing reports for any and all demand letters received shall be submitted by Contractor to SHBP by the 15th Business day of each month. Ad hoc reports shall be submitted as agreed upon by SHBP.	\$10,000 for each Business day the MSP claims processing reports are past due.	Monthly
Turnaround Time. This provision shall not apply to demand letters for claims administered by an entity other than the Contractor.	Turnaround time will be calculated using all initial complete demand letters received each month and processed. Results will be based on aggregate statistics for the applicable period. Contractor will submit monthly report that tracks the processing of the claim related to the demand letter. A complete demand debt will include: 1) Original demand letter 2) Demand summary 3) Medicare claim paid summary and 4) Copies of all claims for each debt. This standard shall be reported and measured monthly.	90% of all initial complete demand letters sent to Contractor by SHBP, MSPRC, or an Employing Entity must be responded to and processed within the time frames as specified by the federal government in the letters in order to avoid interest charges (excluding any demand letters received 60 Calendar days from the initial date of the demand).	\$10,000 for each percentage below the standard. \$50,000 maximum.	Monthly

Service Level	Measurement	Performance Standard	Base Performance Guarantee Amount	Frequency of Measurement and Assessment
Contractor shall take all reasonably necessary actions to prevent the assignment of a debt to a collection agency or the Department of Treasury (DOT) to prevent the offset of any federal payments to SHBP or any employing entity.	<p>Failure to submit a rebuttal or officially place debts in dispute that are for any unresolved debts assigned to the DOT or relevant collection agency, for which Contractor has received written notice, will result in financial assessments in the month during which such failure occurs and each month thereafter until it has been officially placed in dispute status.</p> <p>If Contractor has made all reasonable steps to comply with standard and the DOT has not placed debt in dispute, Contractor will notify and provide entire file to SHBP for escalation. These debts will be removed from this measurement and not subject to guarantee. This standard shall be reported and measured monthly.</p>	Contractor shall rebut or dispute debts within 20 Calendar days of Contractor's receipt of notice from the DOT or collection agency.	\$5,000 for each Business day after the standard that an unresolved debt has not been appropriately rebutted or disputed by the Contractor after receipt of notice from the DOT or collection agency.	Monthly
Contractor will transfer a data match file on behalf of SHBP, in accordance with terms of the Voluntary Data Sharing Agreement between SHBP and CMS.	Failure to transfer the data match file, to the extent such data has been received by Contractor from SHBP in a timely manner, may result in financial assessments, if such assessments are the direct and sole result of Contractor's failure to exchange the required data. Standard shall be reported and measured quarterly.	The data match file will be transferred, without errors, in 10 Business days.	\$5,000 for each Business day after the standard that the data match file is not transferred to SHBP.	Quarterly
<b>Pharmacy</b>				
Claims Processing: Turnaround time (TAT) for SHBP Paper Claims Processed	TAT is measured beginning the day the clean claim is received by Contractor to the Calendar day the claim disposition is paid. Contractor shall submit monthly report to SHBP.	99% of all prescription paper claims received will be processed within ten (10) Business days (monthly average).	\$10,000 for each half of a percentage below the standard. \$50,000 maximum.	Measured Monthly and Assessed Quarterly
Claims Processing: Plan Administration and Pricing Changes Accuracy	Contractor will implement and maintain proper administration of SHBP's program plans. In addition, Contractor will implement and administer any pricing changes (such as member cost share, copay waivers, MAC pricing changes and other aspects of the program that affect the member or SHBP costs). Measured monthly by a random sample of at least 450 claims processed specifically targeting multiple plan design and pricing parameters.	100% accuracy	\$25,000 for each percentage below the standard. \$100,000 maximum for both plan administration accuracy and pricing changes accuracy.	Measured Monthly and Assessed Quarterly
Financial accuracy of point-of-sale (i.e., non-paper) claims processed electronically.	Measured by a random sample of at least 450 claims processed per month. Contractor shall submit monthly report to SHBP. Standard measured and reported monthly.	99.5% or greater	\$10,000 for each tenth of a percentage below the standard. \$50,000 maximum.	Measured Monthly and Assessed Quarterly
Financial accuracy of mail order claims processed.	Measured by a random sample of at least 450 claims processed. Contractor shall submit monthly report to SHBP. Standard measured and reported quarterly.	99.5% or greater	\$10,000 for each tenth of a percentage below the standard. \$50,000 maximum.	Quarterly
Financial accuracy of specialty claims processed.	Measured by a random sample of at least 450 claims processed. Contractor shall submit monthly report to SHBP. Standard measured and reported quarterly.	99.5% or greater	\$10,000 for each tenth of a percentage below the standard. \$50,000 maximum.	Quarterly
To ensure that SHBP Members have sufficient access to a stable pharmacy network of providers.	Contractor shall submit quarterly Geo Access reports demonstrating compliance with pharmacy network provider access standards on an urban, suburban and rural basis.	A minimum of 90% of plan members will have access to pharmacy network providers.	\$50,000 for each percentage below the standard. \$250,000 maximum.	Quarterly
Significant changes to the pharmacy network must be communicated to SHBP	A significant change is a reduction in network pharmacies that would have impacted 5% of SHBP claims from the prior year.	Notification of significant network changes must be communicated at least 60 Business days in advance or within 3 Business days of notification by the provider to the Contractor, whichever is less.	\$25,000 per Calendar day that any significant network change is reported to SHBP after the standard.	Quarterly
<b>Pharmacy On-line Processing</b>				
Electronic Claim Processing Time	Contractor will provide written documentation of compliance by the 10th Business day of the month following the end of each month.	Full adjudication of 100% of claims within an average of five (5) seconds or less per month.	\$50,000 for each month the standard is not met.	Measured Monthly and Assessed Quarterly

Service Level	Measurement	Performance Standard	Base Performance Guarantee Amount	Frequency of Measurement and Assessment
Prior Authorization (PA) Request Turnaround Time	Contractor shall submit monthly reports of PA activity to SHBP and results will be based on PA request and appeals meeting the turnaround standard 100% of the time each month. Standard measured monthly.	Initial requests must be completed within calendar 24 hours of time of receipt and first level appeals within 3 Business days of receipt of all necessary information.	\$10,000 per Calendar day for each report submitted after the standard.	Measured Monthly and Assessed Quarterly
<b>Pharmacy Value Based Purchasing Initiatives</b>				
Contractor will provide SHBP with a generic potential fill rate guaranteed level.  FORMULA: The number of generic Rx's divided by ALL Rx's [generic + Multiple Source Brand (MSB) + Single Source Brand (SSB)]*  *This guarantee excludes compounds	Upon SHBP's acceptance of the Contractor's proposed Generic Fill Rate, the Contractor will achieve the generic fill rate target upon SHBP's approval of Contractor's proposed programs. Contractor will provide annual report. Standard measured annually.	Annually the Contractor will improve SHBP generic fill rate by a rate that is mutually agreed to by Contractor and SHBP. (Currently, SHBP has a generic fill rate improvement target of at least 2% over the prior Plan year.)	\$25,000 for each half a percentage below the standard.	Annually
<b>Contractor Clinical Review</b>				
95% of all requests for clinical coverage determination shall be completed within 3 Business days from receipt of complete clinical information.	Contractor shall provide monthly and quarterly reports detailing the turnaround time for completion of all requests for clinical coverage determinations to the DCH, but the DCH reserves the right to audit this standard. Standard will be measured quarterly.	95% of all requests for clinical coverage are completed - Routine - within 14 Calendar days of receipt; Urgent - within 72 hours; Concurrent - within 24 hours	\$10,000 per Calendar day for every day that the reviews are received past the - Routine - within 14 Calendar days of receipt; Urgent - within 72 hours; Concurrent - within 24 hours.	Quarterly
<b>Utilization Metrics</b>				
Utilization Rates (Hospital)	Contractor will reduce total hospital days/1000 for the entire SHBP population cared by 3% from baseline (defined as the 12 months before initiation of plan) in year one. Decrease by a minimum of 3% as compared to year one and a minimum of 3% again in year three as compared to year two. Determination will be made based on T1 T2 medical claims (incurred).	Reduce inpatient admission by a minimum of 3% annually	\$100,000 for each percentage the 3% improvement target is not met	Annually
Reduce Inpatient Hospital Readmission Rates	Contractor will reduce Inpatient Hospital Readmission rates 5% annually. Rates must decrease in year two by a minimum of 5% as compared to year one and a minimum of 5% again in year three as compared to year two. Determination will be made based on T1 T2 medical claims (incurred).	Reduce inpatient readmission by a minimum of 5% annually	\$100,000 for each percentage the 5% improvement target is not met	Annually

Service Level	Measurement	Performance Standard	Base Performance Guarantee Amount	Frequency of Measurement and Assessment
Reduce Non-emergent Emergency Room visit rates	Contractor will reduce nonemergent Emergency Room rates 5% annually. Rates must decrease in year two by a minimum of 5% as compared to year one and a minimum of 5% again in year three as compared to year two. Determination will be made based on T1 T2 medical claims (incurred).	Reduce nonemergent Emergency Room rates by a minimum of 5% annually	\$100,000 for each percentage the 5% improvement target is not met	Annually
Reduce % of SHBP low birth weight babies	Contractor will reduce low birth weight babies in SHBP by 0.1% annually. Rates must decrease in year two by a minimum of 0.1% as compared to year one and a minimum of 0.1% again in year three as compared to year two.	Reduce low birth weight babies by a minimum of 0.1% annually	\$25,000 if the standard is not met	Annually
<b>Clinical Metrics and Value Based Purchasing Initiatives</b>				
85% of targeted claimants will be active participants in any chronic disease management program activated.	This standard shall be reported to SHBP monthly and measured monthly.	85% of targeted claimants will be active participants in any chronic disease management program activated	\$10,000 for each percentage below the threshold. \$150,000 maximum.	Measured monthly and assessed quarterly
Asthma Identified Participants	Contractor will improve the percent of program participants key clinical indicators/evidence based medicine (EBM) guidelines (e.g., long term asthma medication use) results by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims and self-reported responses. Rate should improve a minimum of 5% in year two as compared to year one and a minimum of 5% again in year three as compared to year two.	Improve the percent of program participants key clinical indicators/evidence based medicine (EBM) guidelines (e.g., long term asthma medication use) results by a minimum of 5% annually	\$100,000 for each percentage the 5% improvement target is not met	Annually
Diabetes Identified Participants	Contractor will improve the percent of program participants key clinical indicators/evidence based medicine (EBM) guidelines (e.g., recommended HbA1c testing, recommended LDL cholesterol screening) results by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims and self-reported responses. Rate should improve a minimum of 5% in year two as compared to year one and a minimum of 5% again in year three as compared to year two.	Improve the percent of program participants key clinical indicators/evidence based medicine (EBM) guidelines (e.g., recommended HbA1c testing, recommended LDL cholesterol screening) results by a minimum of 5% annually	\$100,000 for each percentage the 5% improvement target is not met	Annually
CAD Identified Participants	Contractor will improve the percent of program participants key clinical indicators/evidence based medicine (EBM) guidelines (e.g., recommended LDL cholesterol screening, Beta Blocker use after MI) results by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims and self-reported responses. Rate should improve a minimum of 5% in year two as compared to year one and a minimum of 5% again in year three as compared to year two.	Improve the percent of program participants key clinical indicators/evidence based medicine (EBM) guidelines (e.g., recommended LDL cholesterol screening, Beta Blocker use after MI) results by a minimum of 5% annually	\$100,000 for each percentage the 5% improvement target is not met	Annually
CHF Identified Participants	Contractor will improve the percent of program participants key clinical indicators/evidence based medicine (EBM) guidelines (e.g., ACE inhibitor or ARB use) results by a minimum of 5% from baseline (defined as the 12 months before program initiation) in year one, as measured by claims and self-reported responses. Rate should improve a minimum of 5% in year two as compared to year one and a minimum of 5% again in year three as compared to year two.	Improve the percent of program participants key clinical indicators/evidence based medicine (EBM) guidelines (e.g., ACE inhibitor or ARB use) results by a minimum of 5% annually	\$100,000 for each percentage the 5% improvement target is not met	Annually
<b>Utilization Management Programs Cost Savings/Return on Investment (ROI)</b>				

Service Level	Measurement	Performance Standard	Base Performance Guarantee Amount	Frequency of Measurement and Assessment
Return on Investment for Utilization Management Programs	ROI will be based on year over year claims costs as per mutually agreed upon ROI methodology	ROI will be based on year over year claims costs as per mutually agreed upon ROI methodology	\$25,000 for each tenth of a point the standard is not met. (For example, if the ROI standard is 1.5 and the actual ROI is 1.3, then the Contractor will be assessed \$50,000)	Annually
<b>Wellness Clinical Metrics - Compliance with EBM</b>				
Reduce BMI in adults	Offeror will a) reduce the average BMI for SHBP participants in the Wellness Program by 0.25 points annually (75% of fees at risk) and b) reduce the average BMI for SHBP participants in the Wellness Program with BMI > 30 by 0.50 points annually (25% of fees at risk). Measured using T1 T2 biometric screening results utilizing the actual Wellness Program participants in T1 T2.	a) reduce the average BMI for SHBP participants in the Wellness Program by 0.25 points annually (75% of fees at risk) and b) reduce the average BMI for SHBP participants in the Wellness Program with BMI > 30 by 0.50 points annually	\$25,000 for each 0.05 the targeted reduction is not met. Measured and assessed separately for a) and b).	Annually
Wellness Program Participation	70% of eligible SHBP members will complete the necessary Wellness Program requirements.	70% of eligible population will complete necessary Wellness Program requirements	\$100,000 for each percentage the 70% target is not met	Annually
Increase the percentage of eligible SHBP beneficiaries who received a preventative cancer screening.	Offeror will increase the percentage of SHBP beneficiaries receiving a preventative cancer screening by 2.0% annually each for Colorectal Cancer, Breast Cancer, and Cervical Cancer (equal weighting for fees at risk). Measured using T1 T2 screening rates shown in the medical claims (based on service date).	Increase the percentage of SHBP beneficiaries receiving a preventative cancer screening by 2.0% annually	\$100,000 for each percentage the 2% improvement target is not met	Annually
<b>Wellness Programs Cost Savings/Return on Investment (ROI)</b>				
Return on Investment for Wellness Programs	ROI will be based on year over year claims costs as per mutually agreed upon ROI methodology.	ROI will be based on year over year claims costs as per mutually agreed upon ROI methodology	\$25,000 for each tenth of a point the standard is not met. (For example, if the ROI standard is 1.5 and the actual ROI is 1.3, then the Contractor will be assessed \$50,000)	Annually
Contractor must provide SHBP wellness participation data for HRA credits and administration	This standard shall be reported to SHBP monthly and measured in concurrence with the data feed frequencies.	Contractor will provide 100% accurate data feeds within mutually agreed to time frame(s) to be determined after assessing the needs of SHBP.	\$10,000 per Calendar day for every Calendar day that the files are received past the Calendar day standard.  AND  \$10,000 for each percentage (measured by number of records) the 100% accuracy rate is not met	Measured Monthly and Assessed Quarterly
<b>Medicare Advantage Performance Guarantees</b>				
Implementation and Go Live Dates				
Customer Service				

Service Level	Measurement	Performance Standard	Base Performance Guarantee Amount	Frequency of Measurement and Assessment
Average Speed of Answer (ASA)	The response level must be maintained each month. The average speed of answer will be measured by Contractor's standard internal call reports produced by Contractor's automated phone system for all SHBP Member calls. These reports shall be submitted to SHBP weekly for monitoring purposes and standard will be measured monthly and summarized in quarterly reports.	95% of all inbound Member calls selecting the IVR will be answered within 10 seconds or less on average, and 30 seconds for member calls selecting a live Customer Service Representative (CSR). This excludes calls abandoned before answering.	\$10,000 for each percentage below the threshold for a month, measured separately for IVR and live CSR inbound calls. \$150,000 maximum.	Measured monthly and Assessed Quarterly
Telephone Abandonment Rate	The abandonment rate will be measured by Contractor's standard internal call reports produced by Contractor's automated phone system for all member calls. These reports shall be submitted to the SHBP monthly for monitoring purposes and summarized in quarterly reports..	Average call abandonment rate will be equal to or less than 3%	\$5,000 for each percent above the threshold, measured on a monthly basis. \$150,000 maximum.	Measured Monthly and Assessed Quarterly
<b>Website</b>				
The Contractor's website for SHBP members will offer online, real-time access, except for scheduled maintenance.	This standard shall be reported to SHBP monthly and measured monthly.	Contractor website for SHBP members available and fully operational 100% of the time, except for scheduled maintenance.	\$20,000 for each percentage below the standard.	Monthly
<b>Data Transmittals</b>				
Contractor must provide transmittal of claims and other relevant data to any third parties including the Decision Support System (DSS) vendor(s) or others as identified by SHBP.	This standard shall be reported to SHBP monthly and measured in concurrence with the data feed frequencies.	Contractor will provide accurate data feeds within mutually agreed to time frame(s) to be determined after assessing the needs of SHBP and its vendors.	\$10,000 per Calendar day for every day that the files are received past the Calendar day standard.	Measured per file transfer/data exchange and Assessed Quarterly
<b>Eligibility</b>				
Eligibility Loads (Initial and Open Enrollment)	Initial and Open Enrollment eligibility files will be loaded within 5 Business days of receipt. Files must be received by 12:00 midnight ET.; otherwise, written notification of the file delivery (off schedule) must be provided and receipt confirmed by Contractor. If the file is received after 12:00 midnight ET the guarantee period commences upon file receipt.	Loaded accurately, in use, and notification transmitted to SHBP within 5 Business days of receipt.	\$250,000 for each Business day that the standard is not met. \$750,000 maximum.	Annually
Eligibility updates (monthly)	Monthly update eligibility files will be loaded within 24 hours of receipt. Files must be received by 12:00 midnight ET.; otherwise, written notification of the file delivery (off schedule) must be provided and receipt confirmed by Contractor. If the file is received after 12:00 midnight ET the guarantee period commences upon file receipt.	Loaded accurately, in use, and notification transmitted to SHBP within 24 hours of receipt.	\$5,000 per Calendar day the standard is not met. \$500,000 maximum annually	Measured Monthly and Assessed Quarterly
Eligibility updates (daily)	Daily update eligibility files will be loaded within 12 hours of receipt. Files must be received by 12:00 midnight ET.; otherwise, written notification of the file delivery (off schedule) must be provided and receipt confirmed by Contractor. If the file is received after 12:00 midnight ET the guarantee period commences upon file receipt.	Loaded accurately, in use, and notification transmitted to SHBP within 12 hours of receipt. Measured daily and assessed monthly.	\$5,000 for each hour that the standard is not met. \$500,000 maximum annually.	Measured Daily and Assessed Quarterly
ID Cards	99.9% of Members will have received accurate ID cards that are postmarked within 10 Business days of Contractor's receipt of the eligibility extract from each year's open enrollment.	99.9% of Members will have received accurate ID cards that are postmarked within 10 Business days of Contractor's receipt of the eligibility extract from each year's open enrollment.	\$50,000 for each Business day the 10 day open enrollment standard is not met;	Annually