

Introduction

The Georgia Department of Community Health (DCH) is releasing an Invitation for Proposal (IFP) to facilitate the evaluation of Medical Third Party Administrators (TPA) for the Georgia State Health Benefit Plan (SHBP) for 2015. TPA services include, but are not limited to, claims processing and oversight, member services, maintenance of a robust network of providers and medical management services. The selected TPA will be positioned alongside SHBP's current TPA, BlueCross BlueShield of Georgia (BCBSGA), in offering a state-wide Health Maintenance Organization (HMO) option. In addition, the selected TPA will administer a High Deductible Health Plan (HDHP) with Health Savings Account (HSA) on an exclusive basis.

The selected TPA will also offer, alongside BCBSGA, a Medicare Advantage (MA) plan to SHBP's Medicare eligible population. Pharmacy benefits available via the Medicare Advantage-Prescription Drug Plan (MA-PDP) must utilize an Employer Group Waiver Plan (EGWP) plus Wrap approach. BCBSGA currently provides "Part B only" MA plans to these members. BCBSGA will remain as a partner to SHBP for the Medicare eligible population for 2015.

Selection of health insurance vendors by DCH is exempt from the DOAS State Purchasing Act pursuant to O.C.G.A Secs. 50-5-57 and 58, 1987 O. Att'y Gen. No. 87-32, and Chapter 1: Section 1.2.1.2 of the Georgia Procurement Manual, as amended. This IFP outlines the requirements that must be met and solicits data that will be used to complete this evaluation. In order for your organization's proposal to be fully considered, it is important that you follow the instructions outlined below and respond to this IFP no later than May 15, 2014 at 5:00 p.m. EST.

About SHBP

SHBP currently provides benefits to approximately 640,000 active employees, pre-Medicare retirees and dependents. Active/pre-Medicare retiree medical benefits are currently provided by BCBSGA, while Healthways administers wellness programs and incentives for this population. Express Scripts (ESI) manages pharmacy benefits for SHBP's active employee and pre-Medicare retiree and dependent populations. BCBSGA, Healthways, and ESI will remain as partners to SHBP for the active and pre-Medicare retiree eligible population for 2015.

Within SHBP's membership are approximately 98,000 retirees and dependents that are Medicare eligible. Medical and pharmacy benefits for the Medicare eligible population are provided via BCBSGA's MA-PDP. Pharmacy benefits are provided via a BCBSGA EGWP. SHBP currently has approximately 3,000 Medicare-eligible members that are not enrolled in Medicare Part A. BCBSGA currently provides "Part B only" MA plans to these members. BCBSGA will remain as a partner to SHBP for the Medicare-eligible population for 2015.

Evaluation Process

An evaluation team will review each Offeror's proposal to determine compliance with the requirements of the IFP. An Offeror's technical submission will be evaluated and scored independently of the Offeror's cost proposal. The Offeror's technical score will then be combined with Offeror's cost score to determine Offeror's overall score. The evaluation is comprised of the following:

Category	Points Available
Invitation for Proposal Response	700
Projected Discounts/Claims and ASO Fees/Medicare Advantage Premium Rate Exhibit	300
Total Points	1,000

Addenda

DCH may issue an addendum to the IFP to: make changes in the IFP; correct defects or ambiguities; provide additional information or instructions. Each Offeror is responsible for regularly checking the website at hhrsc@aonhewitt.com for updates, changes and for notices concerning the IFP.

Site Visits and Presentations

DCH reserves the right to conduct site visits or to invite Offerors to present their technical solutions to the Evaluation team.

State's Right to Request Additional Information

Prior to vendor selection, DCH must be assured that the selected Offeror has all of the resources to perform under the contract. DCH reserves the option of requesting from the Offeror any information deemed necessary to assure the Offeror can perform under the contract. If such information is required, the Offeror will be notified and provided a deadline for submission of the information requested.

Negotiations

DCH reserves the right to engage in negotiations of the proposed pricing if deemed necessary.

Current Environment and Direction for 2015

In 2014, SHBP offers three (3) HRA plan options to active employees, pre-Medicare retirees and dependents: Gold, Silver and Bronze.

In addition, in 2014 SHBP offers two (2) MA-PDP plans to Medicare eligible retirees: Premium and Standard. SHBP will continue to offer these two (2) plan designs to Medicare eligible retirees in 2015. These plans will be administered by BCBSGA and a second statewide TPA.

2014 plan designs for all SHBP populations are described in the SHBP Summary Plan Descriptions (SPD), available via <https://dch.georgia.gov/documents/summary-plan-description>.

In 2015, SHBP will offer an array of medical plan options and will utilize additional vendor partners to administer these plans.

Design Components	Proposed 2015 Gold Plan		Proposed 2015 Silver Plan		Proposed 2015 Bronze Plan		Proposed 2015 HMO Plan	Proposed 2015 HDHP Base Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	In Network	Out of Network
Deductible									
You	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD
You + Spouse/Child(ren)	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD
You + Family	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD
Coinsurance (Plan Pays)	TBD%	TBD%	TBD%	TBD%	TBD%	TBD%	100%	TBD%	TBD%
OOP Max (Integrated w/ Rx)									
You	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD
You + Spouse/Child(ren)	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD
You + Family	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD
HRA Ceding									
You	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	N/A	N/A	N/A
You + Spouse/Child(ren)	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	N/A	N/A	N/A
You + Family	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	\$TBD	N/A	N/A	N/A
Office Visit									
PCP	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		Copays	Coinsurance after ded	
Specialist Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		Copays	Coinsurance after ded	
Preventive Care	In Network 100%/ Out-of-Network No coverage		In Network 100%/ Out-of-Network No coverage		In Network 100%/ Out-of-Network No coverage		100%	100%	
Retail Rx									
Tier 1	TBD%, Min \$TBD, Max \$TBD		TBD%, Min \$TBD, Max \$TBD		TBD%, Min \$TBD, Max \$TBD		Copays	Coinsurance after ded	
Tier 2	TBD%, Min \$TBD, Max \$TBD		TBD%, Min \$TBD, Max \$TBD		TBD%, Min \$TBD, Max \$TBD		Copays	Coinsurance after ded	
Tier 3	TBD%, Min \$TBD, Max \$TBD		TBD%, Min \$TBD, Max \$TBD		TBD%, Min \$TBD, Max \$TBD		Copays	Coinsurance after ded	
Medical TPA	BCBS GA		BCBS GA		BCBS GA		BCBS GA IFP Determined (Statewide and Regional)	IFP Determined	

Please note that the framework above is illustrative and is subject to change. HRA seeding only applies to the Gold, Silver, and Bronze plans; the HMO Plan will be a copay based plan (across physician and potentially other benefit areas).

As stated previously, Healthways and ESI will provide services for all plans except Medicare Advantage and the plan administered by the regional fully-insured vendor.

For the HMO and Medicare Advantage plans, SHBP intends to subsidize the plans administered by BCBSGA and the second statewide TPA based on the expected relative cost of each plan after factoring in expected fees, claims, discounts, etc. In other words, SHBP intends to “fix” its subsidy using a Defined Contribution Approach with the other options being a buy-up/down accordingly.

Objectives

SHBP is seeking a vendor that can provide best-in-class TPA services for medical claims to the entire pre-Medicare membership. The TPA will be required to:

- Provide stewardship and oversight while processing SHBP claims through:
 - Claims processing accuracy;
 - Monitoring and minimizing improper and excessive submitted charges and provider payments;
 - Reduce and manage out-of-network utilization, services and charges; and
 - Monitor, detect and prevent waste, fraud and abuse – by members and providers.
- Reduce program administrative costs and improve service and access.
- Provide a broad provider network, with competitively negotiated provider contracts.
- Maintain positive relationships with the provider community.
- Actively collaborate with SHBP staff on routine work and a variety of initiatives, including (but not limited to):
 - Maximizing overall program efficiency (operationally, administratively and financially);
 - Improve members' understanding of the health plan, the overall healthcare system and options available; and
 - Assist SHBP in developing new initiatives.
- Work with SHBP and its other vendors to support overall SHBP strategic wellness initiatives.
- Cooperate with SHBP and its other vendors to support other overall care-focused strategic initiatives.
- Provide a web portal to provide member access to provider directories, claim history and status and access to health education information and tools.
- Provide service unit (including call center) to effectively service members and providers.
- Provide accurate data necessary for the PBM and wellness vendors to maximize their ability to serve SHBP and its membership.
- Receive data from SHBP's other vendors as required to administer SHBP's plans.
- Provide reporting and data to SHBP and its vendors as required to support plan management and the development of additional strategic initiatives.
- Coordinate in real time with the PBM for benefit accumulators, such as deductibles and out-of-pocket maximums.
- Improve patient health outcomes via appropriate, safe, effective and quality care delivery programs.
- Willingness to support strategic health improvement initiatives and provide metrics to demonstrate improved outcomes.

Mandatory Requirements

- Offeror must have provided claims administration for medical services (on a self-funded basis) for at least 3 of the last 5 years to at least one state-level health plan of any size as evidenced by corporate resume and client references
- Offeror must have provided claims administration for medical services (on a self-funded basis) for at least 3 of the last 5 years to a large employer or trust with a minimum client size of 100,000 covered lives as evidenced by corporate resume and client references
- Offeror must have provided Medical Management (disease management, case management, behavioral case management, utilization review/certification, etc.) for at least 3 of the last 5 years to at least one state-level health plan of any size as evidenced by corporate resume and client references
- Offeror must have provided Medical Management (disease management, case management, behavioral case management, utilization review/certification, etc) for at least 3 of the last 5 years to a large employer or trust with a minimum client size of 100,000 covered lives evidenced by corporate resume and client references
- Offeror must have offered Medicare Advantage and Medicare Part D Prescription Drug Plans as evidenced by corporate resume and client references
- Offeror must be able to provide either of the following in support of financial viability (a) D & B SQR report; or (b) if publicly traded, most recent audited financial statement or that of the publicly traded parent.

Minimum Business Capabilities

By responding to this IFP, you are confirming your organization's current capability to provide each of the following:

- Maintain and provide provider access via statewide and national network.
- Ability to administer copays and other member cost sharing in a customized fashion.
- Flexible, customizable web portal, including member tools.
- Educational newsletters and printed materials that are customizable, including but not limited to SPDs, EOCs and other printed materials as deemed necessary.
- Ability to monitor, track and report member claims and member service data for each Plan Option on a real-time basis.
- Ability to interface with SHBP, PBM, Eligibility, Wellness and Decision Support Services (DSS) vendors for data and file sharing as needed.
- Provide designated SHBP staff with remote and 100% access to claims, member eligibility, clinical programs and system(s).
- Record 100% of member and provider calls and provide SHBP staff with remote and 100% access to review recorded calls.
- Monitor, prevent and control waste, fraud and abuse—by members and providers.
- Provide an appeals process to independently review member appeals, including voluntary independent reviews.
- Process, store, manage and transmit all personal health information (PHI) in compliance with HIPAA.
- Provide effective overpayment recovery and subrogation services.

- Provide coordination with Medicare as a secondary payer.
- Provide operational and system redundancy and disaster recovery procedures to ensure disruption-free service.
- Conduct precertification/medical necessity review of inpatient care.
- Conduct prior approval/predetermination review and medical necessity review related to certain diagnostic and surgical procedures.
- Provide medical management and case management (short-term care and longer-term complex care).
- Provide behavioral health (including mental health and substance abuse) management.
- Provide 24-hour nurse line.
- Provide disease management.
- Assist members in accessing the appropriate Centers of Excellence for complex conditions (examples include, but are not limited to, transplants and neonatal care).
- Provide executed DCH Georgia Security and Immigration Compliance Act Affidavit prior to provision of services.

- Provide completed Tax Compliance form.
- For the MA-PDP:
 - Provide MA-PDP coverage on a coexisting basis with an additional carrier (BCBSGA).
 - Provide MD-PD PPO plan with same in-network and out-of-network cost sharing for members.
 - Provide requested plan designs identically in all states.
 - Provide the same fully-insured rates throughout the country.
 - Agree to cover members that have End Stage Renal Disease (ESRD).
 - Agree to cover members who are disabled and on Medicare, but who are under age 65.
 - Provide the same benefit options on a fully-insured basis to members that do not have Part A.
 - Provide pharmacy benefits utilizing an Employer Group Waiver Plan (EGWP) plus Wrap approach.
 - Provide Evidence of Coverage Excerpts and Disclosure Documents:
 - Annual Notice of Change
 - Evidence of Coverage Excerpts (Standards A and B, Premium A and B; Standard B only; Premium B only)
 - Benefits Charts (Standards A and B, Premium A and B; Standard B only; Premium B only)
 - Georgia Wrap Certificate Excerpts
 - Georgia Medical Directory Excerpts
 - Georgia Pharmacy Directory Excerpts

- Implement your programs at no additional cost to SHBP.
- Agree to one (1) year contract with three (3) options to renew the Contract.

Bidding Instructions

These specifications include the information necessary for your organization to prepare a complete proposal.

Vendor Technical Aon Hewitt Health Resource Inquiries

For questions regarding use of the Aon Hewitt Health Resource (HHR) site, please e-mail the Aon Hewitt Health Resource Support Center at hhrsc@aonhewitt.com. Your Aon Hewitt consultant will not be able to assist you with any technical challenges regarding the functionality of our website. Each Offeror must execute and return a Non-Disclosure Agreement prior to the release of any confidential information.

Vendor Content Inquiries

Vendor inquiries on the content of the IFP are due by Wednesday, April 23, 2014 at 5:00 p.m. EST. Questions should be submitted in writing and attached using the Manage Attachment feature on the HHR site. Vendors are permitted no more than 10 questions (without subparts) on the content of the IFP. All vendor questions and responses will be assembled into a single document and released to all participating vendors by Tuesday, April 29, 2014. Questions should be specific and detailed in order to provide complete responses to all IFP sections. All questions will remain anonymous so that no organization will be identified as asking a particular question.

Open Records Act

Documents received by DCH are normally subject to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.) and open for public inspection. DCH will comply with the requirements of the Georgia Open Records Act, including with regard to the availability of records described in O.C.G.A. § 50-18-72(a)(10).

If a responsive Offeror claims that any portion of its proposal submitted to DCH is a proprietary trade secret or otherwise excepted from disclosure from the Georgia Open Records Act, the Offeror must clearly identify at the time of submission those portions of the proposal that it asserts are excepted from disclosure. DCH requires Offerors to submit redacted versions of their proposals or other submissions in addition to unredacted versions at the time of submission of the response. Offerors are required to submit with their proposals an affidavit meeting the requirements of O.C.G.A. § 50-18-72 (a) (34), as amended, setting forth any and all assertions of trade secret protections. Any material submitted to DCH by a responsive Offeror which has not been clearly designated as a trade secret(s) and expressly referenced as such in the affidavit is subject to disclosure under the Georgia Open Records Act.

PLEASE NOTE: Even though information submitted may be marked as "confidential", "proprietary", or "trade secret," and may be expressly referenced as such in an affidavit, pursuant to the Georgia Open Records Act DCH will make its own determination as to whether the information is a trade secret that may be withheld in response to an open records request. Accordingly, DCH will comply with the requirements described in O.C.G.A. § 50-18-72(a)(34).

Intent to Bid

Please upload your organization's initial intent to bid using the Manage Attachment feature on the HHR site by Friday, April 18, 2014 at 5:00 p.m. EST.

Proposal Submission

To be considered a qualified candidate, your response to this IFP must:

- Respond clearly and concisely to all sections of the online IFP;
- Comply with all specifications
- Respond clearly and concisely to all questions in the questionnaire section **without referring us to preprinted materials (unless the IFP specifically requests you to do so)** as your response;
- Be received electronically by Aon Hewitt via the HHR site no later than **5:00 PM EST on May 15, 2014;** and
- Provide six (6) hard copies, bound and tabbed, with one (1) marked "Original" with original signatures; and ten (10) electronic copies on a CD, with one (1) designated as the original copy. Hard copies should be mailed to:

AonHewitt
Attn: SHBP Contractor
One Piedmont Center, 3565 Piedmont Road
Suite 600
Atlanta, Georgia 30305

- If the Proposal contains information considered to be trade secret, must provide a trade secret affidavit and a redacted version of the Proposal: two (2) hard copies, bound and tabbed and two (2) electronic copies on a CD.

Your response to the questions and requests posed in this IFP should capture both your TPA and Medical Management capabilities, as well as your MA and MA-PDP experience. In your response, please be sure to indicate instances wherein your proposed approach, capabilities, staffing or protocols differ between the active employee/pre-65 retiree population and the retirees eligible for the MA/MA-PDP.

Other Bidding Instructions

- Eligible dependents include spouses and children up to the end of the month in which the dependent (child) turns age 26.
- Quotations should assume no commissions.
- Respond clearly and concisely to all questions in the spaces provided.

Timetable of Activities

It is critical to DCH that the following timetable be met. Your ability to meet these deadlines will be considered in DCH's analysis of your capabilities. However, DCH reserves the right to modify these deadlines as it deems necessary.

Activity	Date
Release IFP to Bidders	April 15, 2014
Intent to Bid Letter Due to Aon Hewitt	April 18, 2014
Questions From Bidders Due to Aon Hewitt	April 23, 2014
Aon Hewitt Responds to Bidder Questions	April 29, 2014
Proposals Due From Bidders	May 15, 2014
Vendor Selection and Notification	July 1, 2014
Implementation Begins	July 2014
Pre-implementation Audit	Fall 2014
Effective Date	January 1, 2015

Contact Information

Address all inquiries regarding this IFP to hhrsc@aonhewitt.com. From the date of the IFP until the final selection is announced, Offerors are not allowed to communicate for any reason with any DCH staff or other parties except as provided by working agreement(s). Prohibited communication includes all contact or interaction, including but not limited to, telephonic communications, emails, faxes, letters, or personal meetings, such as lunch, entertainment, or otherwise. DCH reserves the right to reject the response of any Offeror violating this provision.

Appendix

We are providing you with the following material separately via HHR's Manage Attachment feature or, in the case of the Medicare Advantage data, via separate electronic delivery. If you did not receive these files, please contact us.

- Contract between the Georgia Department of Community Health and Offeror for Administrative Services for the HDHP, HMO and Medicare Advantage Plans
- ASO Fee and Medicare Advantage Premium Exhibit
- Census/Eligibility File (If Offeror satisfies Mandatory Requirements and submits executed NDA)
- ZIP Code Definitions—Urban, Suburban and Rural (for GeoAccess)
- 2013 Provider Utilization File (If Offeror satisfies Mandatory Requirements and submits executed NDA)
- Month by Month Enrollment and Claims for Active Employee/Pre-65 Plans (If Offeror satisfies Mandatory Requirements and submits executed NDA)
- Medicare Advantage Summary Data (If Offeror satisfies Mandatory Requirements and submits executed NDA)
- SPDs—Available via <https://dch.georgia.gov/documents/summary-plan-description>
- Current Rates and Contributions—Available via <https://dch.georgia.gov/rates>
- Department of Community Health State Health Benefit Plan IFP Policy
- Attestation Form
- Tax Compliance Form