UTILIZATION MANAGEMENT AND LARGE CASE MANAGEMENT SERVICES

State of Nevada, RFP-3084

Part I A – Technical Proposal	
RFP Title:	Utilization Management and Large Case Management
RFP:	3084
Vendor Name:	DBMS, INC.
Address:	5975 Castle Creek Pkwy N Dr Ste. 465 Indianapolis, IN 46250
Proposal Opening Date:	December 3, 2013
Proposal Opening Time:	2:00 PM

State of Nevada, Purchasing Division
Marcy Troescher, Purchasing Officer
Carson City, NV 89701
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Table of Contents

Title Page ..... **Tab 1**
Table of Contents ..... **Tab 2**
Vendor Information Sheet ..... **Tab 3**
State Documents ..... **Tab 4**
Attachment B ..... **Tab 5**
Section 3 – Scope of Work ..... **Tab 6**
Section 4 – Company Background & References ..... **Tab 7**
Attachment G – Proposed Staff Resumes ..... **Tab 8**
Other Information Material ..... **Tab 9**

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DBMS Health
Individualized Care Management Services

VENDOR INFORMATION SHEET FOR RFP 3084

V1	Company Name	DBMS, INC.

V2	Street Address	5975 Castle Creek Pkwy N Dr, Ste.465

V3	City, State, ZIP	Indianapolis, IN, 46250

V4	Telephone Number		
	Area Code: 317	Number: 582-1200	Extension:

V5	Facsimile Number		
	Area Code: 317	Number: 582-1200	Extension:

V6	Toll Free Number		
	Area Code: 800	Number: 728-0327	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: Andres Jimenez
	Title: Lead of Client Services & Informatics
	Address:
	Email Address: andresj@dbmshealth.com

V8	Telephone Number for Contact Person		
	Area Code: 317	Number: 578-9433	Extension: 224

V9	Facsimile Number for Contact Person		
	Area Code: 317	Number: 582-1300	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: Andres Jimenez	Title: Lead of Client Services

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: 11/27/2013

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State Documents

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: DBMS, INC.

Authorized Signature:

Title: Lead of Client Services Date: 11/27/13

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

DBMS Health
Individualized Care Management Services

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 2 to Request for Proposal 3084
RFP TITLE:	Utilization Management and Large Case Management Services
DATE OF AMENDMENT:	October 23, 2013
DATE OF RFP RELEASE:	September 25, 2013
OPENING DATE:	December 3, 2013
OPENING TIME:	2:00 PM
CONTACT:	Marcy Troescher, Purchasing Officer

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.

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1. Can you please tell us how many Registered Nurses and how many Technicians will be required for this?

   PEBP relies on the vendor to provide the appropriate staff to meet the requirements of the contract.

2. If our company provides utilization management services listed, but not all, would the bid still be considered?

   PEBP is seeking a vendor that can provide all of the services listed in the Overview of Project and Scope of Work.

3. If our company does not provide Large Case Management Services, would the bid still be considered?

   See the response to question #2.

4. If our company provides utilization management/pre-certification services for specialty high dollar medical services not listed, will these services be considered within this bid?

   See the response to question #2.

5. Section 3.17.3 requires that we review Attachment M – Privacy Security Policies and Procedures, and indicate our agreement and/or exceptions. Page ii of Attachment M references additional attachments, specifically attachments A through J. Can you please tell me where I can find attachment A through J?

   Those attachments were intentionally omitted from the RFP. These attachments refer to administrative functions that are related to PEBP and its business operations and would not affect any vendor who would bid on this RFP.

6. What are the names of the organizations that submitted questions?

   This information is not available.

7. Section 3.7, page 11: Are bidders required to be fully accredited by URAC in utilization management and/or case management?

   PEBP prefers that URAC accreditation be in place at the start date of the contract, July 1, 2014. If a vendor is in the process of accreditation and if the date of accreditation is within a reasonable timeframe of the start date of the contract, PEBP may be willing to make accreditation a negotiated item of the contract.

8. Section 3.9.4, page 13: In this section, there is a statement that, "your organization's ability to provide these services with these requirements." Please describe what these services are. In particular, please explain what is meant by a "Letter of Agreement" which is mentioned in this section.

   A Letter of Agreement (LOA) is a document facilitated by the UM/CM vendor that is typically exchanged between the facility, PEBP as the payer, and HealthSCOPE, the third party administrator, stating that a certain plan exception is being made in the case of a specific plan participant. The exception may be a negotiated case rate, allowing a facility that is not in the network to be considered in-network for the purposes of treating that participant in exchange for a discounted rate, or extending a stay in a facility beyond what PEBP's Master Plan Document states when, based on certain clinical criteria, a participant's condition warrants the exception.

9. Section 3.9.5, page 13: Does PEBP pay for the health plan auditor, or is this contractor expected to pay for the health plan auditor? Please explain.

   PEBP is responsible for paying its health plan auditor.

10. Section 3.11.1.2, page 13: Does PEBP have a mandatory or preferred location for the nurse case managers assigned to this contract? If so, please explain.

PEBP requires that the case manager nurses servicing this contract be licensed appropriately for the states in which they provide services.

11. Section 3.11.4 and Section 3.11.1.5, pages 13 and 14: Both of these sections request descriptions for criteria for case management services. Please explain the difference in these two questions. Please explain the difference between general case management and large case management.

Section 3.11.1.5 lists some of the additional conditions/complications that separate general case management from large case management.

12. Section 3.11.2.13, page 17: Is PEBP willing to accept recommendations from this contractor regarding which services should require pre-certification?

PEBP works in partnership with all its vendors and accepts recommendations from its vendors; however, PEBP has the final say in what changes to the plan are made.

13. Section 3.19, page 22: Does the current contractor have performance standards and/or performance guarantees? If so, has PEBP collected any performance guarantee financial penalties? Please describe.

All PEBP contracts have performance standards and guarantees. The current vendor has not had any financial penalties assessed.

14. Section 5.2, page 29: Are plan participants the primary participant only, or does plan participant include the primary participant and the covered dependents? Please explain.

The PPPM listed is Per Participant Per Month, meaning <u>primary participant</u> only. Vendors are encouraged to price their services accordingly.

15. Contract for Services of Independent Contractor, Section 14, p. 4: Will the State agree that the contractor will not be liable to indemnify the State for claims to the extent that those claims arose from the negligence or willful acts or omissions of the State or its employees or agents?

The Contractor's obligation to indemnify the State under this section shall not require indemnification for the State's own fault or negligence. However, if a loss is caused by the Contractor's negligence or fault, the existence of some concurrent, contributory, or joint negligence on the part of the State would not relieve the Contractor of its obligation to indemnify to the full extent of the loss caused by the Contractor.

16. Contract for Services of Independent Contractor: Is the State willing to include a section in the contract regarding the confidentiality of peer review deliberations clause such as: a. To preserve the integrity of independent review, Contractor will keep, and is entitled to keep, confidential and will not disclose to the State, a Covered Person, or any other interested party the full identity of any clinical reviewer and/or Qualis Health physician reviewer who provides services under this Agreement except where such identities must be disclosed pursuant to U.S. Department of Labor regulations, 29 C.F.R. section 2560.503-1 (the "DOL Regulations"), the American Accreditation of Health Care Commission ("URAC") standards, or as may otherwise be required by law or by a court of competent jurisdiction. Qualis Health will also keep confidential and will not disclose to the State , a Covered Person, or any other interested party the discussions, communications, review notes, minutes of meetings and any other records of discussion and judgments involving the Utilization Management Services, except where such disclosure is required by the DOL Regulations, URAC standards, or as otherwise required by law or by a court of competent jurisdiction. The parties mutually agree that 42 C.F.R. section 480.139(b) (Reasons for Quality Improvement Organization Decisions) is hereby incorporated by reference into this Agreement and will apply with respect to the UM Services rendered by Qualis Health. For purposes of applying such regulations to this Agreement, the reference therein to "those who have access to Quality Improvement Organization information" will be interpreted to refer to the State and its applicable employees and agents; and the State will comply with the provisions

This is something that PEBP will submit to the agency Deputy Attorney General for review if needed for negotiation if this vendor is chosen.

17. Contract for Services of Independent Contract: Please clarify if the Contractor's UM and CM decisions are advisory only to the State, so that the State is not bound by the UM and CM decisions by this contractor.

PEBP accepts the clinical decisions made by the UN/CM vendor as advisory only.

18. Business Associate Agreement: Is the state be willing to negotiate some of the terms of the Business Associate Agreement so that both parties may be in compliance with current HIPAA requirements?

PEBP's Business Associates Agreement is revised on a regular basis based on the results of its biennial legal compliance review. PEBP may be open to suggestions from the vendor as long as the suggestions are minimal and do not change the intent of the agreement.

19. Section 3.9.1 – How many individuals from PEBP's TPA will need to access the contractor's Utilization Management/Case Management IT system.

This would be determined through negotiations with the winning vendor, PEBP's TPA, and PEBP's Chief Information Officer.

20. Section 3.9.3 – How many PEBP staff members/other vendors will participate in the bimonthly calls?

In addition to PEBP staff, PEBP's third party administrator, pharmacy benefit manager, representative from the statewide PPO network, and other vendors when requested will join the bimonthly calls.

21. Section 3.10 – Please provide the following Utilization Management and Case Management Data for the latest 12 month period: o Case Management Cases Opened o Case Management Cases Closed o Case Management Cases Open at End of the Period o Inpatient Authorizations by Specialty (Medical, Surgical, MH Acute, CD Acute/Residential and MH Residential o Inpatient Denials by Specialty (Medical, Surgical, MH Acute, CD Acute/Residential and MH Residential o Outpatient Authorizations o Outpatient Denials

The data available is provided in this embedded document.

PEBP SFY 2013
Annual Report.pdf

22. Please confirm that the implementation fee provided on the cost schedule should be in the format of a fixed fee and not a PPPM rate. *(Attachment I)*

The implementation fee may be in the form of a fixed fee in the cost scheduled provided in Attachment I.

23. Are there any reimbursable (pass through) costs like postage that should not be included in the cost proposal? *(Attachment I)*

All costs that the vendor anticipates in the execution of this contract should be reflected Attachment I. This would include postage, marketing, travel, etc. PEBP will not reimburse for any costs other than what is proposed in Attachment I.

24. Please detail how payments for implementation services prior to July 1, 2014 will be paid and on what schedule. *(Attachment I)*

There will be no payments made to any vendor for work done prior to the start date of July 1, 2014. If there are implementation costs they should be listed in the cost table provided in Attachment I.

25. When is the contract expected to be signed given that the vendor must be working to have implementation completed by July 1, 2014? *(Section I, page 4)*

There will be no payments made to any vendor for work done prior to the start date of July 1, 2014. If there are implementation costs they should be listed in the cost table provided in Attachment I. The contract is expected to be presented at the April 2014 Board of Examiners meeting.

26. Please confirm the contractor has six months for implementation after BOE approval. *(Section I, page 4)*

The contract is anticipated to be presented to the Board of Examiners in April 2014. The contract has the anticipated start date of July 1, 2014.

27. Will the State please confirm that answers to questions will be incorporated into the RFP by an amendment or addendum? *(Section 7.1, page 29)*

The State will release an amendment that includes all questions with all answers. This amendment will be appended to the contract as an attachment.

28. Is the current pricing listed in 5.2 applied to all participants in the graphic "Current Plan Census?" *(Section 3.1 [page 8] and Section 5.2 [page29])*

The pricing that is provided in Section 5.2 is what the current vendor is paid per month on a per-participant basis. The headcount can vary month to month based on plan census reports.

29. The requirements states that Healthscope have access to the UM/CM IT system. How many viewers will they require? *(Section 3.9.1, page 12)*

This would be determined through negotiations with the winning vendor, PEBP's TPA, and PEBP's Chief Information Officer.

30. Is all travel relating to the administration of the proposed requirements billable to PEBP or are there specific functions designated for travel reimbursement. *(Section 11.3.2, page 46)*

All costs associated with this contract should be reflected in the table provided in Attachment I. PEBP will not reimburse vendors for travel that is not listed in the cost table provided in Attachment I. All costs that a vendor anticipates in the execution of this contract should be included. The line item for "Other" can be used for travel expenses if needed.

31. Section 3.10 refers the bidder to Attachment L for current vendor volumes for the 7/1/12 to 6/3013 time period. The document in Attachment L does not contain time frames and the tables are blank. The Executive Summary contains several service counts. Are these counts to be used for volume estimation? If so, what is the time frame? If not, can you please provide volumes for the last 12 months broken out by the pricing categories outlined in Attachment I, Cost Schedule? *(Section 3.10 [page 13]) and Attachment L)*

See the response top Question #21.

32. What is the anticipated earliest date PEBP may request services to be initiated? *(Section 1, page 4)*

PEBP does not anticipate the start date of this contract being prior to July 1, 2014.

33. Does the State anticipate any significant increase or decrease in the total number of eligibles prior to contract start date? And if so, by what anticipated amount/percentage? *(Section 3.2, page 9)*

While the total number of participants enrolled in the PEBP plan can vary from month to month, there are typically no great variations in the number from month to month. PEBP does not foresee a great increase or decrease in the total number of eligible plan participants.

34. The CDHP is one benefit option to employees. Please confirm that participants have access to local HMOs and a retiree health insurance exchange. Please confirm that services under this RFP are for those that choose the CDHP only? Are there any strategic initiatives that would decrease enrollment in the CDHP? *(Section 3.2, page 9)*

Confirmed. Eligible PEBP retirees must enroll in a Medicare Exchange. Other participants, including active employees and retirees not yet Medicare-eligible, must choose between the CDHP and the HMO plans. There are no planned initiatives that would decrease enrollment in the CDHP. The CDHP is PEBP's default plan.

35. What is the approximate number of PEBP staff that will need access to the reporting tools? *(Section 3.4.2, page 11)*

There are approximately four (4) staff members needing access.

36. What is the anticipated annual volume and types of ad hoc reports that may be requested by PEBP? *(Section 3.4.3, page 11)*

This information is unknown at this time.

37. Does the State require that only Registered Nurses provide the Utilization Management services or would the State be open to a combination of Registered Nurses and Licensed Practical Nurses? *(Section 3.5.2, page 11)*

PEBP requires that registered nurses provide case management and large case management services. For utilization management, registered nurses and/ or licensed practical nurses would be acceptable.

38. What is the approximate number of individuals, with HealthSCOPE benefits? *(Section 3.9.1, page 12)*

This would be determined through negotiations with the winning vendor, PEBP's TPA, and PEBP's Chief Information Officer.

39. Who will require access to the UM/CM vendor's system? *(Section 3.9.1, page 12)*

See the answer to question #38.

40. Please provide a list of the states in which PEBP participants reside. *(Section 3.11.1.19, page 16)*

Currently, PEBP has participants residing in all 50 states.

41. Please provide the number of participants per state. *(Section 3.11.1.19, page 16)*

Requested information is provided in this embedded document.

Participants by State.xlsx

42. The Service Performance Standard references both Quarterly and Annual management reports. However, the method of measurement only references Quarterly reports. Please confirm that both Quarterly and Annual reports will be provided by the vendor and the associated timing of delivery for each. *(Section 3.19, page 22)*

The last quarterly report due from the vendor typically has the quarterly data, as well as an annual performance summary included. It serves as the annual report as well as the quarterly report. The schedule for the reports due from vendors is based on the PEBP Board meeting schedule and is subject to change. The schedule for the Plan Year 15 reporting schedule has not been determined.

43. Section 3.5 Vendor Staffing (p. 11) makes reference to an Account Manager, Registered Nurses and Technicians, but doesn't include the phrase – key personnel. Does the State have any requirements specific to key personnel or is this at the discretion of the vendor? If the former, please elaborate. *(Section 4.4, page 28)*

PEBP trusts that the vendor will staff the contract with the best staff available to meet the needs of PEBP and its participants.

44. Please provide the scoring associated with each of the evaluation criteria. *(Section 10.1, page 41)*

The criteria weights are confidential at this time.

45. Is a web portal available currently for internet submission of pre-certification requests? If so, please elaborate on the number of users, number of requests, how users are

authenticated/validated? And what type of functionality is available, i.e., submission only, reporting, auto-auth determinations. *(Section 3.11.2.6, page 16)*

Currently a web portal is not available. PEBP exchanges all information with the current vendor via a secure email hosted by the vendor.

46. The RFP does not specifically talk about transition activities from the existing vendor. Please provide a high level description of what data, processes, and activities will be transitioned from the existing vendor as part of the implementation effort? *(General Question)*

All data associated with case management, utilization management, pre-authorizations, and all other related duties associated with the contract will be transferred to the new vendor. The data exchange requirements will be exchanged with the new vendor and PEBP's current vendors. Historical data will be transferred. Data is able to be exchanged once the contract is signed by the Board of Examiners, anticipated to be to April 2014.

47. Will historical data, authorization, and case management information be made available or will vendor start with a "clean slate"? If the date is made available, will the State expect us to import the data? *(General Question)*

See the response to question #46.

48. Does the State expect: (1) a complete, formal disaster recovery plan, (2) a detailed description of the proposed disaster recovery plan addressing each of the four scenarios listed, or (3) a sample/template of a disaster recovery plan? *(Section 3.16, page 20)*

Proposal response should include the prospective vendor's current production systems' disaster recovery plan for the systems that will support PEBP in the execution of this contract.

49. Section 3.3, page 10. Please provide review volumes for all CDHP services pre-authorized for the last full contract year per PEBP's Master Plan Document. What are the anticipated preauthorization review volumes during the coming year?

See the response to question #21.

50. 3.4.4, page 1. Please provide the type and volume of ad hoc reports requested during the last contract year.

During the last year there were no reports requested from the vendor outside of the vendor reports in the required vendor report format provided.

51. Section 3.11.2.13, page 17. Please state the frequency of updates to the PEBP Master Plan Document. What has been the historic review volume percentage increase associated with

expanding the list of services requiring preauthorization on the PEBP's Master Plan Document; including the resultant increased volume for concurrent and retrospective reviews, if any?

PEBP's Master Plan Document is updated every plan year or as conditions warrant. Typically, updating the MPD does not cause a measurable increase in concurrent or retrospective reviews.

52. Section 3.11.3, page 17. What has been the volume of concurrent review during the last contract year?

See the response to question #21.

53. Section 3.11.4, page 17. What has been the volume of retrospective review during the last contract year?

See the response to question #21.

54. Can we please receive 2 years' worth of claims, pharmacy, and eligibility data to better customize our programs and refine our pricing?

The data provided for Question 21 is the data that will be provided for this RFP.

55. Will the PEBP provide regularly updated membership files including benefit plan enrollment and effective date spans?

Each PEBP vendor receives a monthly eligibility file. The vendor may contact PEBP with questions regarding the participants' eligibility or the participants' dependents eligibility should a potential discrepancy be identified.

56. Section 3.5.1 Does the account management need to be a full time employee dedicated to this contract?

PEBP expects the vendor to staff this contract appropriately; as such, PEBP expects its account manager to be available any time there is an issue with the contract, or when there is an issue with a participant which requires escalation or immediate resolution.

57. Section 3.5.2 Do the registered nurses need to be full time employees dedicated to this contract? OR Can a pool of nurses be used?

PEBP expects the vendor to staff this contract appropriately; however, PEBP would prefer that the nurses the vendor proposes using for this contract are staffed for the purposes of serving the PEBP population.

58. Section 3.9.2 What technologies are utilized for the electronic interface with HealthSCOPE Benefits? Secure File Transfer Protocol (sFTP)?

FTP is the method in which PEBP allows data to be exchanged between vendors.

59. Section 3.9.3 Is bimonthly meant as twice a month or every other month?

"Bimonthly" means twice per month.

60. Section 3.9.3.2 Does PEBP support the use Transport Layer Security (TLS) for email encryption between entities?

PEBP can support the use of TLS for email. Use of this technology would require specific configuration and testing with the approved entity.

61. Section 3.9.4 Will the Letter of Agreement (LOA) be required before the Utilization Management and Large Case Management Vendor can authorize services?

In cases where an LOA is required it must be approved by PEBP before services can be authorized.

62. Section 3.9.4 Will the Letter of Agreement require approval by PEBP before it can be finalized?

Yes.

63. Section 3.9.5 Will these audits be on-site at the vendor's location and include an "electronic" audit or will the vendor be required to submit reports, records, etc. via hard copy to the auditor?

The audits will be conducted on site at the vendor's location(s). The vendor will be required to submit certain reports and data to the auditor prior to the auditor's arrival, and at the request of the auditor when validated by PEBP.

64. Section 3.9.5 What is the frequency of the routine security audits?

The audits are scheduled to be conducted every other year.

65. Section 3.9.5 What is the notice period given prior to the Vendor prior to the audit occurring?

Typically, the UM/CM vendor is given 3-6 months' notice prior to PEBP's auditor arriving on site.

66. Section 3.9.5 What is the timeframe allocated for the audit?

PEBP's health plan auditor is typically on site for 2-4 days, depending on findings and the level of follow-up required to finalize the report. The audits are able to be finished timely when the vendor has all staff necessary for the audit on-site and ready to participate.

67. Section 3.10 The RFP references volumes in Attachment L. However, there are no volumes in Attachment L. Can those historical volumes please be provided?

See the response to question #21.

68. Section 3.11.1.9 Is it a correct assumption that requests for transplant will come through the Utilization Management and Large Case Management vendor, and if authorized as medically necessary, the vendor will then contact the third party administrator to coordinator with the Center of Excellence?

Typically, yes.

69. Section 3.11.1.9 Is the third party administrator responsible for coordinating/communicating with the Centers of Excellence contracts signed and the member to get the COE contract and agreement signed?

Yes.

70. Section 3.11.2.8 This denial rate should only include PPO plans, no other organizations or would PEBP care to see over denial rate for all pre-certification cases?

For this question, the denial rate should only apply to PPO Plans (CDHP).

71. Section 3.11.2.13 Does the PEBP plan to increase the pre-certification services in the future? If so, when?

PEBP cannot anticipate what plan design changes will be made in the future.

72. Section 3.11.2.13 Would the anticipated volume increase exceed 10% of the total volume?

See the response to question #71.

73. Section 3.11.4.2 Please define onsite. Onsite at the providers office or onsite in the UMCM vendors local office?

Onsite would be at providers' offices, facilities or other inpatient/outpatient locations.

74. Section 3.11.4.2 Will other methods be considered?

PEBP is open to whatever methods vendors propose to best meet the needs of the State and the participants of the plan.

75. Section 3.14.2 "PEBP requires vendors to assign a dedicated account manager.." Does this mean a full time employee?

PEBP requires the vendor to staff this contract appropriately.

76. Section 3.18.1 Will PEBP require the use of the HIPAA EDI X12 transactions to effect data interchanges with the Vendor for this scope of work? If yes, please identify the transaction (sets) that will be used.

All data exchanges (EDI processes) transmitting information to/from PEBP or between PEBP vendors will be reviewed and approved in advance by PEBP's CIO. EDI process requirements will be evaluated on an individual basis and configured as best suited for the purpose and systems in use.

77. Section 3.19 Does a "single claim or treatment plan" include continuation of services? (As an example, the member's initial reason for admission is not expected to exceed $100,000. However, complications occur which will then result in a claim of >$100,000.)

Yes.

78. Section 3.19 Is it a correct assumption that the "odd year audits" will include two years' worth of cases? Which means that penalties, if they exist, will be paid only every other year but incorporate penalties that may have occurred in the year before?

Yes.

79. Section 11.3.2 Is the travel indicated in this provision travel related to the execution and operationalization of this contract? OR Does it only apply to potential travel not directly related to this contract?

PEBP does not reimburse for travel. Any travel must be included in the cost proposal in Attachment I. Travel costs may be included as line item "Other." PEBP will not consider any expenses that are not a part of the cost proposal.

80. Attachment D (Contract Form) Can the State clarify the term for cross-liability coverage?

The State is looking for assurance that the insurance policy does not exclude coverage if one insured is liable to another insured.

81. Attachment E (Insurance Schedule) Can the State clarify the need for automobile insurance and to be named as an additional insured?

The State requires all contracted vendors to maintain this coverage naming the State as an additional insured on the policy when the vendor has the possibility of coming on to State property for any reason while performing the duties of the contract.

82. Attachment M (Privacy Security Policies and Procedures) Please provide these two documents: Attachment I - HIPAA/HITECH Notice Requirements and Attachment J - New Breach Determinations effective September 23, 2013.

See the response to question #5.

83. Attachment N (Business Associate Agreement) Can the State clarify the means by which business associate is expected to communicate notifications/approvals and to whom they should be made?

All notifications will be made to PEBP. All approvals will come from PEBP. Notifications must be made in accordance with the terms of the contract.

84. With regard to requirement 3.5 VENDOR STAFFING (3.5.3), what are the desired qualifications of "Technical Staff." Could LPNs serve in this role?

See the response to question #37.

85. With regard to requirement 3.13 Facility Channeling -What is the requirement related to communicating in network and out of network reviews to members, facilities and providers. -How many networks are available? -Is there capability to provide the provider file for the providers within network?

The lists of participating providers (in Nevada and outside of Nevada) are located on the PEBP website at www.pebp.state.nv.us.

86. With regard to requirement 3.11.1.8, -What Transplant Networks does the State of Nevada currently contract with? -Who is HealthSCOPES transplant network for Center of Excellence?

HealthSCOPE Benefits contracts with several Center of Excellence networks for transplants. Cigna and Lifesource are two examples.

87. With regard to requirement 3.11.1.3, the State mentions on-site case management. -Can you please provide a list of possible locations and caseloads where on-site would be needed? -Can you please provide a number of how many cases have required on-site case management? -Is on-site CM part of the State's current program? If so, are there specific case scenarios that trigger on-site engagement?

PEBP relies on the vendor to propose the best possible options to meet the needs of the state and the participants of the program. Onsite case management has not been a requirement previously.

88. With regard to requirement 11.3.2, Are travel expenses reimbursable?

See the response to question #30.

89. With regard to section 5. Cost: Would the State consider a Per Employee Per Month or Per Member Per Month fee structure?

With the exception of implementation costs and travel costs, which can be listed as flat dollar amounts, all other costs associated with this contract need to be listed in a PPPM (per participant per month) format.

90. How does the State define a "participant" for Per Participant Per Month pricing? For example, if one employee has an event that requires multiple pre-authorizations for that single event, is that employee considered one Participant?

See the "Definitions" section of the RFP. A participant refers to the primary insured (active employee or retired employee).

91. Can the State provide volume counts for 2012 "participants? -Can the State provide hospital census data? -Can the State provide hospital census data by primary diagnosis?

See the response to question #21.

92. Can the State provide the number by type of out-patient pre-authorizations, or just the aggregate number of out-patient pre-authorizations?

See the response to question #21.

93. How many large case management cases does the State refer directly to the vendor on a monthly average?

See the response to question #21.

94. How many large cases were managed by the State's current vendor in 2011 and 2012?

See the response to question #21.

95. Does the State have a fixed budget based on last year's volume and current vendor pricing?

The State does not have a fixed budget.

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:	DBMS, INC.		
Authorized Signature:			
Title:	Lead of Client Services	Date:	11/27/13

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	X
Justification for Confidential Status			

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

Part III – Confidential Financial Information			
YES	X	NO	
Justification for Confidential Status			
PRIVATELY HELD CORPORATION			

DBMS, INC.
Company Name

Signature

Andres Jimenez
Print Name

11/27/13
Date

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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.

DBMS, INC.

Vendor Company Name

Vendor Signature

Andres Jimenez — 11/27/13

Print Name — Date

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Certificate Number: U120033R - 2158

Certificate of Full Accreditation

is awarded to

DBMS Health Services
5975 Castle Creek PKY N. Dr, Suite 465
Indianapolis, IN 46250

for compliance with

Health Utilization Management Accreditation Program

pursuant to the

Health Utilization Management, Version 7.0

Effective from the Tuesday 1st of May of 2012 through the Thursday 1st of May of 2014

William Vandervennet
Chief Operating Officer

Susan DeMarino
Vice President of Accreditation Services

ACCREDITED

URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subcontractors or other affiliated entities not accredited by URAC.

URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.

This certificate is the property of URAC and shall be returned upon request.

Certificate Number: M132117 - 2158

urac

Certificate of Full Accreditation

is awarded to

DBMS Health Services
5975 Castle Creek PKY N. Dr, Suite 465
Indianapolis, IN 46250

for compliance with

Case Management Accreditation Program

pursuant to the

Case Management, Version 4.1

Effective from the Friday 1st of November of 2013 through the Sunday 1st of November of 2015

William Vandervennet
Chief Operating Officer

Susan DeMarino
Vice President of Accreditation Services

URAC

ACCREDITED
CASE MANAGEMENT

URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subcontractors or other affiliated entities not accredited by URAC.

URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.

This certificate is the property of URAC and shall be returned upon request.

ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

DBMS, INC.
Company Name

Signature

Andres Jimenez
Print Name

11/27/13
Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

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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.

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 members 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
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

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.

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.

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

3.3.1.1. Case management and large case management;
DBMS INC. provides general Case Management and Large Case Management services.

3.3.1.2. All elective inpatient hospital admissions, including planned use of a hospital for a dental purpose;
DBMS INC. Utilization Management program includes reviews for these services.

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.
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.3. All admissions to a skilled nursing facility or sub-acute facility;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.4. All admissions to any hospital or rehab facility for rehabilitation therapy;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.5. All organ/tissue pre-transplantation related expenses, including the admission for transplantation services;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

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;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.7. Carpal tunnel surgery;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

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;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.9. Weight-loss surgery;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.10. All spinal surgeries, inpatient or outpatient, to include but not limited to laminotomy, discectomy, stereotaxis and neurostimulators;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.11. Dialysis- Inpatient and Outpatient;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.12. Cardiac Pace Makers;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.13. Illnesses requiring chemotherapy;
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.14. Any procedure that might be deemed to be experimental and/or investigational; and
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.3.1.15. Durable medical equipment when the cost is expected to exceed $1,000.00.
DBMS INC. Utilization Management program includes reviews for these services and can customize the auto-authorization module and benefit coverage rules as needed so our nurses know which services to precert.

3.4. MANAGEMENT REPORTING

3.4.1.1. 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.
DBMS INC utilizes its own medical management software, ICMS, which has over 80 quality and state reports to give PEBP a clear picture of the health of their members. ICMS also features and Ad-Hoc Reporting engine that allows custom reports and queries to be generated quickly to make sure the PEBP has all the reports it needs. Reports can be provided to the PEBP or they can be generated as needed from the web-based DBMS QuickConnect Reporting Portal. [1]Please refer to the included reports, DBMS Brochure, and DBMS Health Services video Presentation (CD).

3.4.1.2. UM vendor must provide access to the UM vendor's web-based reporting tools to assigned PEBP staff.
ICMS, DBMS's medical management system features a web-based reporting portal, QuickConnect, to allow our clients to view the necessary reports in real time as needed online.

3.4.1.3. 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.
ICMS features and Ad-Hoc Reporting engine that allows custom reports and queries to be generated quickly to make sure the PEBP has all the reports it needs. Please refer to the included reports, DBMS Brochure, and DBMS Health Services video Presentation (CD).

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:

3.5.1.1. An account manager, whose primary responsibility is PEBP;
The account manager assigned to the PEBP will be the primary person responsible and available to the PEBP for help regarding quality, reports, and any other client service need.

3.5.1.2. Registered nurses, whose primary responsibility is PEBP; and
All DBMS Case Managers are registered nurses with current license and who currently meet the URAC CM Standards for Qualified Case Managers.

3.5.1.3. Technicians whose primary responsibility is to assist PEBP staff, PEBP participants, and PEBP providers with answers to questions.
DBMS has a vast resource of technicians available to help answers questions for PEBP staff, participants, and providers.

[1] The DBMS QuickConnect portal currently only features some of the standard reports. More reports can be added as necessary to meet the needs of the PEBP.

3.5.1.4. 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.
Nursing licenses for all nurses assigned to the PEBP account will have the correct licensure for State of Nevada prior to the set date of commencement if the contract is awarded to DBMS.

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.
DBMS follows all of the internal quality control processes put in place by URAC and will share the results with the PEBP as required in quarterly reporting.

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.
DBMS is accredited by URAC for both Health Utilization Management and Case Management and will follow the appeal process standards put in place by the PEBP.

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.
DBMS will provide a list of all subcontractors upon receipt of the contract.

3.8.1.1. Implementation will not be permitted until PEBP has provided written authorization to the vendor.
DBMS will provide a list of all subcontractors upon receipt of the contract.

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.
DBMS will provide a list of all subcontractor changes as they occur after receipt of the contract.

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

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.
DBMS provides client specific access to all UM and CM data in the ICMS through our client access portal QuickConnect. PEBP will have a "reports only" view while HealthSCOPE will be given a UM/CM view where they can view all UM/CM notes, all precertification letters (approvals, denials, LOIs, etc.), and the reinsurance renewal reports.

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.
DBMS can send electronic data feeds in any format (defined at implementation) on a daily schedule to HealthSCOPE's FTP or to DBMS' own FTPS site.

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.
DBMS is willing to meet with the PEBP as needed to ensure the utmost client satisfaction. A toll free number and WebEx invitation will be provided to ensure that all the necessary parties can meet and view any necessary documents as needed.

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.
DBMS is willing to meet with the PEBP as needed to ensure the utmost client satisfaction. A toll free number and WebEx invitation will be provided to ensure that all the necessary parties can meet and view any necessary documents as needed.

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:

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

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

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

All of the listed information (and more) is found in the DBMS Comprehensive Case Management report found in the Other Information Material Tab (TAB IX). Please refer to this tab and document for an example of this report.

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.
THE DBMS ICMS system currently has a built-in Letter of Agreement used with current clients that can be modified to fulfill the needs of the PEBP that is currently used for all out-of-network referrals and claim negotiations. Please refer to the Other Information Material Tab (TAB IX) to view a sample of this letter.

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.

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.
This information can be provided in an existing DBMS Report or in the report format provided.

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?
Over 20 years, since 2001.

3.11.1.2. What location will house the staff (including nurses) that will be responsible for PEBP's case management?
Indianapolis, IN or a satellite office in Nevada if on-site services are requested or specified as a condition in the contract.

3.11.1.3. Does your organization provide telephonic case management services, onsite case management, or a combination of both?
DBMS provides primarily telephonic case management services but can provide onsite services (in combination with telephonic services) for an additional rate as specified in the Cost Proposal.

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:

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.

All of these and more are criteria and services provided by DBMS Case Managers. Please refer to our brochure and video presentation (TAB IX) for more information.

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 sub-acute rehabilitation of physical, speech, or occupational therapies which exceed three (3) months of treatment;
g. IV therapy or parenteral nutrition;
h. Severe injuries; and
i. Non-compliance with medical treatment plan as prescribed by physician or other health care provider.

All of these and more are criteria and services provided by DBMS Case Managers. Please refer to our brochure and video presentation (TAB IX) for more information.

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, both self-referrals and referrals submitted by the PEBP will be accepted for covered individuals requesting large case management services.

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 organization's philosophy in detail, explaining how your organization maintains its philosophy and achieves maximum outcomes for complicated large cases.
DBMS' Case Management program works to achieve one goal, the improvement of the quality of life of the patient while reducing costs. Unlike case management programs offered by other Medical Management Companies, the DBMS Case Management program does not limit itself to the top 1% of your population. Rather, we go as high as you need in order to improve your population's health. It is because of the strong ICMS data analytics engine that this program excels in the identification and management of these high risk cases.

The DBMS case management department specializes in identifying and engaging members with high risk, high dollar conditions, and those who have suffered from a catastrophic injury, event, or life-changing condition. Our case managers guide members step by step through the treatment and recovery process, ensuring that their needs and interests are kept in focus. The DBMS Case Managers also work with the members to coach them into a healthier lifestyle that promotes the best outcome with the current condition they are facing. Changes to daily activities are recommended to prevent primary and secondary complications.

Our case managers emphasize their desire to gain the member's trust so that we can help them adapt and transition to the changes in their health. It is with this trust that we begin to see the benefits in the program. When members confide in our case managers, this opens the door for huge savings on treatments, through either a price negotiation or specialty treatment network.

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.

When notification that a member is in need of a Transplant is received:

1. ***The DBMS case managers look to determine if the member is enrolled in case management.***
2. ***If the member is not in case management, the member is then enrolled into the case management transplant program.***
3. ***The DBMS case managers will then look over the case to see if this is a new Transplant or if the member has had a transplant previously.***
4. ***Benefits for transplant and if the TPA has a preferred provider for this service are verified.***
5. ***The DBMS case managers also call the TPA for Specific benefit amounts. As of 2014, this service will considered as any other surgery benefits.***
6. ***DBMS only utilizes Transplant Centers of Excellence.***
7. ***If the TPA does not have a preferred Vendor for this service we have contracts with Specialty Transplant Vendors so that we get the best deal for the Member, TPA, and the Facility.***
8. ***The DBMS case managers look at how soon the procedure will be done, if the Initial assessment has been completed, and the recommendations from the Transplant Coordinator.***
9. ***The ultimate advantage to all is to have the patient be followed in case management as soon as possible so that we can get the best pricing as well as the best outcomes for all.***
10. ***The Case Manager would be able to foresee any financial Hardships, transportation issues, or any medical problems that may need to be dealt with.***
11. ***The case Manager also does all of the precerts related to that member so that the all parties know exactly where we are in the process and authorizations flow smoothly and so the Facility is not waiting around for an authorization.***

We here at DBMS have had great success with our Transplant program both with outcomes and cost savings which we document and share with the TPA.

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, DBMS Case Managers always look for a Centers of Excellence referral program and we can also work in cooperation with the TPA to assist participants who require care at a Center of Excellence.

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?
From our experience, government employee groups of the size of the PEBP typically have a high risk population reaching up to 1.5% (0-290 PEBP members) of members that would actually qualify to enroll after an initial screening of cases.

3.11.1.11. Please describe in detail how your organization's case managers would interact with patients, patients' families, and PEBP.
The DBMS Case Managers would establish communication with your members by reaching out through an initial introduction letter and a follow-up call to introduce themselves and the program. From then on, the PEBP members and the assigned case manager will communicate in the form that is most convenient to the member (telephone, email, etc.). The DBMS case managers will emphasize their desire to gain the member's trust so that we can help them adapt and transition to the changes in their health. DBMS case managers will reach out to the family and PEBP as necessary to help in the coordination and investigation process of the care continuum. .

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 PEBP staff?
Our case managers will work closely with both HealthSCOPE and the PEBP for the coordination of care of your members. Based on the needs and/or circumstances the DBMS case managers will communicate important information on behalf of the member to the PEBP while maintaining the strictest level of confidentiality as required by State and Federal regulations.

3.11.1.13. Please describe in detail the qualifications that your organization requires of your case managers.
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

<u>Education, Licensure and Experience</u>: Current Indiana nursing license in good standing. Must have five (5) years clinical experience with specialization and an

additional two (2) years of experience as a Client Specific Care Manager or similar position in Case Management or Utilization Management. Primary source verification of current licensure and certifications will be conducted according to the policy outlined in Credentialing for Professional Clinical Staff. CCM licensure by a URAC approved agency is preferred but not required upon hire. The Case Manager must become CCM certified within 2 years of being hired for this position.

Language Skills: Ability to read and interpret documents such as reference books and patient medical records. Ability to compose clinical correspondence. Ability to speak effectively with employees, clients, patients and health care providers.

Reasoning Ability: Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to apply clinical knowledge to make determinations of medical necessity as outlined by criteria standards. Ability to troubleshoot complex clinical problems and simple employment issues.

3.11.1.14. What is your ratio of licensed staff to total covered lives?
Utilization Management: 7000:1 (per year)
Case Management: 1000:1 (per year)

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 started at Day 1. At the time of admittance we would receive a notice of the admission, then depending on the diagnosis and the needs of the patient we would help coordinate the continuum of care so that the patient's needs are met and all services are made available upon time of discharge.

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.
DBMS utilizes the CHCS ROI calculator to predict return on investments for our services. Claims history data would be needed in order to calculate the ROI for this proposal. A blank sample report is shown below:

Target Population	
Eligible Population	
Total Membership in Eligible Population	
Outreach Goal	

Ramp-up Period	
Total Target Population Members	
Total Intervention Group Members	

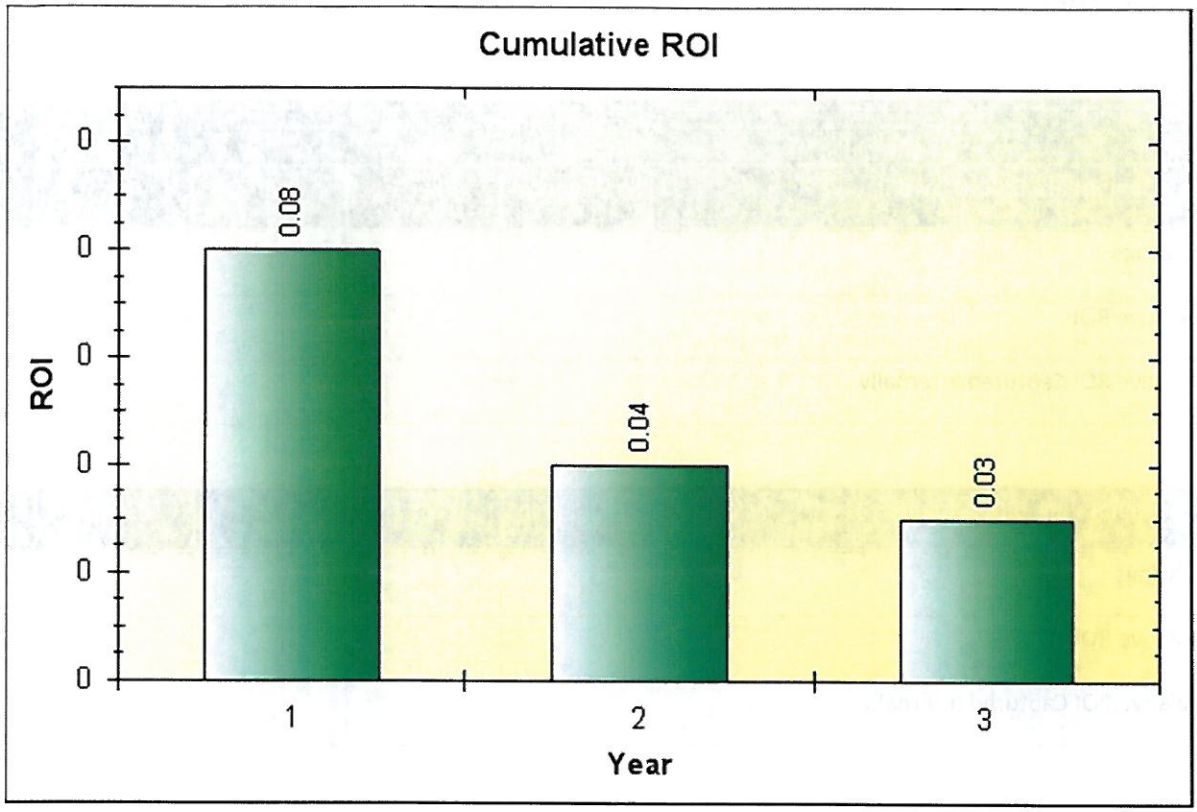
Utilization Assumptions - Cost Increases/Decreases			
	Year 1	Year 2	Year 3
Inpatient			
Emergency Dept			
Outpatient			
Home-Based Care			
Laboratory			
Pharmacy			
Other			

Savings per Intervention Group Member				
	Year 1	Year 2	Year 3	Total
Inpatient				
Emergency Dept				
Outpatient				
Home-Based Care				
Laboratory				

Pharmacy				
Other				
Total per Member				
Organizational Total				

Program Costs					
	Pre-Launch	Year 1	Year 2	Year 3	Total
Program Costs					

ROI			
	Year 1	Year 2	Year 3
Cumulative ROI			
Cumulative ROI Captured Internally			
Cumulative ROI if Savings are 5.00% Lower			
Cumulative ROI if Savings are 5.00% Higher			
Net Present Value			



Aggregate ROI Analysis					
	Pre-Launch	Year 1	Year 2	Year 3	Total
Gross Savings/(Costs) from Utilization Changes					
Program Costs					
Net Savings/(Costs)					
Net Savings Captured Internally					
Net Savings to Other Organizations					
Cumulative ROI					
Cumulative ROI Captured Internally					

Net Present Value					

Sensitivity Analysis					
If gross savings are 5.00% lower	Pre-Launch	Year 1	Year 2	Year 3	Total
Net Savings					
Cumulative ROI					
Cumulative ROI Captured Internally					

If gross savings are 5.00% higher	Pre-Launch	Year 1	Year 2	Year 3	Total
Net Savings					
Cumulative ROI					
Cumulative ROI Captured Internally					

Per Intervention Group Member					
	Pre-Launch	Year 1	Year 2	Year 3	Total
Savings/(Costs) from Utilization Changes					
Program Costs					
Net Savings					
Per Target Population Member					
	Pre-Launch	Year 1	Year 2	Year 3	Total
Savings/(Costs) from Utilization Changes					
Program Costs					
Net Savings					
Per Eligible Population Member					
	Pre-Launch	Year 1	Year 2	Year 3	Total
Savings/(Costs) from Utilization Changes					

Program Costs					
Net Savings					

ross Savings PMPM	
Per Intervention Group Member	
Per Target Population Member	
Per Eligible Population Member	
Percentage Gross Savings PMPM	
Per Intervention Group Member	
Per Target Population Member	
Per Eligible Population Member	
Net Savings PMPM	
Per Intervention Group Member	
Per Target Population Member	
Per Eligible Population Member	
Percentage Net Savings PMPM	
Per Intervention Group Member	
Per Target Population Member	
Per Eligible Population Member	

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 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.
No, DBMS provides these services in-house.

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.

1. ***Behavioral Health Case Management is done in house.***
2. ***We have separate OP/PHP/Inpatient/Substance abuse guidelines that we follow.***
3. ***We exercise the utmost care with confidentiality regarding this very sensitive information.***
4. ***We have seasoned Behavioral Health nurses on staff to handle these cases.***
5. ***We receive the Demographics as well as the Clinical information and the ICD 9 and CPT codes.***
6. ***We review the clinical and substantiate level of proposed care to see if the clinical matches the level of care.***
7. ***We verify benefits and let the provider know what the benefits are and how long these benefits last.***
8. ***We make any recommendations for the plan of care as needed by the RN, CCM for Behavioral Health***
9. ***When applicable we make follow up calls to the member regarding the help they received.***
10. ***We sometimes have Behavioral Health patient that go to the hospital for a Medical condition and when MD feels the patient is transferred to the appropriate level of care according to the Plan of care. The approval of days are separated by the diagnosis.***

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.

Our nursing staff will obtain any necessary, remaining licenses after the award of the contract.

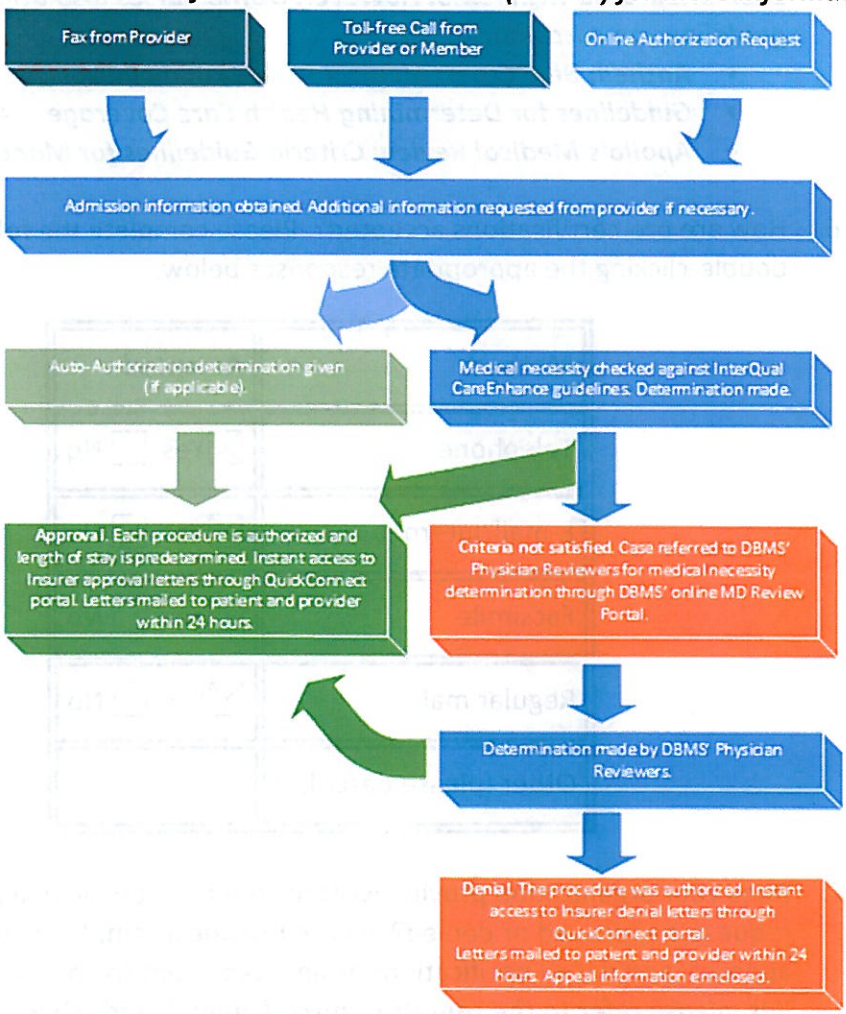
3.11.2. Pre-certification

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.

Please refer to the diagram below and to the included video presentation included

in the Other Information Material tab (TAB IX) for more information.



3.11.2.2. What is the average length of time for your organization to pre-certify inpatient hospital admissions?
Usually less than 30 minutes upon receipt of all the required information.

3.11.2.3. Describe your organization's process for managing outpatient surgery pre-certification requests.
Please refer to question 3.11.2.1 for more information.

3.11.2.4. What is the average length of time for your organization to pre-certify outpatient surgical services?
Usually less than 30 minutes upon receipt of all the required information.

3.11.2.5. Does your organization refer to established medical necessity guidelines for pre-certification, such as those published by Milliman?
Yes, DBMS primarily utilizes InterQual Medical necessity guidelines that have

been integrated with ICMS. However, DBMS nurses also utilize the following guidelines on occasion:

- ***Anthem Blue Cross: Medical Policies and Clinical UM Guidelines***
- ***Guidelines for Determining Health Care Coverage – Aetna***
- ***Apollo's Medical Review Criteria Guidelines for Managed Care – Apollo***

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.
Yes, please refer to the sample approval, denial, and LOI letters that have been included in the Other Information Material Tab (TAB IX). These letters are typically mailed only to the patient, but can be faxed/mailed to the Provider as well. The TPA has view access for all letters through the QuickConnect Portal.

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.

Decision	7/1/11 - 6/30/12	%	7/1/12 - 6/30/13	%2
Approved	18858	95.87%	14770	93.78%
Denied	84	0.43%	266	1.69%
LOI	630	3.20%	420	2.67%
No Precert Required	70	0.36%	294	1.87%
Partial	28	0.14%	0	0
Total	**19670**	**100%**	**15750**	**100%**

3.11.2.9. What are the credentials, qualifications, and experience of staff determining pre-certifications for inpatient and outpatient services?
***Education, Licensure and Experience*: Current Indiana nursing license in good standing. Degree in Nursing from an accredited college. Minimum 5 years' experience in Utilization Management or medical necessity determination.**

***Language Skills*: Ability to read and interpret documents such as reference books and patient medical records. Ability to compose clinical correspondence. Ability to speak effectively with employees, clients, patients and health care providers.**

***Reasoning Ability*: Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to apply clinical knowledge to make determinations of medical necessity as outlined by criteria standards. Ability to troubleshoot complex clinical problems and simple employment issues.**

3.11.2.10. Please describe in detail your organization's denial process. Describe inpatient and outpatient services separately.
Please refer to question 3.11.2.1. Inpatient and outpatient denials are handled the same way.

3.11.2.11. Please describe your criteria for determining medical necessity for weight loss surgeries such as gastric bypass or lap band surgery.
When a request comes in for this type of procedure:
First we verify if the member has a benefit for this service
Then, we consult the medical necessity guidelines for this procedure.

Indications: (Adult only) Criteria for medical necessity of Bariatlic surgery

1. ***1 Severe obesity of at least 2 yrs. duration as defined by: a body mass index (BMI) of at least 40 in an adult patient OR a BMI of at least 35 with at least 2 of the following co-morbidities:***
    a. ***Clinically significant obstructive sleep apnea***
    b. ***Coronary artery disease***
    c. ***Hypertension as defined by BP greater than 14- systolic and/or 90 diastolic despite optimal medical management***
    d. ***Type 2 Diabetes***
2. ***Patient has attempted weight loss in the past without successful long term weight reduction.***
3. ***Patient bas participated in a physician supervised weight reduction program for a minimum of 6 months without satisfactory weight loss.***

Program must include consultation with a dietician/nutritionist, reduced calorie diet, increased exercise/physical, and behavior modification.

4. ***Patient is drug and tobacco free. May be in a tobacco cessation program at time of approval request.***
5. ***Consultation and recommendation of a qualified bariatric surgeon***
6. ***Nutritional evaluation- by a qualified dietician or nutritionist to determine if the patient will be able to comply with the post-operative dietary plan to include counseling on behavior modifications that will enhance the surgery's success.***
7. ***Psychological evaluation by a licensed psychiatrist or psychologist to assess patient's suitability for surgery***
8. ***Proposed procedure must not be considered experimental or investigational.***

All requests for Bariatric surgery for patient under the age of 18 will be referred to the DBMS Medical Director for review of medical necessity. If an Adult and all of the criteria above has been met an authorization will be issued. The insured's policy benefits would need to support the request also.

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.
Yes, the document has been reviewed by the potential account team staff.

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.
Fees will not be increased if benefits or services requiring precertifications are changed.

3.11.2.14.

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.
Please refer to question 3.11.2.1.

3.11.3.2. How frequently does your organization re-assess a patient's need for continued hospitalization under the concurrent review process?
Re-assessment times vary from case to case. All re-assessments are done upon the expiration of the initial approved days. Further reassessments are done upon the expiration of the supplemental days approved.

3.11.3.3. Please describe your organization's criteria for determining continued medical necessity.
After initial days are authorized and the facility knows the next review date, they fax us updated clinical for the next review period. Our nurses utilize InterQual criteria and compare the criteria with the member's progression thus far to see if the member is meeting the milestones for either discharge or continue stay. Per InterQual it list how many additional days to approve. If our nurse reviewers are unable to approve the case with the information received, they pend the case to the Medical Director with all of the clinical or information collected for the Medical Director to render a decision.

If the facility fails to send updated information (clinical) then our nurse reviewers would deny just those days in question for LOI and send letters to the facility, member, as well as the MD to let them know we haven't gotten the clinical info. Our nurse reviewers would also call the facility to make sure the member remains in house and to remind them that clinical information is needed to complete the authorization.

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.
Not applicable.

3.11.3.5. Please provide examples of all provider and participant communications related to this function and how your organization delivers these communications.
Please refer to question 3.11.2.7.

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.
Please refer to question 3.11.2.1.

3.11.4.2. Does your organization perform retrospective reviews on-site, telephonically, or a combination of both?
Retrospective reviews can be performed either way, depending on the services selected. If onsite services are selected, DBMS nurse reviewers can make onsite visits to conduct retrospective reviews.

3.11.4.3. What are the credentials, qualifications, and experience of staff handling retrospective review?
Please refer to question 3.11.2.9.

3.11.4.4. How is the need for retrospective review determined?
If the service being requested falls on a date that DBMS was selected as the UM vendor, DBMS will follow the normal review process and adhere to the applicable timeframes as set by URAC.
Please refer to question 3.11.2.1 for more information about the review process.

3.11.4.5. Please provide examples of all participant communications related to this function and how your organization delivers these communications.
Please refer to question 3.11.2.7.

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.
Included in the Other Information Material tab (TAB IX) are a few of the most popular reports shared with our clients. THE DBMS ICMS system has over 90 different reports that can be generated as needed and provided to you (or business associates, i.e. TPA, Reinsurers, etc.). Some of the contained reports include PHI (which for the purposes of this bid and for the patients' safety, have been replaced with X's or modified). Please see below for the name of the report and a brief description of each. Also included in this proposal is the DBMS Health Services Brochure and 20-minute video presentation that explains our process and reports in more detail. Please refer to the CD included in this proposal to learn more about our other reports.

Large Case Management Condition Report:
The DBMS Large Case Management Condition Report incorporates all information related to the patients care and combines into one elegant report that is easy to read and follow through all of the patient's case history. This report contains all of the patient's diagnoses, the hospitalization and utilization history (if service is provided), all case management notes as well as the savings incurred for the case. The robust integration of all of the system components allows for complex reports such as this one to be generated with ease.

LCM Minute Detail Report:
The DBMS LCM Minute Detail report is a report widely used by our clients who are on a PEPM rate for case management. The report allows you to see all the work that is being done on your members with specific billing codes and the time spent per case. The report then sums up and gives you a total number of cases worked, total billed minutes, and total number of notes entered count for any specific time period. This report is really useful in tracking the time our nurses spend on your cases and further allows you to justify the PEPM rates!

Reinsurance Renewal Report:
The REINSURANCE RENEWAL REPORT provides you with a quick overview of all Utilization Management cases open or closed by reporting basic patient information, service and

discharge dates, along with diagnostic and procedure codes for those authorizations. The report also tells you which of those cases were taken into Large Case Management to provide a more personalized observation of the patient to improve the patient's health and keep medical expenses down. This report is very important and beneficial with forecasting and budgeting for annual insurance/Risk Management related expenditures.

Medical Management (Executive Summary) Report:
The MEDICAL MANAGEMENT REPORT provides a complete analysis of all Utilization Management, Case Management, and Disease Management activity of your groups. This report will breakdown your organizations UM data into authorization type categories, age groups, diagnostic class, length of stay, and inpatient and outpatient facilities in one easy to read population health comparison report. It also displays the savings generated for each referral and each case management case. The final page of the report displays the total savings accumulated for each department of case management along with totals and comparisons to national averages.

3.12.2. Are your reports available via the web?
Yes.

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.
The time for creation varies with the complexity and content of the report. Most reports can be generated quickly (within 1-2 weeks) with the ICMS ad-hoc report engine.

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

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.
This process is handled by the DBMS system, ICMS. ICMS will automatically alert our nurses when a facility is out of network and will suggest that the nurse recommend other in network facilities within close proximity.

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?
Yes, DBMS UM and CM managers will negotiate for the best rate possible for all out of network and hi cost procedures. DBMS does not charge for price re-negotiation.

3.13.3. How are out-of-network negotiated discounts communicated to PEBP and PEBP's third-party administrator?
A Letter of Agreement is generated and signed for all negotiated discounts. The provider and DBMS staff both sign the agreement then the final signed copy is sent (faxed/emailed/mailed) to the TPA (and/or PEBP if required) for their records.

3.13.4. Attach a detailed description of the entire discount negotiation process, including communications between all parties involved in the process.
Negotiations consist of getting the best deal for the patient, the TPA, as well as the provider. Usually if the provider or facility is in network they have a signed contract of what is due to them. DBMS will often times negotiate the portion of the bill due by the member when requested.

By researching the standard rate for the procedure, our DBMS nurse reviewers and case managers then communicate with the member, the TPA and the facility to establish a goal for the negotiations.

Once all parties agree to the pricing recommended, our nurses then have generate a letter of agreement that specifically identifies what the service is including (any CPT or HCPCS codes) and have all parties involved sign the agreement (including all applicable dates).

Once a DBMS nurse reviewer receives the signed agreement, they would scan the details into the member's case. The member is made aware of what the specifics of the negotiation is and for how long it is valid. The DBMS nurses also make sure all parties know

that if additional time or services are needed a new contract or extension is needed or the negotiated price would revert back to the original price.

Sometimes if a service will last for a few years you may be able to negotiate a different rate.
Negotiations are used for Medications, DME, Rehab stays, Inpatient medical stays, and some travel arrangements.

DBMS nurse reviewers and case managers also attempt negotiations for members that don't have a benefit for a certain service or medication, services that will last for an extended length of time, medications, DME, rehab stays, Inpatient medical stays, and some travel arrangements.

3.14. ACCOUNT SERVICE

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

3.14.1.1. For PEBP staff?
From 8:00 AM EST – 8:00 PM EST.

3.14.1.2. For PEBP participants?
From 8:00 AM EST – 8:00 PM EST.

3.14.1.3. For providers?
From 8:00 AM EST – 8:00 PM EST.

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.
The account manager assigned to the PEBP will be the primary person responsible and available to the PEBP for help regarding quality, reports, and any other client service need.

3.14.3. From what location will the account manager be servicing PEBP?
DBMS INC Headquarters - Indianapolis, IN

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.
Yes, DBMS can receive electronic enrollment, medical claims, pharmacy claims and even laboratory data if available. These files are requested at implementation time for client setup, then monthly for an update of all members and activities.

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

Dr. Mark Rollins is a board certified family practitioner and medical director at WellPoint and previously served as the medical director at Indiana MDWise Hoosier Alliance (owned by AmeriHealth Mercy) and Care Select programs. He has been in practice for 19 years, and has experience in the managed care industry providing medical reviews, consultation, and committee support for several managed care organizations. Most of his practice has been in the underserved communities in Milwaukee, WI, Columbus, OH, and most recently in Indiana. Dr. Rollins also served as a clinical assistant professor and faculty member of the Ohio State University's family medicine residency where he helped to develop an inner city residency training program. He has a passion for providing care to the underserved and special needs population. His training includes an undergraduate degree in microbiology at Ohio State, a medical degree from American University of the Caribbean, and residency training through the Medical College of Wisconsin in Milwaukee where he served as chief resident.

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.

Please refer to our sample project plan contained in the Other Information Material tab (TABIX). DBMS finalizes most implementations in 2-3 weeks but is willing to start with the project as soon as possible to give the PEBP assurance that all the required tasks are completed prior to the go-live date.

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, there will be one account manager overseeing the project, 1 IT person (for all data, portal, report customization) plus the nursing team assigned to manage your account.

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

Most issues DBMS encounters at implementation are related to the gathering of the Eligibility & Claims Data files on time. Most clients have to go through numerous hoops when obtaining all the data into the necessary formats. Because of this, DBMS has developed a flexible approach that allows data providers to send us their files in the format they prefer (as long as they capture all the necessary data fields we require). Once we agree to a format, getting the data into our system monthly will make everything smooth. The second problem we find most often is having all benefit design in place prior to the start of service date.

3.15.4. Please confirm that your cost proposal includes <u>all</u> 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.
All implementation and setup fees are included in the PEPM rate. We don't charge for setting you up (zero dollars to set up or implement).

3.15.5. What is the minimum amount of time recommended to ensure a clean transition into the proposed program?
45 days is minimum but having 60 days is better

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:

- 3.16.1.1. A hardware system failure/collapse;
- 3.16.1.2. A software system failure/collapse;
- 3.16.1.3. Any natural disaster or Act of God; and
- 3.16.1.4. Total loss of electrical/backup power.

Business Continuity and Risk Assessment Flow Chart					
EVENT	Owner	ACTION 1	RESULT 1	ACTION 2	RESULT 2
Power outage	E.V.P. Operations	Contact electric company and verify outage duration. Complete CAR.	If less than 45 mins no action required and not information will be lost, also phones will roll over to secure voicemail. If more than 45 mins Procedure to Action 2	If more than 45 mins, nurses must save all work and log off system. If able Nurses will work from battery powered laptops. From home if possible. Complete CAR.	No information will be lost. System has battery life of 1 hour allowing nurses to save work and log off.
Phone outage	E.V.P. Operations	Verify durations of Phone outage via cell phone to provider. Complete CAR.	If less than 90 mins no action is required because phones will roll over to secure voicemail. If more than 90 mins procedure to Action 2	The current phone provider can forward calls to nurses' cell phones or to their computer, where they can answer through stereo headsets to complete necessary calls. Complete CAR.	No information will be lost.
Thunderstorm	E.V.P. Operations	If Power out see Power outage& Phone outage.	----------	----------	----------
Tornado Watch	E.V.P. Operations	Save all work and follow Tornado Procedure. Resort to Phone Outage Action 1 and Result 1. Complete CAR.	No work will be lost files backed up on a secured network in Indianapolis and other secured location	If building is destroyed. Nurses will work from home accessing the secured DBMS network. Complete CAR.	No work will be lost files backed up on a secured network in Indianapolis and other secured location
Earthquake	E.V.P. Operations	Follow Earthquake Procedure. Resort to Phone Outage Action 1 and Result 1. Complete CAR.	No work will be lost files backed up on a secured network in Indianapolis and other secured location	If building is destroyed. Nurses will work from home accessing the secured DBMS network. Complete CAR.	No work will be lost fi. backed up on a secured network in Indianapolis and other secured location
Fire	E.V.P. Operations	Follow Fire Drill Procedure. Resort to Phone Outage Action 1 and Result 1. Complete CAR.	No work will be lost files backed up on a secured network in Indianapolis and other secured location	If building is destroyed. Nurses will work from home accessing the secured DBMS network. Complete CAR.	No work will be lost files backed up on a secured network in Indianapolis and other secured location
Snow Storm	E.V.P. Operations	If snow disaster established by Sheriff's department or State Governor, DBMS employees will work from home. Resort to Phone Outage Action 1 and Result 1. Complete CAR.	No information will be lost. Nurses have ability to access both DBMS secured system and secured voicemail from home	----------	----------
Epidemic/ Outbreak	E.V.P. Operations	Outbreak within office, E.V.P. may have nurses work from home. Resort to Phone Outage Action 1 and Result 1. Complete CAR.	No information will be lost. Nurses have ability to access both DBMS secured system and secured voicemail from home	If outbreak on state wide or national scale employees will work from home	No information will be lost. Nurses have ability to access both DBMS secured system and secured voicemail from home

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

Please refer to question 3.16.1 and the Disaster and recovery document included in the

Other Information Material tab (TAB IX).

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

3.16.4. Describe in detail how the plan will be customized to meet the needs of PEBP.
Any changes or modifications to the existing plan will be discussed and implemented during implementation time.

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.
Backups are run nightly 12:00 AM EST and weekly (every Saturday at 12:00 AM). All data and backups will be stored in the DBMS servers.

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?
Yes, all data is properly encrypted within the MS SQL database and is protected behind multiple firewalls, proxies, and other implemented security protocols.

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):

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

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

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

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

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.

Yes.

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.
Yes.

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.
DBMS will comply with all rules established by the PEBP and facilitate any resources available to comply.

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.
Yes, the DBMS ICMS system can support file level encryption as well as Secure FTP protocols (SFTP or FTPS). DBMS currently provides clients with access to its own SFTP for EDI.

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.
All data entered into ICMS will be property of PEBP. All data is confidential and will not be shared, distributed, or used outside of contract specification. Data will be provided to the PEBP however necessary.

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

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 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.

- 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.
- 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:

3.19.1. The last invoice received by PEBP; or

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

contract.

3.19.2.1. 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.

3.19.2.2. 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.

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

DBMS agrees to the financial and compliance audits as listed above.

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:	DBMS, Inc.
Ownership (sole proprietor, partnership, etc.):	Corporation
State of incorporation:	Indiana
Date of incorporation:	March 31, 1993
# of years in business:	20
List of top officers:	Danny Zalam, CEO Dr. Mark Rollins, Medical Director Elizabeth Torres-Zalam, VP of HR Manny Torres, VP of Operations
Location of company headquarters:	5975 Castle Creek Pkwy N Dr, Ste.465 Indianapolis, IN 46250
Location(s) of the company offices:	Main: 5975 Castle Creek Pkwy N Dr, Ste.465 Indianapolis, IN 46250 60 Professional Ct, Lafayette IN 47905 Calle134#7B-83 Office 122 Bogota, Colombia Several other on-site locations.
Location(s) of the office that will provide the services described in this RFP:	Headquarters
Number of employees locally with the expertise to support the requirements identified in this RFP:	A team of 5 people will be dedicated to this account. Main contact will be a Account Manager, Lead of CM, and a Lead of UM and 3 other clinical staff.
Number of employees nationally with the expertise to support the requirements in this RFP:	DBMS manages hundreds of clinical, medical, IT & other employees and consultants in North & South America
Location(s) from which employees will be assigned for this project:	Headquarters

4.1.2. Please 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.

4.1.3. The 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:	
Legal Entity Name:	

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

Yes	X	No	

If "No", provide explanation.

4.1.4. Vendors 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.

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

Yes		No	X

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:	
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

4.1.6. Are 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	X

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

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.

4.1.7. Disclosure 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	X

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:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

4.1.8. Vendors 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	X	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.

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

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.

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
N/A

4.1.11.2. Federal Tax Identification Number
35-1916286

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

A. Profit and Loss Statement

B. Balance Statement

4.2. VENDOR INFORMATION

4.2.1. Does this proposal include the use of subcontractors?

Yes		No	X

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.

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

a. Describe the relevant contractual arrangements;

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

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

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

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

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

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

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.

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

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

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.

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.

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.

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 #:	***001***		
Company Name:	***Enterprise Group Planning***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:	***Care Management Services***		
Primary Contact Information			
Name:	***Ken Uveges, CEO***		
Street Address:	***5910 Harper Rd***		
City, State, Zip	***Cleveland, OH 44139***		
Phone, including area code:	***800.229.2210***		
Facsimile, including area code:	***440.349.4268***		
Email address:	***kenuveges@egp-inc.com***		
Alternate Contact Information			

Name:	***Gary Uveges***
Street Address:	***5910 Harper Rd***
City, State, Zip	***Cleveland, OH 44139***
Phone, including area code:	***800.229.2210***
Facsimile, including area code:	***440.349.4268***
Email address:	***garyuveges@egp-inc.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:	***Care Management Services (UM, CM, DE) including client portal access and EDI.***
Original Project/Contract Start Date:	***07/01/2008***
Original Project/Contract End Date:	***6/30/2010***
Original Project/Contract Value:	UM: $2.55 PEPM CM: $100 /hour
Final Project/Contract Date:	***2012-2014***
Was project/contract completed in time originally allotted, and if not, why not?	***Yes.***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes.***

Reference #:		***002***	
Company Name:		***Stoner & Associates***	
Identify role company will have for this RFP project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:	***Care Management Services***		
Primary Contact Information			
Name:		***Bob Voegeli***	
Street Address:		***205 W 4th St., Suite 225***	
City, State, Zip		***Cincinnati, OH 45202***	
Phone, including area code:		***800-832-7113***	
Facsimile, including area code:		***513-381-0238***	
Email address:		***bob@findcare.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 applicable:	***Care Management Services (UM, CM, DE) including client portal access and EDI.***
Original Project/Contract Start Date:	***6/1/2007***
Original Project/Contract End Date:	***5/31/2009***
Original Project/Contract Value:	***UM: $2.50 PEPM*** ***CM: $100 /hour***
Final Project/Contract Date:	***2013-2015***
Was project/contract completed in time originally allotted, and if not, why not?	***Yes.***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes.***

Reference #:	***003***		
Company Name:	***Employee Plans***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:	***Care Management Services***		
Primary Contact Information			
Name:	***Mike Kovaleski***		
Street Address:	***1111 Chestnut Hills Parkway***		
City, State, Zip	***Fort Wayne, IN 46814***		
Phone, including area code:	***260-625-7470***		
Facsimile, including area code:	***260-625-7530***		
Email address:	***Mike.Kovaleski@oldnationalins.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 applicable:	***Care Management Services (UM, CM, DE) including client portal access and EDI.***
Original Project/Contract Start Date:	***01/2009***
Original Project/Contract End Date:	***01/2010***
Original Project/Contract Value:	***UM: $2.50 PEPM*** ***CM: $100 /hour***
Final Project/Contract Date:	***2012-2014***
Was project/contract completed in time originally allotted, and if not, why not?	***Yes.***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes.***

Reference #:	***004***		
Company Name:	***Stewart C. Miller***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:	***Care Management Services***		
Primary Contact Information			
Name:	***Erik Miller***		
Street Address:	***3440 Kossuth Street*** ***P.O. Box 5769***		
City, State, Zip	***Lafayette, IN 47903***		
Phone, including area code:	***765.447.8803***		
Facsimile, including area code:	***765.449.4338***		
Email address:	***erikM@scmiller.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 applicable:	***Care Management Services (UM, CM, DE) including client portal access and EDI.***
Original Project/Contract Start Date:	***01/2001***
Original Project/Contract End Date:	***12/2001***
Original Project/Contract Value:	***UM: $2.00 PEPM*** ***CM: $100 /hour***
Final Project/Contract Date:	***2012-2014***
Was project/contract completed in time originally allotted, and if not, why not?	***Yes.***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes.***

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

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

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.

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.