TAB I – TITLE PAGE

The title page must include the following:

Part I A – Technical Proposal	
RFP Title:	Utilization Management and Large Case Management
RFP:	3084
Vendor Name:	ActiveHealth Management, Inc.
Address:	6501 South Fiddlers Green Circle Suite 320 Greenwood Village, CO 80111-4931 (303) 824-7200
Proposal Opening Date:	December 3, 2013
Proposal Opening Time:	2:00 PM

©Copyright 2013, Active Health Management, Inc.

Tab 2 - Table of Contents

9.2 PART I A – TECHNICAL PROPOSAL

9.2.3.1 Tab I – Title Page
9.2.3.2 Tab II – Table of Contents
9.2.3.3 Tab III – Vendor Information Sheet
9.2.3.4 Tab IV – State Documents

A. The signature page from all amendments with an original signature by an individual authorized to bind the organization.

B. Attachment A – Confidentiality and Certification of Indemnification with an original signature by an individual authorized to bind the organization.

C. Attachment C – Vendor Certifications with an original signature by an individual authorized to bind the organization.

D. Copies of any vendor licensing agreements ***(NOT APPLICABLE, not Included)***

E. Copies of applicable certifications and/or licenses.

9.2.3.5 Tab V - Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP

9.2.3.6 Tab VI – Section 3 – Scope of Work

9.2.3.7 Tab VII– Section 4 – Company Background and References

9.2.3.8 Tab VIII – Attachment G – Proposed Staff Resume

9.2.3.9 Tab IX – Other Informational Material ***(NOT APPLICABLE, not Included)***

©Copyright 2013, Active Health Management, Inc.

9.3 PART I B – CONFIDENTIAL TECHNICAL PROPOSAL

9.3.3.1 Tab I – Title Page
9.3.3.2 Tab II – Confidential Responses
Tab III – Confidential Exhibits

3.11.3.4 Guideline Development
3.11.4.1 Review_Process
3.15.1 State of Nevada Implementation plan - 60 day v2
3.16.1 Contingency Management at ActiveHealth
4.1.11.3 Q3-13 Financial Supplement (Final)
4.2.1.4 Subcontractor Information

Sample Letters and communications– please refer to the electronic copy for the complete set of sample letters

Sample Reports

9.4 PART II – COST PROPOSAL

9.4.3.1 Tab I – Title Page
9.4.3.2 Tab II – Cost Proposal
9.4.3.3 Tab III – Attachment J, Cost Proposal Certification of Compliance with Terms and Conditions of RFP

9.5 PART III – CONFIDENTIAL FINANCIAL INFORMATION

Not applicable.

©Copyright 2013, Active Health Management, Inc.

VENDOR INFORMATION SHEET FOR RFP 3084

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	ActiveHealth Management, Inc

V2	Street Address	1333 Broadway

V3	City, State, ZIP	New York, NY 10018

V4	Telephone Number		
	Area Code:	Number:	Extension:

V5	Facsimile Number		
	Area Code:	Number:	Extension:

V6	Toll Free Number		
	Area Code:	Number:	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name:
	Title:
	Address:
	Email Address:

V8	Telephone Number for Contact Person		
	Area Code:	Number:	Extension:

V9	Facsimile Number for Contact Person		
	Area Code:	Number:	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: Robert J. Williams	Title: Chief Financial Officer

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: 11.22.13

State of Nevada
Department of Administration
Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Greg Smith
Administrator

SUBJECT:	Amendment 1 to Request for Proposal 3084
RFP TITLE:	Utilization Management and Large Case Management Services
DATE OF AMENDMENT:	September 30, 2013
DATE OF RFP RELEASE:	September 25, 2013
OPENING DATE:	December 3, 2013
OPENING TIME:	2:00 PM
CONTACT:	Marcy Troescher, Procurement Staff Member

The following shall be a part of RFP ***3084.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

The following change has been made to the timeline for RFP 3084 *Utilization Management and Large Case Management Services.*

3084 RFP TIMELINE

Task	Date/Time
Deadline for submitting questions	10/15/2013 @ 2:00 PM
Answers posted to website	On or about ~~October 19, 2013~~ 10/22/2013
Deadline for submittal of Reference Questionnaires	No later than 4:30 PM on 12/02/2013
Deadline for submission and opening of proposals	No later than 2:00 PM on 12/03/2013
Evaluation period (approximate time frame)	12/04/2013-01/06/2014
Selection of vendor	On or about 1/09/2014
Anticipated BOE approval	4/08/2013
Contract start date (contingent upon BOE approval)	7/01/2014

ALL ELSE REMAINS THE SAME FOR RFP 3084.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: Active Health Management

Authorized Signature:

Title: Chief Financial Officer Date: 11.22.13

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

96. Regarding requirement 4.4, Vendor Staff Resumes, a. Please provide examples on who the State considers "key personnel" b. Is it your intention that the "relevant professional experience" represents current clients under service with the vendor? c. Are the references at the bottom of the form the same three from the relevant professional experience section above on the form?

PEBP expects that the vendor will propose qualified staff that can best meet the needs of the State and participants of the plan.

97. With regard to requirement 3.5 VENDOR STAFFING (3.5.3), what are the desired qualifications of staff in the UM decision making process - to meet the needs of PEBP participants, and PEBP providers?

See the response to question #37.

ALL ELSE REMAINS THE SAME FOR RFP 3084.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: Active Health Management

Authorized Signature:

Title: Chief Financial Officer Date: 11.22.13

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked "confidential" in their entirety, or those in which a significant portion of the submitted proposal is marked "confidential" **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a "trade secret" as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors' technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked "**Part I B Confidential Technical**" and "**Part III Confidential Financial**".

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in ***Section 2 "ACRONYMS/DEFINITIONS."***

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES		NO	
Justification for Confidential Status			

A Public Records CD has been included for the Technical and Cost Proposal			
YES		NO	

Part III – Confidential Financial Information			
YES		NO	
Justification for Confidential Status			

Active Health Management
Company Name

Signature

Robert J Williams
Print Name

11.22.13
Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

(1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

(2) All proposed capabilities can be demonstrated by the vendor.

(3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.

(5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.

(6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.

(7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

(8) All employees assigned to the project are authorized to work in this country.

(9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.

(10) The company has a written policy regarding compliance for maintaining a drug-free workplace.

(11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

(12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

(13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Active Health Management
Vendor Company Name

Vendor Signature

Robert J. Williams
Print Name

11.22.13
Date

This document must be submitted in Tab IV of vendor's technical proposal

SECRETARY OF STATE

STATE OF NEVADA

FOREIGN CORPORATE QUALIFICATION

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **ACTIVE HEALTH MANAGEMENT, INC.** did on October 12, 2010 file in this office a Foreign Qualification in this State and is now on file and of record in the office of the Nevada Secretary of State, and that further, that said Corporation is at the date of this Certificate duly qualified to exercise therein all the powers recited in its Foreign Qualification and to transact business in the State of Nevada in accordance with the laws governing Corporations in said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 13, 2010.

ROSS MILLER
Secretary of State

Certified By: Sandra Kraatz
Certificate Number: C20101012-2397
You may verify this certificate online at **http://www.nvsos.gov/**

3. SCOPE OF WORK

The Public Employees' Benefits Program (PEBP) is seeking a vendor that will work in partnership with PEBP and other PEBP vendors to assure the continued success of the PEBP CDHP. Vendors are required to duplicate the level of service presently offered to the participants of the PEBP CDHP. This does not, however, preclude proposing vendors from presenting alternative solutions that relate to Utilization Management and Large Case Management services.

UM services shall include, but will not be limited to, the following:

•Utilization management and large case management;

•Pre-certification of specified medical services to determine medical necessity;

•Concurrent and retrospective review; and

•Management reporting.

PEBP oversees the administration of the CDHP medical and dental plans. The medical plan requires the services of a Utilization Management (UM) vendor to provide pre-certification services, utilization management, large case management, and other medical management services for the participants of the PEBP CDHP as described in this RFP.

Confirmed.

3.1 CURRENT PLAN CENSUS

The CDHP plan covers all eligible State employees, certain non-state local government agencies, full-time employees of the Nevada System of Higher Education, and patient s of the Nevada Senate and Assembly. Dependents of the above-mentioned groups may also be covered. Benefits are also extended to retirees who are receiving benefits from specified public retirement systems, their surviving spouses, and/or eligible dependent children.

As of August 1, 2013, PEBP has approximately 42,183 plan participants who include active and retired individuals from the state and from several local government employers. Of those, 19,332 have elected the self-funded medical Consumer Driven Health Plan (CDHP) and dental PPO Plan; 11,146 participants have elected coverage from a Health Maintenance Organization (HMO) for medical benefits; and 9,761 participants are on the Medicare Exchange for medical benefits. Only those participants and their covered dependents enrolled in the CDHP are eligible for utilization management/large case management as defined under this contract.

	Primary	Dependents	Total
State Active			
CDHP	14,754	13,095	27,849

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Non-state Active			
CDHP	7	6	13
State Retiree			
CDHP	2,866	1,168	4,034
Non-state Retiree			
CDHP	1,705	244	1,949
Totals	19,332	14,513	33,845

Confirmed.

3.2 CURRENT PEBP VENDORS

•HealthSCOPE Benefits - Third Party Claims Administrator, HSA and HRA Administrator (CDHP), FSA Administrator, National Medical PPO Network;

•Catamaran Rx - Pharmacy Benefits Manager (CDHP);

•Walgreens Pharmacy and Walgreens Specialty Pharmacy – Subcontractor of Catamaran Rx for mail order and specialty drug services;

•Extend Health - Medicare Exchange and HRA Administration for participants on the Exchange;

•Sierra Healthcare Options and Hometown Health Providers – Nevada Statewide Medical PPO Network (PPO Plan);

•Diversified Dental Services - Dental PPO Network (HMO and CDHP);

•Health Claim Auditors - Health Plan Auditor services (Excludes HMO vendors);

•Aon Hewitt - Actuary/ Consultants;

•Hometown Health Plans – Northern Nevada HMO;

•Health Plan of Nevada - Southern Nevada HMO; and

•Hometown Health Providers - Utilization Management, Large Case Management.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Confirmed.

3.3 UTILIZATION MANAGEMENT, CASE MANAGEMENT, AND PRE-CERTIFICATION

Please refer to PEBP's Master Plan Document (MPD) for a complete list of services that require pre-certification at www.pebp.state.nv.us. Please note that the MPD posted on the PEBP website is indicative of the current plan year only.

3.3.1The plan's current utilization management program includes the following services:

Confirmed.

3.3.1.1 Case management and large case management;

Confirmed.

3.3.1.2 All elective inpatient hospital admissions, including planned use of a hospital for a dental purpose;

Exception: a pregnant mother does not need to notify the UM company about the admission for delivery unless the stay will exceed 48 hours for a vaginal delivery or 96 hours for a C-section.

Confirmed.

3.3.1.3 All admissions to a skilled nursing facility or sub-acute facility;

Confirmed.

3.3.1.4 All admissions to any hospital or rehab facility for rehabilitation therapy;

Confirmed.

3.3.1.5 All organ/tissue pre-transplantation related expenses, including the admission for **transplantation** services;

Confirmed.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

3.3.1.6 Foot surgeries such as bunionectomy, correction of hammer toes, or corrective procedures on metatarsals, phalanges (toes), metatarsophalangeal joint, and interphalanageal joint;

Confirmed.

3.3.1.7 Carpal tunnel surgery;

Confirmed.

3.3.1.8 Genetic testing and/ or counseling for, but not limited to amniocentesis, chorionic villus sampling (CVS), alphafetoprotein (AFP), BRCA1 and BRCA2, and apo E;

Confirmed.

3.3.1.9 Weight-loss surgery;

Confirmed.

3.3.1.10 All spinal surgeries, inpatient or outpatient, to include but not limited to laminotomy, discectomy, stereotaxis and neurostimulators;

Confirmed.

3.3.1.11 Dialysis- Inpatient and Outpatient;

Confirmed.

3.3.1.12 Cardiac Pace Makers;

Confirmed.

3.3.1.13 Illnesses requiring chemotherapy;

Confirmed.

3.3.1.14 Any procedure that might be deemed to be experimental and/or investigational; and

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Confirmed.

3.3.1.15 Durable medical equipment when the cost is expected to exceed $1,000.00.

Confirmed.

3.4 MANAGEMENT REPORTING

3.4.1 The UM vendor must provide management reports in a form and content approved by PEBP. These reports will be provided at PEBP's request in a hard copy and/or electronic media format to PEBP and PEBP's actuary/consultant when requested. PEBP is looking to its vendors to propose reporting that could best meet the needs of the State and the program.

Confirmed.

3.4.2 UM vendor must provide access to the UM vendor's web-based reporting tools to assigned PEBP staff.

Confirmed.

3.4.3 The UM vendor must also have the capability to provide ad hoc reports at PEBP's request at no additional cost. Proposing vendors should include sample copies of reports as an attachment to their proposals.

Confirmed.

3.5 VENDOR STAFFING

The UM vendor must maintain sufficient staff to meet the needs of PEBP and PEBP participants, including but not limited to the following:

3.5.1 An account manager, whose primary responsibility is PEBP;

Confirmed.

3.5.2 Registered nurses, whose primary responsibility is PEBP; and

Confirmed.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

3.5.3 Technicians whose primary responsibility is to assist PEBP staff, PEBP participants, and PEBP providers with answers to questions.

Confirmed.

3.5.4 Nursing licensure requirements may be required in all 50 states. Vendors are encouraged to review current licensing capabilities and compare them with the requirements in the State of Nevada www.nursingboard.state.nv.us.

Confirmed.

3.6 QUALITY ASSURANCE

The UM vendor is responsible for internal quality control processes to regularly evaluate the performance and accuracy of the services provided. Findings of internal quality control evaluations will be provided to PEBP and will be included in quarterly reports provided to the PEBP Board.

Confirmed.

3.7 UTILIZATION REVIEW AND PRE-CERTIFICATION APPEAL RESOLUTION

The UM vendor is responsible for adhering to an appeal process certified by an accredited organization such as URAC. The current appeal process is outlined in PEBP's Master Plan Document (MPD) found at www.pebp.state.nv.us.

Confirmed.

3.8 NOTIFICATION OF SUB-CONTRACTORS

3.8.1 Disclosure of the names of all vendor subcontractors, as well as the physical locations where PEBP data is maintained and/or stored, must be communicated to PEBP at least 60 days prior to contract implementation.

Confirmed.

3.8.1.1 Implementation will not be permitted until PEBP has provided written authorization to the vendor.

Confirmed.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

3.8.1.2 Failure of the vendor to notify PEBP of a change to (or addition of) an authorized subcontractor may result in a financial penalty.

Confirmed.

A. The financial penalty is identified in the Performance Standards, Guarantees, and Penalties section of the RFP (Section 3.19.1).

Confirmed.

B. Failure to disclose a subcontractor or other entity at least 60 days prior to the subcontractor or other entity having access to PEBP data will result in a penalty of 5% of the vendor's previous year's billed administrative charges per occurrence. Should subsequent billed charges not be sufficient to cover the penalty in full, the balance will be billed by PEBP and considered due upon receipt. Vendors must indicate their organization's acknowledgement of this requirement.

Confirmed.

3.9 COLLABORATION WITH PEBP AND PEBP VENDORS

3.9.1 The UM/CM vendor will be required to allow PEBP's Third Party Administrator, HealthSCOPE Benefits, view-only access to its Utilization Management/Case Management IT system on a real-time basis.

Confirmed.

3.9.2 The UM/CM vendor will be required to set up an electronic interface with PEBP's Third Party Administrator, HealthSCOPE Benefits, for daily feeds of pre-certifications and authorizations.

Confirmed.

3.9.3 The UM/CM vendor will be required to host bimonthly calls with PEBP and other vendors as identified by PEBP for status reports on participants enrolled in large case management.

Confirmed.

3.9.3.1 As the host, the UM/CM vendor agrees to provide a toll-free number and passcodes for PEBP approved vendors to access the bimonthly calls. These calls will allow for PEBP and its vendors to collaborate on the direction of care and provide solutions to any issues that may be identified.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Confirmed.

3.9.3.2 Before each call, the UM/CM vendor will send via secure email, a large case management report to PEBP and its participating vendors in a format approved by PEBP. The report will include, but not be limited to, the names of the individual patients who are under large case management, ID number of primary PEBP participant, the diagnosis(es), current treatment, and place of treatment. The discussion will include:

Confirmed.

A. The case manager's recommendations (if any) for treatment based on the unique needs of each PEBP participant enrolled in large case management;

Confirmed.

B. Any claim payment issues the participant may have experienced to allow PEBP's Third Party Administrator, HealthSCOPE Benefits, the opportunity to resolve; and

Confirmed.

C. Any prescription drug issues the participant may have experienced to allow PEBP's pharmacy benefit manager, Catamaran, the opportunity to resolve.

Confirmed.

3.9.4 There may be instances where a Letter of Agreement is warranted for services provided, for example, at an out-of-network provider. The UM/CM vendor understands that PEBP and its third party administrator, HealthSCOPE Benefits, will have full discretionary authority to determine the level of benefits that will be provided. Please indicate your organization's ability to provide these services with these requirements.

Confirmed.

3.9.5 PEBP contracts with a health plan auditor to perform routine audits on behalf of PEBP. PEBP and its health plan auditor will comply with all applicable confidentiality laws and will not reveal any confidential information acquired as a result of the audit. PEBP has the right to review/audit records for the entire term of the contract without limitation. Any information, documents, etc., which the UM/CM vendor may deem as containing "trade secrets" or "proprietary information" will not preclude an examination of such items through the audit process. Please indicate that your organization would agree to this condition.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Confirmed.

3.10 REVIEWED CASES

For the time period of July 1, 2012, through June 30, 2013, the current UM vendor provided the review services for PEBP as detailed in Attachment L – UM-CM Vendor Report Format.

Confirmed.

3.11 CARE COORDINATION

3.11.1 Case Management and Large Case Management

Case management is a collaborative process which assesses plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality and cost-effective outcomes.

3.11.1.1 How long has your organization provided case management services?

Through ActiveHealth's acquisition of Health Cost Consultants in 2000, we have been providing Case Management services since 1990.

3.11.1.2 What location will house the staff (including nurses) that will be responsible for PEBP's case management?

A dedicated PEBP team will be located in ActiveHealth's Greenwood Village, CO clinical operations location.

3.11.1.3 Does your organization provide telephonic case management services, onsite case management, or a combination of both?

ActiveHealth utilizes onsite services for our Disease Management and Lifestyle Coaching programs based upon client request. Due to the nature of Utilization Management and Case Management services, these programs are ideally suited for telephonic engagement and are neither conducive nor cost effective in an onsite services model. If there are specific aspects of an onsite model that the State is interested in, we would welcome the opportunity to discuss potential benefits and costs.

3.11.1.4 Please describe in detail your organization's criteria for general case management services. Examples of general case management instances are provided below. The following information should be included as an attachment to your proposal:

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

A. Opportunities to transfer patients to facilities offering an appropriate level of care more cost effectively;

B. Meeting durable medical equipment needs;

C. Planning for hospital discharges;

D. Coordinating home health care needs;

E. Coordinating hospice care; and

F. Coordinating community based services.

The goal of the Case Management Program is to identify patients and/or families who can benefit from navigational support to best utilize the healthcare system and their benefits, and education/support regarding their newly diagnosed or chronic condition. Some patient s present with acute and resolvable needs and others are with complex and or catastrophic disease states at risk for high cost/utilization and/or actual or perceived gaps in care. Fully accredited Case Management (CM) involves the identification, assessment and holistic interventional management of patients/and or families who can benefit from this critical support during a time of an episodic or long term circumstance, Patients who are assessed as potentially benefiting from the case management program are managed by clinicians who assure that an appropriate plan of care is in place that will provide for optimal clinical and cost outcomes. Depending on the benefit plan and network contracts, Case Managers may also negotiate rates from out of network services for proposed services that are geared towards achieving the plan of care's goals. Once the plan of care is in place, the plan is monitored and adjusted as necessary. Criteria are used to evaluate appropriateness for entry and exit into the case management program.

PLEASE REFER TO OUR CONFIDENTIAL PROPOSAL FOR THE REMAINDER OF THIS ANSWER

Please refer to exhibit 3.11.1 within the confidential portion of our proposal for our detailed case management overview.

3.11.1.5 Please describe in detail your organization's criteria for large case management. This information should be included as an attachment to your proposal. Examples of potential large case management instances are provided below:

A. Repeated in-patient admissions, excessive length of stay, or frequent treatment;

B. Potentially large-dollar claims;

C. Chronic or progressive disease;

D. Lack of qualified care-givers in the home setting;

E. Multiple diagnoses;

F. Acute or subacute rehabilitation of physical, speech, or occupational therapies which exceed three (3) months of treatment;

G. IV therapy or parenteral nutrition;

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

H. Severe injuries; and

I. Non-compliance with medical treatment plan as prescribed by physician or other health care provider.

Patients who are assessed as potentially benefiting from the case management program are managed by clinicians who assure that an appropriate plan of care is in place that will provide for optimal clinical and cost outcomes. Depending on the benefit plan and network contracts, Case Managers may also negotiate rates for proposed services that are geared towards achieving the plan of care's goals. Once the plan of care is in place, the plan is monitored and adjusted as necessary. Criteria are used to evaluate appropriateness for entry and exit into the case management program.

PLEASE REFER TO OUR CONFIDENTIAL PROPOSAL FOR THE REMAINDER OF THIS ANSWER

Please refer to exhibit 3.11.1 within the confidential portion of our proposal for our detailed large case management overview.

3.11.1.6 Does your organization allow self-referrals for large case management? Will your organization allow PEBP to refer covered individuals for large case management? These services shall be provided at no additional cost.

Yes; ActiveHealth welcomes self-referrals for large case management. In addition to self-referrals, we welcome patient referrals from a variety of sources, including family patient s, treating providers and the TPA. In fact we already have a referral process implemented with HealthSCOPE. During the implementation process, we would also work with PEBP to establish a referral process to and from other program providers, such as an EAP. There are no additional fees associated with this service. We offer various methods of referral including warm transfers and access to our clinical platform, ActiveAdvice to ease the process and expedite referrals. We understand the importance of an efficient and sustainable process for external parties to refer to our CM program so all patient s/families in need can be quickly identified and engaged. All referrals and referrals workflow will be provided for no additional cost to PEBP.

We allow self-referrals for large case management and will allow PEBP to refer covered individuals for large case management for no additional cost (beyond the number listed in the cost proposal) to PEBP.

3.11.1.7 Please describe your organization's philosophy regarding large case management. For example, is the goal of your organization to assist with restoration of the patient health and function, management of outcomes, and prevention of primary and secondary complications? Please describe your

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

organization's philosophy in detail, explaining how your organization maintains its philosophy and achieves maximum outcomes for complicated large cases.

ActiveHealth's Case Management program brings together a focused arrangement of services and resources necessary to respond to the patient's overall care requirements in catastrophic or complicated cases, or in cases at high risk for developing complications or high cost. Cases with the potential to be catastrophic or complex in nature (i.e., cancer, stroke, etc.) or that tend to incur high costs, are identified via several processes and mechanisms within our systems.

PLEASE REFER TO OUR CONFIDENTIAL PROPOSAL FOR THE REMAINDER OF THIS ANSWER

3.11.1.8 Please describe in detail how your organization coordinates transplant cases. This information should be provided as an attachment to your proposal.

Beginning at the time of implementation, ActiveHealth will work with you to in understand the plan definitions and your networks including your transplant centers of excellence. In coordination with HealthSCOPE we will develop a referral process in order to steer patient s to your centers of excellence.

ActiveHealth has been managing transplants since its inception 1998. ActiveHealth currently manages the following Transplant case types:

- ***Allogeneic Bone Marrow Transplant and Peripheral Blood Stem Cell Transplant***
- ***Autologous Bone Marrow Transplant and Peripheral Blood Stem Cell Transplant***
- ***Solid Organ (Heart, Kidney, Lung, Liver)***

ActiveHealth is prepared to perform the medical necessity review and case management for the transplant in an integrated process to allow optimal support to the State, HealthSCOPE, the patient/family and the transplant center. We provide integrated support as the patient moves through the following processes.

Authorization of evaluation and transplant- ActiveHealth will assist the patient in coordinating services in order to gather all of the pre-transplant evaluation information. Coordination would include assisting the patient in scheduling appointments with multiple physicians, lab work, making sure the patient is able to get to the appointments, Etc.

Pre-Transplant preparation and monitoring

Once the authorization is made by the carrier, the Case Manager would also assist the patient in maintaining optimal health prior to transplant and provide education about what to expect by having regular communication with the patient both verbally and through mailings. The Case Manager would

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

continue to work with the patient through an ongoing assessment process that identifies the patient 's needs and identifies interventions to assist the patient to meet their goals.

Transplant

ActiveHealth would work with the carrier to assist in steerage to the network providers and centers of excellence for the surgery. Also we would work with the carrier within their benefit structure to assist in any needs for the family during the patient's hospitalization. (Example- Assisting the patient's family in arranging for travel and other needs.)

Post-Transplant preparation and monitoring

ActiveHealth would assist in the discharge plan. If the carrier did not have their own Transplant program, ActiveHealth would case manage these patient s for an average of 6 months for solid organ (excluding kidney). During this phase, the Case Manager would assist in monitoring the recovery of the patient as well as an ongoing assessment of the patient 's and family needs, co-manage with the carrier in order to coordinate services needed for the patient .

3.11.1.9 PEBP's third party administrator coordinates transplant services with recognized Centers of Excellence. Does your organization work with a Centers of Excellence referral program? Will your organization agree to work in cooperation with PEBP's third party administrator assisting the participants who require care at a Center of Excellence?

Yes, ActiveHealth regularly works with Centers of Excellence referral programs for transplant cases. ActiveHealth agrees to work in cooperation with HealthSCOPE assisting the participants who require care at a Center of Excellence. In fact, we have such workflows set up with HealthSCOPE today.

3.11.1.10 For an account the size of PEBP, how many covered individuals would your organization expect to meet large case management criteria?

ActiveHealth typically finds we identify between 2 and 5% of any population for CM, with the top 2-3% falling within large CM criteria. The percentage managed is dependent upon the utilization requirements as well as referrals from other sources. But approximately 50% of those identified are engaged in case management. ActiveHealth would prefer to set the trigger list and predictive modeling more broadly than narrow to assure we capture all members who can benefit from CM.

3.11.1.11 Please describe in detail how your organization's case managers would interact with patients, patients' families, and PEBP.

ActiveHealth's Case Managers, upon receiving consent from the patient , will:

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

- ***Work as closely with PEBP staff as PEBP desires to notify of large claims, patient and provider issues, etc.***
- ***Integrate services and communications with HealthSCOPE to assure seamless delivery of benefits.***
- ***Work in partnership with the treating physician and patient to establish a care plan and specific goals***
- ***Monitor, facilitate and modify as needed the care plan with all vendors and providers***

Case Managers will contact members based on the member's acuity. For example if the acuity is complex the nurse may contact the patient or family as much as daily if needed. More commonly contacts are made weekly or monthly. If the member is medium or between stable and complex the nurse may contact the member every month to every other month; if the member is stable but has ongoing needs the nurse will contact the member every other month to quarterly.

Work in partnership with the treating physician and patient,

- ***Monitor the care plan***

- ***Work jointly with the care provider and patient to make recommendations or modifications to for the plan***

- ***Case Managers will contact patients based on the patient's acuity. For example if the acuity is complex the nurse may contact the patient weekly to monthly; if the patient is medium or between stable and complex the nurse may contact the patient every month to every other month; if the patient is stable but has ongoing needs the nurse will contact the patient every other month to quarterly.***

- ***Case management interventions include, but are not limited to the following:***

- ***Facilitate communication with patient and/or caregiver and case manager, vendors, and/or providers***

- ***Provide education to patient and or/caregiver regarding disease and best methods to achieve stability, improve functioning and overall health status***

- ***Provide support to patient and/or caregiver***

- ***Coordinate care among single or multiple providers***

- ***Facilitate access to appropriate level of care***

- ***Advocate for patient with provider, vendor, etc.***

- ***Refer to network and/or community resources***

- ***Negotiation of rates- ActiveHealth will collaborate with utilization management***

- ***Arrange for extra-contractual benefits or extension of benefits when a maximum has been reached, based on client approval***

- ***Facilitate terminal care***

- ***Recommend changes in treatment plan***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

- ***Involve Medical Director or Designee as appropriate***

The Case Manager develops a detailed care plan in conjunction with the providers of care and the patient. The plan identifies services to be delivered, along with the frequency, duration and goals of these services to meet the patient's goals. The Case Manager verifies benefits and assists in arranging the services. The case manager may negotiate cost savings for the medical services.

Case Managers will refer cases for consultation with the Medical Director, who is on-site at our Greenwood Village service center when there are questions about a patient 's status and plan of care. Examples may include: the patient is not showing improvement; the proposed treatment is not considered the standard of care; the proposed treatment is investigational, or the proposed treatment can be rendered in a lower level of care setting. The Medical Director will review the treatment plan or plan of care and will make outreach calls to providers to clarify the plan of care, as well as offer assistance in coordinating services.

ActiveHealth medical directors are consultative partners in the case management program delivery along with the account management and operations teams. Medical Directors provide a proactive clinical resource across all program delivery. Across our national CM system, we have s over 20 providers and pharmacists with a variety of backgrounds and expertise, who can consult with our nurses and on-site Medical Directors for difficult or complex cases.

3.11.1.12 Please describe in detail how your organization's case managers will interact with PEBP staff. Under what circumstances does your organization expect to interact with PEPB staff?

ActiveHealth works with a number of State benefit plans and each one prefers a varying degree of interaction with our account, supervisory and nursing staff. We look forward to learning from PEPB regarding your preferences and will adjust accordingly.

Typically when awarded a contract, during the implementation process, ActiveHealth will sets up regular scheduled grand round meetings, usually weekly , where the ActiveHealth team, including Account Manager, Case Manager Team Lead or designate as well as other ActiveHealth team members meet with the State team and the TPA or carrier and to discuss complex cases in order to provide the best outcomes for the member. Discussion includes case review, network strategies, services available, and benefits exceptions that provide the best possible outcome for the member.

If interested, PEPB staff are able to view the status of the CM case via our web based read only version of ActiveAdvice called AA View. Within this application, the client can send referrals to our Case Managers as well as view the member's authorizations, and letters.

Beyond managing the day to day patient and family issues with PEPB, our team will work consultatively with your team. Your account team which includes your account executive, senior leadership from operations, clinical and informatics teams, consistently monitor both what's going well in your UM/CM program, but also what challenges occur for you or your members and make proactive suggestions to better refine your network, pre-certification list, workflows and communications. These suggestions are brought to you formally in quarterly meetings or more urgently in documentation on your issues log. Of course face to face interactions, phone calls and e-mail are utilized real time to assure communications are frequent and prioritized appropriately.

We are also willing to be at the center of your vendor management if you prefer. We can assist the State in holding vendor summit meetings in person or via web ex/phone to assure all vendors are

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

aligned regarding work flow and communications and are working in sync to assure a seamless experience for PEPB beneficiaries.

3.11.1.13 Please describe in detail the qualifications that your organization requires of your case managers.

Case Management Nurse

Education (Must Have At Least One):

- ***Bachelor Science in Nursing (or higher) and a minimum of 2 years managed care experience***

- ***A Diploma from an accredited nursing program and experience commensurate with a degree, participation in continuing education and a minimum of 2 years managed care experience***

- ***Associate Degree in Nursing, participation in continuing education, and a minimum of 2 years managed care experience***

Experience/Skills (Must Have at Least Three):

- ***Three to five years of experience in clinical nursing (Required)***

- ***Prior post-acute care planning such as home care, discharge planning or case management***

- ***Prior utilization review, medical chart review and/or provider or facility practice***

- ***Demonstrates excellent verbal and written communication skills***

- ***Demonstrates proficiency in use of computer applications in a Windows environment and word processing programs***

Certificate/License:

- ***Holds current Registered Nurse (RN) License to practice in the United States.***

- ***Certification as a Case Manager strongly preferred***

- ***"Certification as a Case Manager" includes URAC Guidelines: CCM – Certified Case Manager; CDMS – Certified Disability Manager Specialist; CRC – Certified Rehabilitation Counselor; RNCm – Nurse Case Manager; CRRN – Certified Registered Rehabilitation Nurse; GCM – Geriatric Care Manager; COHN – Certified Occupational Health Nurse; ACCC Advanced Competency Certification in Continuity of Care.***

3.11.1.14 What is your ratio of licensed staff to total covered lives?

PLEASE REFER TO OUR CONFIDENTIAL PROPOSAL FOR THE REMAINDER OF THIS ANSWER

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

3.11.1.15 At what point during a hospital admission is discharge planning initiated? Please describe your organization's involvement with hospital discharge planning.

Discharge planning is initiated prior to admission for planned hospitalizations and at the time of admission for unplanned or urgent admissions. The ActiveHealth Utilization Review Nurse will inquire about discharge needs and initiate planning at the time of the utilization review and refer the case to the ActiveHealth Case Manager when needs are identified to assist in managing the members' course of treatment where transitions of care such as home health care or an alternative level of care may be appropriate in lieu of hospitalization. Also, the Utilization Review Nurse will identify cases to refer to Case Management during the Utilization process by the identification of a CM trigger in the diagnosis and procedure code section of ActiveAdvice. Of all cases that are enrolled in CM, approximately 40 percent are for discharge planning. Engagement or enrolled percentage is dependent upon the patient consenting to Case Management in accordance with URAC standards.

The following is assessed to evaluate the appropriateness of a Case Management referral:

1. Will the geographic distance between the acute care facility and the patient 's home prohibit timely discharge in relation to guidelines for severity of illness and intensity of service?

2. Is there a capable caregiver available to assist in the place of residence, if Home Health Care is appropriate, immediately upon discharge?

3. Are conditions present where Rehabilitation, Hospice, Outpatient Patient Services or Home Care services in lieu of hospitalization are possible to decrease the acute care length of stay?

4. Are conditions present where extended care beyond the acute environment will be necessary to maintain an optimum level of health and the equipment and/or therapy needs at discharge are complex (Combination of Home PT/OT/Speech Therapy, IV Therapy, Durable Medical Equipment, Dressing changes, Oxygen delivery)?

5. Does this event meet ActiveHealth's criteria for discharge, but discharge is not anticipated in the near future?

3.11.1.16 How does your organization calculate return on investment for case management expenses? Please provide a sample copy of your organization's return on investment report as an attachment to your proposal.)

Please refer to our confidential proposal and sample reports for more information.

3.11.1.17 Is your organization's case management service for behavioral health and substance abuse managed by a separate subcontracted vendor and/or provided at a different location from the

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

location indicated in section 3.10.1.2? If yes, is the case management protocol different from other general case management services? Please describe the differences, if any.

ActiveHealth manages behavioral health and substance abuse within the holistic management of the patient and family. Should special or more intensive services become necessary, ActiveHealth Case Managers work within the benefits and secure required community and specialty vendor resources. Our CM staff is very skilled at detecting behavioral health and substance abuse issues and will work closely with state authorized subcontractors or integrate with a vendor should we be awarded this contract.

3.11.1.18 If your organization does not contract with a separate behavioral health and substance abuse case management vendor, please describe your organization's protocol for managing these cases, or indicate if behavioral health/substance abuse protocol is the same as for other care management services. This information may be provided as an attachment to your proposal.

ActiveHealth's behavioral health case management is managed within our existing UM/CM management model. Behavioral Management identifies members with specific Behavioral Health (BH) or Substance Abuse (SA) conditions, assesses for gaps in care and develops a plan of care with the member in support of their treatment plan to support optimal member outcomes. Candidates that can benefit and agree to participate in the BH Case Management program are assisted by BH clinicians who coordinate a plan of care with the member's provider.

Members are identified for the BH Case Management program in several ways:

• Utilization Management Triggers - Certain diagnoses, procedures and lengths of stay (LOS) trigger automatic identification from the Utilization Management vendor's pre-cert file (see next section for detail) in addition to history of readmissions, and targeted populations (child admissions, eating disorders etc.).

• Referral from other vendor program, providers, facilities, and member self-referrals.

• Client high dollar claims report or DART reports (if data is available).

Once the plan of care is in place, the plan is monitored and adjusted as necessary to provide optimal clinical and cost outcomes. If the member screens positive for Case Management and consents, we request the patient's treatment plan as agreed upon by the patient and their BH/SA provider(s) and conduct an assessment of the member. We then develop a Case Management plan of care based on the assessment and the treatment plan. BH Case Management will NOT include activities that either initiate or alter a Plan member's mental health treatment. Care is coordinated solely by each member's provider(s). The objective of the Care Management plan is to support the treatment plan and to promote optimal outcomes for the member. All members are assessed for Depression using the PHQ 2 assessment. Members already diagnosed with Depression are monitored using the PHQ9 assessment. Seamless integration will occur between the BH Case Management and the BH medical management. The BH Case Manager will work with the member on medical management and requests for Behavioral Health Treatment. The BH manager will assist in steering members to in network providers at the most appropriate level of care.

Summary of behavioral services offered by ActiveHealth

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

ActiveHealth's Utilization Program which includes Behavioral Health and Substance Abuse reviews combine the expertise of nurse reviewers, a board-certified team of Medical Directors, a panel of board-certified, practicing consultant reviewers and ActiveAdvice® technology to help achieve high quality care and optimal outcomes.

Within the ActiveHealth Management's URAC-accredited Utilization Management program we deliver management of Behavioral Health and Substance Abuse services that include evaluation of the appropriateness, medical need and efficiency of behavioral health and/or substance abuse services, according to established Milliman criteria, American Psychiatric Association, Milliman and for American Society of Addiction Medicine (ASAM) guidelines. ActiveHealth utilization management services encompass pre-certification, concurrent planning, discharge planning, clinical case appeals, concurrent clinical reviews and peer reviews, as well as appeals introduced by the provider, payer or patient. The ActiveHealth behavioral health clinician or nurse will review cases to determine if the member meets medical necessity and determine if the member is in the appropriate level of care based on clinical guidelines. Reviews can occur for the different levels of care to include Acute Inpatient, Residential, Partial Hospitalization, Intensive Outpatient based on agreed client review requirements. Substance Abuse reviews are managed in the same manner to determine medical necessity and appropriate level of care which can include Acute Detox, Residential, Partial Hospitalization and Intensive Outpatient. ActiveHealth can review specific behavioral health outpatient tests or procedures such as ECT and psych testing. ActiveHealth has a team of medical directors and board certified psychiatrists on staff to review cases that do not meet medical necessity. Referrals to Case Management occur as part of our Utilization management process.

3.11.1.19 Many PEBP participants reside outside of the state of Nevada, requiring licensed case management nurses in all states where PEBP participants reside. Please indicate any state(s) in which your organization does not currently have a licensed case management nurse.

ActiveHealth covers 36 of 50 states through our employees licensed in several states, as well as qualifying states that participate in the Nurse Licensure Compact (NLC). ActiveHealth employs RNs licensed in California, Colorado, Utah, Oregon, Texas, Wyoming, Connecticut, Washington, DC, Florida, Georgia, Illinois, Massachusetts, Maryland, North Carolina, New York, Ohio, Pennsylvania and Virginia. Upon contract award, ActiveHealth will have our Nevada staff licensed in all the states where participants reside now and/or during the course of the contract.

Nurse Licensure Compact (NLC)

The vast majority of ActiveHealth's RN staff members reside in an NLC compact state. A nurse with a permanent residency in a NLC state has a multistate nursing license. Nurses are eligible to work in other states that make up the compact states, including the following 24 states:

•Arizona

•Arkansas

•Colorado

•Delaware

•Idaho

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

•Iowa

•Kentucky

•Maine

•Maryland

•Mississippi

•Missouri

•Nebraska

•New Hampshire

•New Mexico

•North Carolina

•North Dakota

•Rhode Island

•South Carolina

•South Dakota

•Tennessee

•Texas

•Utah

•Virginia

•Wisconsin

3.11.2 Pre-certification

Pre-certification is the review of "need" for an inpatient hospital admission or other specified medical services before the services are rendered by a healthcare provider. For a list of services that currently require a pre-certification, please refer to PEBP's Master Plan Document located on the PEBP website at www.pebp.state.nv.us.

3.11.2.1 Describe your organization's process for managing inpatient hospital pre-certification requests.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

ActiveHealth provides pre-certification, pre-notification and medical necessity reviews ActiveHealth's process begins with a telephone or facsimile request to our medical management call center or via facsimile from any of the following: physician or other licensed provider, designated office personnel, facility, patient or designated representative. Intake Specialists determine whether the caller has verified benefits and eligibility of the covered person, check for previous recommendations which might be relevant to the current request, and verify that the provider and/or facility requested is a participating network patient .

ActiveHealth's ActiveAdvice System, our Utilization and Case Management workflow platform, is able to store each of PEBP's networks and affiliated providers, facilities and vendors. During implementation we will work with the PEBP to obtain and load the network information for providers, facilities and other service vendors into ActiveAdvice, as well as set up a process and schedule for regular updates. In addition, we work with the client to obtain and load eligibility information to ActiveAdvice. During pre-certification review, our care managers are automatically notified if the provider is in or out of network by electronic flags within the system, allowing them to immediately advise a patient of their in or out-of-network utilization along with the benefits of moving care to an in-network provider.

ActiveHealth's staff is then able to combine this information with the plan design detail within our system to inform patient s and providers that the requested facility or physician is not included in the network and explain potential penalties and redirect them to in-network resources if possible. ActiveAdvice, our care management workflow platform, enables our care managers to advise patients of providers, facilities and vendors, by specialty or type, that are in their network locally.

If the provider and/or facility requested are found to be non-participating, the staff will advise the caller of the out-of-network status and document this communication. Intake Specialists enter all pertinent patient , provider/facility information, and diagnosis and procedure codes into our state-of-the-art web-based health management system, ActiveAdvice. The call or fax is then routed to the first available Utilization Management nurse for clinical review of medical necessity. Intake Specialists are not responsible for the evaluation and/or interpretation of clinical information and are supervised by a licensed health professional.

ActiveHealth reviews all Inpatient Admissions for medical necessity. The standard list may be modified if mutually agreed upon and the utilization processes have been evaluated.

Requests for pre-admission and admission review are received and documented by our Customer Service team in our workflow application, ActiveAdvice. Verification of eligibility and available benefits is the first step followed by requests for the clinical rationale, expected length of stay, and requested level of care for the service or procedure. Once the information is received, the nurse documents the appropriate diagnosis and procedure codes and requested length of stay and reviews the request against our clinical guidelines (Milliman care guidelines supplemented by internally developed guidelines as clinically indicated) to make the authorization decision and if authorized, assign the initial length of stay.

Using ActiveAdvice, our workflow application, the nurse will assign the appropriate length of stay based on the goal length of stay or grouper results from the input of the diagnosis and procedure codes. The nurse will then setup a concurrent review activity dated the first non-covered day. Generally, in any questionable situation, the nurse can refer a case to a Medical Director or a physician specialist to determine its appropriateness and the level of care. Based on the decision rendered, automated letters will generate and be mailed to the provider, patient and facility reflecting the decision, diagnosis, and procedures and date of service.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

3.11.2.2 What is the average length of time for your organization to pre-certify inpatient hospital admissions?

ActiveHealth typically renders 94 percent of certification decisions within one business day. ActiveHealth's utilization review process abides by the individual State and Federal laws governing utilization management and uses the URAC and ERISA Standards as a baseline for performance and quality measures, including turnaround times for decisions. The number of days initially authorized for an inpatient admission is dependent upon the goal length of stay. Ongoing concurrent reviews are performed throughout the hospital stay every 3 days to ensure quality of care and timely delivery of services depending on the diagnosis of the patient.

3.11.2.3 Describe your organization's process for managing outpatient surgery pre-certification requests.

The process followed for outpatient surgical precertification requests is the same as outlined in our response to question 3.11.2.1 above, with the exception that we are reviewing for an outpatient service and the authorization decision applies to a service. Instead of a length of stay we will assign a number of authorized units, if the service requested comprised more than one unit.

ActiveHealth maintains a recommended Review Services List and has compared our list to the PEBP List. Should we be awarded this business, ActiveHealth agrees to manage Utilization for the PEBP by reviewing the items currently listed on the Master Plan Document. If awarded the business, we agree to negotiate how to address future changes to the review services list during the contracting phase.

We adhere to standard URAC turnaround times when rendering decisions.

3.11.2.4 What is the average length of time for your organization to pre-certify outpatient surgical services?

ActiveHealth typically renders 94 percent of certification decisions within one business day. ActiveHealth's utilization review process abides by the individual State and Federal laws governing utilization management and uses the URAC and ERISA Standards as a baseline for performance and quality measures, including turnaround time for decisions. Typically, we will authorize a procedure within a 90 day time period, as many times these dates change.

3.11.2.5 Does your organization refer to established medical necessity guidelines for pre-certification, such as those published by Milliman?

Yes. We have enjoyed a long-standing relationship with Milliman and have served as a beta site for several of their guideline platform revisions and discussions. We meet with Milliman quarterly to review any questions, concerns or ideas coming from our UM team. While Milliman is our primary guideline resource, when guidelines have not yet been established, we also supplement with internally developed clinical guidelines to best define and drive processes that support our clients' requirements.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

We have extensive experience in the development of guidelines using our fulltime dedicated Medical Directors that work with our UM/CM teams across the country.

Our guidelines are most often updated on a biannual schedule, but at a minimum, annually.

Our ActiveHealth Clinical Development Center houses a team of board certified physicians, IT professionals, pharmacists, registered nurses, and a registered dietician to create and maintain all ActiveHealth's patented clinical technologies. The Development Center is also where our doctors scan evidence-based sources including, FDA guidelines, peer-reviewed journal findings, and medical society practice guidelines. Five full-time on-site medical directors support UM/CM/DM/Maternity and another eleven medical directors, pharmacists, and nurses support the medical management programs from a content, teaching and patient support perspective. A subset of the group of medical directors review the clinical guidelines annually, and more often if appropriate due to emerging and important medical evidence. As part of our annual guideline review, we review the Milliman guidelines and determine where there are gaps or where there needs to be enhancements. ActiveHealth guidelines that are maintained fall under the following categories: client requests, state regulations, new technology, biologicals and potentially cosmetic procedures.

New guidelines are developed and existing guidelines are revised as determined by emerging technology, revised clinical indications, and changing UM needs.

3.11.2.6 How are pre-certifications accepted? Please complete the following table by double-clicking the appropriate responses below.

Method	**Accepted**
Telephone	☒Yes ☐ No
E-mail/Internet	☒Yes ☐ No
Facsimile	☒Yes ☐ No
Regular mail	☒Yes ☐ No
Other (please describe)	

3.11.2.7 Does your organization provide written confirmation when a pre-certification request is approved or denied? Please provide a sample of your pre-certification approval and denial notifications as an attachment to your proposal.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Yes. The letters are sent to the patient and copies of the letters are also sent to the provider and/or facility requesting certification.

If the service requested is found to be not medically necessary, a letter is sent to the provider, facility and patient with a principle reason for the denial of services. Upon any approval of services, a letter is sent to the provider, facility and patient with the services approved. A disclaimer is also included in all letters explaining ActiveHealth's review is based on medical necessity and is not a determination of benefits or payment.

We also offer peer to peer discussions with our on-site Medical Directors prior to the denial of in-patient or intensive out-patient care plans. Our Medical Director calls the requesting information in an effort to secure more information and to offer possible solutions to assist the patient and family within the allowed benefits. It's our experience that community doctors very much appreciate this effort and feel less adversarial with the payer.

We have provided sample letters within the exhibits of the confidential portion of our proposal.

3.11.2.8 Concerning PPO plans for which your organization provides pre-certification services: During the time periods of July 1, 2011 – June 30, 2012, and July 1, 2012 – June 30, 2013, what percentage of inpatient hospital pre-certification requests were denied by your organization? Please list each time period separately.

Please refer to the confidential proposal for this complete response.

3.11.2.9 What are the credentials, qualifications, and experience of staff determining pre-certifications for inpatient and outpatient services?

The majority of ActiveHealth's nurse care managers have an average of 20 years of healthcare industry experience. They take a clinically focused approach that emphasizes physician and member engagement and have access to the latest medical evidence and best practices for treating a broad range of clinical conditions. We have many nurse specialists on our team allowing for effective sharing of current clinical protocols and problem solving for complex patient situations. Examples of our nurse specialties include oncology, maternity, NICU, cardiac, pulmonary, neurology, medical-surgical, trauma, dialysis and transplants.

While most of our nurses far exceed the requirements and are certified case managers, they must meet the following qualifications:

Our nurses must meet the following qualifications:

- ***Education (at least one of the following):***

- ***A Bachelor of Science Degree in Nursing (or higher) and a minimum of two years managed care experience***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

A Diploma from an Accredited Nursing Program and experience commensurate with a degree, participation in continuing education, and a minimum of two years managed care experience

Associate Degree in Nursing, participation in continuing education, and a minimum of two years managed care experience

- ***Experience (at least three of the following):***

Three to five years of experience in clinical nursing (required)

Prior post-acute care planning such as home care, discharge planning, or case management

Prior utilization management experience or case management experience preferred

Demonstrates excellent verbal and written communication skills

Demonstrates proficiency in use of computer applications in a Windows environment and word processing programs

- ***Certification and Licensure:***

Holds current Registered Nurse (RN) License to practice in the United States

For Case Managers, Certification as a Case Manager preferred

- ***Training:***

Newly hired nurses receive training and mentoring by an experienced staff nurse for the first several months on the job. Quality assurance processes for new nurses include direct observation and monitoring of telephone interactions with patient s until complete proficiency

A 30, 60, and 90-day review is performed with the nurse to discuss progress and additional learning needs before the nurse successfully completes the 90-day probationary period

ActiveHealth also utilizes our 16 medical directors and two PharmD pharmacists to educate our staff regarding advances in medical science and updates to our clinical protocols

ActiveHealth additionally assists our nurses in meeting continuing education requirements by providing on-site training and by underwriting external training sessions

3.11.2.10 Please describe in detail your organization's denial process. Describe inpatient and outpatient services separately.

The denial process for inpatient and outpatient service requests are the same as described below:

Once it is determined that the clinical given is not sufficient for the nurse to provide an authorization, the nurse will refer the case to the Medical Director. Generally, in any questionable situation, our Medical Director or a physician specialist will determine the appropriateness of the service request and the level of care. Peer-to-peer review is offered to 100 percent of cases where a denial decision is being made based on available utilization management information. We attempt to contact all treating

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

physicians when the medical director is not able to approve the case after a referral from utilization management (UM) staff.

Our model includes a peer-to-peer UM and appeals process. An offer is made to conduct a peer-to-peer discussion when a case is referred to the physician or denied. Due to timeliness requirements, we will make our decision without further attempts to contact the attending physician. If the attending physician contacts ActiveHealth after the denial determination is made, the physician who made the original determination (or another Medical Director, if the original physician is not available) will be available within one business day to conduct the peer-to-peer review. Letters are generated to the patient , provider and facility including the rationale for the determination.

ActiveHealth Management performs appeals regarding adverse determinations of the medical necessity and appropriateness of requested services as directed by our clients. Appeals regarding plan language or benefit coverage are referred to the client.

Any time after an adverse determination is made, appeals may be requested by patients, subscribers, patient representatives, attending physicians/providers, or a representative of the facility rendering services. Appeals may be requested verbally or in writing.

ActiveHealth provides the patient, provider, or facility rendering the service the opportunity to submit written comments, documents, records, and other information related to the case. ActiveHealth will review all documents, records, or other information submitted with a request for an appeal, regardless of whether this information was considered in prior review(s) of the case. If additional information is not submitted with a request for an appeal, the patient's medical record for the episode of care under question will be requested.

Expedited appeals are performed when a non-certification decision regarding a health care service is made prior to or during an ongoing service. These appeals occur when the attending physician or provider believes the patient's condition warrants an expedited appeal to prevent an adverse effect to the patient 's health. Expedited appeal determinations are made within 72 hours of the request.

Standard appeal determinations are made within 15 days of the request, excluding days waiting for submission of information to be used to perform the appeal.

Appeals are performed by health professionals who:

- ***Are clinical peers;***
- ***Hold an active, unrestricted license to practice medicine or a health profession;***
- ***Are board certified (if applicable) by either the American Board of Medical Specialties or the Advisory Board of Osteopathic Specialists;***
- ***Are in the same profession and in a similar specialty as typically manages the medical condition, procedure, or treatment as mutually deemed appropriate;***
- ***Are neither the individual who made the original non-certification (or subsequent appeal decision), nor the subordinate of such an individual.***

ActiveHealth has a panel of physicians of various specialties and utilizes External Review Organizations (EROs) to provide appeal services when internal Medical Directors are not able to meet

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

the requirements of an appeal reviewer. Upon request, ActiveHealth, as an agent of the insurer, will provide a copy of the clinical rationale for the Appeals decision to the patient or health care provider. Upon request, appeals policies and procedures are available to any patient, provider, or facility rendering service.

ActiveHealth's standard process is to conduct one appeal but we will coordinate with PEBP regarding who will be conducting the final appeal and required external reviews.

3.11.2.11 Please describe your criteria for determining medical necessity for weight loss surgeries such as gastric bypass or lap band surgery.

Please refer to our confidential proposal for this answer.

3.11.2.12 Please confirm that your organization has reviewed PEBP's current pre-certification requirements as described in the PEBP Master Plan Document and your ability to provide this service.

Confirmed; ActiveHealth is able to provide reviews according to PEBP's plan requirements as described in the PEBP Master Plan Document.

3.11.2.13 If PEBP expands the number of services that require pre-certification, please confirm that your organization will not increase its fees as quoted in your original cost proposal.

Confirmed, we work closely and consultatively with our clients to update the pre-certification list annually. Items are sometimes reviewed and others are added. Our standard pre-certification list is extensive and we never find it necessary to increase our fees. However PEBP can hopefully appreciate we cannot commit to ever increasing our fees if a very high volume or resource intensive item or items would be added. If the additional items don't impact the required ActiveHealth resources more than an anticipated 10-15%.fees would not be increased.

ActiveHealth is fully committed in partnering with PEBP to assure continued success of the PEBP self-funded PPO plan. Should PEBP expand the number of services that require pre-certification, ActiveHealth will not increase fees as quoted in our original cost proposal.

3.11.3 Concurrent Review

3.11.3.1 Please describe your organization's process for inpatient hospital concurrent reviews. This information may be provided as an attachment to your proposal in the form of a narrative and/or flow chart.

In addition to pre-certification, pre-notification and medical necessity reviews, our program includes concurrent review of hospital admissions. Once the service has been determined as medically necessary and an initial length of stay approved, our nurse will assign the date for the next review being the first non-covered day according to the last date of the approved length of stay

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

To assure we are aggressively managing the case, we always perform concurrent review every 48 hours. We are committed that concurrent review is a real time assessment of ongoing medical services/treatment to determine continued medical necessity and appropriateness of care. The intensity of service, the severity of illness and recovery milestones must be demonstrated in order to approve the continued stay. Practitioners are notified by telephone and written notification is provided to the covered person(s), provider and facility. The written notification includes the review date, the new total number of days approved and the date of admission. When treatment has been approved, the decision will not be reversed. In the case of a denial, the practitioner is notified by telephone, and written notification is provided to the covered person, and the practitioner and facility. The written notification includes the date of the last recommended day, appeal and peer-to-peer discussion instructions, and information regarding the clinical rationale for the non-recommendation.

The goal of the continued stay review is to obtain information that will allow the care manager to assess the medical appropriateness of continued stay at the current level of care. Another purpose of the concurrent review is to assess the patient's discharge plan, and initiate discharge planning as appropriate; and determine whether the patient requires case management services. During the review the care manager collects information needed to certify the requested services using documented, generally accepted clinical guidelines. Only the clinical information obtained at the time of the concurrent review is utilized to make a review determination. Medical records are not routinely requested at this stage of review. Continued stay reviews contribute to evaluation not only for discharge but also for real-time identification of patient s requiring case management.

3.11.3.2 How frequently does your organization re-assess a patient's need for continued hospitalization under the concurrent review process?

Once the medical criteria have been determined and the inpatient case has been recommended, our nurse will assign the date for the next review based on the total number of days recommended. As a general policy, ActiveHealth reviews concurrently no longer than at a 48 hour interval, depending on the progress of the member. If daily reviews are needed to expedite the patient's progress we will complete daily reviews.

3.11.3.3 Please describe your organization's criteria for determining continued medical necessity.

During the review, the care manager collects information needed to certify the requested services using documented, generally accepted clinical guidelines. We use Milliman Care Guidelines supplemented by internally developed clinical guidelines to best define and drive processes that support our clients' requirements. The intensity of service, the severity of illness and recovery milestones must be demonstrated in order to approve the continued stay.

Our ActiveHealth Clinical Development Center houses a team of board certified physicians, IT professionals and pharmacists who create and maintain all ActiveHealth's patented clinical technologies. The Development Center is also where our doctors scan evidence-based sources including, FDA guidelines, peer-reviewed journal findings, and medical society practice guidelines. Five full-time on-site medical directors support UM/CM/DM/Maternity and another eleven medical directors, pharmacists, and nurses support the medical management programs from a content, teaching and patient support perspective. A subset of our medical directors reviews the clinical guidelines annually, and more often if appropriate due to emerging and important medical evidence.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

As part of our annual guideline review, we review the Milliman guidelines and determine where there are gaps or where there needs to be enhancements. ActiveHealth guidelines that are maintained fall under the following categories: client requests, state regulations, new technology, biologicals and potentially cosmetic procedures.

New guidelines are developed and existing guidelines are revised as determined by emerging technology, revised clinical indications, and changing UM needs.

3.11.3.4 If your organization refers to its own medical necessity guidelines, please describe your guidelines in detail. This information should be included as an attachment to your proposal.

We use Milliman Care Guidelines supplemented by internally developed clinical guidelines to best define and drive processes that support our clients' requirements. We have extensive experience in the development of guidelines using our fulltime dedicated Medical Directors that work with our UM/CM teams across the country.

New guidelines are developed and existing guidelines are revised as determined by emerging technology, revised clinical indications, and changing UM needs that occur more often than the annual Milliman updates or when there is a gap identified within the Milliman guideline set. In addition, we develop or modify existing guidelines to meet customer specific requirements.

Milliman guidelines are updated annually and the internally developed guidelines are updated as needed, but no less than annually.

For our complete policy and procedure, please see our exhibit titled "3.11.3.4 Guideline Development" within the confidential portion of our proposal.

3.11.3.5 Please provide examples of all provider and participant communications related to this function and how your organization delivers these communications.

We deliver these communications by U.S. mail. We have provided sample letters and communications related to the Utilization Management Program within the Confidential Information portion of our proposal.

3.11.4 Retrospective Review

3.11.4.1 Please describe the process and criteria used for retrospective review. This information may be provided as an attachment to your proposal in the form of a narrative and/or flow chart.

A retrospective review is a review that is requested after the service is rendered, which may or may not have been authorized. Our health management services include retrospective review of inpatient and outpatient care. A determination is issued within 30 calendar days of the request for a utilization management determination. A retrospective review can be initiated through contacting our nursing team.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

ActiveHealth staff provides retrospective medical necessity reviews in house. ActiveHealth's process begins with a telephone or facsimile request to our medical management call center or via facsimile from any of the following: physician or other licensed provider, designated office personnel, facility, patient or designated representative or plan administrator.

Requests for retrospective reviews are received and documented by our Customer Service team in our workflow application, ActiveAdvice. Verification of eligibility is the first step followed by requests for clinical documentation from all involved providers and health professionals for the recent past (generally with the past year) related to the type of service. Once documentation is received, the nurse reviews the service for medical necessity, appropriate level of care and length of stay using Milliman Care Guidelines or internally developed guidelines as clinically indicated. Generally, in any questionable situation, the nurse will refer the case to a Medical Director or a physician specialist to determine its appropriateness, the level of care and length of stay if inpatient. Based on the decision rendered, automated letters will generate and be mailed to the provider, patient and facility reflecting the decision, diagnosis, and procedures and dates of service.

We do not charge separately for retrospective review as long as it involves cases that occur during the tenure of our contract with the client (i.e., we would not perform retrospective reviews for dates of service that occur prior to the effective date of our relationship with PEBP). If PEBP were to request reviews for dates of service prior to the effective date, there would be an additional charge.

3.11.4.2 Does your organization perform retrospective reviews on-site, telephonically, or a combination of both?

Retrospective reviews are performed telephonically, and may include a review of the medical records, which we will request as indicated. Our systems have been developed and implemented to enable our clinicians to communicate with facilities, providers, and participants telephonically using well-defined criteria and using medical documentation that can be easily forwarded by the facility/provider for review. We have found that this type of review is more process and cost efficient.

3.11.4.3 What are the credentials, qualifications, and experience of staff handling retrospective review?

The majority of ActiveHealth's nurse care managers have an average of 20 years of healthcare industry experience. They take a clinically focused approach that emphasizes physician and patient engagement and have access to the latest medical evidence and best practices for treating a broad range of clinical conditions.

Medical Director Qualifications

ActiveHealth's Medical Directors have the following qualifications:

Experience:

- ***Ten years in the health care industry with at least five to seven years in health management.***

Education:

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

- ***MD from accredited university.***

Certification:

- ***Board certification in one of the following: Emergency Medicine, Family Practice, and/or Internal Medicine.***

- ***Certification in UM/Quality Management (ABQAURP) preferred.***

Licensure:

- ***Non-restricted license to practice medicine in US***

Our nurses must meet the following qualifications:

- ***Education (at least one of the following):***

 A Bachelor of Science Degree in Nursing (or higher) and a minimum of two years managed care experience

 A Diploma from an Accredited Nursing Program and experience commensurate with a degree, participation in continuing education, and a minimum of two years managed care experience

 Associate Degree in Nursing, participation in continuing education, and a minimum of two years managed care experience

- ***Experience (at least three of the following):***

 Three to five years of experience in clinical nursing (required)

 Prior post-acute care planning such as home care, discharge planning, or case management

 Prior utilization management experience or case management experience preferred

 Demonstrates excellent verbal and written communication skills

 Demonstrates proficiency in use of computer applications in a Windows environment and word processing programs

- ***Certification and Licensure:***

 Holds current Registered Nurse (RN) License to practice in the United States

 For Case Managers, Certification as a Case Manager preferred

- ***Training:***

 Newly hired nurses receive training and mentoring by an experienced staff nurse for the first several months on the job. Quality assurance processes for new nurses include direct observation and monitoring of telephone interactions with patient s until complete proficiency

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

- ***A 30, 60, and 90-day review is performed with the nurse to discuss progress and additional learning needs before the nurse successfully completes the 90-day probationary period***

- ***ActiveHealth also utilizes our 16 medical directors and two PharmD pharmacists to educate our staff regarding advances in medical science and updates to our clinical protocols***

- ***ActiveHealth additionally assists our nurses in meeting continuing education requirements by providing on-site training and by underwriting external training sessions***

3.11.4.4How is the need for retrospective review determined?

Retrospective review occurs when a service that requires authorization has already occurred and was not authorized. Retrospective reviews may be requested by the plan, the claims administrator, the patient or patient 's care giver, facility where services are rendered, or provider.

3.11.4.5Please provide examples of all participant communications related to this function and how your organization delivers these communications.

Retrospective Review letters are formatted and generated in the same manner as our standard utilization management letters. Once the retrospective review has been completed, letters including the decision information are generated and issued to the patient , provider and facility. Example letters and communications are included in our confidential exhibits.

3.12 MANAGEMENT REPORTING

3.12.1 Please describe and list your organization's standard reports and provide examples of each. Your standard reports should include but not be limited to case management reports; outcomes; bed days approved, denied, and saved; average length of stay; and large case management status reports.

ActiveHealth provides a wide range of reports on the utilization of the plan and savings attributable to our UM/CM services. These reports are provided weekly, quarterly, semi-annually, and annually, depending on the specific measures being reported on and contractual requirements between client and provider for reporting frequency.

Weekly reports may include, but are not limited to:

- ***Open and closed inpatient reports***

- ***Potential Large Case Reports***

- ***Authorization reports: Although an electronic file of authorizations is available on a mutually agreed upon schedule, ActiveAdvice can also provide weekly case reports that contain details of each authorization such as patient ID and other demographic information, service type, dates of service, place and provider of service, diagnosis and procedure codes, etc.***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Quarterly, Semi-Annual and Annual Reports and group renewal date reports may include but are not limited to:

- ***Summary Review Reports (Including excluding outliers)***
- ***Summary of Savings***
- ***Individual Savings***
- ***Cost Comparison Detail***
- ***Cost Comparison Summary***

In addition, other quarterly reports include

- ***Customer Service Reports: these reports contain call statistics, such as call volume, call resolution, and performance to service level objectives such as average speed of answer and abandonment rate.***

- ***Case Management reports: These reports contain CM enrollment figures and CM summaries for each patient in the program, typically on a monthly basis. The CM summary mixes text narrative with automated data points such as the plan of care and interventions schedule or completed. If rate negotiations occur, a cost / savings report is also included.***

- ***Other Utilization reports provide volume figures by service type, such as number of admits or procedures by service type, diagnosis and or procedure, etc. The utilization reports are typically produced monthly.***

- ***Additionally, ActiveHealth's systems can provide an extensive Standard Report that include Inpatient Utilization Statistics, which report on:***

- ***Total admissions***
- ***Admits/1000***
- ***Total Days***
- ***Days/1000***
- ***Average Actual Length of Stay***
- ***Expected Average Length of Stay***
- ***Outpatient Procedure Statistics***
- ***Total procedures***
- ***PMPM information (this is a quarterly statistic)***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

- ***Referral Statistics***
- ***Total Patients with referrals***
- ***Total Referrals in network***
- ***PMPM in network (this is a quarterly statistic)***
- ***Total Referrals out of network***
- ***PMPM out of network (this is a quarterly statistic)***
- ***Total Referrals both in and out of network***
- ***Total PMPM both in and out of network (this is a quarterly statistic)***

Please refer to the sample reports within our confidential exhibits.

3.12.2 Are your reports available via the web?

Yes, we can arrange to have our reports available via the web. Additionally, our standard reports are available in a PDF format and are provided by the assigned Account Manager. The Account Manager includes an Executive Summary, typically in a PowerPoint format, which highlights key areas of the report. All reporting information is available in hardcopy and/or an electronic format.

3.12.3 Please describe the process for requesting ad hoc reports and list the average turnaround time for each. Please confirm that ad hoc reports will be provided to PEBP at no additional cost.

Yes. Ad hoc reports will be provided at no additional cost.

Report requests are completed by the ActiveHealth Account Manager and are submitted to the Information Management team. Requests are reviewed in a daily meeting and assigned to an appropriate resource within the reporting team. The turnaround will ultimately depend upon the complexity of the result, but typically averages from 2 days to 2 weeks.

ActiveHealth has significant ad-hoc reporting capabilities and can provide virtually any report desired. We welcome an opportunity to discuss what types of reports will be most beneficial to PEBP. We can provide customized measurement and analysis in a variety of ways. Our standard reporting platforms are very robust containing summary as well as detailed administrative, clinical and financial outcome information. We would be pleased to share our reporting capabilities in detail as well as provide a gap analysis regarding what additional needs you may have and design a mutually agreeable reporting solution.

3.12.4 Does your organization provide the following standard reports? Double-click each appropriate response.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Report	Provided
Outcome Management	☒Yes ☐ No
Patterns of Care	☒Yes ☐ No
Inpatient utilization	☒Yes ☐ No
Utilization by diagnosis	☒Yes ☐ No
Case specific detail	☒Yes ☐ No
Activity and days reduced	☒Yes ☐ No
Savings summary	☒Yes ☐ No

3.13 FACILITY CHANNELING

3.13.1 Please describe the process and criteria used by your organization that will direct PEBP participants to in-network facilities.

ActiveHealth is able to input each client/employer's networks and affiliated providers, facilities, and vendors into ActiveAdvice, our proprietary workflow management system. Before going live, we confirm we have accurately loaded the network and train our nursing staff accordingly. Our system then automatically flags in-network facilities and providers. If there are Web resources, like a physician or facility finder, our nurses also access that information, so reviewers can immediately advise a patient of their in or out-of-network utilization.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

When out of network facilities or providers call in for authorization, we advise them they are out of network for the patient and that we will be notifying the patient to assure they are aware they are going out of network and the possible consequences. We concurrently advise the patient of their in-network options.

Our system is easily updated as we acquire provider file updates as an on-going file feed.

3.13.2 If a bed is not available at an in-network facility, will your organization negotiate a discount with an out-of-network facility? Is there a separate fee for providing this service?

If use of a participating provider is not a possibility due to such factors as distance or availability of service, we definitely negotiate a temporary contract, discounted fees and complete a Letter of Agreement (LOA). Each LOA is provided to the State and filed in the patient's case file at ActiveHealth. ActiveHealth does not charge a separate fee for this service.

3.13.3 How are out-of-network negotiated discounts communicated to PEBP and PEBP's third-party administrator?

We already have a process in place with HealthSCOPE in place to share out-of-network authorizations on the same electronic authorization file as we communicate other authorizations. Out of network Letters of Agreement are flagged on the authorization file and copies of the LOA are provided to HealthSCOPE as well. We will work with PEBP and HealthSCOPE r during the implementation process to define the criteria and process for communicating these types of decisions to PEBP.

3.13.4 Attach a detailed description of the entire discount negotiation process, including communications between all parties involved in the process.

As the case manager is working with the patient and identifies that there is a benefit limitation to home care for example, but the patient would benefit from additional home care services and also prevent a readmission, the case manager will first request the extra contractual benefits to the client by submitting in writing the request. The client's designated person would review the request and either approve or not approve the request. Based on the client decision, the case manager will proceed in setting up additional services. The case manager will send the vendor a copy of the extension of benefits to ensure the home care services will continue. Benefit exceptions are communicated to the claims payer via the designated authorization file.

3.14 ACCOUNT SERVICE

3.14.1 During what hours (and time zones) will your organization's telephone lines be staffed?

3.14.1.1For PEBP staff?

3.14.1.2For PEBP participants?

3.14.1.3For providers?

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Business hours are 800 a.m. to 5:00 p.m. .PST , Monday through Friday. Additional hours can be discussed but we find these hours are industry standard and work well with our close attention to any voice mails left after hours or weekends.

3.14.2 PEBP requires vendors to assign a dedicated account manager to meet with PEBP on a regular basis to discuss performance, address administration issues, and review reports. Please confirm that your organization agrees to this requirement.

ActiveHealth will assign a senior account manager to meet with PEBP on a regular basis to discuss performance, address administrative issues, and review reports. We assure PEBP that your account will be a priority for PEBP and you will receive same or next day responses to all e-mails or messages. Your account manager will proactively identify any issues with your patient s, your plan or your network and bring those issues or suggestions to you as well.

3.14.3 From what location will the account manager be servicing PEBP?

The account manager assigned to service PEBP would support PEBP along with our operational and clinical team from our Greenwood Village, Colorado office.

3.14.4 Can you receive electronic enrollment and eligibility data? Please confirm that your organization will accept electronic enrollment information in a format determined by PEBP.

Confirmed, we can receive electronic enrollment and eligibility data in a format determined by PEBP.

During implementation we set up an FTP site where our clients can upload their data. We have a program built into our system that pulls the data automatically, which is then processed. For data integration, we also define filters and parameters for referrals. Our Quality Management Director oversees this process and we have performed this integration for dozens of clients.

We accept daily, weekly, and monthly feeds. We value the most current data possible and update the system with the most frequent data feeds that the client can provide.

3.14.5 Do you employ the services of a Medical Director? If so, please list the Director's qualifications, credentials, and experience.

Yes, ActiveHealth employs 16 physician Medical directors and 4 PhD pharmacists. Physicians must have an MD from an accredited university and a completed residency in a primary care specialty. Physicians also possess five years prior clinical experience, 2 years experience working with managed care or a health cost containment firm, demonstrate working knowledge of computers in a Windows environment and word processing. Additionally, physicians must hold a current, non-restricted license to practice medicine in the United States; prefer board certification in primary medicine specialty such as Internal Medicine, Family Practice, and/or Emergency Medicine. Greenwood Village has 2 full-time medical directors on staff daily, to work closely with our UM/CM nursing staff.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

ActiveHealth's Medical Directors have the following qualifications:

- ***Experience:***

  - ***Ten years in the healthcare industry with at least five to seven years in health management.***

- ***Education:***

  - ***MD from accredited university***

- ***Certification:***

  - ***Board certification in one of the following: Emergency Medicine, Family Practice, and/or Internal Medicine.***

  - ***Certification in UM/Quality Management (ABQAURP) preferred.***

- ***Licensure:***

  - ***Non-restricted license to practice medicine in US***

3.15 IMPLEMENTATION SERVICES

3.15.1 Describe your implementation plan to meet a start date of July 1, 2014. Include steps required to implement the program such as notification to PEBP participants, providers, and other vendors.

We have included a Sample Implementation Plan (exhibit 3.15.1) within the Confidential Information portion of our proposal. Our implementation for PEBP would be especially efficient given we already work with your TPA, HealthSCOPE, so already have file and authorization exchange operational.

3.15.2 Is your organization prepared to assign an exclusive team to assist with the implementation process? How many exclusive service representatives would be assigned for the initial implementation?

Yes, we are prepared to assign an exclusive team to assist with the implementation. Currently, ActiveHealth is projecting a dedicated implementation manager supported by designated staff from several departments throughout the implementation process, including operations, data ingest, account management, UM/CM product and your assigned medical director.

3.15.3 Describe the most frequent problems your organization has encountered during previous transitions for plans of this size. How were these resolved?

Some problems that are often encountered during implementation:

Unclear Expectations:

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Overcome through a thorough discovery process involving the client during the sales and contracting process. Opening doors of close communication during this process sets the groundwork to consistently confirm the client's expectations.

Establish weekly meetings with client's key decision makers to update on progress, track tasks (open & closed), and document decisions. Recaps of the meeting are provided within 2 business days of the meeting to all attendees documenting the discussions. Establish weekly meetings with vendors to update progress, track tasks (open & closed), and document decisions.

Determine Integration Requirements:

Through the discovery process, we determine what the client is expecting in relation to vendor integration. Our preference is to have a vendor summit where all vendors can meet and workflows can be established. If this is not possible, work with the client and vendors individually to establish and test the desired vendor integration.

Obtaining Applicable Files for Testing:

Large part of successful implementation of medical management services is dependent on obtaining required data in a timely manner. We work with multiple vendors and have been able to establish many global agreements helping speed up actual data procurement by not having to revisit file formats each time. Solid working relationships have been developed with vendor contacts, also facilitating faster turn-around times based on an understanding of what is needed.

Rigid operations and work flows:

We find that our ability and willingness to be flexible not only helps us assure the best outcomes for our clients, but it also avoids most challenges that can be experienced. We are exceptionally good at balancing customizations and flexibility with clear defined work flows and process.

3.15.4 Please confirm that your cost proposal includes all costs associated with implementation services. You must provide a detailed description of any implementation service and/or fee charge not specifically included in your cost proposal.

Confirmed; our cost proposal includes all costs associated with implementation services.

3.15.5 What is the minimum amount of time recommended to ensure a clean transition into the proposed program?

We standardly require 90 days to implement UM/CM services. We are pleased that HealthSCOPE is your current TPA who we are already working with, including established data feeds and work flows.

Approximately thirty days following the go-live date, the account will be fully transitioned from the implementation team to the account management team, which consists of the account manager, clinical lead, medical director and reporting analyst. Our Implementation Manager works hand in hand with the assigned Account Manager throughout the implementation process and through the first 45 to 60 days post implementation to ensure a smooth and orderly implementation and transition

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

process. Susie Hepner, Vice President of Sales, also remains involved throughout the implementation and ongoing relationship, serving as an additional executive level sponsor alongside Pam Krol, SVP Account Management. The Implementation Manager and documentation related to the implementation will always be available as a resource to the account team. After the implementation is complete and the program is operational, our team periodically re-evaluates infrastructure to ensure the highest possible quality. When new products or services are added, or if existing services change, the same implementation team will work with PEBP to ensure success.

3.16 DISASTER RECOVERY PLAN

3.16.1 Your organization is required to submit with the proposal a disaster recovery plan in the event of a major disaster that disables most or all of your processing capabilities for the PEBP. A major disaster includes, but is not limited to:

3.16.1.1A hardware system failure/collapse;

3.16.1.2A software system failure/collapse;

3.16.1.3Any natural disaster or Act of God; and

3.16.1.4Total loss of electrical/backup power.

ActiveHealth maintains formal disaster recovery and business continuity plans. Please refer to exhibit 3.16.1 for a summary of this highly confidential information.

Given the nature and sensitivity of the information contained in these documents, it is ActiveHealth Management's policy that no Disaster Recovery, Business Continuity or Crisis Management Plans are disseminated outside of ActiveHealth Management or Aetna. Therefore we cannot provide full copies of these documents but will answer any further questions that you may have. If a site visit is requested during the vendor selection process, we would be willing to discuss these plans with you at that time.

3.16.2 Please explain the anticipated time frames to restore normal operations once the disaster situation has been resolved.

In the event of a complete outage where ActiveHealth's primary data center in Charlotte, North Carolina would be totally disabled, all production processing would continue at the backup data center in Weehawken, NJ. Based on the classifications of all Critical Applications, normal processing would resume within a 24 hour period starting at the time of disaster.

3.16.3 How often is your disaster recovery plan reviewed and/or updated?

The IT Disaster Recovery Plan is reviewed quarterly and updated as necessary.

3.16.4 Describe in detail how the plan will be customized to meet the needs of PEBP.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

The IT Disaster Recovery Plan is divided into three sections. They are 1) the first alert, declaration and mobilization governance and procedures, 2) Recovery of Infrastructure, 3) Recovery of Critical Production Applications. In the case of PEBP, criticality would be identified and a complete template would be created for this application and placed in the Critical Applications section of the plan. This template would also include a list of tasks for testing the recovery of this application as well as the actual recovery procedures.

3.16.5 Please provide with your proposal your plan for regularly scheduled backups for PEBP data for the day-to-day computer-related processing operations and where the backups will be stored.

All production processing is conducted in the primary data center in Charlotte, NC. All data is duplicated at the backup data center in Weehawken, NJ. It is in Weehawken that Critical Applications have a Disaster Recovery backup server which replicates all applications data. Also, tape backups are taken daily, weekly and monthly at the Weehawken data center and sent off site.

3.17 PRIVACY AND SECURITY

3.17.1 Is all data contained in the proposed system (active and "at rest") stored in an encrypted format?

All active data, i.e. data in transit, is fully encrypted. All data at rest is stored behind our DMZ and safeguarded by secure firewalls.

3.17.2 Do all of your organization's current systems, policies and procedures currently comply with the following (including any systems storing or processing PEBP data):

Yes; ActiveHealth is in full compliance with all applicable laws and regulations.

3.17.2.1Title 45 of the Codified Federal Regulations (CFR) HITECH Breach Rule - 45 CFR §160 and §164;

Yes; ActiveHealth is in full compliance with all applicable laws and regulations.

3.17.2.2HIPAA Privacy and Security Rules – 45 CFR §160, §162, and §164; and

Yes; ActiveHealth is in full compliance with all applicable laws and regulations.

3.17.2.3Audited for compliance with the HITECH Breach Rule and HIPAA Privacy and Security Rules.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Yes; ActiveHealth has been audited and certified to be in compliance with the HIPAA and HITECH rules. Each year, ActiveHealth undergoes independent vulnerability assessments to identify overall risks as well as risks specific to HIPAA and HITECH, and to ensure continuous compliance.

3.17.2.4Are corrective actions implemented by your organization for issues identified in the audit?

Yes; as issues are identified in audits, corrective actions are implemented by ActiveHealth.

ActiveHealth Management's Information Security Policy is based on standards, laws and regulations for the protection of Personal Health Information and Personally-Identifiable Information:

- ***HIPAA (Health Insurance Portability and Accountability Act of 1996), including the current version of the HIPAA Privacy Rule***

- ***Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009***

- ***ISO/IEC 17799, Information Technology - Code of Practice for Information Security Management, First Edition, Reference Number ISO/IEC 17799:2000(E), 2000-12-1***

- ***NIST Special Publication 800-53, Rev 4 (April, 2013), National Institute of Standards and Technology: Security and Privacy Controls for Federal Information Systems and Organizations***

- ***NIST Special Publication 800-12, National Institute of Standards and Technology: An Introduction to Computer Security: The NIST Handbook, October 1995***

- ***NIST Special Publication (SP) 800-14: Generally Accepted Principles and Practices for Securing Information Technology Systems, September 1996***

- ***AICPA Trust Services Principles and Criteria for Security, Availability, Processing Integrity, Confidentiality, and Privacy (2009). NOTE: Privacy controls are governed by the HIPAA Privacy Rule.***

In addition, to ensure continuous and unbroken compliance, ActiveHealth uses continuous control monitoring processes and tools to safeguard the security, confidentiality, and privacy of all PHI and PII information.

3.17.3 Vendor and all of the vendor's subcontractors must comply with all PEBP privacy and security policies and procedures. A copy of PEBP's privacy and security policies and procedures is provided under Attachment M – Privacy Security Policies and Procedures. Please indicate that your organization would agree to these conditions.

Confirmed; ActiveHealth agrees to the conditions provided under Attachment M – Privacy Security Policies and Procedures. ActiveHealth and all subcontractors will comply with all PEBP privacy and security policies and procedures.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

3.17.4 Vendor must sign and agree to the terms of PEBP's Business Associates Agreement (BAA). A copy of PEBP's BAA is provided under Attachment N – Business Associate Agreement. Please indicate that your organization would agree to this condition.

Confirmed; ActiveHealth will sign and agree to the terms of PEBP's Business Associates Agreement (BAA).

3.18 ELECTRONIC DATA INTERCHANGE (EDI)

3.18.1 All exchange of PEBP electronic formatted data, as well as data exchange between PEBP and vendors, shall be approved in advance by PEBP's Information Technology Officer or designated staff.

Confirmed.

3.18.2 The file format for eligibility data exchange is fixed field, flat file. Exact file specifications will be determined by PEBP. All EDI will require file level encryption. All files exchanged between PEBP and its vendors are accomplished via FTP. Please confirm your ability to comply with this requirement.

Confirmed.

We can accept 834 and 835 extracts in addition to claims and eligibility files in any fixed width or delimited format, an Excel data sheet or an Access database. We can accept pharmacy files in any standard format. Our data analytics division has accepted and mapped data for most major health plans as well as most major PBMs.

We have data integration experience with a variety of healthcare entities, and routinely receive data from a wide variety of sources (over 200 sources). All customer data is transmitted using Secure FTP or Secure HTTP (HTTPS).

3.18.3 All data is the property of PEBP. Data cannot be shared, distributed, or used outside contract specification without permission from PEBP. All data must be made available upon PEBP's request.

Confirmed.

3.19 PERFORMANCE STANDARDS, GUARANTEES, PENALTIES

Please confirm that your organization will agree to the following performance standards, guarantees, and financial penalties. Compliance will be determined by PEBP and PEBP's health plan auditor. PEBP reserves the right to revise the performance standards, guarantees, and financial penalties as needed.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

PEBP's health plan auditor will audit the UM Vendor every odd numbered year of the existing vendor contract.

Confirmed.

July 1, 2014- June 30, 2019

Service Performance Standard	Guarantee	Method of Measurement	Performance Guarantee Penalty Amount
I. Quarterly and annual management reports	100.0%	Delivery of Quarterly reports within 45 days of end of reporting period as established by PEBP	1% of annual administration fees per report per day greater than 10 days.
II. Notification of potential high expense cases. High expense case is defined as a single claim or treatment plan expected to exceed $100,000.00.	95.0%	Designated PEBP staff will be notified within 5 business days of the UM vendors initial notification of the requested service	For each percentage point, or a fraction thereof below the annual guarantee, 1% of annual administration fees.
III. Pre-certification information shall be provided to PEBP's third party administrator	98%	Pre-certification requests from healthcare providers shall be communicated to PEBP's Third Party Administrator using an approved method e.g. electronically, within 5 business days of UM completing Precertification determination	For each percentage point, or a fraction thereof below the annual guarantee, 1% of annual administration fees.
IV. Concurrent hospital review	98%	Concurrent hospital reviews shall be completed and communicated using an approved method e.g. electronically within 5 business days of determination decision	For each percentage point, or a fraction thereof below the annual guarantee, 1% of annual administration fees.

Compliance with service category I is determined by PEBP's Executive Officer. Compliance with service categories II, III & IV is determined by audits performed by PEBP's health plan auditor

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

conducted in odd numbered years. Annual is typically defined as the time period starting July 1 and ending June 30 of each year of the contract.

Confirmed.

•Public Employees' Benefits Program will collect performance guarantee amount by withholding the appropriate amount from vendor's annual administration fees. If no further administrative fees are due, PEBP will send an invoice for the penalty amount to the vendor. Payment is due within 30 days. Failure to pay within 30 days will result in a penalty of 1.5% of the penalty amount per month, compounded monthly.

Confirmed.

•Upon contract termination, PEBP may withhold payment of a portion of the last invoice until after all audits have been accepted by the PEBP Board. The portion of payment withheld will be not more than the lesser of:

1. The last invoice received by PEBP; or

2. An amount equal to 100% of the largest quarterly penalty assessed during the last two years of the contract.

Confirmed.

3.19.1 Selected vendor will be required to have an independent financial audit performed annually and a copy of the audit shall be provided to the State within 30 days of its completion. The date of the audit shall be mutually agreed upon.

Confirmed.

3.19.2 Exceptions to the requirements of this Scope of Work must be clearly stated in Attachment B – Technical Proposal Certification of Compliance with Terms and Conditions of RFP, noting a) the RFP section to which vendor is taking exception, and b) future expectations for meeting the requirement, a projected timetable, and detailed plans for meet the requirement, along with the vendor staff and qualifications assigned.

Confirmed.

3.19.3 Vendors are encouraged to include any additional information in their proposals that would be considered useful to PEBP.

ActiveHealth offers an optional Complex or Large Case Management program as well as an Enhanced Care Management program that are completely integrated with our traditional UM/CM program and includes:

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

- ***Predictive modeling to provide a proactive approach to identify patient s for case management and high risk disease management programs.***

- ***The Large CM program provides assistance in bridging the gap between those that are touched through traditional CM and those that have more complex needs and might not be identified via UM, or may have more needs after traditional CM services cease. The predictive model helps us identify patient s that have had high utilization for items that would not be captured through a normal utilization process. (Multiple ER visits, multiple Hospitalizations, high cost claims, etc.) The Enhanced Care Management program essentially combines Large Case Management and a high risk Disease Management program.***

- ***Average program duration four to six months.***

- ***Care plan development for multiple conditions, co-morbidities, specialty care physicians and medications, examples: cancer, heart attack with complications and traumatic brain injury***

- ***Interventions that focus on support, education and referrals to appropriate programs as well as coordination of services as needed. Incorporates delivery of Care Considerations, ActiveHealth's proprietary gaps in care program.***

We also provide a High Risk Maternity program, a Health Advocate Program, a 24 hour Nurseline, a full service Data Warehouse platform, and a Lifestyle coaching program, all for additional buy-up fees.

CLINICAL DECISION SUPPORT SERVICE INCLUDED WITH ACTIVE CASE MANAGEMENT

Our patented CareEngine® System compiles member data from a variety of sources such as medical and pharmacy claims, lab results and information provided directly from the member. The CareEngine analyzes this information against highly respected sources of evidence-based medicine to identify gaps in care, medical errors and quality issues. When gaps in care are discovered ActiveHealth sends a message to the physician and patient urging action. The communicated messages and their content are called Care Considerations.

While data is constantly being absorbed, we continuously update our database of the best standards in care through efforts of the physicians, pharmacists, and nurses that make up the ActiveHealth® Clinical Development Center. The CareEngine System powers all of our complete health management solutions. The fundamental goal of this clinical technology is to help improve member care and avert potential medical errors.

The essential features of the full system can be divided into four areas:

1. Patient-Centric Claims-Based Electronic Health Record

A single integrated patient record is developed through daily/weekly/monthly data inputs including physician-generated insurance claims, hospital discharge and outpatient claims, laboratory claims and laboratory test results, and pharmacy claims. Information is coded in International Classification of Diseases, Ninth Revision, Clinical Modification codes, Current Procedural Terminology codes, Logical Observation Identifier Names and Codes, and National Drug Code identifiers.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

2. Evidence-Based Clinical Algorithms

The criteria that trigger the CareEngine system to issue a specific recommendation include thousands of multidimensional decision rules that take into account all available information on each patient, including an exhaustive list of contraindications and exclusions for a specific intervention. For instance, the criteria surrounding the use of β-blockers after myocardial infarction attempt to identify known contraindications for β- blocker therapy, such as severe asthma and advanced heart block in the absence of a pacemaker. Should any of those contraindications be identified, the recommendation is not issued. In this way we are able to deliver a program with low false positive identification rates, which maintains the integrity of the program throughout the physician community.

Once the system has identified an appropriate opportunity in care it seeks to validate that the same Care Consideration has not been previously issued within a specified time frame for the member. This step prevents the same Care Consideration from being sent again for a given member until the appropriate time frame has passed. Sophisticated provider identification logic is then applied to ensure the Care Consideration reaches the right provider.

Our physician and member messaging tools increase compliance for recommendations because they are based on the latest medical information, are available through a wide variety of mediums, are tailored to each audience and provide a valuable feedback loop.

3. Communication to Both Members and Providers

Communication of the gap in care to the provider and member is delivered by phone, fax, mail, member web portal, or other electronic message. The medium utilized depends on the urgency of the clinical issue addressed. Providers and members have the ability to provide pertinent clinical feedback on a Care Consideration that is maintained in the patient centric record and is used in the clinical algorithms. All identified Care Considerations are listed in the MyActiveHealth.com member web portal.

4. Integration with ActiveHealth's Product Suite

The CareEngine's claims-based health record and algorithms are utilized by other ActiveHealth products to enhance the integration of health services provided to a covered individual. Identification and selection of individuals for Active Disease Management, lifestyle coaching programs, case management, and other programs are supported by CareEngine analytics. CareEngine logic supports HRA branching logic within our online member web portal, MyActiveHealth. Care Considerations are messaged to the individual as electronic alerts, while rules within the CareEngine help drive the interactive tools found throughout the member web portal.

Health Issues Addressed by Care Considerations

Our clinical algorithms address a broad range of clinical topics but primarily analyze individuals' records for potential errors of commission, (e.g., drug contraindications) and errors of omission (e.g., recommended therapeutics or tests).

Some examples of clinical issues that our CareEngine interventions address include:

- ***The absence of angiotensin-converting enzyme inhibitor therapy in patients with congestive heart failure and in those who meet the Heart Outcomes Prevention Evaluation (HOPE) trial criteria.***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

- ***The use of St. John's Wort and Cyclosporine.***

- ***The absence of anticoagulation in patients with atrial fibrillation and structural heart disease.***

- ***The absence of documented laboratory monitoring in patients taking warfarin, anti-diabetic agents, and other medications that require specific laboratory tests.***

- ***Screening for abdominal aortic aneurysm in elderly male smokers.***

4. COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

Question	***Response***
Company name:	***ActiveHealth Management, Inc.***
Ownership (sole proprietor, partnership, etc.):	***ActiveHealth is a wholly owned subsidiary of Aetna, Inc. Aetna is a public company, traded on the NYSE.***
State of incorporation:	***Delaware***
Date of incorporation:	***1998***
# of years in business:	***15***
List of top officers:	***Richard Noffsinger*** ***CEO & President*** ***Madhavi Vemireddy, M.D.*** ***Chief Medical Officer and Head of Product Management*** ***Carol B. Ingher*** ***Executive Vice President, Chief Customer Solutions and Sales Officer*** ***Suzanne Bedell***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Question	*Response*
	Head of Marketing ***Lonny Reisman, M.D.*** ***Aetna Chief Medical Officer and Co-Founder*** ***Rob Williams*** ***Chief Financial Officer*** ***Ann Meyer, RN*** ***Executive Vice President, Clinical Programs***
Location of company headquarters:	***New York City***
Location(s) of the company offices:	***Colorado, Illinois, New York, Virginia, North Carolina, and Ohio.***
Location(s) of the office that will provide the services described in this RFP:	***Greenwood Village, CO.***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***ActiveHealth does not currently employ nurses in Nevada, although we do have one LPN who is licensed in Nevada. Should we be awarded the contract with PEBH, we will attempt to hire nurses in the State to service the patient s. We service other state accounts from our Greenwood Village, CO service center with no problems or delays in service.***
Number of employees nationally with the expertise to support the requirements in this RFP:	***The ActiveHealth team currently consists of 1,083 full-time associates across the United States. We have responded to questions about our RN licensure in all 50 states in another section of this RFP, but simply re-***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Question	*Response*
	stated, we are willing to meet all licensure requirements if awarded the contract.
Location(s) from which employees will be assigned for this project:	***Greenwood Village, CO, with back-up provided by our Chantilly, VA and our New York City headquarters.***

4.1.2Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

Confirmed.

4.1.3The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS 76. Information regarding the Nevada Business License can be located at http://sos.state.nv.us.

Question	***Response***
Nevada Business License Number:	***E0492262010-0***
Legal Entity Name:	***Active Health Management, Inc.***

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	***Yes***	No	

If "No", provide explanation.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.1.4Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

Confirmed.

4.1.5Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	***No***

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	***Response***
Name of State agency:	***Not applicable***
State agency contact name:	***Not applicable***
Dates when services were performed:	***Not applicable***
Type of duties performed:	***Not applicable***
Total dollar value of the contract:	***Not applicable***

4.1.6Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Yes		No	***No***

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

Question	Response
Name of State agency:	***Not applicable***
State agency contact name:	***Not applicable***
Dates when services were performed:	***Not applicable***
Type of duties performed:	***Not applicable***
Total dollar value of the contract:	***Not applicable***

4.1.6Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	***No***

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

Not applicable

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

Not applicable

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.1.7Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	***No***

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:	***Not applicable***	
Parties involved:	***Not applicable***	
Description of the contract failure, contract breach, or litigation, including the products or services involved:	***Not applicable***	
Amount in controversy:	***Not applicable***	
Resolution or current status of the dispute:	***Not applicable***	
If the matter has resulted in a court case:	Court	Case Number
	Not applicable	***Not applicable***
Status of the litigation:	***Not applicable***	

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.1.8Vendors must review the insurance requirements specified in Attachment E, Insurance Schedule for RFP 3084. Does your organization currently have or will your organization be able to provide the insurance requirements as specified in Attachment E.

Yes	***Yes***	No	

Any exceptions and/or assumptions to the insurance requirements must be identified on Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor must provide the Certificate of Insurance identifying the coverages as specified in Attachment E, Insurance Schedule for RFP 3084.

Confirmed

4.1.9Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

Cardiologist Lonny Reisman, M.D. co-founded ActiveHealth Management in 1998 after leading numerous consulting engagements for government and the private sector that focused on managing the demand for healthcare resources. Rising healthcare costs and clinical quality issues inspired Dr. Reisman to develop a revolutionary healthcare management concept that would bring a clear clinical focus to care management for government agencies, unions, health plans, and large employer populations.

This new concept for healthcare delivery focused on clinical excellence and on getting the medicine "right," rather than attempting to limit healthcare resource consumption. Dr. Reisman and his team developed the proprietary CareEngine System, which derives clinical information from available administrative data, aggregates that data on a patient-centric basis, and applies rules drawn from the medical literature to find patient s whose care could be improved. The CareEngine System platform, at the core of all of ActiveHealth's products and services, supports our physician and patient engagement and education services through the identification of specific clinical issues impacting the health and outcomes of covered populations.

Today, ActiveHealth Management, Inc. is a clinically-based, technology-driven health management services company covering over 19 million patient s, nationwide, in a range of health management and data analytics products and services. Health plans, employers and government payers rely on ActiveHealth's Clinical Decision Support, Disease Management, Health Management and Data Analytics solutions to improve care for those most in need, prevent medical errors, reduce hospitalizations and lower medical costs.

ActiveHealth is made up of three major operating units or divisions: Medical Management Operations; CareEngine Clinical Operations; Data Analytics and Reporting (Health Data Management Solutions).

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

These three divisions reside in various locations including New York City; Chantilly, Virginia; Beachwood, Ohio, Denver, CO and Chicago, Illinois.

In 2000, ActiveHealth acquired e-MEDx, Inc. and their subsidiary Health Cost Consultants (HCC). ActiveHealth (through our acquisition of Health Cost Consultants) has over 20 years of experience providing a broad array of integrated Utilization Management, Case Management, Disease Management, and Maternity Management Services. ActiveHealth's sophisticated care management technology platform, ActiveAdvice, enables the delivery of our service components individually or as an integrated, single-source care management solution.

In 2000, we also acquired Health Data Management Solutions (HDMS) to build upon our data management and analytics capability. Using flexible data integration protocols, HDMS allows us to aggregate multiple data sets from various third-party vendors (e.g., PBMs, health plans, etc.) to strengthen our algorithms for identification and intervention opportunities. HDMS' DARTSM reporting solution allows us to provide data analysis on our clients' populations via web-based, desktop reporting.

In May of 2005, ActiveHealth was acquired by Aetna, Inc. and is a wholly-owned, independent subsidiary of Aetna, Inc. (AET; Hartford, CT). ActiveHealth operates as a branded, standalone business. We continue to expand our business across all segments including health plans and self-insured employers.

While there are a number of ActiveHealth products and services that demonstrate our core strengths and industry leadership, we consider our primary differentiators as follows:

We Know the Market.

We understand the market and the unique challenges each individual client can face based on the demographic composition of their population. We also understand the provider community and the challenges practicing physicians face. We understand the underlying principles for success must include keeping physicians up to date with the latest medical based evidence protocols. ActiveHealth aggregates data, and provides physicians and patient s with actionable information at the right time.

Continuous Clinical Development.

Our ActiveHealth Clinical Development Center houses a team of board certified physicians, IT professionals and pharmacists who create and maintain all ActiveHealth's patented, clinical technologies. The Development Center is also where our doctors scan evidence-based sources including, FDA guidelines, peer-reviewed journal findings, and medical society practice guidelines. It is these up-to-the minute findings that make our technologies so effective. In addition, ActiveHealth has extensive relationships with best in class provider organizations across the country. Mutually valuable relationships in sharing the most current evidence based medicine are at the core of these regular discussions. A multi-specialty panel of physicians on the faculty of Harvard Medical School serves as our primary advisory board. We also work with other physicians on an ad-hoc basis with specific specialties or who have published specific articles or journals.

Complete Health Management Solutions.

We view our patient s as a whole, not as a condition. Our services are comprehensive and revolve around three different action areas:

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

- ***Pinpointing patients in need.***

- ***Engaging patients and/or doctors***

- ***Ongoing evaluation of program activity, and of clinical, utilization and financial outcomes to measure program success***

Enabling Provider Interaction.

Our engagement solutions connect and inform doctors and patients of potentially adverse medical conditions. The ultimate goal is for the physician and patient to have the information at the point of care.

4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

Through ActiveHealth's acquisition of Health Cost Consultants, we have been providing services described in this RFP since 1990.

4.1.11 Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 9.5, Part III – Confidential Financial Information.

4.1.11.1 Dun and Bradstreet Number

ActiveHealth's Dun and Bradstreet number is 120586867.

4.1.11.2 Federal Tax Identification Number

ActiveHealth's Federal Tax ID number is 52-2182411.

4.1.11.3 The last two (2) years and current year interim:

A. Profit and Loss Statement

B. Balance Statement

Please refer to exhibit 4.1.11.3 for a copy of Aetna's 3rd quarter 2013 Financial Supplement, which shows profit, loss and balance statements since 2011.

4.2 SUBCONTRACTOR INFORMATION

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.2.1 Does this proposal include the use of subcontractors?

Yes	***YES***	No	

If "Yes", vendor must:

4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.

ActiveHealth has a panel of physicians of various specialties and utilizes External Review Organizations (EROs) to provide appeal services when internal Medical Directors are not able to meet the requirements of an appeal reviewer or the client requires an external review organization as a 3rd or final level of appeal. ActiveHealth intends to subcontract ERO services to AllMed Healthcare Management.

4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements;

AllMed conducts physician review services when internal resources are unable to meet requirements. ActiveHealth primarily relies upon AllMed for appeals that need to be conducted by like specialists. Physician reviews are conducted by physicians who meet requirements of URAC standards as well as state and federal regulations. Physician reviewers attest that they are not accepting compensation that is dependent on the outcome of the case and that there are no conflicts of interest.

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and

100% of cases are audited to ensure that the decisions were conducted by like specialist and that the clinical rationale for the determination is clearly documented. Annually a 5% sample of the reviews conducted are audited by physicians to assess whether the case assignment was within the scope of the assigned physician, the clinical rationale was documented in a clear manner and the physician cited the guidelines used to make the determination. Additionally, the national accreditation status of the organization is reviewed annually.

C. Describe your previous experience with subcontractor(s).

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

ActiveHealth has worked with AllMed consistently for physician review services since April 2010. We have found the reviews to be thorough, timely, professional and meeting all expectations. They were fully vetted by our organization with references and review of medical staff credentials. We have not been disappointed once in our decision to contract with them for external reviews.

4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;

ActiveHealth works closely with our parent company, Aetna, to select qualifying and appropriate subcontractors. ActiveHealth and Aetna have a very established and thorough process that assures the close vetting of external vendors and services. The use of subcontractors is pre-approved, focusing on quality and cost. Prior to conducting business, ActiveHealth also performs a formal review of the subcontractor's recent history and will seek references that display recent client success, and/or a background check. The scope of the review matches the hazards and risks of the potential exposure. Subcontractors also must agree to insurance requirements, legal and regulatory requirements (as applicable), drug and alcohol policies, and must display an ability to exceed the expectations and requirements of the contract.

B. Ensuring subcontractor compliance with the overall performance objectives for the project;

ActiveHealth will monitor and evaluate subcontractor performance, leveraging our long term relationship with each subcontractor, for the State of Nevada. ActiveHealth has already established rigorous performance quality metrics focusing on operational, satisfaction, and outcomes parameters.

Drawing upon our parent company's additional clout (Aetna, which contracts with these same subcontractors), ActiveHealth can confidently assure the State that the few chosen vendors we employ to support our solution will perform above the expectations of the State.

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

Our account manager will have line of sight authority to trigger contractual performance guarantees we have in place with each subcontract. Should ActiveHealth be selected as the State's vendor, ActiveHealth will further refine our set of performance standards to align with the State's needs.

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.

If requested by the State, ActiveHealth will provide proof of payment for our subcontractors. Our procurement and contracting specialists are available to deliver this proof upon request.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in Section 4.1, Vendor Information.

Please refer to exhibit 4.2.1.4.

4.2.1.5 Business references as specified in Section 4.3, Business References must be provided for any proposed subcontractors.

Confirmed.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

Confirmed; ActiveHealth will not allow any subcontractor to commence work until all insurance required of the subcontractor is provided

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in Section 4.2, Subcontractor Information. The vendor must receive agency approval prior to subcontractor commencing work.

Confirmed; ActiveHealth will notify the using agency of the intended use of any subcontractors not identified within our original proposal and provide the information originally requested. ActiveHealth will also seek agency approval prior to a subcontractor commencing work.

4.3 BUSINESS REFERENCES

4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last ten (10) years.

Confirmed

4.3.2 Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:

The “Company Name” must be the name of the proposing vendor or the vendor’s proposed subcontractor.

Reference #:	***1***
Company Name:	***The State and School Employees Health Insurance Management Board of the State of Mississippi (Board)***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Identify role company will have for this RFP project (Check appropriate role below):			
Yes	***VENDOR***		***SUBCONTRACTOR***
Project Name:	***Medical Management services***		
Primary Contact Information			
Name:	***Edie Ivey***		
Street Address:	***901 Woolfolk Building, Suite B*** ***501 North West Street***		
City, State, Zip	***Jackson, MS 39201***		
Phone, including area code:	***601-359-3402***		
Facsimile, including area code:	***601-359-6568***		
Email address:	***Edie.ivey.dfa.state.ms.us***		
Alternate Contact Information			
Name:	***Cindy Bradshaw***		
Street Address:	***901 Woolfolk Building, Suite B*** ***501 North West Street***		
City, State, Zip	***Jackson, MS 39201***		
Phone, including area code:	***601-359-3402***		
Facsimile, including area code:	***601-359-6568***		
Email address:	***Cindy.bradshaw@dfa.state.ms.us***		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***For approximately 184,000 members, ActiveHealth delivers Utilization Management, Case Management & Complex Case Management, Disease Management, Lifestyle Coaching, Nurseline, Maternity Management, and clinical decision support.***		
Original Project/Contract Start Date:	***Jan. 1, 2011, 4 year term with option of 1 year renewal.***		
Original Project/Contract End Date:	***Not available***		
Original Project/Contract Value:	***Not available***		
Final Project/Contract	***Not available***		

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Date:	
Was project/contract completed in time originally allotted, and if not, why not?	***Not available***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Not available***

Reference #:	***2***		
Company Name:	***ActiveHealth***		
Identify role company will have for this RFP project (Check appropriate role below):			
Yes	***VENDOR***		***SUBCONTRACTOR***
Project Name:			
Primary Contact Information			
Name:	***Legacy Health*** ***Lorna Bradley, SPHR Benefit Consultant***		
Street Address:	***1919 NW Lovejoy St.***		
City, State, Zip	***Portland, OR 97209***		
Phone, including area code:	***503-415-5223***		
Fax	***503-415-5909***		
Email address:	***ljbradley@lhs.org***		
Alternate Contact Information			
Name:	***MaryAnn Holbert, Director, HR***		
Street Address:	***1919 NW Lovejoy St.***		
City, State, Zip	***Portland, OR 97209***		
Phone, including area code:	***503-415-5747***		
Fax	***503-415-5909***		
Email address:	***mholbert@lhs.org***		
Project Information			

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***For approximately 17,000 members, ActiveHealth provides multiple medical management services including Disease Management, Lifestyle Coaching, a PHR and an array of clinical decision support services and annual surcharge programs.***
Original Project/Contract Start Date:	***1/1/2010***
Original Project/Contract End Date:	***N/A***
Original Project/Contract Value:	***$575,000***
Final Project/Contract Date:	***$850,000 as of current date***
Was project/contract completed in time originally allotted, and if not, why not?	***N/A***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***N/A***

Reference #:	***3***		
Company Name:	***Gulfstream***		
Identify role company will have for this RFP project (Check appropriate role below):			
Yes	***VENDOR***		***SUBCONTRACTOR***
Project Name:			
Primary Contact Information			
Name:	***Melissa Wilder***		

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Street Address:	***500 Gulfstream Road, M/S D-03***
City, State, Zip	***Savannah, GA 31407***
Phone, including area code:	***912-395-8533***
Facsimile, including area code:	***912-965-5382***
Email address:	***Melissa.Wilder@gulfstream.com***
Alternate Contact Information	
Name:	***Kim Dowd***
Street Address:	***500 Gulfstream Road, M/S D-03***
City, State, Zip	***Savannah, GA 31407***
Phone, including area code:	***912-965-7576***
Facsimile, including area code:	***912-965-5382***
Email address:	***Kim.Dowd@gulfstream.com***
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***For approximately 26K members, ActiveHealth provides multiple medical management services including: Utilization Management, Case Management, Disease Management, Maternity, Lifestyle Coaching, CareEngine (including Member and Provider Messaging), MyActiveHealth Portal (including HRA/PHR), 24 Hour Nurse Line, Health Advocate***
Original Project/Contract Start Date:	***01/01/2009***
Original Project/Contract End Date:	***Not available***
Original Project/Contract Value:	***Not available***
Final Project/Contract Date:	***Not available***
Was project/contract completed in time originally allotted, and if not, why not?	***Yes***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes***

SUBCONTRACTOR REFERENCES

The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

Reference #:	***1***		
Company Name:	***AllMed Healthcare Management***		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:	CareCentrix		
Primary Contact Information			
Name:	***Nancy Westbrook***		
Street Address:	***9119 Corporate Lake Drive, Suite 300***		
City, State, Zip	***Tampa, FL 33634-2357***		
Phone, including area code:	***813-901-2181***		
Facsimile, including area code:	***813-625-6879***		
Email address:	***Nancy.westbrook@carecentrix.com***		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if	***Multiple Service lines for physician review including External Independent Review, internal specialty matched review, specialty matched pre-authorization reviews, and general pre-authorization reviews. Services delivered to their***		

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

applicable:	***Medical Management department via AllMed's PeerPoint web-portal.***
Original Project/Contract Start Date:	***09/01/2011***
Original Project/Contract End Date:	***NA***
Original Project/Contract Value:	***~$200,000 / year***
Final Project/Contract Date:	***Continuing services of about $1,000,000 per year at current levels***
Was project/contract completed in time originally allotted, and if not, why not?	***99% + SLA performance levels at last review***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***N/A***

Reference #:	***2***		
Company Name:	***AllMed Healthcare Management***		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:	Blue Cross and Blue Shield of Vermont		
Primary Contact Information			
Name:	***William Griffith***		
Street Address:	***P.O. Box 186***		
City, State, Zip	***Montpelier, VT 05601-0186***		
Phone, including area code:	***802-371-3508***		
Facsimile, including area code:	***(802) 371-3490***		
Email address:	***griffithw@bcbsvt.com***		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description	***Multiple Service lines for physician review including External***		

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Independent Review, internal specialty matched review, specialty matched pre-authorization reviews, and general pre-authorization reviews. Services delivered to their Medical Management department via AllMed's PeerPoint web-portal.***
Original Project/Contract Start Date:	***10/28/2011***
Original Project/Contract End Date:	***NA***
Original Project/Contract Value:	***~$100,000 / year***
Final Project/Contract Date:	***Continuing services of about $120,000 per year at current levels***
Was project/contract completed in time originally allotted, and if not, why not?	***99% + SLA performance levels at last review***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***N/A***

Reference #:	***3***		
Company Name:	***AllMed Healthcare Management***		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:			
Primary Contact Information			
Name:	***Dr. Patricia Stephenson***		
Street Address:	***1777 Sentry Pkwy W #400***		
City, State, Zip	***Blue Bell, PA 19422***		
Phone, including area code:	***215-619-6062***		
Facsimile, including area code:			
Email address:	***Patricia.stephenson@careallies.com***		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Email address:	
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Multiple Service lines for physician review including External Independent Review, internal specialty matched review, specialty matched pre-authorization reviews, and general pre-authorization reviews. Services delivered to their Medical Management department via AllMed's PeerPoint web-portal.***
Original Project/Contract Start Date:	***10-01-2012***
Original Project/Contract End Date:	***ongoing***
Original Project/Contract Value:	***240,000/year***
Final Project/Contract Date:	***300,000/year on-going***
Was project/contract completed in time originally allotted, and if not, why not?	***99% SLA performance levels at last review***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***N/A***

4.3.3 Vendors must also submit Attachment F, Reference Questionnaire to the business references that are identified in Section 4.3.2.

Confirmed; form completed as instructed.

4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

Confirmed; form completed as instructed.

4.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in Section 8, RFP Timeline, for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.

Confirmed

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

Confirmed

4.4 VENDOR STAFF RESUMES

A resume must be completed for each proposed key personnel responsible for performance under any contract resulting from this RFP per Attachment G, Proposed Staff Resume.

Confirmed; please refer to exhibit 4.4 for each proposed key personnel.

5. COST

5.1 Vendors must provide detailed fixed prices for all costs associated with the responsibilities and related services. Clearly specify the nature of all expenses anticipated (refer to Attachment I, Cost Schedule).

Confirmed

5.2 PEBP currently pays its Utilization Management/Large Case Management vendor $1.65 per participant per month (PPPM) for Large Case Management and $1.09 PPPM for Utilization Management.

Understood but it's also our understanding that we can submit pricing that is not identical to your current vendor.

6. FINANCIAL

6.1 PAYMENT

6.1.1 Upon review and acceptance by the State, payments for invoices are normally made within 45 – 60 days of receipt, providing all required information, documents and/or attachments have been received.

Confirmed

6.1.2 Pursuant to NRS 227.185 and NRS 333.450, the State shall pay claims for supplies, materials, equipment and services purchased under the provisions of this RFP electronically, unless determined by the State Controller that the electronic payment would cause the payee to suffer undue hardship or extreme inconvenience.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Confirmed

6.2 BILLING

6.2.1 The State does not issue payment prior to receipt of goods or services.

Confirmed

6.2.2 The vendor must bill the State as outlined in the approved contract and/or payment schedule.

Confirmed

6.2.3 Vendors may propose an alternative payment option. Alternative payment options must be listed on Attachment J, Cost Proposal Certification of Compliance with Terms and Conditions of the RFP. Alternative payment options will be considered if deemed in the best interest of the State, project or service solicited herein.

Confirmed

7. WRITTEN QUESTIONS AND ANSWERS

In lieu of a pre-proposal conference, the Purchasing Division will accept questions and/or comments in writing, received by email regarding this RFP.

7.1 QUESTIONS AND ANSWERS

7.1.1 The RFP Question Submittal Form is located on the Services RFP/RFQ Opportunities webpage at http://purchasing.state.nv.us/services/sdocs.htm. Select this RFP number and the "Question" link.

Confirmed

7.1.2 The deadline for submitting questions is as specified in Section 8, RFP Timeline.

Confirmed

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

7.1.3 All questions and/or comments will be addressed in writing and responses emailed or faxed to prospective vendors on or about the date specified in Section 8, RFP Timeline. Confirmed

Confirmed

8. RFP TIMELINE

The following represents the proposed timeline for this project. All times stated are Pacific Time (PT). These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time.

Task	Date/Time
Deadline for submitting questions	10/15/2013 @ 2:00 PM
Answers posted to website	On or about 10/19/2013
Deadline for submittal of Reference Questionnaires	No later than 4:30 PM on 12/02/2013
Deadline for submission and opening of proposals	No later than 2:00 PM on 12/03/2013
Evaluation period (approximate time frame)	12/04/2013-01/06/2014
Selection of vendor	On or about 1/09/2014
Anticipated BOE approval	4/08/2013
Contract start date (contingent upon BOE approval)	7/01/2014

Confirmed

9. PROPOSAL SUBMISSION REQUIREMENTS, FORMAT AND CONTENT

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

9.1 GENERAL SUBMISSION REQUIREMENTS

Vendors' proposals must be packaged and submitted in counterparts; therefore, vendors must pay close attention to the submission requirements. Proposals will have a technical response, which may be composed of two (2) parts in the event a vendor determines that a portion of their technical response qualifies as "confidential" as defined within Section 2, Acronyms/Definitions.

If complete responses cannot be provided without referencing confidential information, such confidential information must be provided in accordance with Section 9.3, Part I B – Confidential Technical and Section 9.5, Part III Confidential Financial Information. Specific references made to the tab, page, section and/or paragraph where the confidential information can be located must be identified on Attachment A, Confidentiality and Certification of Indemnification and comply with the requirements stated in Section 9.6, Confidentiality of Proposals.

The remaining section is the Cost Proposal. Vendors may submit their proposal broken out into the three (3) sections required, or four (4) sections if confidential technical information is included, in a single box or package for shipping purposes.

The required CDs must contain information as specified in Section 9.6.4.

Detailed instructions on proposal submission and packaging follows and vendors must submit their proposals as identified in the following sections. Proposals and CDs that do not comply with the following requirements may be deemed non-responsive and rejected at the State's discretion.

Confirmed

9.1.1 All information is to be completed as requested.

Confirmed

9.1.2 Each section within the technical proposal and cost proposal must be separated by clearly marked tabs with the appropriate section number and title as specified.

Confirmed

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

9.1.3 Although it is a public opening, only the names of the vendors submitting proposals will be announced per NRS 333.335(6). Technical and cost details about proposals submitted will not be disclosed. Assistance for handicapped, blind or hearing-impaired persons who wish to attend the RFP opening is available. If special arrangements are necessary, please notify the Purchasing Division designee as soon as possible and at least two (2) days in advance of the opening.

Confirmed

9.1.4 If discrepancies are found between two (2) or more copies of the proposal, the master copy will provide the basis for resolving such discrepancies. If one (1) copy of the proposal is not clearly marked "MASTER," the State may reject the proposal. However, the State may at its sole option, select one (1) copy to be used as the master.

Confirmed

9.1.5 For ease of evaluation, the proposal must be presented in a format that corresponds to and references sections outlined within this RFP and must be presented in the same order. Written responses must be in bold/italics and placed immediately following the applicable RFP question, statement and/or section. Exceptions/assumptions to this may be considered during the evaluation process.

Confirmed

9.1.6 Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this RFP. Expensive bindings, colored displays, promotional materials, etc., are not necessary or desired. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness and clarity of content.

Confirmed

Unnecessarily elaborate responses beyond what is sufficient to present a complete and effective response to this RFP are not desired and may be construed as an indication of the proposer's lack of environmental and cost consciousness. Unless specifically requested in this RFP, elaborate artwork, corporate brochures, lengthy narratives, expensive paper, specialized binding, and other extraneous presentation materials are neither necessary nor desired.

Confirmed

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

The State of Nevada, in its continuing efforts to reduce solid waste and to further recycling efforts requests that proposals, to the extent possible and practical:

Confirmed

9.1.6.1 Be submitted on recycled paper;

Confirmed

9.1.6.2 Not include pages of unnecessary advertising;

Confirmed

9.1.6.3 Be printed on both sides of each sheet of paper; and

Confirmed

9.1.6.4 Be contained in re-usable binders or binder clips as opposed to spiral or glued bindings.

Confirmed

9.1.7 For purposes of addressing questions concerning this RFP, the sole contact will be the Purchasing Division as specified on Page 1 of this RFP. Upon issuance of this RFP, other employees and representatives of the agencies identified in the RFP will not answer questions or otherwise discuss the contents of this RFP with any prospective vendors or their representatives. Failure to observe this restriction may result in disqualification of any subsequent proposal per NAC 333.155(3). This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this procurement.

Confirmed

9.1.8 Any vendor who believes proposal requirements or specifications are unnecessarily restrictive or limit competition may submit a request for administrative review, in writing, to the Purchasing Division. To be considered, a request for review must be received no later than the deadline for submission of questions.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

The Purchasing Division shall promptly respond in writing to each written review request, and where appropriate, issue all revisions, substitutions or clarifications through a written amendment to the RFP.

Administrative review of technical or contractual requirements shall include the reason for the request, supported by factual information, and any proposed changes to the requirements.

Confirmed

9.1.9 If a vendor changes any material RFP language, vendor's response may be deemed non-responsive per NRS 333.311.

Confirmed

9.2 PART I A – TECHNICAL PROPOSAL

9.2.1 The technical proposal must include:

9.2.1.1 One (1) original marked "MASTER"; and

9.2.1.2 Five (5) identical copies.

9.2.2 The technical proposal must not include confidential technical information (refer to Section 9.3, Part I B, Confidential Technical) or cost and/or pricing information. Cost and/or pricing information contained in the technical proposal may cause the proposal to be rejected.

9.2.3 Format and Content

9.2.3.1 Tab I – Title Page

The title page must include the following:

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Part I A – Technical Proposal	
RFP Title:	Utilization Management and Large Case Management
RFP:	3084
Vendor Name:	
Address:	
Proposal Opening Date:	December 3, 2013
Proposal Opening Time:	2:00 PM

9.2.3.2 Tab II – Table of Contents

An accurate and updated table of contents must be provided.

9.2.3.3 Tab III – Vendor Information Sheet

The vendor information sheet completed with an original signature by an individual authorized to bind the organization must be included in this tab.

9.2.3.4 Tab IV – State Documents

The State documents tab must include the following:

A. The signature page from all amendments with an original signature by an individual authorized to bind the organization.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

B. Attachment A – Confidentiality and Certification of Indemnification with an original signature by an individual authorized to bind the organization.

C. Attachment C – Vendor Certifications with an original signature by an individual authorized to bind the organization.

D. Copies of any vendor licensing agreements and/or hardware and software maintenance agreements.

E. Copies of applicable certifications and/or licenses.

9.2.3.5 Tab V - Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP

A. Attachment B with an original signature by an individual authorized to bind the organization must be included in this tab.

B. If the exception and/or assumption require a change in the terms or wording of any section of the RFP, the contract, or any incorporated documents, vendors must provide the specific language that is being proposed on Attachment B.

C. Only technical exceptions and/or assumptions should be identified on Attachment B.

D. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. If vendors do not specify any exceptions and/or assumptions in detail at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

9.2.3.6 Tab VI – Section 3 – Scope of Work

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Vendors must place their written response(s) in bold/italics immediately following the applicable RFP question, statement and/or section.

9.2.3.7 Tab VII– Section 4 – Company Background and References

Vendors must place their written response(s) in bold/italics immediately following the applicable RFP question, statement and/or section. This section must also include the requested information in Section 4.2, Subcontractor Information, if applicable.

9.2.3.8 Tab VIII – Attachment G – Proposed Staff Resume

A. Vendors must include all proposed staff resumes per Section 4.4, Vendor Staff Resumes in this section.

B. This section should also include any subcontractor proposed staff resumes, if applicable.

9.2.3.9 Tab IX – Other Informational Material

Vendors must include any other applicable reference material in this section clearly cross referenced with the proposal.

All requirements stated in 9.2 are confirmed.

9.3 PART I B – CONFIDENTIAL TECHNICAL PROPOSAL

9.3.1 Vendors only need to submit Part I B if the proposal includes any confidential technical information (refer to Attachment A, Confidentiality and Certification of Indemnification).

9.3.2 The confidential technical proposal must include:

9.3.2.1 One (1) original marked “MASTER”; and

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

9.3.2.2 Five (5) identical copies.

9.3.3 Format and Content

9.3.3.1 Tab I – Title Page

The title page must include the following:

Part I B – Confidential Technical Proposal	
RFP Title:	Utilization Management and Large Case Management
RFP:	3084
Vendor Name:	
Address:	
Proposal Opening Date:	December 3, 2013
Proposal Opening Time:	2:00 PM

9.3.3.2 Tabs – Confidential Technical

Vendors must have tabs in the confidential technical information that cross reference back to the technical proposal, as applicable.

All requirements stated in 9.3 are confirmed.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

9.4 PART II – COST PROPOSAL

9.4.1 The cost proposal must include:

9.4.1.1 One (1) original marked “MASTER”; and

9.4.1.2 Five (5) identical copies.

9.4.2 The cost proposal must not be marked “confidential”. Only information that is deemed proprietary per NRS 333.020(5)(a) may be marked as “confidential”.

9.4.3 Format and Content

9.4.3.1 Tab I – Title Page

The title page must include the following:

Part II – Cost Proposal	
RFP Title:	Utilization Management and Large Case Management
RFP:	3084
Vendor Name:	
Address:	

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Part II – Cost Proposal	
Proposal Opening Date:	December 3, 2013
Proposal Opening Time:	2:00 PM

9.4.3.2 Tab II – Cost Proposal

Vendor's response for the cost proposal must be included in this tab.

9.4.3.3 Tab III – Attachment J, Cost Proposal Certification of Compliance with Terms and Conditions of RFP

A. Attachment J with an original signature by an individual authorized to bind the organization must be included in this tab.

B. In order for any cost exceptions and/or assumptions to be considered, vendors must provide the specific language that is being proposed in Attachment J.

C. Only cost exceptions and/or assumptions should be identified on Attachment J.

D. Do not restate the technical exceptions and/or assumptions on this form.

E. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. If vendors do not specify any exceptions and/or assumptions in detail at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

All requirements stated in 9.4 are confirmed.

9.5 PART III – CONFIDENTIAL FINANCIAL INFORMATION

9.5.1 The confidential financial information part must include:

9.5.1.1 One (1) original marked “MASTER”; and

9.5.1.2 One (1) identical copy.

9.5.2 Format and Content

9.5.2.1 Tab I – Title Page

The title page must include the following:

Part III – Confidential Financial Information	
RFP Title:	Utilization Management and Large Case Management
RFP:	3084
Vendor Name:	
Address:	
Proposal Opening Date:	December 3, 2013
Proposal Opening	2:00 PM

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Part III – Confidential Financial Information	
Time:	

9.5.2.2 Tab II – Financial Information and Documentation

Vendors must place the information required per Section 4.1.11 in this tab.

All requirements stated in 9.5 are confirmed.

9.6 CONFIDENTIALITY OF PROPOSALS

9.6.1 As a potential contractor of a public entity, vendors are advised that full disclosure is required by law.

Confirmed

9.6.2 Vendors are required to submit written documentation in accordance with Attachment A, Confidentiality and Certification of Indemnification demonstrating the material within the proposal marked "confidential" conforms to NRS §333.333, which states "Only specific parts of the proposal may be labeled a "trade secret" as defined in NRS §600A.030(5)". Not conforming to these requirements will cause your proposal to be deemed non-compliant and will not be accepted by the State of Nevada.

Confirmed

9.6.3 Vendors acknowledge that material not marked as "confidential" will become public record upon contract award.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Confirmed

9.6.4 The required CDs must contain the following:

Confirmed

9.6.4.1 One (1) "Master" CD with an exact duplicate of the technical and cost proposal contents only.

Confirmed

A. The electronic files must follow the format and content section for the technical and cost proposal.

Confirmed

B. The CD must be packaged in a case and clearly labeled as follows:

Master CD	
RFP No:	3084
Vendor Name:	
Contents:	Part IA – Technical Proposal Part IB – Confidential Technical Proposal Part II – Cost Proposal

Confirmed

9.6.4.2 One (1) "Public Records CD" which must include the technical and cost proposal contents to be used for public records requests.

Confirmed

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

A. This CD must not contain any confidential or proprietary information.

Confirmed

B. The electronic files must follow the format and content section for the redacted versions of the technical and cost proposal.

Confirmed

C. All electronic files must be saved in "PDF" format, with one file named Part IA – Technical Proposal and one (1) file named part II – Cost Proposal.

Confirmed

D. The CD must be packaged in a case and clearly labeled as follows:

Public Records CD	
RFP No:	3084
Vendor Name:	
Contents:	Part IA – Technical Proposal for Public Records Request Part II – Cost Proposal for Public Records Request

Confirmed

9.6.5 The Public Records submitted on the CD will be posted to the Purchasing Website upon the Notice of Award.

Confirmed

9.6.6 It is the vendor's responsibility to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Confirmed

9.6.7 Failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by release of said information.

Confirmed

9.7 PROPOSAL PACKAGING

9.7.1 If the separately sealed technical and cost proposals as well as confidential technical information and financial documentation, marked as required, are enclosed in another container for mailing purposes, the outermost container must fully describe the contents of the package and be clearly marked as follows:

9.7.2 Vendors are encouraged to utilize the copy/paste feature of word processing software to replicate these labels for ease and accuracy of proposal packaging.

Marcy Troescher State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3084
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case Management
VENDOR'S NAME:	ActiveHealth Management, Inc

9.7.3 Proposals must be received at the address referenced below no later than the date and time specified in Section 8, RFP Timeline. Proposals that do not arrive by proposal opening time and date will not be accepted. Vendors may submit their proposal any time prior to the above stated deadline.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

9.7.4 The State will not be held responsible for proposal envelopes mishandled as a result of the envelope not being properly prepared.

9.7.5 Email, facsimile, or telephone proposals will NOT be considered; however, at the State's discretion, the proposal may be submitted all or in part on electronic media, as requested within the RFP document. Proposal may be modified by email, facsimile, or written notice provided such notice is received prior to the opening of the proposals.

9.7.6 The technical proposal shall be submitted to the State in a sealed package and be clearly marked as follows:

Marcy Troescher State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3084
PROPOSAL COMPONENT:	PART I A – TECHNICAL PROPOSAL
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case Management
VENDOR'S NAME:	ActiveHealth Management, Inc

9.7.7 If applicable, confidential technical information shall be submitted to the State in a sealed package and be clearly marked as follows:

Marcy Troescher

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3084
PROPOSAL COMPONENT:	PART I B – CONFIDENTIAL TECHNICAL PROPOSAL
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case Management
VENDOR'S NAME:	ActiveHealth Management, Inc

9.7.8 The cost proposal shall be submitted to the State in a sealed package and be clearly marked as follows:

Marcy Troescher State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3084
PROPOSAL COMPONENT:	PART II – COST PROPOSAL
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

	Management
VENDOR'S NAME:	ActiveHealth Management, Inc

9.7.9 Confidential financial information shall be submitted to the State in a sealed package and be clearly marked as follows:

Marcy Troescher State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3084
PROPOSAL COMPONENT:	PART III - CONFIDENTIAL FINANCIAL INFORMATION
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case Management
VENDOR'S NAME:	ActiveHealth Management, Inc

9.7.10 The CDs shall be submitted to the State in a sealed package and be clearly marked as follows:

Marcy Troescher State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

RFP:	3084
PROPOSAL COMPONENT:	CDs
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case Management
VENDOR'S NAME:	ActiveHealth Management, Inc

All requirements listed in 9.7 are confirmed.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

- ***The use of St. John's Wort and Cyclosporine.***

- ***The absence of anticoagulation in patients with atrial fibrillation and structural heart disease.***

- ***The absence of documented laboratory monitoring in patients taking warfarin, anti-diabetic agents, and other medications that require specific laboratory tests.***

- ***Screening for abdominal aortic aneurysm in elderly male smokers.***

4. COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

Question	***Response***
Company name:	***ActiveHealth Management, Inc.***
Ownership (sole proprietor, partnership, etc.):	***ActiveHealth is a wholly owned subsidiary of Aetna, Inc. Aetna is a public company, traded on the NYSE.***
State of incorporation:	***Delaware***
Date of incorporation:	***1998***
# of years in business:	***15***
List of top officers:	***Richard Noffsinger*** ***CEO & President*** ***Madhavi Vemireddy, M.D.*** ***Chief Medical Officer and Head of Product Management*** ***Carol B. Ingher*** ***Executive Vice President, Chief Customer Solutions and Sales Officer*** ***Suzanne Bedell***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Question	*Response*
	Head of Marketing ***Lonny Reisman, M.D.*** ***Aetna Chief Medical Officer and Co-Founder*** ***Rob Williams*** ***Chief Financial Officer*** ***Ann Meyer, RN*** ***Executive Vice President, Clinical Programs***
Location of company headquarters:	***New York City***
Location(s) of the company offices:	***Colorado, Illinois, New York, Virginia, North Carolina, and Ohio.***
Location(s) of the office that will provide the services described in this RFP:	***Greenwood Village, CO.***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***ActiveHealth does not currently employ nurses in Nevada, although we do have one LPN who is licensed in Nevada. Should we be awarded the contract with PEBH, we will attempt to hire nurses in the State to service the patient s. We service other state accounts from our Greenwood Village, CO service center with no problems or delays in service.***
Number of employees nationally with the expertise to support the requirements in this RFP:	***The ActiveHealth team currently consists of 1,083 full-time associates across the United States. We have responded to questions about our RN licensure in all 50 states in another section of this RFP, but simply re-***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Question	*Response*
	stated, we are willing to meet all licensure requirements if awarded the contract.
Location(s) from which employees will be assigned for this project:	***Greenwood Village, CO, with back-up provided by our Chantilly, VA and our New York City headquarters.***

4.1.2Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

Confirmed.

4.1.3The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS 76. Information regarding the Nevada Business License can be located at http://sos.state.nv.us.

Question	***Response***
Nevada Business License Number:	***E0492262010-0***
Legal Entity Name:	***Active Health Management, Inc.***

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	***Yes***	No	

If "No", provide explanation.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.1.4Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

Confirmed.

4.1.5Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	***No***

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	***Response***
Name of State agency:	***Not applicable***
State agency contact name:	***Not applicable***
Dates when services were performed:	***Not applicable***
Type of duties performed:	***Not applicable***
Total dollar value of the contract:	***Not applicable***

4.1.6Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Yes		No	***No***

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

Question	Response
Name of State agency:	***Not applicable***
State agency contact name:	***Not applicable***
Dates when services were performed:	***Not applicable***
Type of duties performed:	***Not applicable***
Total dollar value of the contract:	***Not applicable***

4.1.6Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	***No***

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

Not applicable

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

Not applicable

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.1.7Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	***No***

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:	***Not applicable***	
Parties involved:	***Not applicable***	
Description of the contract failure, contract breach, or litigation, including the products or services involved:	***Not applicable***	
Amount in controversy:	***Not applicable***	
Resolution or current status of the dispute:	***Not applicable***	
If the matter has resulted in a court case:	Court	Case Number
	Not applicable	***Not applicable***
Status of the litigation:	***Not applicable***	

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.1.8Vendors must review the insurance requirements specified in Attachment E, Insurance Schedule for RFP 3084. Does your organization currently have or will your organization be able to provide the insurance requirements as specified in Attachment E.

Yes	***Yes***	No	

Any exceptions and/or assumptions to the insurance requirements must be identified on Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor must provide the Certificate of Insurance identifying the coverages as specified in Attachment E, Insurance Schedule for RFP 3084.

Confirmed

4.1.9Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

Cardiologist Lonny Reisman, M.D. co-founded ActiveHealth Management in 1998 after leading numerous consulting engagements for government and the private sector that focused on managing the demand for healthcare resources. Rising healthcare costs and clinical quality issues inspired Dr. Reisman to develop a revolutionary healthcare management concept that would bring a clear clinical focus to care management for government agencies, unions, health plans, and large employer populations.

This new concept for healthcare delivery focused on clinical excellence and on getting the medicine "right," rather than attempting to limit healthcare resource consumption. Dr. Reisman and his team developed the proprietary CareEngine System, which derives clinical information from available administrative data, aggregates that data on a patient-centric basis, and applies rules drawn from the medical literature to find patient s whose care could be improved. The CareEngine System platform, at the core of all of ActiveHealth's products and services, supports our physician and patient engagement and education services through the identification of specific clinical issues impacting the health and outcomes of covered populations.

Today, ActiveHealth Management, Inc. is a clinically-based, technology-driven health management services company covering over 19 million patient s, nationwide, in a range of health management and data analytics products and services. Health plans, employers and government payers rely on ActiveHealth's Clinical Decision Support, Disease Management, Health Management and Data Analytics solutions to improve care for those most in need, prevent medical errors, reduce hospitalizations and lower medical costs.

ActiveHealth is made up of three major operating units or divisions: Medical Management Operations; CareEngine Clinical Operations; Data Analytics and Reporting (Health Data Management Solutions).

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

These three divisions reside in various locations including New York City; Chantilly, Virginia; Beachwood, Ohio, Denver, CO and Chicago, Illinois.

In 2000, ActiveHealth acquired e-MEDx, Inc. and their subsidiary Health Cost Consultants (HCC). ActiveHealth (through our acquisition of Health Cost Consultants) has over 20 years of experience providing a broad array of integrated Utilization Management, Case Management, Disease Management, and Maternity Management Services. ActiveHealth's sophisticated care management technology platform, ActiveAdvice, enables the delivery of our service components individually or as an integrated, single-source care management solution.

In 2000, we also acquired Health Data Management Solutions (HDMS) to build upon our data management and analytics capability. Using flexible data integration protocols, HDMS allows us to aggregate multiple data sets from various third-party vendors (e.g., PBMs, health plans, etc.) to strengthen our algorithms for identification and intervention opportunities. HDMS' DARTSM reporting solution allows us to provide data analysis on our clients' populations via web-based, desktop reporting.

In May of 2005, ActiveHealth was acquired by Aetna, Inc. and is a wholly-owned, independent subsidiary of Aetna, Inc. (AET; Hartford, CT). ActiveHealth operates as a branded, standalone business. We continue to expand our business across all segments including health plans and self-insured employers.

While there are a number of ActiveHealth products and services that demonstrate our core strengths and industry leadership, we consider our primary differentiators as follows:

We Know the Market.

We understand the market and the unique challenges each individual client can face based on the demographic composition of their population. We also understand the provider community and the challenges practicing physicians face. We understand the underlying principles for success must include keeping physicians up to date with the latest medical based evidence protocols. ActiveHealth aggregates data, and provides physicians and patient s with actionable information at the right time.

Continuous Clinical Development.

Our ActiveHealth Clinical Development Center houses a team of board certified physicians, IT professionals and pharmacists who create and maintain all ActiveHealth's patented, clinical technologies. The Development Center is also where our doctors scan evidence-based sources including, FDA guidelines, peer-reviewed journal findings, and medical society practice guidelines. It is these up-to-the minute findings that make our technologies so effective. In addition, ActiveHealth has extensive relationships with best in class provider organizations across the country. Mutually valuable relationships in sharing the most current evidence based medicine are at the core of these regular discussions. A multi-specialty panel of physicians on the faculty of Harvard Medical School serves as our primary advisory board. We also work with other physicians on an ad-hoc basis with specific specialties or who have published specific articles or journals.

Complete Health Management Solutions.

We view our patient s as a whole, not as a condition. Our services are comprehensive and revolve around three different action areas:

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

- ***Pinpointing patients in need.***

- ***Engaging patients and/or doctors***

- ***Ongoing evaluation of program activity, and of clinical, utilization and financial outcomes to measure program success***

Enabling Provider Interaction.

Our engagement solutions connect and inform doctors and patients of potentially adverse medical conditions. The ultimate goal is for the physician and patient to have the information at the point of care.

4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

Through ActiveHealth's acquisition of Health Cost Consultants, we have been providing services described in this RFP since 1990.

4.1.11 Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 9.5, Part III – Confidential Financial Information.

4.1.11.1 Dun and Bradstreet Number

ActiveHealth's Dun and Bradstreet number is 120586867.

4.1.11.2 Federal Tax Identification Number

ActiveHealth's Federal Tax ID number is 52-2182411.

4.1.11.3 The last two (2) years and current year interim:

A. Profit and Loss Statement

B. Balance Statement

Please refer to exhibit 4.1.11.3 for a copy of Aetna's 3rd quarter 2013 Financial Supplement, which shows profit, loss and balance statements since 2011.

4.2 SUBCONTRACTOR INFORMATION

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.2.1 Does this proposal include the use of subcontractors?

Yes	***YES***	No	

If "Yes", vendor must:

4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.

ActiveHealth has a panel of physicians of various specialties and utilizes External Review Organizations (EROs) to provide appeal services when internal Medical Directors are not able to meet the requirements of an appeal reviewer or the client requires an external review organization as a 3rd or final level of appeal. ActiveHealth intends to subcontract ERO services to AllMed Healthcare Management.

4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements;

AllMed conducts physician review services when internal resources are unable to meet requirements. ActiveHealth primarily relies upon AllMed for appeals that need to be conducted by like specialists. Physician reviews are conducted by physicians who meet requirements of URAC standards as well as state and federal regulations. Physician reviewers attest that they are not accepting compensation that is dependent on the outcome of the case and that there are no conflicts of interest.

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and

100% of cases are audited to ensure that the decisions were conducted by like specialist and that the clinical rationale for the determination is clearly documented. Annually a 5% sample of the reviews conducted are audited by physicians to assess whether the case assignment was within the scope of the assigned physician, the clinical rationale was documented in a clear manner and the physician cited the guidelines used to make the determination. Additionally, the national accreditation status of the organization is reviewed annually.

C. Describe your previous experience with subcontractor(s).

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

ActiveHealth has worked with AllMed consistently for physician review services since April 2010. We have found the reviews to be thorough, timely, professional and meeting all expectations. They were fully vetted by our organization with references and review of medical staff credentials. We have not been disappointed once in our decision to contract with them for external reviews.

4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;

ActiveHealth works closely with our parent company, Aetna, to select qualifying and appropriate subcontractors. ActiveHealth and Aetna have a very established and thorough process that assures the close vetting of external vendors and services. The use of subcontractors is pre-approved, focusing on quality and cost. Prior to conducting business, ActiveHealth also performs a formal review of the subcontractor's recent history and will seek references that display recent client success, and/or a background check. The scope of the review matches the hazards and risks of the potential exposure. Subcontractors also must agree to insurance requirements, legal and regulatory requirements (as applicable), drug and alcohol policies, and must display an ability to exceed the expectations and requirements of the contract.

B. Ensuring subcontractor compliance with the overall performance objectives for the project;

ActiveHealth will monitor and evaluate subcontractor performance, leveraging our long term relationship with each subcontractor, for the State of Nevada. ActiveHealth has already established rigorous performance quality metrics focusing on operational, satisfaction, and outcomes parameters.

Drawing upon our parent company's additional clout (Aetna, which contracts with these same subcontractors), ActiveHealth can confidently assure the State that the few chosen vendors we employ to support our solution will perform above the expectations of the State.

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

Our account manager will have line of sight authority to trigger contractual performance guarantees we have in place with each subcontract. Should ActiveHealth be selected as the State's vendor, ActiveHealth will further refine our set of performance standards to align with the State's needs.

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.

If requested by the State, ActiveHealth will provide proof of payment for our subcontractors. Our procurement and contracting specialists are available to deliver this proof upon request.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in Section 4.1, Vendor Information.

Please refer to exhibit 4.2.1.4.

4.2.1.5 Business references as specified in Section 4.3, Business References must be provided for any proposed subcontractors.

Confirmed.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

Confirmed; ActiveHealth will not allow any subcontractor to commence work until all insurance required of the subcontractor is provided

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in Section 4.2, Subcontractor Information. The vendor must receive agency approval prior to subcontractor commencing work.

Confirmed; ActiveHealth will notify the using agency of the intended use of any subcontractors not identified within our original proposal and provide the information originally requested. ActiveHealth will also seek agency approval prior to a subcontractor commencing work.

4.3 BUSINESS REFERENCES

4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last ten (10) years.

Confirmed

4.3.2 Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:

The “Company Name” must be the name of the proposing vendor or the vendor’s proposed subcontractor.

Reference #:	***1***
Company Name:	***The State and School Employees Health Insurance Management Board of the State of Mississippi (Board)***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Identify role company will have for this RFP project (Check appropriate role below):			
Yes	***VENDOR***		***SUBCONTRACTOR***
Project Name:	***Medical Management services***		
Primary Contact Information			
Name:	***Edie Ivey***		
Street Address:	***901 Woolfolk Building, Suite B*** ***501 North West Street***		
City, State, Zip	***Jackson, MS 39201***		
Phone, including area code:	***601-359-3402***		
Facsimile, including area code:	***601-359-6568***		
Email address:	***Edie.ivey.dfa.state.ms.us***		
Alternate Contact Information			
Name:	***Cindy Bradshaw***		
Street Address:	***901 Woolfolk Building, Suite B*** ***501 North West Street***		
City, State, Zip	***Jackson, MS 39201***		
Phone, including area code:	***601-359-3402***		
Facsimile, including area code:	***601-359-6568***		
Email address:	***Cindy.bradshaw@dfa.state.ms.us***		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***For approximately 184,000 members, ActiveHealth delivers Utilization Management, Case Management & Complex Case Management, Disease Management, Lifestyle Coaching, Nurseline, Maternity Management, and clinical decision support.***		
Original Project/Contract Start Date:	***Jan. 1, 2011, 4 year term with option of 1 year renewal.***		
Original Project/Contract End Date:	***Not available***		
Original Project/Contract Value:	***Not available***		
Final Project/Contract	***Not available***		

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Date:	
Was project/contract completed in time originally allotted, and if not, why not?	***Not available***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Not available***

Reference #:	***2***		
Company Name:	***ActiveHealth***		
Identify role company will have for this RFP project (Check appropriate role below):			
Yes	***VENDOR***		***SUBCONTRACTOR***
Project Name:			
Primary Contact Information			
Name:	***Legacy Health*** ***Lorna Bradley, SPHR Benefit Consultant***		
Street Address:	***1919 NW Lovejoy St.***		
City, State, Zip	***Portland, OR 97209***		
Phone, including area code:	***503-415-5223***		
Fax	***503-415-5909***		
Email address:	***ljbradley@lhs.org***		
Alternate Contact Information			
Name:	***MaryAnn Holbert, Director, HR***		
Street Address:	***1919 NW Lovejoy St.***		
City, State, Zip	***Portland, OR 97209***		
Phone, including area code:	***503-415-5747***		
Fax	***503-415-5909***		
Email address:	***mholbert@lhs.org***		
Project Information			

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***For approximately 17,000 members, ActiveHealth provides multiple medical management services including Disease Management, Lifestyle Coaching, a PHR and an array of clinical decision support services and annual surcharge programs.***
Original Project/Contract Start Date:	***1/1/2010***
Original Project/Contract End Date:	***N/A***
Original Project/Contract Value:	***$575,000***
Final Project/Contract Date:	***$850,000 as of current date***
Was project/contract completed in time originally allotted, and if not, why not?	***N/A***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***N/A***

Reference #:	***3***		
Company Name:	***Gulfstream***		
Identify role company will have for this RFP project (Check appropriate role below):			
Yes	***VENDOR***		***SUBCONTRACTOR***
Project Name:			
Primary Contact Information			
Name:	***Melissa Wilder***		

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Street Address:	***500 Gulfstream Road, M/S D-03***
City, State, Zip	***Savannah, GA 31407***
Phone, including area code:	***912-395-8533***
Facsimile, including area code:	***912-965-5382***
Email address:	***Melissa.Wilder@gulfstream.com***
Alternate Contact Information	
Name:	***Kim Dowd***
Street Address:	***500 Gulfstream Road, M/S D-03***
City, State, Zip	***Savannah, GA 31407***
Phone, including area code:	***912-965-7576***
Facsimile, including area code:	***912-965-5382***
Email address:	***Kim.Dowd@gulfstream.com***
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***For approximately 26K members, ActiveHealth provides multiple medical management services including: Utilization Management, Case Management, Disease Management, Maternity, Lifestyle Coaching, CareEngine (including Member and Provider Messaging), MyActiveHealth Portal (including HRA/PHR), 24 Hour Nurse Line, Health Advocate***
Original Project/Contract Start Date:	***01/01/2009***
Original Project/Contract End Date:	***Not available***
Original Project/Contract Value:	***Not available***
Final Project/Contract Date:	***Not available***
Was project/contract completed in time originally allotted, and if not, why not?	***Yes***

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes***

SUBCONTRACTOR REFERENCES

The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

Reference #:	***1***		
Company Name:	***AllMed Healthcare Management***		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:	CareCentrix		
Primary Contact Information			
Name:	***Nancy Westbrook***		
Street Address:	***9119 Corporate Lake Drive, Suite 300***		
City, State, Zip	***Tampa, FL 33634-2357***		
Phone, including area code:	***813-901-2181***		
Facsimile, including area code:	***813-625-6879***		
Email address:	***Nancy.westbrook@carecentrix.com***		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if	***Multiple Service lines for physician review including External Independent Review, internal specialty matched review, specialty matched pre-authorization reviews, and general pre-authorization reviews. Services delivered to their***		

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

applicable:	***Medical Management department via AllMed's PeerPoint web-portal.***
Original Project/Contract Start Date:	***09/01/2011***
Original Project/Contract End Date:	***NA***
Original Project/Contract Value:	***~$200,000 / year***
Final Project/Contract Date:	***Continuing services of about $1,000,000 per year at current levels***
Was project/contract completed in time originally allotted, and if not, why not?	***99% + SLA performance levels at last review***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***N/A***

Reference #:	***2***		
Company Name:	***AllMed Healthcare Management***		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:	Blue Cross and Blue Shield of Vermont		
Primary Contact Information			
Name:	***William Griffith***		
Street Address:	***P.O. Box 186***		
City, State, Zip	***Montpelier, VT 05601-0186***		
Phone, including area code:	***802-371-3508***		
Facsimile, including area code:	***(802) 371-3490***		
Email address:	***griffithw@bcbsvt.com***		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description	***Multiple Service lines for physician review including External***		

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Independent Review, internal specialty matched review, specialty matched pre-authorization reviews, and general pre-authorization reviews. Services delivered to their Medical Management department via AllMed's PeerPoint web-portal.***
Original Project/Contract Start Date:	***10/28/2011***
Original Project/Contract End Date:	***NA***
Original Project/Contract Value:	***~$100,000 / year***
Final Project/Contract Date:	***Continuing services of about $120,000 per year at current levels***
Was project/contract completed in time originally allotted, and if not, why not?	***99% + SLA performance levels at last review***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***N/A***

Reference #:	***3***		
Company Name:	***AllMed Healthcare Management***		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:			
Primary Contact Information			
Name:	***Dr. Patricia Stephenson***		
Street Address:	***1777 Sentry Pkwy W #400***		
City, State, Zip	***Blue Bell, PA 19422***		
Phone, including area code:	***215-619-6062***		
Facsimile, including area code:			
Email address:	***Patricia.stephenson@careallies.com***		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Email address:	
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Multiple Service lines for physician review including External Independent Review, internal specialty matched review, specialty matched pre-authorization reviews, and general pre-authorization reviews. Services delivered to their Medical Management department via AllMed's PeerPoint web-portal.***
Original Project/Contract Start Date:	***10-01-2012***
Original Project/Contract End Date:	***ongoing***
Original Project/Contract Value:	***240,000/year***
Final Project/Contract Date:	***300,000/year on-going***
Was project/contract completed in time originally allotted, and if not, why not?	***99% SLA performance levels at last review***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***N/A***

4.3.3 Vendors must also submit Attachment F, Reference Questionnaire to the business references that are identified in Section 4.3.2.

Confirmed; form completed as instructed.

4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

Confirmed; form completed as instructed.

4.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in Section 8, RFP Timeline, for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.

Confirmed

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

4.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

Confirmed

4.4 VENDOR STAFF RESUMES

A resume must be completed for each proposed key personnel responsible for performance under any contract resulting from this RFP per Attachment G, Proposed Staff Resume.

Confirmed; please refer to exhibit 4.4 for each proposed key personnel.

5. COST

5.1 Vendors must provide detailed fixed prices for all costs associated with the responsibilities and related services. Clearly specify the nature of all expenses anticipated (refer to Attachment I, Cost Schedule).

Confirmed

5.2 PEBP currently pays its Utilization Management/Large Case Management vendor $1.65 per participant per month (PPPM) for Large Case Management and $1.09 PPPM for Utilization Management.

Understood but it's also our understanding that we can submit pricing that is not identical to your current vendor.

6. FINANCIAL

6.1 PAYMENT

6.1.1 Upon review and acceptance by the State, payments for invoices are normally made within 45 – 60 days of receipt, providing all required information, documents and/or attachments have been received.

Confirmed

6.1.2 Pursuant to NRS 227.185 and NRS 333.450, the State shall pay claims for supplies, materials, equipment and services purchased under the provisions of this RFP electronically, unless determined by the State Controller that the electronic payment would cause the payee to suffer undue hardship or extreme inconvenience.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Confirmed

6.2 BILLING

6.2.1 The State does not issue payment prior to receipt of goods or services.

Confirmed

6.2.2 The vendor must bill the State as outlined in the approved contract and/or payment schedule.

Confirmed

6.2.3 Vendors may propose an alternative payment option. Alternative payment options must be listed on Attachment J, Cost Proposal Certification of Compliance with Terms and Conditions of the RFP. Alternative payment options will be considered if deemed in the best interest of the State, project or service solicited herein.

Confirmed

7. WRITTEN QUESTIONS AND ANSWERS

In lieu of a pre-proposal conference, the Purchasing Division will accept questions and/or comments in writing, received by email regarding this RFP.

7.1 QUESTIONS AND ANSWERS

7.1.1 The RFP Question Submittal Form is located on the Services RFP/RFQ Opportunities webpage at http://purchasing.state.nv.us/services/sdocs.htm. Select this RFP number and the "Question" link.

Confirmed

7.1.2 The deadline for submitting questions is as specified in Section 8, RFP Timeline.

Confirmed

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

7.1.3 All questions and/or comments will be addressed in writing and responses emailed or faxed to prospective vendors on or about the date specified in Section 8, RFP Timeline. Confirmed

Confirmed

8. RFP TIMELINE

The following represents the proposed timeline for this project. All times stated are Pacific Time (PT). These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time.

Task	Date/Time
Deadline for submitting questions	10/15/2013 @ 2:00 PM
Answers posted to website	On or about 10/19/2013
Deadline for submittal of Reference Questionnaires	No later than 4:30 PM on 12/02/2013
Deadline for submission and opening of proposals	No later than 2:00 PM on 12/03/2013
Evaluation period (approximate time frame)	12/04/2013-01/06/2014
Selection of vendor	On or about 1/09/2014
Anticipated BOE approval	4/08/2013
Contract start date (contingent upon BOE approval)	7/01/2014

Confirmed

9. PROPOSAL SUBMISSION REQUIREMENTS, FORMAT AND CONTENT

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

9.1 GENERAL SUBMISSION REQUIREMENTS

Vendors' proposals must be packaged and submitted in counterparts; therefore, vendors must pay close attention to the submission requirements. Proposals will have a technical response, which may be composed of two (2) parts in the event a vendor determines that a portion of their technical response qualifies as "confidential" as defined within Section 2, Acronyms/Definitions.

If complete responses cannot be provided without referencing confidential information, such confidential information must be provided in accordance with Section 9.3, Part I B – Confidential Technical and Section 9.5, Part III Confidential Financial Information. Specific references made to the tab, page, section and/or paragraph where the confidential information can be located must be identified on Attachment A, Confidentiality and Certification of Indemnification and comply with the requirements stated in Section 9.6, Confidentiality of Proposals.

The remaining section is the Cost Proposal. Vendors may submit their proposal broken out into the three (3) sections required, or four (4) sections if confidential technical information is included, in a single box or package for shipping purposes.

The required CDs must contain information as specified in Section 9.6.4.

Detailed instructions on proposal submission and packaging follows and vendors must submit their proposals as identified in the following sections. Proposals and CDs that do not comply with the following requirements may be deemed non-responsive and rejected at the State's discretion.

Confirmed

9.1.1 All information is to be completed as requested.

Confirmed

9.1.2 Each section within the technical proposal and cost proposal must be separated by clearly marked tabs with the appropriate section number and title as specified.

Confirmed

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

9.1.3 Although it is a public opening, only the names of the vendors submitting proposals will be announced per NRS 333.335(6). Technical and cost details about proposals submitted will not be disclosed. Assistance for handicapped, blind or hearing-impaired persons who wish to attend the RFP opening is available. If special arrangements are necessary, please notify the Purchasing Division designee as soon as possible and at least two (2) days in advance of the opening.

Confirmed

9.1.4 If discrepancies are found between two (2) or more copies of the proposal, the master copy will provide the basis for resolving such discrepancies. If one (1) copy of the proposal is not clearly marked "MASTER," the State may reject the proposal. However, the State may at its sole option, select one (1) copy to be used as the master.

Confirmed

9.1.5 For ease of evaluation, the proposal must be presented in a format that corresponds to and references sections outlined within this RFP and must be presented in the same order. Written responses must be in bold/italics and placed immediately following the applicable RFP question, statement and/or section. Exceptions/assumptions to this may be considered during the evaluation process.

Confirmed

9.1.6 Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this RFP. Expensive bindings, colored displays, promotional materials, etc., are not necessary or desired. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness and clarity of content.

Confirmed

Unnecessarily elaborate responses beyond what is sufficient to present a complete and effective response to this RFP are not desired and may be construed as an indication of the proposer's lack of environmental and cost consciousness. Unless specifically requested in this RFP, elaborate artwork, corporate brochures, lengthy narratives, expensive paper, specialized binding, and other extraneous presentation materials are neither necessary nor desired.

Confirmed

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

The State of Nevada, in its continuing efforts to reduce solid waste and to further recycling efforts requests that proposals, to the extent possible and practical:

Confirmed

9.1.6.1 Be submitted on recycled paper;

Confirmed

9.1.6.2 Not include pages of unnecessary advertising;

Confirmed

9.1.6.3 Be printed on both sides of each sheet of paper; and

Confirmed

9.1.6.4 Be contained in re-usable binders or binder clips as opposed to spiral or glued bindings.

Confirmed

9.1.7 For purposes of addressing questions concerning this RFP, the sole contact will be the Purchasing Division as specified on Page 1 of this RFP. Upon issuance of this RFP, other employees and representatives of the agencies identified in the RFP will not answer questions or otherwise discuss the contents of this RFP with any prospective vendors or their representatives. Failure to observe this restriction may result in disqualification of any subsequent proposal per NAC 333.155(3). This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this procurement.

Confirmed

9.1.8 Any vendor who believes proposal requirements or specifications are unnecessarily restrictive or limit competition may submit a request for administrative review, in writing, to the Purchasing Division. To be considered, a request for review must be received no later than the deadline for submission of questions.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

The Purchasing Division shall promptly respond in writing to each written review request, and where appropriate, issue all revisions, substitutions or clarifications through a written amendment to the RFP.

Administrative review of technical or contractual requirements shall include the reason for the request, supported by factual information, and any proposed changes to the requirements.

Confirmed

9.1.9 If a vendor changes any material RFP language, vendor's response may be deemed non-responsive per NRS 333.311.

Confirmed

9.2 PART I A – TECHNICAL PROPOSAL

9.2.1 The technical proposal must include:

9.2.1.1 One (1) original marked "MASTER"; and

9.2.1.2 Five (5) identical copies.

9.2.2 The technical proposal must not include confidential technical information (refer to Section 9.3, Part I B, Confidential Technical) or cost and/or pricing information. Cost and/or pricing information contained in the technical proposal may cause the proposal to be rejected.

9.2.3 Format and Content

9.2.3.1 Tab I – Title Page

The title page must include the following:

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Part I A – Technical Proposal	
RFP Title:	Utilization Management and Large Case Management
RFP:	3084
Vendor Name:	
Address:	
Proposal Opening Date:	December 3, 2013
Proposal Opening Time:	2:00 PM

9.2.3.2 Tab II – Table of Contents

An accurate and updated table of contents must be provided.

9.2.3.3 Tab III – Vendor Information Sheet

The vendor information sheet completed with an original signature by an individual authorized to bind the organization must be included in this tab.

9.2.3.4 Tab IV – State Documents

The State documents tab must include the following:

A. The signature page from all amendments with an original signature by an individual authorized to bind the organization.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

B. Attachment A – Confidentiality and Certification of Indemnification with an original signature by an individual authorized to bind the organization.

C. Attachment C – Vendor Certifications with an original signature by an individual authorized to bind the organization.

D. Copies of any vendor licensing agreements and/or hardware and software maintenance agreements.

E. Copies of applicable certifications and/or licenses.

9.2.3.5 Tab V - Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP

A. Attachment B with an original signature by an individual authorized to bind the organization must be included in this tab.

B. If the exception and/or assumption require a change in the terms or wording of any section of the RFP, the contract, or any incorporated documents, vendors must provide the specific language that is being proposed on Attachment B.

C. Only technical exceptions and/or assumptions should be identified on Attachment B.

D. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. If vendors do not specify any exceptions and/or assumptions in detail at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

9.2.3.6 Tab VI – Section 3 – Scope of Work

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Vendors must place their written response(s) in bold/italics immediately following the applicable RFP question, statement and/or section.

9.2.3.7 Tab VII– Section 4 – Company Background and References

Vendors must place their written response(s) in bold/italics immediately following the applicable RFP question, statement and/or section. This section must also include the requested information in Section 4.2, Subcontractor Information, if applicable.

9.2.3.8 Tab VIII – Attachment G – Proposed Staff Resume

A. Vendors must include all proposed staff resumes per Section 4.4, Vendor Staff Resumes in this section.

B. This section should also include any subcontractor proposed staff resumes, if applicable.

9.2.3.9 Tab IX – Other Informational Material

Vendors must include any other applicable reference material in this section clearly cross referenced with the proposal.

All requirements stated in 9.2 are confirmed.

9.3 PART I B – CONFIDENTIAL TECHNICAL PROPOSAL

9.3.1 Vendors only need to submit Part I B if the proposal includes any confidential technical information (refer to Attachment A, Confidentiality and Certification of Indemnification).

9.3.2 The confidential technical proposal must include:

9.3.2.1 One (1) original marked “MASTER”; and

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

9.3.2.2 Five (5) identical copies.

9.3.3 Format and Content

9.3.3.1 Tab I – Title Page

The title page must include the following:

Part I B – Confidential Technical Proposal	
RFP Title:	Utilization Management and Large Case Management
RFP:	3084
Vendor Name:	
Address:	
Proposal Opening Date:	December 3, 2013
Proposal Opening Time:	2:00 PM

9.3.3.2 Tabs – Confidential Technical

Vendors must have tabs in the confidential technical information that cross reference back to the technical proposal, as applicable.

All requirements stated in 9.3 are confirmed.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

9.4 PART II – COST PROPOSAL

9.4.1 The cost proposal must include:

9.4.1.1 One (1) original marked “MASTER”; and

9.4.1.2 Five (5) identical copies.

9.4.2 The cost proposal must not be marked “confidential”. Only information that is deemed proprietary per NRS 333.020(5)(a) may be marked as “confidential”.

9.4.3 Format and Content

9.4.3.1 Tab I – Title Page

The title page must include the following:

Part II – Cost Proposal	
RFP Title:	Utilization Management and Large Case Management
RFP:	3084
Vendor Name:	
Address:	

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Part II – Cost Proposal	
Proposal Opening Date:	December 3, 2013
Proposal Opening Time:	2:00 PM

9.4.3.2 Tab II – Cost Proposal

Vendor's response for the cost proposal must be included in this tab.

9.4.3.3 Tab III – Attachment J, Cost Proposal Certification of Compliance with Terms and Conditions of RFP

A. Attachment J with an original signature by an individual authorized to bind the organization must be included in this tab.

B. In order for any cost exceptions and/or assumptions to be considered, vendors must provide the specific language that is being proposed in Attachment J.

C. Only cost exceptions and/or assumptions should be identified on Attachment J.

D. Do not restate the technical exceptions and/or assumptions on this form.

E. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. If vendors do not specify any exceptions and/or assumptions in detail at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

All requirements stated in 9.4 are confirmed.

9.5 PART III – CONFIDENTIAL FINANCIAL INFORMATION

9.5.1 The confidential financial information part must include:

9.5.1.1 One (1) original marked “MASTER”; and

9.5.1.2 One (1) identical copy.

9.5.2 Format and Content

9.5.2.1 Tab I – Title Page

The title page must include the following:

Part III – Confidential Financial Information	
RFP Title:	Utilization Management and Large Case Management
RFP:	3084
Vendor Name:	
Address:	
Proposal Opening Date:	December 3, 2013
Proposal Opening	2:00 PM

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Part III – Confidential Financial Information	
Time:	

9.5.2.2 Tab II – Financial Information and Documentation

Vendors must place the information required per Section 4.1.11 in this tab.

All requirements stated in 9.5 are confirmed.

9.6 CONFIDENTIALITY OF PROPOSALS

9.6.1 As a potential contractor of a public entity, vendors are advised that full disclosure is required by law.

Confirmed

9.6.2 Vendors are required to submit written documentation in accordance with Attachment A, Confidentiality and Certification of Indemnification demonstrating the material within the proposal marked "confidential" conforms to NRS §333.333, which states "Only specific parts of the proposal may be labeled a "trade secret" as defined in NRS §600A.030(5)". Not conforming to these requirements will cause your proposal to be deemed non-compliant and will not be accepted by the State of Nevada.

Confirmed

9.6.3 Vendors acknowledge that material not marked as "confidential" will become public record upon contract award.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Confirmed

9.6.4 The required CDs must contain the following:

Confirmed

9.6.4.1 One (1) "Master" CD with an exact duplicate of the technical and cost proposal contents only.

Confirmed

A. The electronic files must follow the format and content section for the technical and cost proposal.

Confirmed

B. The CD must be packaged in a case and clearly labeled as follows:

Master CD	
RFP No:	3084
Vendor Name:	
Contents:	Part IA – Technical Proposal Part IB – Confidential Technical Proposal Part II – Cost Proposal

Confirmed

9.6.4.2 One (1) "Public Records CD" which must include the technical and cost proposal contents to be used for public records requests.

Confirmed

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

A. This CD must not contain any confidential or proprietary information.

Confirmed

B. The electronic files must follow the format and content section for the redacted versions of the technical and cost proposal.

Confirmed

C. All electronic files must be saved in "PDF" format, with one file named Part IA – Technical Proposal and one (1) file named part II – Cost Proposal.

Confirmed

D. The CD must be packaged in a case and clearly labeled as follows:

Public Records CD	
RFP No:	3084
Vendor Name:	
Contents:	Part IA – Technical Proposal for Public Records Request Part II – Cost Proposal for Public Records Request

Confirmed

9.6.5 The Public Records submitted on the CD will be posted to the Purchasing Website upon the Notice of Award.

Confirmed

9.6.6 It is the vendor's responsibility to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

Confirmed

9.6.7 Failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by release of said information.

Confirmed

9.7 PROPOSAL PACKAGING

9.7.1 If the separately sealed technical and cost proposals as well as confidential technical information and financial documentation, marked as required, are enclosed in another container for mailing purposes, the outermost container must fully describe the contents of the package and be clearly marked as follows:

9.7.2 Vendors are encouraged to utilize the copy/paste feature of word processing software to replicate these labels for ease and accuracy of proposal packaging.

Marcy Troescher State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3084
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case Management
VENDOR'S NAME:	ActiveHealth Management, Inc

9.7.3 Proposals must be received at the address referenced below no later than the date and time specified in Section 8, RFP Timeline. Proposals that do not arrive by proposal opening time and date will not be accepted. Vendors may submit their proposal any time prior to the above stated deadline.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

9.7.4 The State will not be held responsible for proposal envelopes mishandled as a result of the envelope not being properly prepared.

9.7.5 Email, facsimile, or telephone proposals will NOT be considered; however, at the State's discretion, the proposal may be submitted all or in part on electronic media, as requested within the RFP document. Proposal may be modified by email, facsimile, or written notice provided such notice is received prior to the opening of the proposals.

9.7.6 The technical proposal shall be submitted to the State in a sealed package and be clearly marked as follows:

Marcy Troescher State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3084
PROPOSAL COMPONENT:	PART I A – TECHNICAL PROPOSAL
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case Management
VENDOR'S NAME:	ActiveHealth Management, Inc

9.7.7 If applicable, confidential technical information shall be submitted to the State in a sealed package and be clearly marked as follows:

Marcy Troescher

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3084
PROPOSAL COMPONENT:	PART I B – CONFIDENTIAL TECHNICAL PROPOSAL
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case Management
VENDOR'S NAME:	ActiveHealth Management, Inc

9.7.8 The cost proposal shall be submitted to the State in a sealed package and be clearly marked as follows:

Marcy Troescher State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3084
PROPOSAL COMPONENT:	PART II – COST PROPOSAL
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

	Management
VENDOR'S NAME:	ActiveHealth Management, Inc

9.7.9 Confidential financial information shall be submitted to the State in a sealed package and be clearly marked as follows:

Marcy Troescher State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701	
RFP:	3084
PROPOSAL COMPONENT:	PART III - CONFIDENTIAL FINANCIAL INFORMATION
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case Management
VENDOR'S NAME:	ActiveHealth Management, Inc

9.7.10 The CDs shall be submitted to the State in a sealed package and be clearly marked as follows:

Marcy Troescher State of Nevada, Purchasing Division 515 E. Musser Street, Suite 300 Carson City, NV 89701

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

RFP:	3084
PROPOSAL COMPONENT:	CDs
PROPOSAL OPENING DATE:	December 3, 2013
PROPOSAL OPENING TIME:	2:00 PM
FOR:	Utilization Management and Large Case Management
VENDOR'S NAME:	ActiveHealth Management, Inc

All requirements listed in 9.7 are confirmed.

©Copyright 2013, Active Health Management, Inc.
Proprietary and Confidential.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	ActiveHealth Management		
☒ **Contractor**		☐ **Subcontractor**	
Name: Mark Donovan			☒ **Key Personnel**
Classification:	Director, Implementation	**# of Years in Classification:**	5
Brief Summary of Experience:	Mark Donovan is the Director of the Implementation Department for ActiveHealth Management. Mark has been with ActiveHealth for 5 years, in the roles of Director of Implementation and Implementation Manager. As a Manager, Mark implemented over 50 clients, including several state plans. Since taking over the department as Director, Mark has overseen hundreds of diverse client implementations, ranging from large complex municipal clients to major corporate wellness plans. Mark has over 25 years of experience in group healthcare. Prior to joining ActiveHealth, Mark held several key management positions with major insurance carriers as an Underwriter, Account Manager, Client Relations Manager, and Implementation Manager. Each of his roles has had a major emphasis on meeting and exceeding client needs.		
# of Years with Firm:	5		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email: Multiple*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	 11/2008 ActiveHealth Management Multiple Multiple Multiple Director, Implementation Responsible for all client implementations for ActiveHealth.
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	 08/2005-01/2008 Great-West Healthcare Multiple Multiple Multiple Client Relations Manager Managed team handling key client and consultant site visits, including finalist meetings, SME presentations, business contract renewals and service meetings. Managed vendor relationships for both on-site and remote client meetings.

Required Information:	
MMYYYY to MMYYYY:	02/1998 – 02/2002
Vendor Name:	Guardian Life
Client Name:	Multiple
Client Contact Name:	Multiple
Client Address, Phone Number, Email:	Multiple
Role in Contract/Project:	Sales Support Manager
Details and Duration of Contract/Project:	Managed all client proposal and renewal functions of the Denver / Rocky Mountain Regional Sales Office. Partnered with sales team to plan market strategy and execution.

EDUCATION	
Institution Name:	State University of New York
City:	Oneonta
State:	New York
Degree/Achievement:	BA - History
Certifications:	

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	In addition to specific ActiveHealth client references provided with this response we'd be pleased to provide additional references if selected finalist as needed by the State.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	ActiveHealth Management		
☒ **Contractor**		☐ **Subcontractor**	
Name: David Evans MD			☒ **Key Personnel**
Classification:	Senior Vice President of Clinical Programs and Senior Medical Director	**# of Years in Classification:**	10
Brief Summary of Experience:	Dr. Evans joined ActiveHealth Management (AHM) in 2003. Within the Department of Clinical Programs and Product Development, David leads a medical team of physicians who provide on-site clinical leadership and support to ActiveHealth's Care Management and Utilization Management clinical operations staff at four service centers (Virginia, Illinois, Colorado, and North Carolina). The ActiveHealth Training Department also reports to David, and the Trainers support both clinical and non-clinical training needs across the organization, focused on both clinical content and technology. The Medical Directors and Trainers partner closely with other departments. Functional areas of support include technology-based and classroom education, clinical case analysis, medical review, program analytics and quality improvement, clinical product design, outcomes improvement, thought leadership, and industry presentations. David is Board-Certified in Internal Medicine, has an Executive MBA from the Keenan-Flagler School of Business at the University of North Carolina at Chapel Hill, and is a certified Medical Acupuncturist from the UCLA School of Medicine. Before joining ActiveHealth, he was an Area Medical Director at Kaiser Permanente of the Mid-Atlantic States. David received his Bachelor's degree from Rice University, his medical degree from the University of Texas Health Science Center at San Antonio, and his Internal Medicine training from the Sinai Hospital of Baltimore-Johns Hopkins School of Medicine.		
# of Years with Firm:	10		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email: Multiple*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	11/2003 ActiveHealth Management Multiple Multiple Multiple Senior Vice President of Clinical Programs and Senior Medical Director Responsible for management of on-site medical directors, clinical program development, the training department, and the clinical oversight of the Utilization Management and Case Management Programs
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	*7/1991 – 11/2003* *Kaiser Permanente* Multiple Multiple Multiple Staff Physician, Area Medical Director Dr Evans was a staff physician of Internal Medicine and Complimentary Medicine in multiple locations around the Washington DC area. He also served as Area Medical Director for 3 years and Chief of Urgent Care for 4 years.
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	*3/1990 –6/1991* *Kron Medical Corporation, Chapel Hill, NC* Multiple Multiple Multiple Locum Tenens clinician

EDUCATION

Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	Sinai Hospital, Johns Hopkins School of Medicine Baltimore Maryland Residency and Internship, Internal Medicine, 1987 – 1990 Other Education The University of Texas Medical School at San Antonio, San Antonio, Texas Doctor of Medicine, 1983 –1987 Rice University, Houston, Texas Bachelor of Arts, Biochemistry and Biology, 1978 – 1982 University of North Carolina Keenan-Flagler Business School, Chapel Hill Advanced Leadership Program (Executive MBA), 2001 University of California at Los Angeles Medical Acupuncture Training and Certification Program, 2000 – 2001

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	In addition to specific ActiveHealth client references provided with this response we'd be pleased to provide additional references if selected finalist as needed by the State.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	AllMed		
☐ **Contractor**		☒ **Subcontractor**	
Name: Dr. Samuel (Skip) Freedman, MD			☒ **Key Personnel**
Classification:	Executive Medical Director	**# of Years in Classification:**	13
Brief Summary of Experience:	AllMed Healthcare Management, Inc. Executive Medical Director • Provides overall leadership and management to AllMed's clinical operations team and Peer Specialists • Provides expert consultation to AllMed's clients on peer review and medical management topics Associate Medical Director Washington County Emergency Medical Services Medical Director • Directs over 200 Emergency Medical Technicians • Serves as physician in charge of all ambulance care Willamette Falls Hospital Emergency Department, Physician Oregon Emergency Medicine Specialists President and Medical Director • Managed the emergency departments at Tuality Community Hospital and Tuality Forest Grove Hospital EmCare, Inc. Regional Medical Director • Supervised 35 emergency departments with over 250 physicians in five states Mercy Medical Center Emergency Department, Staff Physician Medical Director of six local ambulance companies		
# of Years with Firm:	10		

RELEVANT PROFESSIONAL EXPERIENCE	
Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email: Multiple*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	AllMed Healthcare Management, Inc. 2000 - present Executive Medical Director • Provides overall leadership and management to AllMed's clinical operations team and Peer Specialists • Provides expert consultation to AllMed's clients on peer review and medical management topics

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	Associate Medical Director 2000 - 2002 Washington County Emergency Medical Services Medical Director • Directs over 200 Emergency Medical Technicians • Serves as physician in charge of all ambulance care
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	Willamette Falls Hospital 1999 - present Emergency Department, Physician

EDUCATION	
Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	Mercy Catholic Medical Center, Surgery Internship Thomas Jefferson Medical College, Medical Doctor Degree Yale University, Bachelor of Arts

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	In addition to specific ActiveHealth client references provided with this response we'd be pleased to provide additional references if selected finalist as needed by the State.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	ActiveHealth Management		
☒ **Contractor**		☐ **Subcontractor**	
Name: Susie Hepner		☒ **Key Personnel**	
Classification: VP Sales		**# of Years in Classification:**	6.5
Brief Summary of Experience:	Susie Hepner is responsible for client solutioning and sales for the western territory for the full suite of ActiveHealth services. Susie has been with Active for 6.5 years in the role of Sales and Account Executive, selling and managing some of Active's largest national accounts. Ms. Hepner has worked in the field of health and welfare program design for over thirteen years. She has over 25 years experience across the healthcare continuum developing and managing a wide variety of products and services, including disease management programs, community based social services, a 24/7 nurse line, in and outpatient rehabilitation programs, a home health agency, a cancer care clinic, a free-standing hospice, a specialty care clinic, a perinatology clinic and a NICU. Susie has also served as Director of Quality for a large provider organization and has managed family practice and internal medicine provider clinics. In those capacities, Susie has worked closely with health plans across their organizations to contract services and integrate their service continuum.		
# of Years with Firm:	6.5		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information:	
MMYYYY to Present:	03/2007
Vendor Name:	ActiveHealth Management
Client Name:	Multiple
Client Contact Name:	Multiple
Client Address, Phone Number, Email: Multiple	Multiple
Role in Contract/Project:	Sales and Account Management
Details and Duration of Contract/Project:	Responsible for western region sales and account management for the full suite of ActiveHealth services.
Required Information:	
MMYYYY to MMYYYY:	09/2006 – 2/2007
Vendor Name:	Free and Clear (now Alere)
Client Name:	Multiple
Client Contact Name:	Multiple
Client Address, Phone Number, Email:	Multiple
Role in Contract/Project:	Account Executive/Client Services Director
Details and Duration of Contract/Project:	Responsible for developing and implementing health plan strategy and delivery team for health plan vertical

Required Information:	
MMYYYY to MMYYYY:	3/2002 – 9/2006
Vendor Name:	Matria (now Alere)
Client Name:	Multiple
Client Contact Name:	Multiple
Client Address, Phone Number, Email:	Multiple
Role in Contract/Project:	Area Vice President, Client Management
Details and Duration of Contract/Project:	Sold and then executed key regional west coast wellness and healthcare delivery systems and provider groups for innovative government, health plan, self-insured employers and union accounts.

EDUCATION	
Institution Name:	University of Puget Sound
City:	Tacoma
State:	Washington
Degree/Achievement:	BS Occupational Therapy
Certifications:	Neuropsychology and Cognitive Behavioral Therapy

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	In addition to specific ActiveHealth client references provided with this response we'd be pleased to provide additional references if selected finalist as needed by the State.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	ActiveHealth Management		
☒ **Contractor**		☐ **Subcontractor**	
Name: Mary Kampman			☒ **Key Personnel**
Classification:	Vice President – Account Management	**# of Years in Classification:**	11.5
Brief Summary of Experience:	Mary Kampman is responsible for leading a team of account managers supporting large employers in both state/government and commercial accounts providing wellness services including utilization, case and disease management. Provides strategic support for wellness initiatives, program expansion, and healthcare incentives to drive member engagement with their health.		
# of Years with Firm:	11.5		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information:	
MMYYYY to Present:	11/2007 to present:
Vendor Name:	ActiveHealth Management
Client Name:	Multiple
Client Contact Name:	Multiple
Client Address, Phone Number, Email: Multiple	Multiple
Role in Contract/Project:	Sales and Account Management
Details and Duration of Contract/Project:	Responsible for large government and commercial employer accounts with various clinical services, including utilization management, case management, disease management, online health services and incentive support. Provide client support with reporting, communications and strategic guidance for wellness initiatives. Current focus is primarily with large state and government accounts providing oversight to a team of account managers and associates supporting those accounts.

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	7/2002 – 11/2007 ActiveHealth Management Multiple Multiple Multiple VP Operations – oversaw the clinical and customer service support center in Chantilly, VA. Responsible for expanding the resources within the service center from 50 FTEs to 250 FTEs. Overall responsibility for accreditation and state licensure for multiple lines of business including utilization management, case management and disease management. Worked in collaboration with sales and implementation in the expansion of our client base during the 5 years to over 2 million lives.
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	4/2001 – 7/2002 MAMSI (now United HealthCare) Multiple Multiple Multiple Clinical consultant and trainer for case managers and operations staff supporting external clients and customers. Developed materials and expanded the use of electronic training modules and materials. Focus on expanding the skills and knowledge of staff using electronic medical records. Taught college accredited course in medical terminology to customer service staff. Provided consulting support to senior leadership on reporting capabilities and developed internal reports focused on operational efficiencies.

EDUCATION

Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	George Mason University Fairfax Virginia MSN – Master of Science in Nursing with an emphasis in administration Case Management Administrator

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	In addition to specific ActiveHealth client references provided with this response we'd be pleased to provide additional references if selected finalist as needed by the State.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	ActiveHealth Management		
☒ **Contractor**		☐ **Subcontractor**	
Name: Pamela Krol		☒ **Key Personnel**	
Classification:	Executive Vice President	**# of Years in Classification:**	2 years, 10 months
Brief Summary of Experience:	Pamela Krol is responsible for the ActiveHealth Management Account Management Team. Pamela has over 20 years of experience primarily in the area of consulting and employer health and welfare programs. She brings a breadth of experience in how to develop strategies to how to implementation and measure program performance. Pam is also an experienced manager and provides leadership and mentoring to her colleagues and teammates.		
# of Years with Firm:	7 years, 10 Months		

RELEVANT PROFESSIONAL EXPERIENCE	
Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email: Multiple*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	 03/2006 ActiveHealth Management Multiple Multiple Multiple Account Management Responsible for the Account Management team.
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	 6/2002 – 3/2006 Time Warner Supported all TimeWarner Divisions TimeWarner Center, New York, New York Director of Health and Welfare Programs Responsible for developing and implementing health plan strategy and delivery of health and welfare programs and program performance.

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	 7/1998 –3/2004 Lucent Technologies Murray Hill, New Jersey Headed up health and welfare program as well as pension administration.

EDUCATION	
Institution Name:City: ***State:*** ***Degree/Achievement:*** ***Certifications:***	Boston University Boston MA Bachelors of Arts in Psychology Brandeis University Waltham MA Masters in Management in Health Services

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Guardian Industries Humana – State of Kentucky AstraZeneca

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	ActiveHealth Management		
☒ **Contractor**		☐ **Subcontractor**	
Name: Kim Propst			☒ **Key Personnel**
Classification:	UM CM Program Manager	**# of Years in Classification:**	6
Brief Summary of Experience:	Kim Propst is responsible for the program design for the Utilization and Case Management program design and delivery for the full suite of ActiveHealth services. Kim has been with Active for 13 years with the recent role of Utilization Management and Case Management Program Manager working directly under Ann Meyer, EVP Clinical Programs. Ms. Propst has worked in other roles at Active starting as a Utilization Management Care Manager, moving toward guideline development and other project development. She has over 25 years experience in utilization management, cost containment, care management within the provider/hospital and managed care areas. Kim started her nursing career as a trauma critical care nurse.		
# of Years with Firm:	13		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email: Multiple*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	 03/2000 ActiveHealth Management Multiple Multiple Multiple UM/CM Program Manager Responsible for program design for our utilization and case management programs.
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	 6/1996-3/2000 Concentra Multiple Multiple Multiple Clinical Auditor Performed hospital bill audits for customer serving DC, MD, DE area.

Required Information:	
MMYYYY to MMYYYY:	1992-1995
Vendor Name:	HCX
Client Name:	Multiple
Client Contact Name:	Multiple
Client Address, Phone Number, Email:	Multiple
Role in Contract/Project:	Clinical Auditor
Details and Duration of Contract/Project:	Performed hospital bill audits for customer serving the Chicago area.

EDUCATION	
Institution Name:	West Virginia University
City:	Morgantown
State:	West Virginia
Degree/Achievement:	BS Nursing
Certifications:	CMAC

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	In addition to specific ActiveHealth client references provided with this response we'd be pleased to provide additional references if selected finalist as needed by the State.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	ActiveHealth Management		
☒ **Contractor**		☐ **Subcontractor**	
Name: Linda Sprauer			☒ **Key Personnel**
Classification:	Clinical Services Head	**# of Years in Classification:**	7
Brief Summary of Experience:	Linda Sprauer is Clinical Services Head for both the Rolling Meadows , IL Service Center and the Greenwood Village, Co Service Center and is responsible for the overall customer service, member outreach and clinical management for ActiveHealth's disease management, utilization management, complex case management, Health Advocate , Maternity programs and Lifestyle Coaching programs. She has been with ActiveHealth Management for 7 years and was responsible for opening ActiveHealth Management's 2nd Operation site in 2006. Linda is Registered Nurse and has clinical experience in general medical/surgical, oncology, orthopedic and neurology/neurosurgical nursing. Prior to joining ActiveHealth, Linda had over 25 years experience in the insurance and care management industry. Linda has held various leadership roles during that time with focus on call center operations, utilization management, case management and 24 hr Nurse triage. She has experience in supporting sales and account management, various product development initiatives with focus on operational interface and client implementations.		
# of Years with Firm:	7		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information:	
MMYYYY to Present:	05/2006- present
Vendor Name:	ActiveHealth Management
Client Name:	Multiple
Client Contact Name:	Multiple
Client Address, Phone Number, Email: Multiple	Multiple
Role in Contract/Project:	Clinical/Operations site lead for Greenwood Village Service Center
Details and Duration of Contract/Project:	Responsible for Customer Service and Clinical Operations for the full suite of ActiveHealth services. (UM/CM/ DM/ALC/Maternity /Health Advocate)

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	 03/2005 -5/2006 Concentra Preferred Services Multiple Multiple Multiple Account Manager Responsible for client relationship management for Midwest book of business for bill repricing services
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	 12/1987- 9/2004 Intracorp (subsidiary Cigna Corp) Multiple Multiple Multiple Midwest Service Center Director Responsible for Customer Service and Clinical Operations for the full suite of Intracorp services offered at this location (UM/CM/ DM/ALC/Maternity /Health Advocate)

EDUCATION	
Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	 Wesley-Passavant School of Nursing Chicago IL RN, Diploma

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	In addition to specific ActiveHealth client references provided with this response we'd be pleased to provide additional references if selected finalist as needed by the State.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	ActiveHealth Management		
☒ **Contractor**		☐ **Subcontractor**	
Name: Kevin Stewart			☒ **Key Personnel**
Classification:	Vice President - Informatics	**# of Years in Classification:**	7 yrs
Brief Summary of Experience:	Vice President - Informatics,(Client/Operational Reporting) has an extensive background in healthcare including finance, project management, data warehouse development, account management, reporting, and psych. He brings more than 24 years of professional experience to his current role at ActiveHealth. Kevin joined ActiveHealth in September 2006 heading up the reporting team for both internal and external reporting. He has been a part of numerous implementation teams for a variety of clients implementing ActiveHealth's products and services.		
# of Years with Firm:	6.5		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information:	Kevin D. Stewart
MMYYYY to Present:	09/2006 to present
Vendor Name:	ActiveHealth Management
Client Name:	Informatics
Client Contact Name:	Kathe Fox
Client Address, Phone Number, Email: Multiple	Multiple
Role in Contract/Project:	Reporting and Informatics
Details and Duration of Contract/Project:	Today he manages a team of 13 Analysts and Production staff. His team is responsible for ensuring that there is data coordination, validation, and timeliness to the 25,000+ quarterly reports and extracts generated for clients. In addition, his team is responsible for the development of new reports, data extracts, incentives, ad-hoc report requests, and working with new and existing clients to ensure successful program launch and ongoing face-to-face client support.

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	01/1997 – 10/2005 Columbia University Medical School Faculty Practice Operations Multiple Multiple Prior to ActiveHealth, Kevin was the Director of Finance for Columbia University School of Medicine's 1,500 physician strong Faculty Practice Operations, leading the IDX systems group and implementing new reporting through a data warehouse initiative he implemented.
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	12/1994 – 12/1998 The Institute for Urban Family Health MIS Department Edward Fried Vice President Prior to working at CUMC, Kevin held numerous IT director roles at Beth Israel Medical Center and The Institute for Urban Family Health

EDUCATION

Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	Creighton University; University of CO at Denver Omaha; Denver Nebraska; Colorado BS Mathematics, BS Sociology, Pre-Med; Grad level Social Work courses

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	In addition to specific ActiveHealth client references provided with this response we'd be pleased to provide additional references if selected finalist as needed by the State.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	ActiveHealth Management		
☒ **Contractor**		☐ **Subcontractor**	
Name: Barbara Leighton			☒ **Key Personnel**
Classification:	Director of Quality Management	**# of Years in Classification:**	11 years
Brief Summary of Experience:	Barbara Leighton is responsible for ActiveHealth URAC and NCQA Accreditations and regulatory compliance issues. Barbara has been with Active for 11 years in Quality Management Department and has maintained the ActiveHealth URAC Health Utilization Management and Case Management Accreditations and obtained and maintained the NCQA Disease Management accreditation. Barbara recently submitted the NCQA survey for the Health and Wellness Promotion Accreditation. Barbara is a registered nurse and has worked in medical management settings since 1990. Barbara supervises 4 personnel who work on insuring our utilization management state certifications or licenses are maintained in states that require this. Barbara's team also audits denial determinations and coordinates appeals to ensure that federal and state requirements are met.		
# of Years with Firm:	11		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information:	
MMYYYY to Present:	08/2002 to present
Vendor Name:	ActiveHealth Management
Client Name:	Multiple
Client Contact Name:	Multiple
Client Address, Phone Number, Email: Multiple	Multiple
Role in Contract/Project:	Accreditation, regulatory compliance and appeal coordination
Details and Duration of Contract/Project:	
Required Information:	
MMYYYY to MMYYYY:	12/1990 – 08/2002
Vendor Name:	Value Options (previously Health Management Strategies)
Client Name:	Multiple
Client Contact Name:	Multiple
Client Address, Phone Number, Email:	Multiple
Role in Contract/Project:	Accreditation and regulatory compliance
Details and Duration of Contract/Project:	

Required Information:	
MMYYYY to MMYYYY:	01/1986 – 12/1990
Vendor Name:	Springwood Psychiatric Institute - facility
Client Name:	Multiple
Client Contact Name:	Multiple
Client Address, Phone Number, Email:	Multiple
Role in Contract/Project:	Staff nurse
Details and Duration of Contract/Project:	Inpatient nursing care for children, adolescents and their families.

EDUCATION	
Institution Name:	Marquette University
City:	Milwaukee
State:	Wisconsin
Degree/Achievement:	BSN
Certifications:	Certified Professional in Healthcare Quality

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	In addition to specific ActiveHealth client references provided with this response we'd be pleased to provide additional references if selected finalist as needed by the State.